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**INTERIM REPORT FROM THE COMMISSION
TO THE COUNCIL, THE EUROPEAN PARLIAMENT,
THE ECONOMIC AND SOCIAL COMMITTEE
AND THE COMMITTEE OF THE REGIONS**

**on the implementation of the programme of Community action on health monitoring
within the framework for action in the field of Public Health (1997-2001)
(Decision No 1400/97/CE of the European Parliament and of the Council)**

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1. SUMMARY

The programme of Community action on health monitoring was adopted by the European Parliament and the Council on 30 June 1997 and came into force the same year. The general aim of the programme is the contribution towards the establishment of a Community health monitoring system. This aim is specified in a number of objectives and activities set out in three pillars: Establishment of Community health indicators, development of a Community-wide network for sharing health data, and analysis and reporting.

The EU health monitoring system will produce comparable information on health and health-related behaviour of the population, on diseases and health systems. This will be based on European-wide common agreed indicators with regard their definition, their collection and use.

This mid-term evaluation report covers the implementation period 1997 to 1999. It is based on an external evaluation.

The programme is consistent with other Community initiatives, e.g. the framework programme for statistical information, projects in the field of telematic interchange of information between administrations (IDA) and the other public health programmes that have a component of health monitoring. The synergy with the framework programme for research, technological development and demonstration has to be improved.

The external evaluation states that the objectives as described in the Decision 1400/97/EC are already covered to the level of 60% by the actions supported so far through the Programme. 15 of 19 projects supported during the reference period cover different aspects involved in establishing Community health indicators. The opinion of Member States was taken into account in the Programme Committee. Annual work plans and a list of the annually selected projects were transmitted to the European Parliament. Monitoring of the specific actions has been performed by the Commission Services. Some adjustments have been carried out during the implementation period to ensure the effectiveness of the programme. A discussion is needed about the definition, features and limits of a Community-wide health monitoring system.

2. INTRODUCTION

Following the adoption of the programme of Community action on health monitoring by the European Parliament and the Council, the Commission presents hereunder an interim report concerning the implementation period 1997 to 1999. Projects were accepted in 1998 and 1999, most of them having a duration of 2 years. The external evaluation report was received only in November 2001, on the basis of which this report is drawn up. Due to the extension of the programme, the final evaluation will not be submitted before June 2004.

In this report the Commission highlights the degree of consistency and complementarity reached between the present programme and other relevant Community policies, programmes and initiatives. To increase the value and impact of the programme the Commission has performed an evaluation of the actions taken in accordance with the Decision's article 7, paragraph 2. Particular regard has been given to the effectiveness and the objectives of the measures undertaken. For this purpose the Commission has drawn on the opinions of a group of independent experts. The Commission also reports on the adjustments that are deemed necessary as a consequence of the information gathered.

3. CONTENT OF THE PROGRAMME

Decision No. 1400/97/EC, based on the former Article 129 of the Treaty (currently Article 152 of the Treaty) covers a wide range of general and specific objectives. The general aim of the programme is the contribution towards the establishment of a Community health monitoring system.

The general aim is specified in a number of objectives and activities in three pillars:

A: Establishment of Community health indicators

B: Development of a Community- wide network for sharing health data

C: Analysis and reporting

Most of the actions supported were connected to pillar A. Out of 19 projects implemented in the period for the evaluation (1997 – 1999), 15 were about different aspects of indicators leading to recommendations either for the indicators for fields like mental health, health expectancies, nutrition or for improvements in the data collection in relation to these indicators. A first set of European Community Health Indicators was produced and widely disseminated. 4 projects were connected to analysis and reporting such as the European health status report or health technology assessment report. The objective by the end of the programme is to continue the work on specific indicators in order to complete the European Community Health Indicators list that will serve as a basis for the European health monitoring system. Moreover, the programme will support the elaboration of regular European health status reports such as mental health or nutritional health. Pillar B was covered by the IDA-HIEMS system¹.

¹ Interchange of Data between Administrations (IDA) and Health Indicator Exchange and Monitoring System (HIEMS)

4. CONSISTENCY AND COMPLEMENTARITY

The Commission sought consistency and complementarity between its public health and other Community policies, programmes and initiatives by a multitude of efforts on different operational levels, in particular:

- The implementation of the 4th framework programme for research, technological development and demonstration (1994-1998) which was closely followed by means of the inter-service consultations on publications of calls for proposals and on adoption of financing decisions ;

The 4th framework programme contained in particular chapters on Public Health and on major illnesses. However, the co-ordination with this programme remained insufficient resulting in the absence of synergy between the two programmes.

- The Community's framework programme for statistical information ;

EUROSTAT was involved in all phases of the implementation e.g. selection and follow-up of projects, elaboration of the annual work programme, participation in all meetings. Close links were maintained through the Community Statistical Programme with the work of the national statistical offices and a high level of synergy was achieved.

- The Community's projects in the field of telematic interchange of data between administrations (IDA) ;

The good co-ordination with the IDA programme led to the developmental work achieved under pillar B of the programme being entirely financed by the IDA programme

- The other Public Health programmes that have a health monitoring component;

In order to avoid duplication with the other Public health programmes, the Health monitoring programme did not touch upon the issues covered by those in a more specific manner, such as in the Cancer, Drugs or Pollution Related Diseases Programmes, for example.

5. EFFECTIVENESS AND ACHIEVEMENT OF OBJECTIVES

The external evaluation states that the objectives as described in the Decision 1400/97/EC are already covered to the level of 60% by the actions supported so far through the Programme. The annual work programmes for 1998 and 1999 have allowed projects to be developed where more action was needed to meet the objectives. The transparency towards the European Parliament was ensured by the prior transmission to that Institution of reports and documents intended for the programme committee as well of the annual work programme and of an annual list of projects financed.

To ensure the highest possible standards for the quality of the actions selected, the programme committee gave a favourable opinion on the annual work plans and was consulted on the preparation of calls for proposals, the selection of projects and the follow-up of their implementation. The Commission made the final decision regarding the selection of projects to be financed taking these opinions into account.

6. MONITORING

Monitoring of the specific actions has been performed mainly through a continuous follow-up by the Commission Services of the contractual obligations of the projects financed. Apart from the exchange of e-mails and missions on the spot, co-ordinators meetings were organised twice a year with all project leaders to ensure a proper co-ordination between projects and to avoid as much as possible any overlaps. Member States representatives as well as other Commission Services were invited to participate.

7. ADJUSTMENTS

To improve the Community added value and increase the number of countries involved, the Commission urged applicants to enhance networking with the other projects. To cover areas of Community interest which were not covered by specific actions selected to date, the Commission adapted the annual work plans based upon an analysis of the active portfolio of the programme. To further ensure the fulfilment of the objectives of the Decision, it is necessary to adjust the implementation of the health-monitoring programme taking into account the recommendations resulting from the external evaluation report. This is taken into consideration in drafting the work programmes for the period following that covered by this report. In addition, several of the points identified by the external evaluation report will be addressed in implementing the future framework programme for public health. In particular, this new programme will strive to build on the outputs of the Health Monitoring Programme by using networks already developed, and taking forward the outcomes of projects supported on developing health indicators.

8. EXCERPT FROM THE EXPERT'S REPORT ON THE HEALTH MONITORING PROGRAMME²

Finally, excerpts from the findings of an independent expert group which, under contract to the Commission, analysed the health monitoring programme, are presented below:

- The annual Work programmes for 1998 and 1999 effectively covers nearly all the objectives as given in the Decision ;
- Existing networks of experts have been substantially developed throughout the course of the Programme bringing together all Member States and other non-member countries ;
- Those organisations and networks that depend on third party funding have developed professionalism in submitting proposals to the Commission ;
- A lot of expertise and professionals are available among the different European Member States and can be approached for support regarding specific problems and tasks within public health and health monitoring ;
- The establishing of a Community-wide health monitoring system is still incomplete although the numbers of indicators are very high. There is a need to limit the number of indicators for practical use in policy making ;

² « Mid-term evaluation of public health monitoring programme », tender No.SANCO/2000/C0/002

- Dissemination of the results follows ordinary patterns through the scientific society in the Community. More information should be made public on the Internet ;
- Priority has been given to the collection of data whereas the development of methods for analysing and make the data comparable remains limited ;
- Some of the beneficiaries involved need management expertise to cope with the different administrative and budgetary regulations set by the Commission ;
- More staff also needed in the Commission for co-ordinating the huge amounts of projects in the programme.

To improve the execution of the programme the external experts recommend the following actions to be considered:

8.1. Regarding health monitoring:

- The Commission shall agree about the definition, features and limits of a Community-wide health monitoring system and deliver its opinion to the policy makers ;
- Define the information needs of policy makers on both a national and a Community level ;
- Limit and specify the objectives and indicators desired to establish a health monitoring system ;
- For the time remaining for the Programme, two things should be done regarding the objective of comparability: A small, precise set of indicators for policy making needs to be decided politically, and then the information collected should include data about the data source, the comparability with other related information and the instruments used for generating the data ;

8.2. Regarding the administration and management process:

- Enhance Commission management capacity by increasing responsibilities, decision making and setting of goals ;
- A discussion is needed to decide whether the expertise needed for establishing a health monitoring system by the Commission shall be organised by means of calls for proposals, calls for tenders or no public call at all ;
- In order to implement a Programme of this size in terms of network and issues involved, more staff is needed for the content and counselling of the projects.

The Commission considers that many of these points are justified. It has therefore taken action as specified under "Adjustments" to make improvements in the areas concerned. However, it is clear that resource limitations still exist and that these can influence greatly the implementation of this programme.

9. FINANCED PROJECTS AND BUDGET

The annual lists of financed projects are available on the Internet site of the Commission since the beginning of the programme. These lists include in particular details in relation to objectives, budget allocated, information on the project leader and number of countries involved. Following the comitology rules, this information is transmitted as well to the Programme committee and the Parliament.

All final reports of financed projects are uploaded on the programme's specific CIRCA site (Communication and Information Resource Centre Administrator) accessible with password provided on request. The Commission is working on the improvement of the diffusion of the projects' results, in particular intends to upload these final reports on the Commission's Internet site.

An overview of the budget allocation for the years 1997, 1998 and 1999 for the Programme is presented as follows:

Budget allocation for Health Monitoring programme:

1997	1998	1999
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Number of projects	Budget MECU	Number of projects	Budget MECU	Number of projects	Budget MECU
0	0	10	2.335	9	2.191