

Progress on Assessment of Indicator Implementation

Sandrine Sleiman, TDI experts meeting, Lisbon 20-09- 2012

Key Indicator assessment of implementation

Based on:

- Data 2010, reported to EMCDDA 2011
- Activities at national level reported by NFPs in 2011
- 30 countries
- October November : NFPs consulted on the assessment EMCDDA
- December: final report on the 5 Key Epidemiological Indicators



Process: operational definitions

National activities	Working group in place		
	Organisation of national meetings by indicator		
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, fund.)	Staff directly dedicated to the indicator implementation at national level (full time equivalent)		
	Financial resources directly dedicated to the indicator implementation at national level		
Assessment data quality	Existence of structured activities or system for the control of data quality		
Legislation/ Legal basis	Existence of a legal basis for data collection at national level (especially referred to indicators for which a routine national data collection system is required)		
	Existence of a National Plan to implement the Key Indicators		
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		



Working group & deadlines

Almost all countries have a working group in place, meeting at least once per year

Uploads ST-Fonte	2009	2011
By deadline	18	26
Within one month	6	3
After one month	5	1



Categories: DATA QUALITY

- Data availability at national level
- Harmonisation with guidelines
- Timeliness
- Coverage
- Consistency



Data availability at national level

Data collection at national level by type of treatment centre

Harmonisation with EMCDDA guidelines

- All variables included in the TDI protocol covered by the data collection, according to priority variables
- Percentage of clients with not known/missing primary drug
- Double counting control



Timeliness

Data on the reporting year according to EMCDDA guidelines

Coverage

 Information on data coverage for units and clients reported in the tables and % of units and clients covered

Consistency

 Internal consistency (grand total equal to the related figure in Table 3.1.1)

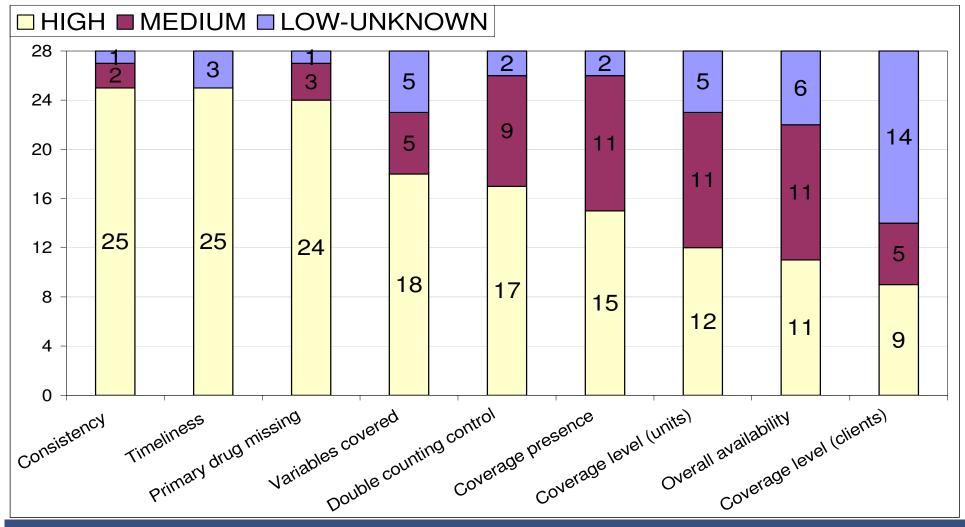


Ratings

- If desirable implementation met = HIGH
- If minimum requirements met = MEDIUM
- If minimum requirement not met = LOW
- If info not available = NOT EXISTING/NOT KNOWN



Overall assessment 2009- 28 countries





Summarising 2009 and now?

- Most of countries scores high or medium
- Best achievements concerning consistency, timeliness and primary drug information
- Need for improvement regarding coverage and data availability



THANK YOU FOR YOUR ATTENTION

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