INFACT
Joint Action on Health Information

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FACT SHEET WP8.2
A sustainable ECHI shortlist

Key outputs

1. Background: The ECHI shortlist adds value to European public health and care systems, but lacks a sustainable mechanism to maintain it.

2. Innovative tools to improve the current EU-HIS: For discussion: possible 'adoption' of the ECHI by Commission (finance and governance of the total list) and by MS (updating separate ECHI to divide the work), change the format of the list to include a more flexible and actionable part, expand the online ECHI information repository developed under Bridge Health and InfAct collectively.

3. Most relevant results: the ECHI shortlist is still considered important for EU and MS health policy by health information experts, but it needs to be updated, modernized and promoted. InfAct offers practical suggestions as to improving the lists' meta-data, content and structure, visibility and governance.

4. Feasibility of being integrated in HIS and translated into policies: A formal structure is needed to ensure the highest value to EC and MS health policies. EU entities (DG Sante, DG Estat, SGPP, WGPHS) and MS both have roles and responsibilities in this.

Background and Rationale

The European Core Health Indicators (ECHI) shortlist provides a 'snapshot' of European public health and care. It is the result of consecutive EU-wide projects starting in 1998, representing a collective MS effort and was first implemented in 2012. DG Sante maintains a webpage and an interactive tool, which is filled by Eurostat. Using ECHI to internationally compare public health aspects adds value to the national health information system. Despite the recognition of its importance by health information experts on EU and national level, there are no formal updating procedures nor is there a formal and sustainable form of governance. This puts previous efforts at risk. ECHI could be a classic example of a product for which a need was identified, that was successfully developed by MS on a project basis, but that seizes to exist because there is no infrastructure to sustain it. Therefore, InfAct aims to provide suggestions and recommendations that may benefit and improve the future of the ECHI shortlist.

Proposal

InfAct identified 4 focus areas to provide practical suggestions to:

1. **Technical updates of the metadata (documentation sheets)**
   InfAct reviewed all the ECHI documentation sheets, summarized the findings into draft recommendations and asked a group of experts to review.
2. **Modernising the content and/or structure of the list**

InfAct collected ideas for new indicators in the shortlist and developed the idea to change the structure of the shortlist and include a flexible subset to accommodate emerging information needs.

3. **Improving the visibility**
   InfAct prepared an ECHI information repository as a source of structured ECHI collective memory and input for the web portal under the RI (temporarily to be found via ECHI.eu under a website maintained by RIVM). InfAct prepared on a communication plan to increase ECHI visibility. This includes infographics, an example of which can be found on the ECHI information repository.
4. **Procedures and governance**
   InfAct drafted update procedures based on criteria that were developed by the previous ECHI projects. It also prepared a draft governance structure, with roles and responsibilities for both EU structures and MS. InfAct organised a meeting with DG Sante and ESTAT to discuss progress and possibilities to increase sustainability.

Recommendations for sustainability

In order for the ECHI to be a useful indicator set at the heart of European Health Information, it needs to be

- embedded in a sustainable infrastructure
- robust, stable and visible, and yet
- flexible to current developments

InfAct recommends that the ECHI will be embedded in formal procedures, governance and financial security, in order for it to be the useable list it was designed to be. European Commission (DG Sante and DG Estat in particular) are seen as important partners in this, with a role in securing policy relevance, technical commitment, financial sustainability and possibly legal status. The future distributed research Infrastructure on population health (DIPoH) may host the shaping and governing the ECHI, in liaison with EC and MS.