Assessment of the implementation of the five key epidemiological indicators

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Short briefing before facilitated discussions in parallel session
DRD national expert meeting 29-30 September 2016, Lisbon
The 5 key indicators

One of the pillars of the monitoring
Rationale for the assessment of the implementation of the indicators

- **Aim of the assessment**
  - improve data quality, implementation, and ultimately utility

- **Objectives**
  - To develop harmonised/consensual assessment tool and process
  - And together with the national focal points/experts, provide every 3 years a national assessment to the management board

- **Criteria established in 2008**
  - Process
  - Data Quality
Criteria

Process
- National Activities
- Respect of deadlines
- Resources
- Assessment of data quality
- Legislation/Legal basis
- Progress on-going

Data Quality
- Data availability (national)
- Harmonisation with EMCDDA guidelines
- Timeliness
- Coverage
- Consistency
### Data availability at national level

<table>
<thead>
<tr>
<th>Categories</th>
<th>Time period</th>
<th>Question number</th>
<th>Operational definitions</th>
<th>Minimum requirements</th>
<th>Desirable implementation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reporting year or previous two calendar years</td>
<td>1</td>
<td>Data on HIV, HCV and HBV prevalence in IDUs provided to EMCDDA for the reporting year or preceding 2 calendar years</td>
<td>At least one HIV and one HCV data point for the reporting year or preceding 2 calendar years</td>
<td>HIV, HCV and HBV data available in reporting year and preceding 2 calendar years</td>
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<tr>
<td></td>
<td>Reporting year or previous two calendar years</td>
<td>2</td>
<td>National HIV case reports and HCV and HBV notifications, including data specific for injecting drug users, provided to the ECDC / WHO-Europe and EMCDDA for the reporting year or preceding 2 calendar years</td>
<td>National HIV case reports data provided to the ECDC / WHO-Europe for the current reporting year or preceding 2 calendar years</td>
<td>National HIV case reports data provided to the ECDC / WHO-Europe and HCV and HBV notifications provided to EMCDDA for the reporting year and preceding 2 years</td>
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## Template DRD – ‘Process’

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<tr>
<th>Categories</th>
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<th>Rating</th>
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<tbody>
<tr>
<td>National activities</td>
<td>Working group in place; Organisation of national meetings by indicator</td>
<td></td>
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</table>
| Respect of deadlines     | Respect of deadlines as requested by the EMCDDA:  
  a) On time  
  b) Within one month from deadlines  
  c) After one month from deadlines |                                 |
| Resources (staff, funding) | Financial resources directly dedicated to the indicator implementation at national level |                                 |
| Assessment of data quality | Existence of structured activities or system for the control of data quality            |                                 |
| Legislation/Legal basis  | Existence of a legal basis or of a national plan for K1 data collection at national level |                                 |
| Progress on-going        | Major progress obtained in the last 5 years; Major obstacles to the further the Key Indicator implementation; Recent efforts made to further implement the indicator |                                 |
Template DRD – availability, harmonisation with guidelines, timeliness, coverage, consistency

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| General Mortality Register (GMR) exists | - National coverage  
- GMR uses ICD10 and includes T codes  
- Reasonable quality (i.e. good detection rate of cases-external validity criteria: i) classical validation study, ii) consistency of two sources-GMR and SR-in numbers and trends iii) consistency with mortality cohorts results iv) consistency with other estimations-total mortality- v) other concurrent evidence of validity vi) based on augmented expert opinion) | - Post mortem investigations are used for certification and coding in the GMR to a reasonable extent (at least 2/3 of cases documented or with other sound indirect information) |
| Mortality Special Register (SMR) exists | - National or regional coverage  
- Ability to produce, identify and differentiate overdose deaths  
- Reasonable quality (i.e. good detection rates of cases-similar than GMR) | - National coverage  
- Records good quality forensic and toxicological information (information on at least 2/3 of cases - does not mean the full for/tox information available at the SMR but the key information)  
- The GMR and SMR produce similar estimates in overall numbers and trends over time |
| Mortality cohort studies in drug users conducted | - A mortality cohort study started at least in last 5 years  
- Results of follow up at least for 3 years  
- Sample of at least 2000 users (except countries with small population)  
- Coverage at least of several treatment centres in a city/region with a reasonable level | - Recent mortality study, at least in the last 2 years  
- Results of follow up for 3 years or more  
- Sample of over 4000 users (except in small countries)  
- Complete coverage of at least a big city or region |

- Data availability at national level
- Data information reported
  - Reported results with high compatibility with ST 5 and ST 6
  - Results fully compatible with ST 5 and ST 6
Objectives for today

• Re assessments in 2009 – 2012 – 2015
• Timely ‘consultation’ or ‘brain storming’ with the experts to
  • discuss the DRD implementation assessment, including the process, the tool itself and its impact
  • consider the strengths and weaknesses of the current assessment, including overall usefulness (nationally & EU level)
  • consider the appropriateness of the dimensions covered (GMR data SR data, cohort studies)
  • suggest general areas for improvement

• Feedback generated will be used to inform work by EMCDDA to develop and propose improvements
Questions to address

Strengths
Weaknesses
Area for improvement

- Are you National expert involved in this exercise?
- Are you aware of the conclusions of the previous exercises
- Do you think the results are used? Can this be improved?
Process

• Depends on the expert meetings and on the nature of the tool
• In DRID, was done through facilitated discussions in small groups
• In DRD, discussion in a parallel session followed by brief feed-back to plenary session, and main bullet points on a slide
More slides
to keep for the general discussion if useful
not for the briefing
Main achievements (2015 results)

- **General positive results**
  - Good level of implementation of the indicators in all countries
  - Improved data availability in all indicators and all countries
  - Improved data comparability
  - Increase knowledge and clarity on methodologies implemented

- **Achievements by Indicator:**
  - **GPS**: Greater comparability and compatibility with the EMQ
  - **PDU**: Increase data availability, 24 countries providing estimates
  - **TDI**: Completeness and internal consistency; harmonisation with TDI ver 3.0
  - **DRD**: Availability of data both for overdose deaths and mortality cohort studies
  - **DRID**: New estimates provided, especially in countries with recent HIV outbreaks
Main issues

- **General critical issues:**
  - Country's specific problems
  - Timeliness
  - Data compatibility across countries
  - Effect of economic context on National Focal Point and data collection

- **Main issues by indicator:**
  - **GPS:** maintain series of surveys, response rate, need to adapt to new methods (targeted surveys, internet, etc.)
  - **PDU:** converge of estimates, little cross countries comparability different methods used), difficult to use PDU as denominator of needs
  - **TDI:** coverage and information on representativeness of the TDI data
  - **DRD:** underreporting, need to make more use of toxicological information, updated mortality cohort studies
  - **DRID:** lack of sufficient data on HIV, HBV and HCV infectious in a relevant number of countries and data often from small samples; need to consider drug-mediated sexual risks
Moving forward….

• Useful to increase awareness on data quality and implement necessary changes

• Look at main critical points in general (timeliness, comparability, data availability)

• Address critical points by indicator, working towards improvement

• Address specific issues bilaterally with countries, including availability of resources and of data in some areas

• Consider emerging needs and changing context (e.g. Internet role in surveys, treatment, etc.)

• Make necessary adaptation to the assessment process, considering changes in the current context and lessons learned form the three exercise