Gli indicatori di salute e di performance del Sistema Sanitario in ITALIA

Roma 14-14 Giugno 2004
Istituto Superiore di Sanità

Il monitoraggio della salute nell'Unione Europea

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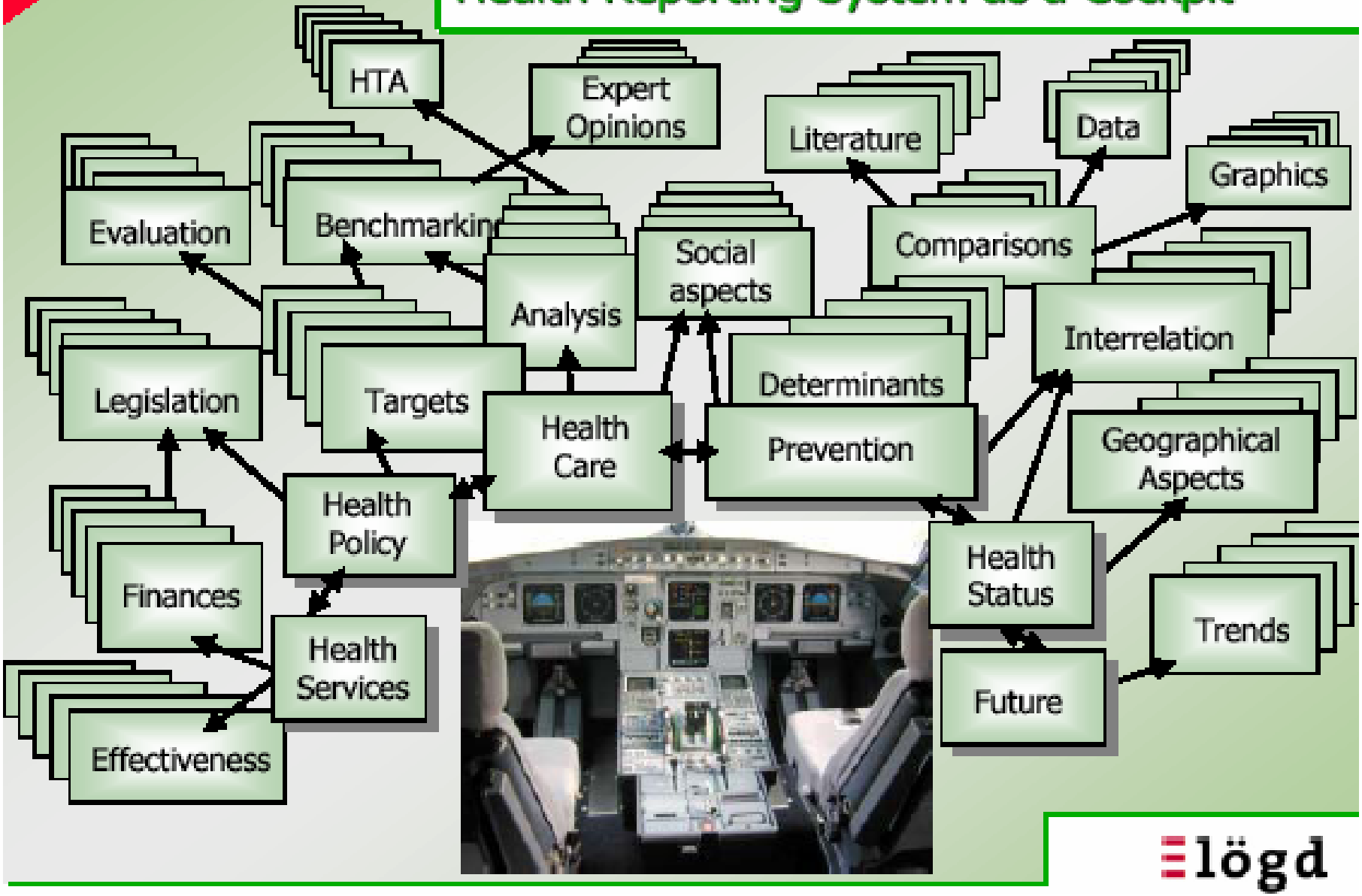
Roma, ITALIA

MULTI-FACETED EVALUATION APPROACH

Health Reporting System as a Cockpit



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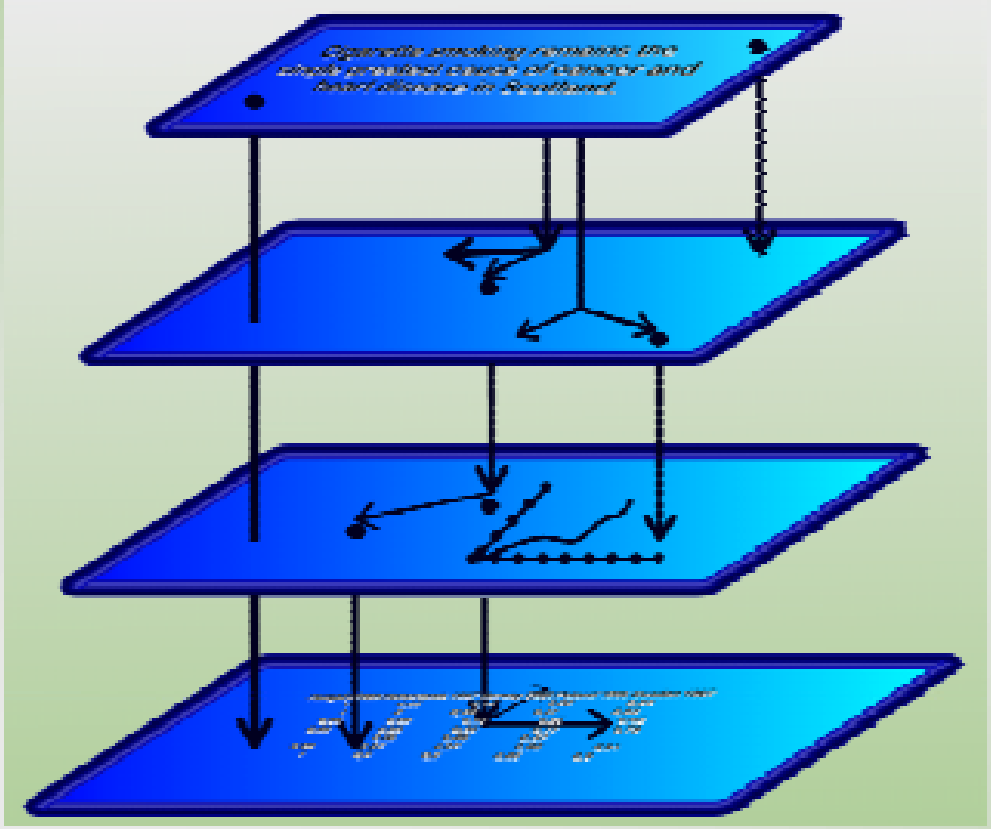
THE INFLUENCE OF THE DETAIL'S LEVEL

Health Reporting as a System



overview

details

lögd

Monitoring Health status in Italy
Ageing (as example)

Health STATUS

- Risk factors exposure decrease
- New therapies availability increase
- New technologies availability increase
- Individual's expectations increase

Demographic changes

< A G E I N G >

Individ.	Age 65 +	18,6 %
Individ.	Age 80 +	4,3 %

Life expectancy (yrs)
Year 2002

Males	76,8
Females	82,9

Benefits

Mortality decrease

Ageing

Costs

Chronic Diseases increase

Long term Disabilities increase

- Increase in Health Services Demand
- Increase in Health and Social Costs

Health Monitoring in the EU

HEALTH PROMOTION INTERVENTION
(HP Process indicators)

HEALTH DEVELOPMENT
(HP Outcome indicators)

HEALTH PROMOTION ACTIONS

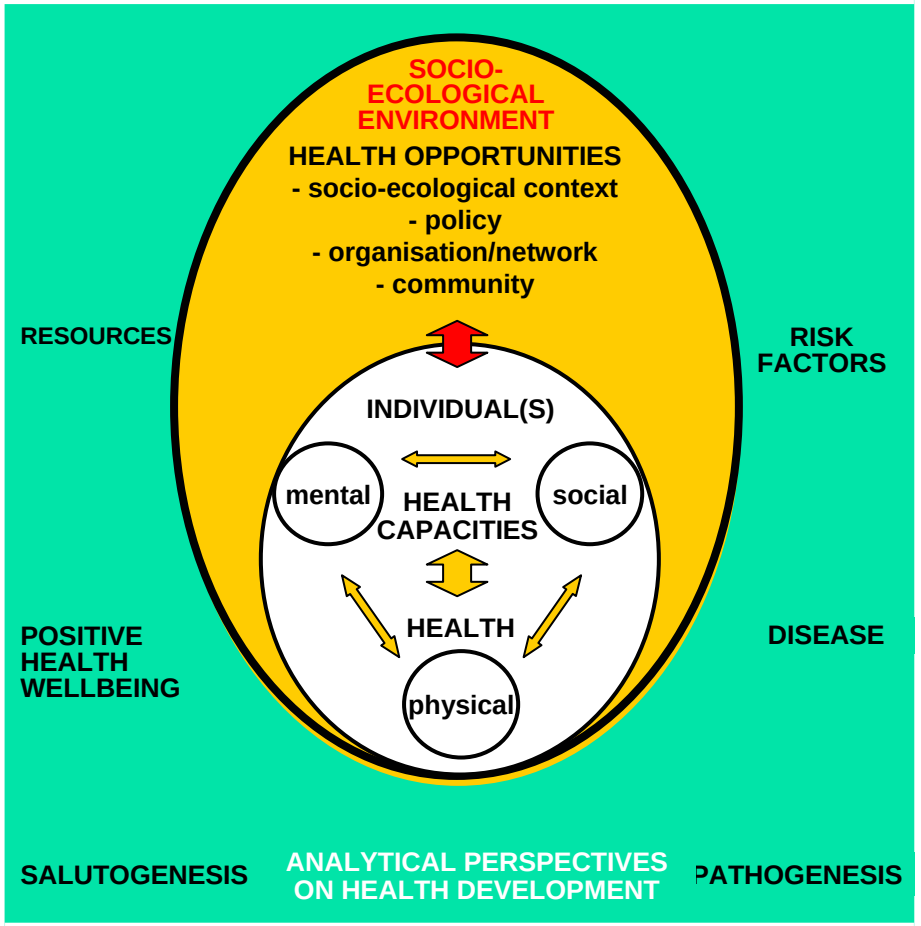
- socio-ecological context development
- policy development
- organisational/network development
- community development
- competency building/health education

HEALTH PROMOTION APPROACHES

- advocate
- enable
- mediate

HEALTH PROMOTION PRINCIPLES

- empowering
- participatory
- holistic
- intersectoral
- equitable
- sustainable
- multistrategy



SOURCE: EUHPID HEALTH PROMOTION MODEL

ECHI 1. EU Community Health Indicators

- Abbreviation: ECHI
- Start: 1998
- Objective: To propose a set of EC health indicators to contribute to the establishment of a Community Health Monitoring System (HMP)
- Implying: The core business of HMP's Pillar A *(see after ...)*
- Participation: All 15 Member States, Norway, Hungary, WHO, OECD, Eurostat and new EU Countries since 2003

ECHI GROUP

The European Journal of Public Health
The European Union Health Monitoring Programme
Volume 13, Supplement 1, September 2003: pp. 101-106

The ECHI project Health indicators for the European Community

Pieter G.N. Kramers on behalf of the ECHI team, Austria: ms. Langgassner, mr. Gisser, mr. Piribauer; Belgium: mr. Van Oyen; Denmark: ms. Moss, ms. Ecklon, mr. Hjulsager, ms. Kjaer-Andersen; Finland: mr. Aromaa; France: mr. Ducimetière, mr. Badé;yan; Germany: mr. Ziese; Greece: mr. Sissouras, mr. Lopanatzidis; Hungary: mr. Voko; Ireland: mr. Magee; Italy: mr. Scafato; Luxemburg: mr. Wagener; Netherlands: mr. Kramers (project co-ordinator), mr. Achterberg, ms. Van der Wilk; Norway: mr. Strand; Portugal: mr. Ferrinho; Spain: mr. Duran; Sweden: ms. Lindberg, mr. Rosé;n; United Kingdom: mr. Markowe; OECD: ms. Jee, mr. Lafortune; WHO-Europe: mr. Nanda; Commission: ms. Chamouillet; ms. Desmedt.

Integrated approach to establishing Community health Indicators

Statement of the 1998 ECHI project's aims

"Pillar A of the Health Monitoring Programme envisages the establishment of a set of Community Health Indicators, for the monitoring of Community Programmes and other Community policies and for providing Member States with common measurements for making comparisons.

These indicators should cover a range of areas as set out in Annex II to the Health Monitoring Programme. To realise the selection and definition of a coherent set of Community Indicators for the entire area, a coordinated and conceptual approach is needed.The areas include different domains of primary data collection, with different methodological approaches and covered by different professional circles. "

ECHI 1. General aims

- Measure health status, determinants and trends
- Facilitate the planning, monitoring and evaluation of Community Porgrammes and actions
- Provide MS with appropriate and comparable health information

ECHI 1. The process

- First, to define the areas of data and indicators to be included in the system, following a set of explicit criteria;
- Next, to define generic indicators in these areas, again following specific criteria;
- As a **novel element**, to imply a high degree of flexibility in the indicator set, by defining subsets of indicators, or 'user-windows', tuned to specific users; examples of such users are strategic planners, people involved in local health promotion actions

ECHI 1 : Why EC health indicators?

- An *indicator* provides a concise definition of an issue;
- and is meant to provide understandable information on that issue;
- Indicators based on sound and sustained data collection show trends in time and differences between countries etc.
- Conversely, well-defined indicators guide the organisation of data collection and exchange.

ECHI 1:
Criteria for indicator selection

- **Be comprehensive and coherent (covering alla domains of public health field - cf. Annex II/HMP);**
- **Meet user needs (covering MS/EU priority areas);**
- **Cover existing data, but also point at development needs;**
- **Use earlier work, match international developments (WHO-Euro/HQ, OECD, Eurostat).**

ECHI 1:
Criteria for indicator selection

In terms of the selection of indicators at the detailed level, the following prerequisites are formulated in addition:

- The actual selection and definition of indicators within a specific public health area should be guided by scientific principles.
- Indicators (and underlying data) should meet a number of methodological and quality criteria concerning e.g. validity, sensitivity, timeliness, etc. (quality, validity, sensitivity and comparability);
- The probability of changing policy interests calls for a high degree of flexibility,made possible by current electronic database systems.
- Selection of indicators should be based, to start with, on existing and comparable data sets for which regular monitoring is feasible, but should also indicate data needs and development areas.

ECHI 1: Coordination with WHO/Euro, OECD, Eurostat

- Participation in ECHI project group
- WHO/Euro: Revision of WHO/HFA21 indicators
- OECD: Closely considered indicator list 2001
- Eurostat: Indicator list as in Key data on health; recently detailed discussions
- Indicators listed in ICHI (International Compendium of health Indicators)

ECHI 1: Coverage of Member States and Community focus of interests

Increasingly, EU Member States, or regions within MS, have formulated priority areas or targets for their health policies. From these sources, a short list of items appears to occur very frequently:

- Increase the number of healthy years lived, by tackling the main causes of death, ill-health and functional limitations (including physical and mental health aspects);
- Reduce health inequalities, by means of health policies but also by social policies;
- Improve effective health promotion and disease prevention especially aiming at lifestyle and at young people;
- Improve the quality and accessibility of care, including community care;
- Improve the quality of life and participation of the elderly.

*Besides national governments, sub-national (**regional**) authorities very often have responsabilities as well as explicit policies in health.*

ECHI 1: Flexibility and the continuous improvement of indicators and data collection

Basically, flexibility means that a system of data and indicators should never be fixed, and is never final. Policy interests change, scientific views and electronic tools evolve, with associated shifts in data collection activities.

Many indicators currently in use reflect the availability of more or less comparable data sources. In some areas, however, data are not readily available in many Member States, even though the need for fully comparable information is strongly felt.

ECHI 1: Applying the criteria *Comprehensiveness and conceptual consistency*

Health is a broad issue and the eventual health indicator set should constitute a balanced collection, covering all major areas within the field of public health.

Looking at this need to set a comprehensive as well as consistent categories of health monitoring indicators oriented by the HMP's Annex 2 and the available sources at the EU level (OECD, WHO MS) and on the application of the ECHI selected criteria a set of main categories of indicators was proposed in february 2001.

ECHI 1 - comprehensiveness: main categories of indicators

1. **Demographic and Socio-economic factors**
   - population
   - socio-economic factors

2. **Health status**
   - mortality
   - morbidity disease-specific
   - generic health status
   - composite health status measures

3. **Determinants of health**
   - personal and biological factors
   - health behaviours
   - living and working conditions

4. **Health services and health promotion**
   - prevention, health protection, health promotion
   - health care resources
   - health care utilisation
   - expenditures/financing
   - health care quality

ECHI in hierarchical database structure

- ***3. Health determinants***
  - 3.1. Personal/biological factors
  - ***3.2 Health behaviours***
  - 3.3 Living & working conditions
    - ***3.2.1 Substance use***
    - 3.2.2 Nutrition
    - 3.2.3 Other health-related behaviours
      - ***Smoking prevalence (% regular smokers)***
        - ***Data from ECHP (with data dictionary)***
        - ***Data from national HIS, by age/sex/SES/region (with data dictionary)***

ECHI 1 indicators: filling the gaps
Examples of development areas

- **Population incidence/prevalence of diseases**
- **Integrated generic health status measurement *(HIS/HES)***
- **Determinants of mental health (social)**
- **Better comparability of health care data *(harmonization)***
- **Performance of health (care) systems**
- **Measuring inequalities**

ECHI 1: Flexibility and the continuous improvement of indicators and data collection

Applying the ECHI criteria has resulted in a quite extensive indicator list.

Yet, it is limited for each of the areas covered. It is anticipated that the system will be used by many different users, for many different purposes.

This may require specific subsets from the total array of indicators.

These subsets are named *'user-windows'*.

Flexible use of indicator list: User-windows possible approaches

1. **Specific areas of policy interest**
   - ***Cockpit information***
   - ***Health in other policies***
2. **Thematic entries**
   - ***Health inequalities***
   - ***Health of mother and child***
3. **Disease-related entries**
   - ***Cancers and their determinants/policy actions***
4. **Priority list**
   - ***Current EU focus areas (determinants, health promotion, health in other policies, etc.); to be used for priorities in data development***

(Examples of subsets ('user windows') Health and services in children

(All compared with EU average, if possible as trends)

- % Population under 5, 18
- Birth rate
- Enrolment in primary, secondary education
- Infant mortality
- Perinatal mortality
- Induced abortions
- Teenage pregnancies
- % newborns underweight
- Congenital disorders, incl. mental handicap (incidence, mortality)
- Selected commun. Diseases (incidence, mortality)
- Incidence of astma (other?)
- Breastfeeding
- Smoking/alchohol/drugs under 18 (20)
- Accidents under 18 (20)
- Indicator for family support?
- Vaccination coverage
- Screening congen. disorders
- Coverage of childrens health services

Results of ECHI. The way forward. HMP Projects complementation

- Comprehensive proposal of generic indicators or areas for indicator development (report Febr. 2001).
- Concept of ‘User-Windows’: interest-oriented subsets of indicators.
- Informal function to focus and co-ordinate the work in the other, topic-oriented HMP projects.
- Coordination with the EU HM Projects results
- Complementation with the EU HM Projects results

Annex 6

List of projects currently approved under the Health Monitoring Programme
(some non-English titles translated)

Approved in 1998: nos. 1-10
Approved in 1999: nos. 11-20
Approved in 2000: nos. 21-31

1. A comparative analysis of *alcoho*l consumption and its public health effects in the EU states (Sweden).
2. *Health surveys*: contents and data (Netherlands, Finland).
3. Proposal for a coherent set of health indicators covering most of the dimensions of health (France, *Euro-REVES* 2).
4. Comparability and quality improvement in European *causes of death* statistics (France).
5. Health Monitoring in *sentinel practice* networks (UK).
6. Monitoring *socio-economic differences* in health indicators in the European Union (Netherlands, Germany).
7. Eucomp - Towards *comparable health care data* in the European Union (Ireland).
8. Integrated approach to establishing *community health indicators* (ECHI) (Netherlands).
9. Establishment of indicators for *mental health* monitoring in Europe (Finland).
10. The state of health in the European Community in the *year 2000* (Portugal).
11. European food availability databank based on *household budget surveys* (Dafne III) (Greece).
12. Health indicators in *European regions* (France).
13. Methodologies for producing EU-wide comparable *disease-specific morbidity* data (UK).
14. Highlights of health in the *applicant countries* of the European Union (WHO-Europe).
15. *Rasch conversion* of disability data to community indicators: a pilot study (Netherlands).
16. European *health risk* monitoring (Finland).
17. European situation of the collection of *routine medical data* and their utilisation for health monitoring (Belgium).
18. European *physical activity* surveillance system (EUPASS)(Germany).
19. European collaboration for *assessment of health interventions* (Sweden).
20. European *food consumption* survey method (Netherlands).
21. *Health surveys* in the EU: HIS and HIS/HES evaluations and models (Phase 2) (Finland).
22. Evaluation of national and regional *pubic health reports* (Germany).
23. Indicators for monitoring and evaluation of *perinatal health* in Europe (France).
24. *Human resources* of European health systems (Germany).
25. *Hospital data* (Ireland).
26. *Cardiovascular indicators* surveillance set in Europe (EUROCISS)(Italy).
27. Indicators for monitoring *musculoskeletal conditions* (Norway).
28. Establishment of indicators for *Diabetes mellitus* (Luxemburg).
29. Monitoring *public health nutrition* in Europe (Sweden).
30. Setting up a coherent set of health indicators for the EU (*Euro-REVES 2, phase 2*)(France).
31. *Child health indicators* of life and development (CHILD)(United Kingdom).
32. Mid-term *evaluation of the Health monitoring Programme* (Germany).

How did HMP-projects complement ECHI?

- Results used by ECHI:
  - *precise selection of indicators within areas;*
  - *operational definition of indicators;*
  - *definition of associated preferred data source;*
  - *recommendation for sustained data collection.*

- Sometimes problem:
  - *projects overlap, causing conflicting recommendations;*
  - *different degrees of detail: get balance in overall indicator set.*

Examples of effective interactions up to now between ECHI and HMP (and other) projects

- ***Causes of death*: 65 causes of death followed;**
- ***Health status indicators*: recommendations largely followed;**
- ***Health surveys:* 12 HIS items included;**
- ***Mental health:* recommendations almost entirely adopted;**
- ***Health risk monitoring:* draft recommendations followed;**
- ***Food consumption surveys:* draft recommendations followed;**
- ***SES health differences:* recommendations adopted;**
- ***Regional indicators:* ECHI frame used;**
- ***Adoption of work from* WHO-ECEH (environment and health, EMCDDA (drug use), EuroHIS.**

ECHI 1 – Challenges in the long run

- Establish Community indicators for health, methods for monitoring and analysis, corresponding databases.
- Improve the system for data transfer and sharing.
- Develop mechanisms for analysis and advice on health issues.
- Report on health issues.
- Consultation, dissemination of reports and recommendations.

YEAR 2002 ECHI-2. Goals

- Upgrade indicator list, based on HMP projects and other; include more operationalisations and data source references;
- Revise EU and MS health policy priorities;
- Elaborate user windows;
- Prepare web-based inventory of indicator definitions used by international organisations (ICHI-2);
- Promote use of ECHI frame in EU and MS health policy information structures.

SINDIS
National Set of Health Indicators
AIMS

- Measure and monitor health status and its determinants
- Improve the capacity to monitor, survey and evaluate programs and actions of the NHP and RHP (outcomes)
- Provide a comprehensive system of information to support and compare Regional health policies

SINDIS
National Set of Health Indicators

- *Start on December 2002 (18 months: end June 2004)*
- Funding : 516.456, 00 €
- Partners:
  - ISS Coordination (Gino Farchi)
  - **Ministry of Health**
    (Inform. Syst. , Prevention, Health Planning General Directorates)
  - **ISTAT (Nat. Inst. of Statistics)**
  - **REGIONS and HEALTH REGIONAL AGENCIES (8 representatives)**
  - **2 Universities Health Economic Dpts**
    (Faculty of Ecomomy Rome and Turin)

SINDIS
National Set of Health Indicators

- PHASE I (6 months) :Revision of the existing informative system of indicators and identification of critical areas
- PHASE II (6 months): Sectorial reports on specific issues where critical areas were identified
- PHASE III (6 months):Final report and dissemination

Then : Promotion of use of the SINDIS frame

SINDIS
National Set of Health Indicators
Methods

- *Modalities:* review of the system of the National Information System indicators including those (ISTAT) currently used for regular reporting on health, health status and health system. A preliminary consensuns was agreed in the Scientific Committe on the uptake of the work done by ECHI 1 whose final report (categories and indicators) was considered as a starting reference.
- *Criteria:* Inventory of indicators, sources, availability, level of availability, fequency of update in related dataset ecc.
- *Upgrading list*: re-thinking, integrating, starting up subgroups (analysis of "mandatory" indicators linked to laws or decrees, analysis of the gaps)
- *Revise policy priorities:* National and Regional to check if the system of indicators fit with ongoing National and Regional health planning and if it is helpful in health planning (targets, objectives, time series, frequency)
- *Use of ECHI frame:* cross check at the National as well as Regional level of the long list of ECHI 2 according to the SINDIS criteria

SINDIS
National Set of Health Indicators
Specific Reports

- Quality of life
- Elderly Health care
- Analysis of the most useful covariates for the research of hetherogeneity in SINDIS indicators;
- Conceptual models for a core set of indicators aimed at the Regional monitoring of Health Care supply
- Conceptual model for a integrated set of core indicators
- Standardised indicators for monitoring of the Heath Care expenditure and funding
- Efficacy and appropriateness of perinatal care

SINDIS
National Set of Health Indicators

- INVENTORY OF INDICATORS/SOURCES/DATASETS COMPLETED
- REPORTS PRODUCED
- FINAL DISCUSSION IN JUNE
- ECHI LONG LIST CHECKED

(europa.eu.int/comm/health/ph_information/ndicators/docs/ev_20040219_co08_en.pdf)

- FINAL REPORT AND WORKSHOP JULY 2004

ECHI-2 Activities

- Implementing indicator definitions, with HMP projects, Eurostat, WHO, OECD, and other partners;
- Possibly with reference to preferred data source types;
- Updating the existing (WHO-EU) ICHI inventory of 'existing' indicators used at the European level;
- Working out the user-windows;
- Implementing relationship to electronic (HIEMS) database;
- Defining a priority set of indicators for focusing efforts on comparable data development;
- Updating the communication with MS on priorities and usefulness;
- Making the link with the future EU Public health Programme.

ECHI-2
February 19-20, 2004, Luxembourg

1- Status of the Long ECHI list

2- Proposals for User Windows

3- Status of the Shortlist

4- Progress on ICHI

5- Working Party 7 as follow-up of ECHI

1. ECHI 2 long list

- In 2003:
  - Abridged format used for shortlist selection;
- Present version:
  - Uptake of many comments of/after the March meeting
  - Changed format:
    - (1) indicator (more uniform),
    - (2) definition, stratification, mention of WHO/OECD/Eurostat,
    - (3) data source type (availability),
    - (4) HMP project or other source of recommendations

1. ECHI 2 long list

- Present version (continued):
  - More recent HMP results included;
    - now also ‘secondary’ recommendations;
    - indicators from Reprostat, Dafne,Public health nutrition.
  - User windows partly indicated
  - Not yet completed with all information, some inconsistencies
- Advantage of the list: everything in one frame gives the real overview of HMP indicator recommendation.

1. ECHI 2 long list

- But: increasing problems of contradictory or overlapping recommendations; for example:
  - nutrition: micronutrients by food survey or biomarker?
  - Different definitions for external causes of death in WHO, Eurostat 65?
  - Different definitions of hypertension
  - Etc. etc.

1. ECHI 2 long list

- And: The list is becoming very large;

- Therefore: shortlist.

- How to finalise this stage?
- Prepare for final report,
- Define areas of problem solving and needed developments,
- Define mechanism for further maintenance.

2. ECHI 2 : User windows proposed

1- User windows from HMP projects (Working Parties);

A- Focused on a disease: diabetes (EUDIP), cancer (Eurochip/Camon), injuries (WP Injuries), etc.

B- Focused on another aspects of (ill-)health: perinatal health (Peristat), child health (CHILD), etc.

C- Focused on a determinant of health: nutrition (3 projects), environmental health (ECOEHIS), etc.

D- Focused on certain settings for health: working environment (Workhealth), other health promotion settings (EUHPID), etc.

2. ECHI 2: User windows proposed

2- User windows defined by ECHI

B - Health of the elderly, to be defined (in progress);

- Working age population, to be defined (in progress);
- issues of gender difference, to be defined (in progress);
- socio-economic health inequalities (SES project);

D - health system performance, (proposal submitted);

E - The shortlist is a user-window from a generalist perspective.

3. ECHI 2 shortlist

- Contribution and comments by February 2004:
  - From NCA (Network of Competent Authorities, highest forum on strand 1, information, of the PH programme) July, December 2003.
  - From Working Parties on Health Status, Mental Health, Injuries, Mortality/Morbidity, Lifestyles.
  - **Some suggestions, but above all: implement it!**

3. ECHI 2 shortlist

- February 2004 draft:
  - New format: indicator, origin, justification, availability.
  - Items earlier included as ‘proposal’ are now adopted.
  - Availability updated by Eurostat.
  - Links are given with WHO-HFA, OECD Health Data, and with ISARE shortlist.

3. ECHI 2 shortlist

At the end of 2004

- Implement age groups, SES groups, as harmonised as possible;
- Include a few further recommendations (Mental health, Environmental Health, Medicine use, Workhealth, Health Promotion indicators, OECD quality of care; WP health Systems);
- Start with implementation of data where availability is OK;
- Use the list as mechanism for further harmonisation of data collection;

4. Progress on ICHI

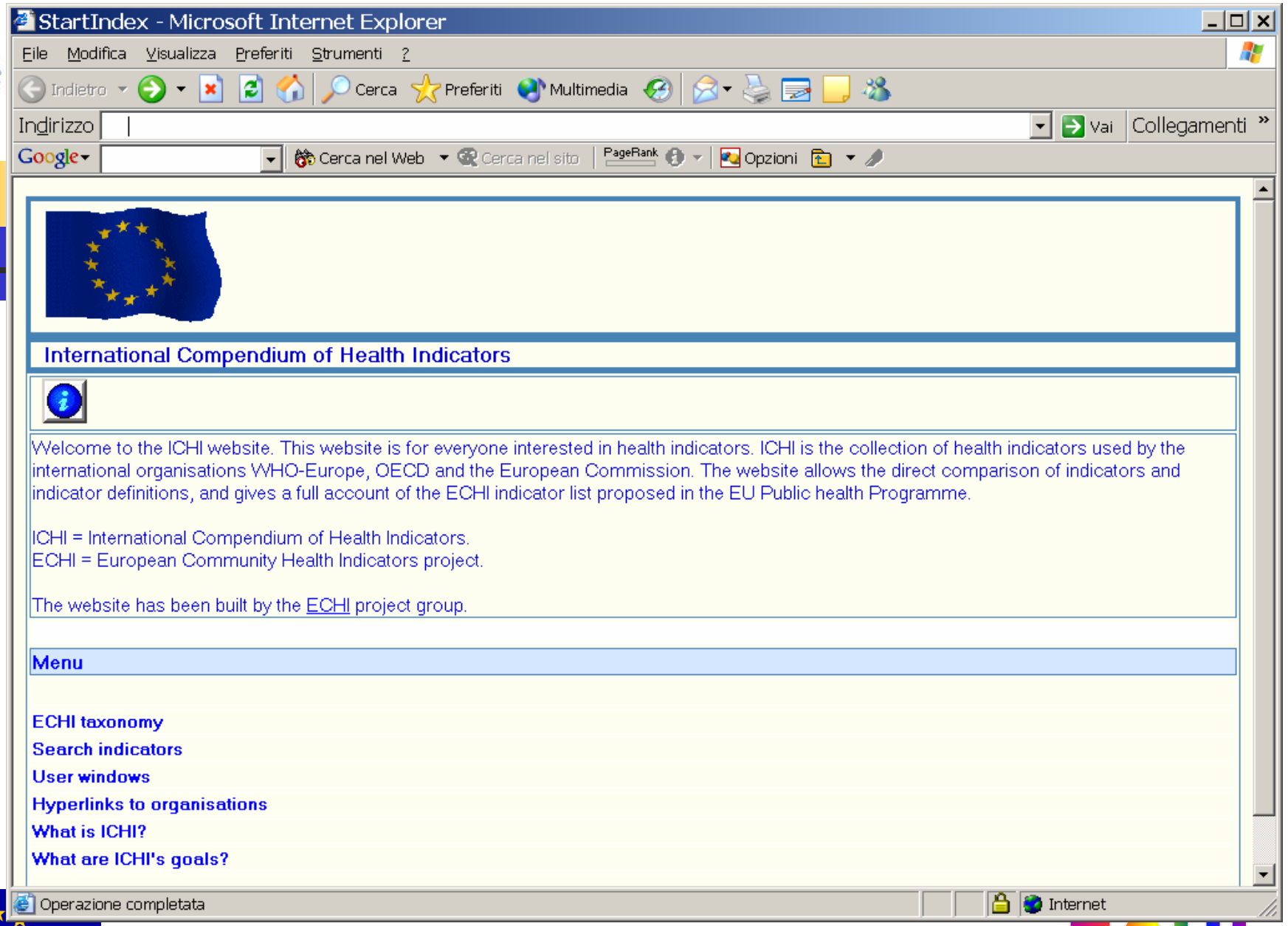
- Reminder:
  - ICHI = International Compendium of Health Indicators;
  - ICHI-2 = Web-based database of indicators used by WHO-HFA, OECD, Eurostat, ECHI list.

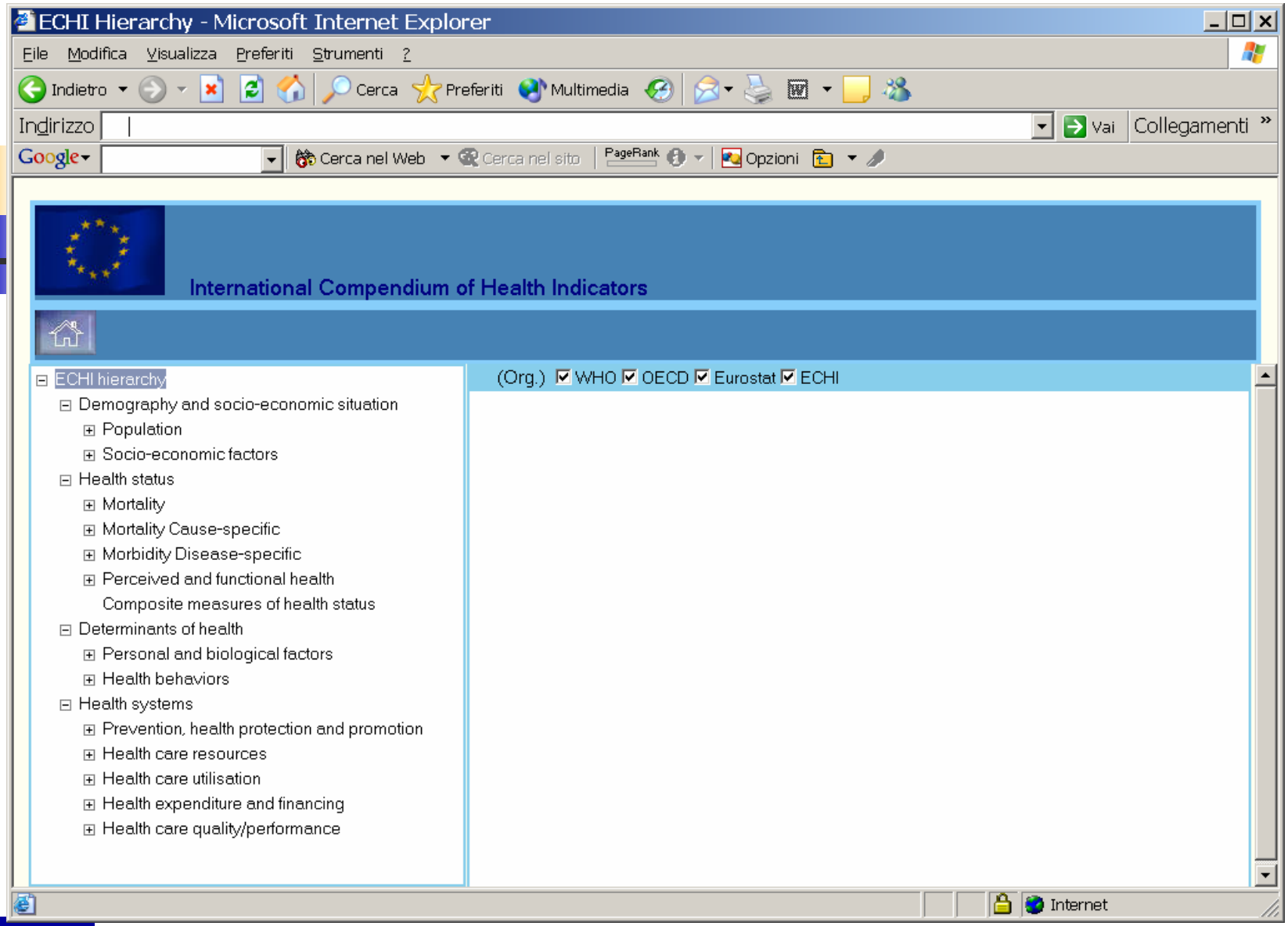
4. ICHI-2 prototype

- History: compilation of indicators used by WHO/Euro, OECD and Eurostat by Danish Ministry of Health to support the work of the Health Monitoring Programme;
- 1999: Publication of the formal Compendium by WHO/Euro with Commission support;
- 2000: Wish to have the Compendium in a more easily updateable form.

4. ICHI-2 prototype

- 2001-3: Update and web-based set-up of ICHI-2 adopted as part of ECHI-2;
- Goal: Create an easy access to indicator definitions used by international organisations, to:
  - be able to closely compare definitions;
  - work towards eleminating unnecessary differences;
  - help in making the best choices for indicator definitions to be adopted in ECHI.
- Basis: arrange all indicators along the ECHI scheme;


StartIndex - Microsoft Internet Explorer
File Modifica Visualizza Preferiti Strumenti ?
Indietro Cerca Preferiti Multimedia
Indirizzo Vai Collegamenti
Google Cerca nel Web Cerca nel sito PageRank Opzioni
International Compendium of Health Indicators
Welcome to the ICHI website. This website is for everyone interested in health indicators. ICHI is the collection of health indicators used by the international organisations WHO-Europe, OECD and the European Commission. The website allows the direct comparison of indicators and indicator definitions, and gives a full account of the ECHI indicator list proposed in the EU Public health Programme.
ICHI = International Compendium of Health Indicators.
ECHI = European Community Health Indicators project.
The website has been built by the ECHI project group.
Menu
ECHI taxonomy
Search indicators
User windows
Hyperlinks to organisations
What is ICHI?
What are ICHI's goals?
Operazione completata
Internet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ECHI hierarchy
Demography and socio-economic situation
Population
Socio-economic factors
Health status
Mortality
Mortality Cause-specific
Morbidity Disease-specific
Perceived and functional health
Composite measures of health status
Determinants of health
Personal and biological factors
Health behaviors
Health systems
Prevention, health protection and promotion
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Health expenditure and financing
Health care quality/performance
(Org.) WHO OECD Eurostat ECHI
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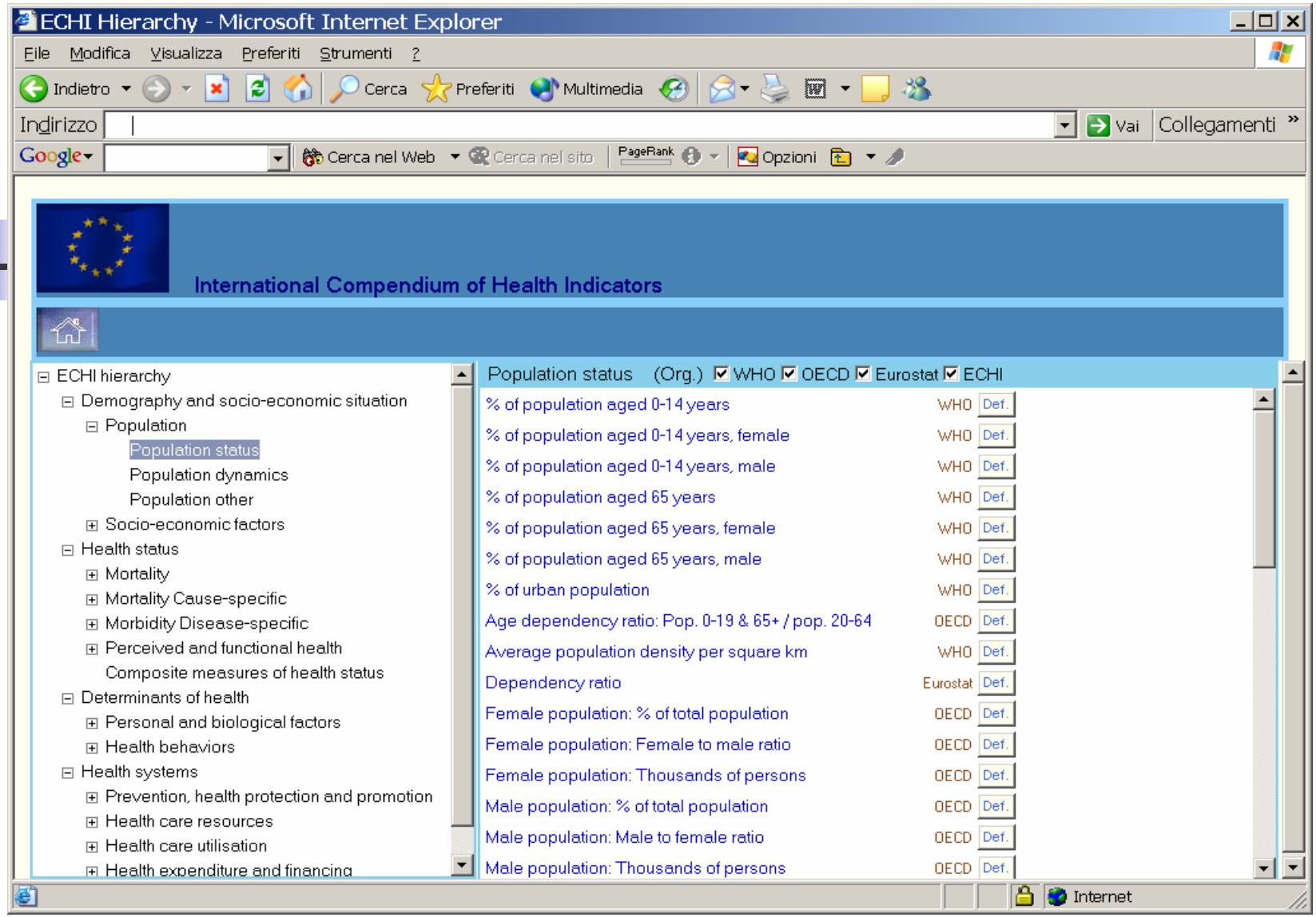
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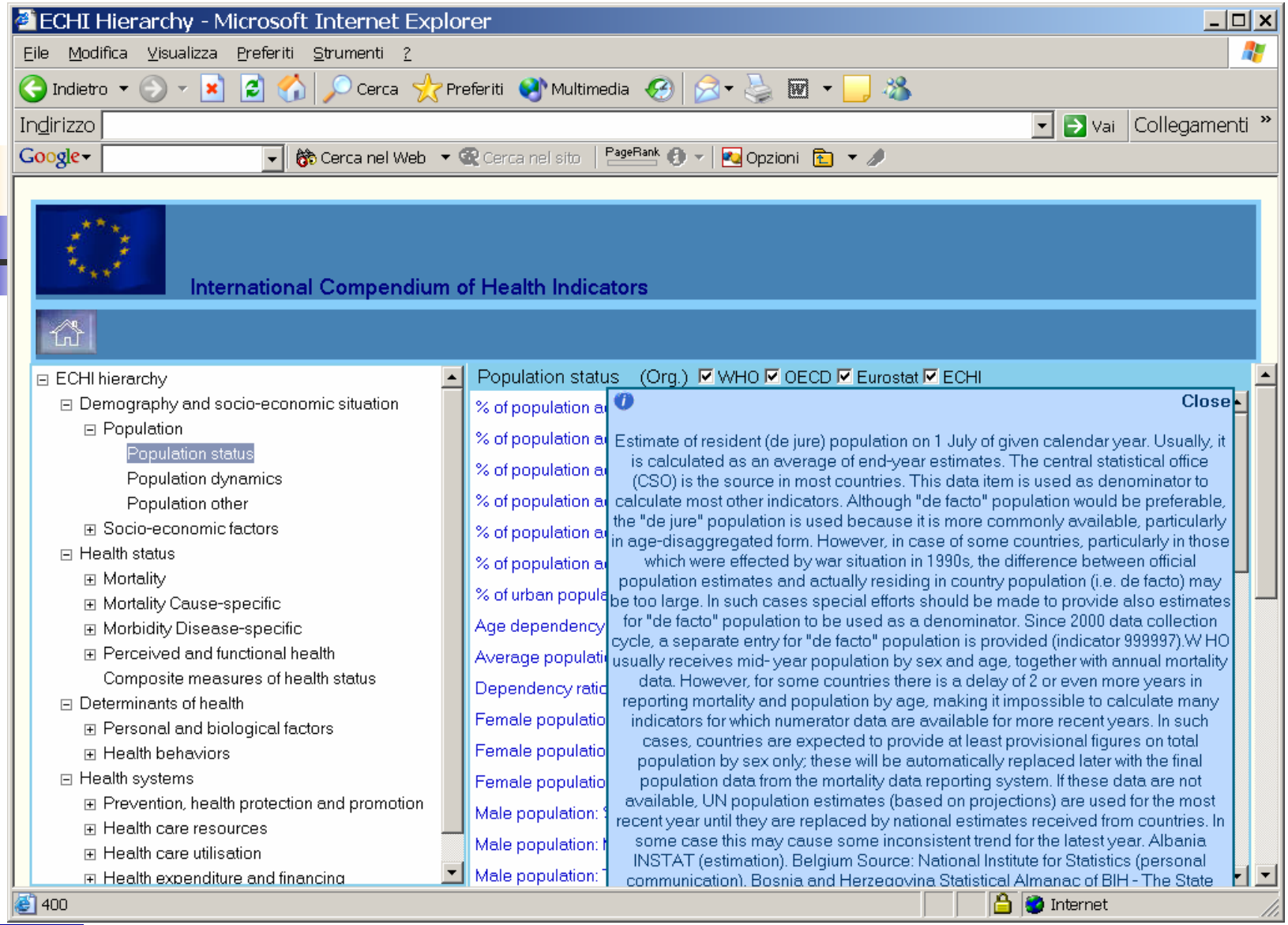
Determinants of health
Personal and biological factors
Health behaviors
Health systems
Prevention, health protection and promotion
Health care resources
Health care utilisation
Health expenditure and financing
Population status (Org.) WHO OECD Eurostat ECHI
% of population aged 0-14 years WHO Def.
% of population aged 0-14 years, female WHO Def.
% of population aged 0-14 years, male WHO Def.
% of population aged 65 years WHO Def.
% of population aged 65 years, female WHO Def.
% of population aged 65 years, male WHO Def.
% of urban population WHO Def.
Age dependency ratio: Pop. 0-19 & 65+ / pop. 20-64 OECD Def.
Average population density per square km WHO Def.
Dependency ratio Eurostat Def.
Female population: % of total population OECD Def.
Female population: Female to male ratio OECD Def.
Female population: Thousands of persons OECD Def.
Male population: % of total population OECD Def.
Male population: Male to female ratio OECD Def.
Male population: Thousands of persons OECD Def.
Internet


ECHI Hierarchy - Microsoft Internet Explorer
File Modifica Visualizza Preferiti Strumenti ?
Indietro Cerca Preferiti Multimedia
Indirizzo Vai Collegamenti
Google Cerca nel Web Cerca nel sito PageRank Opzioni
International Compendium of Health Indicators
ECHI hierarchy
Demography and socio-economic situation
Population
Population status
Population dynamics
Population other
Socio-economic factors
Health status
Mortality
Mortality Cause-specific
Morbidity Disease-specific
Perceived and functional health
Composite measures of health status
Determinants of health
Personal and biological factors
Health behaviors
Health systems
Prevention, health protection and promotion
Health care resources
Health care utilisation
Health expenditure and financing
Population status (Org.) WHO OECD Eurostat ECHI
% of population a
% of population a
% of population a
% of population a
% of population a
% of population a
% of urban popula
Age dependency
Average populati
Dependency ratio
Female populatio
Female populatio
Female populatio
Male population:
Male population:
Male population:
Close
Estimate of resident (de jure) population on 1 July of given calendar year. Usually, it is calculated as an average of end-year estimates. The central statistical office (CSO) is the source in most countries. This data item is used as denominator to calculate most other indicators. Although "de facto" population would be preferable, the "de jure" population is used because it is more commonly available, particularly in age-disaggregated form. However, in case of some countries, particularly in those which were effected by war situation in 1990s, the difference between official population estimates and actually residing in country population (i.e. de facto) may be too large. In such cases special efforts should be made to provide also estimates for "de facto" population to be used as a denominator. Since 2000 data collection cycle, a separate entry for "de facto" population is provided (indicator 999997).W HO usually receives mid-year population by sex and age, together with annual mortality data. However, for some countries there is a delay of 2 or even more years in reporting mortality and population by age, making it impossible to calculate many indicators for which numerator data are available for more recent years. In such cases, countries are expected to provide at least provisional figures on total population by sex only; these will be automatically replaced later with the final population data from the mortality data reporting system. If these data are not available, UN population estimates (based on projections) are used for the most recent year until they are replaced by national estimates received from countries. In some case this may cause some inconsistent trend for the latest year. Albania INSTAT (estimation). Belgium Source: National Institute for Statistics (personal communication). Bosnia and Herzegovina Statistical Almanac of BIH - The State
400
Internet

4. Progress on ICHI

- **Status February 2004:**
  - **Contains 2003 updates for HFA and OECD, not yet Eurostat; ECHI list up to now only included for the shortlist.**
  - **Test version on internet for ECHI-team and Sanco C2.**
  - **Examples of user-windows for Diabetes and for the ECHI shortlist included.**
  - **Some improvement of content details (definitions) still needed; Mechanism of regular update not yet established.**
  - **Interest from Sanco because of up-to-date technology and basic possibility to include data.**

4. Working Party 7 on indicators

- **In the new Public Health Programme, originally 6 Working Parties were made, to have manageable size groups of co-operating projects:**
  - **Mortality/Morbidity;**
  - **Mental health;**
  - **Accidents/injuries**
  - **Lifestyles and other health determinants;**
  - **Health and environment, including specific settings;**
  - **Health systems;**

4. Working Party 7 on indicators

- In this structure, some projects did not fit; there was little place for cross-cutting, co-ordinating, umbrella type work; the Network of Working Party Leaders (NWPL) would not solve this problem.
- Therefore a separate WP 7 was created, on indicators.

Public Health Programme.

Health Indicators Working Parties

For the development and coordination of the health information and knowledge system of the PHP **Working Parties are created in the following fields:**

- **Lifestyles and other health determinants (including sexual and reproductive health aspects)**
- **Mortality and Morbidity (including cancer and rare diseases)**
- **Health systems (including prevention and promotion aspects)**
- **Health and Environment (including specific settings such as workplace,school or hospital settings)**
- **Mental health**
- **Accidents and injuries (including self-inflicted injuries, suicide and violence aspects)**
- **Community health indicators / Network of Working Party Leaders**

4. Working Party 7 on indicators

- This WP would include the following current projects:
  - ECHI (1998-2004)
  - ISARE, health indicators in subnational regions (1999-200?)
  - Socio-economic differences in health (1998-2000)
  - EUHPID, Health Promotion indicators (2001-2004)
  - Rasch conversion for post-harmonisation (2001-2004)
- The Sanco document 'Operating the health information and knowledge advisory system ….' says:
  - WP7 should coincide with the Network of WP leaders (NWPL).
  - WP leaders participate in and report to WP7/NWPL
  - WP7 should report to the NCA (Network of Competent Authorities)
- **If the Project will be accepted the Istituto Superiore di Sanità will have the task to check the level of implementation of ECHI indicators at the EU MS level (see SINDIS example)**