

Working towards a EU Health Information System

Euro-Peristat meeting, 5th of April



Lifecycle European project



... working towards a **health information and data generation network** in the European Union covering major European health policy areas both for

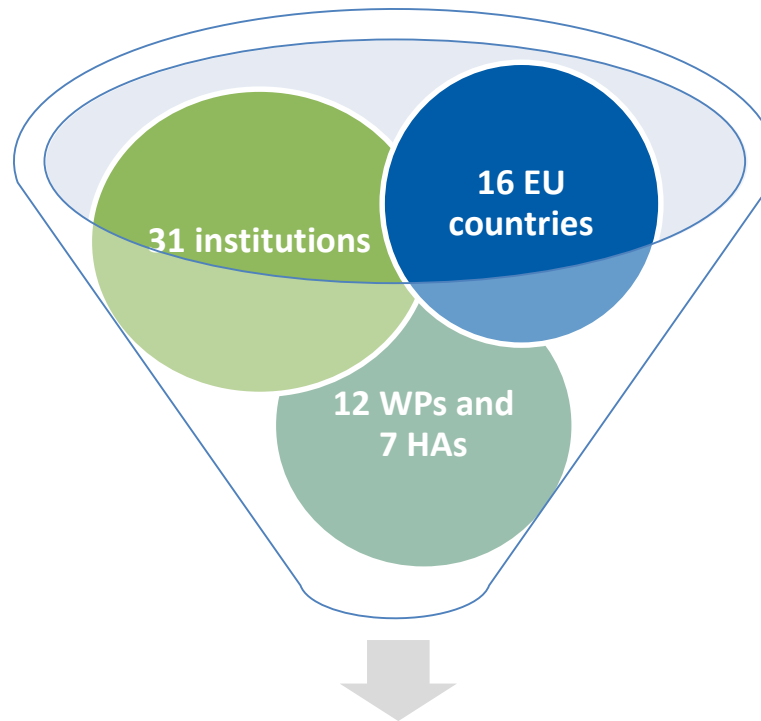
- population health and
- health system performance.

Mission BRIDGE Health

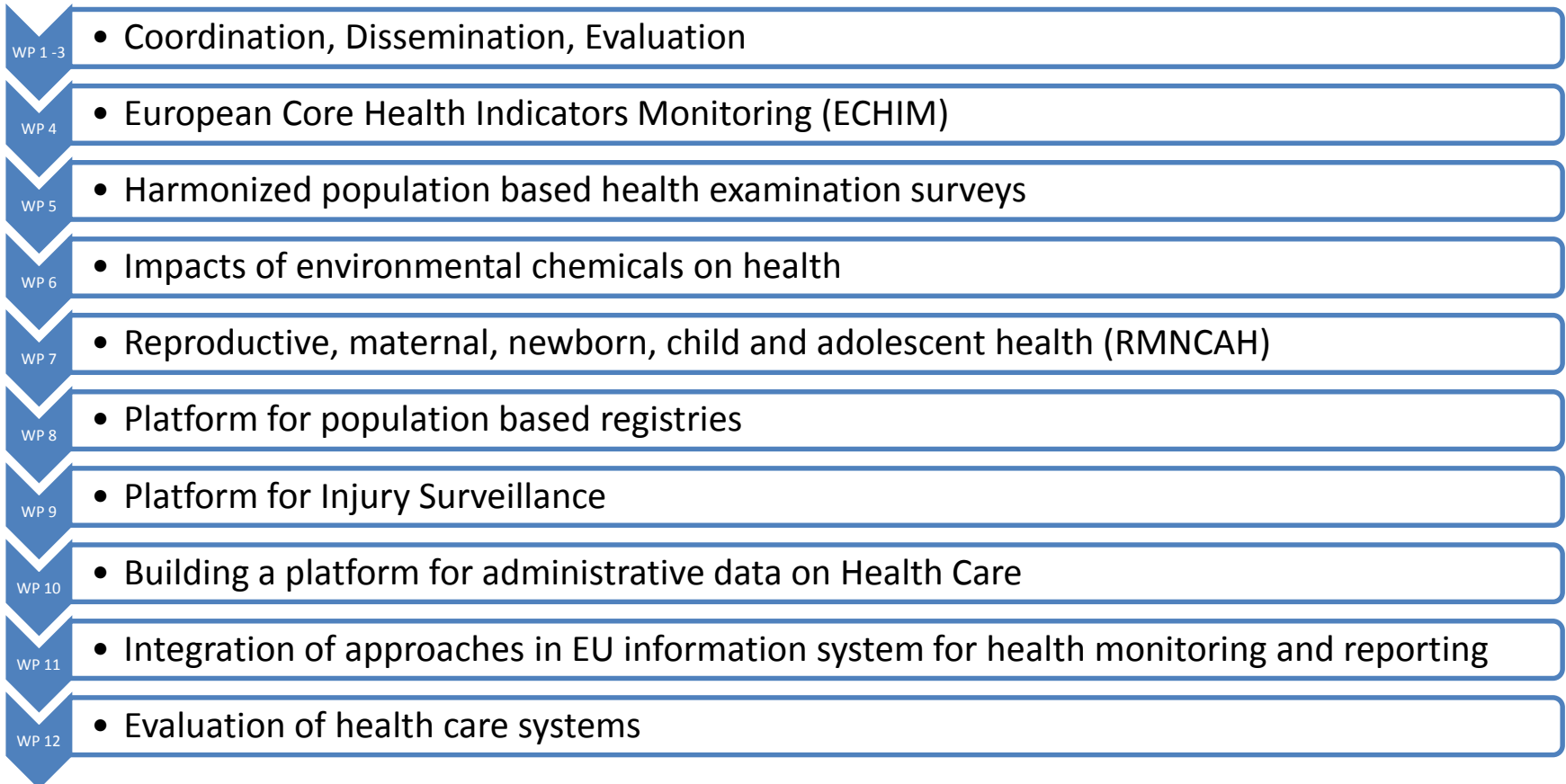
The mission of BRIDGE Health is

1. to create a **blueprint** for a comprehensive, integrated and sustainable **EU Health Information System (EU HIS)** which will incorporate know-how and technical tools to coordinate and harmonize research and surveillance for Member States in key EU health policy areas;
2. to propose various **sustainable structural and institutional options** of such a EU HIS and support the transition towards it; and
3. to develop blueprints for **specific actions** (tasks) of a EU HIS.

BRIDGE Health constitution



Vertical activities: 12 work packages



Horizontal activities

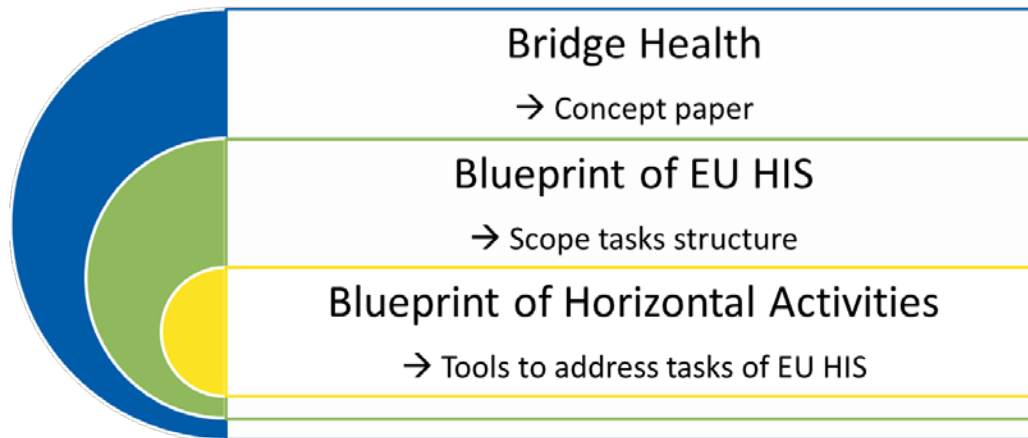
- BRIDGE Health is working through horizontal activities that tackle generic objectives
 - Brings together expertise from different health information domains
 - Building blocks of EU HIS
- The outcome is:
 - A set of technical blueprints to get the EU HIS started

Horizontal activities

Horizontal challenges	Coordinator
1) Transferability of health information and data for policy	Anke Joas (WP6)
2) Health information inequality within the EU and within MS	Jennifer Zeitlin (WP7)
3) Information at regional level (ECHI indicators, health inequalities) and for specific population groups	Enrique Bernal-Delgado (WP10)
4) Standardization methods of the collection and exchange of health information	Hanna Tolonen (WP5)
5) Data quality methods including internal and external validation of indicators	Simona Giampaoli (WP8)
6) Priority setting methods in health information	Maria M. Hofmarcher (WP12)
7) Ethical and legal issues in health information	Lisbeth E. Knudsen (WP6)

Overarching activity

Deliver a **policy paper** describing the scope, tasks, activities and governance structure of a EU Health Information System.



Political background

Political context

- In 2011:
 - EU parliament resolution asked the EC to
 - consider and assess the possibility of **extending the remit of ECDC** to encompass non-communicable diseases and using it as a centre for data collection.
 - Council Conclusions called the EC to
 - “consider the need for the better deployment of existing data and additional comparative data and information on unhealthy lifestyles behaviors, social health determinants and non-communicable chronic disease. This should be obtained from **sustainable health monitoring systems** already in place or which might be established at EU level.”

Political context

- In 2011:
 - Council Conclusions called the EC to
 - “Strengthen cooperation and make better use of existing networks and existing public health and related institutions, which investigate, monitor and research the impact of health determinants.”
 - “Prioritize support for the assessment of the cost-effectiveness of activities and policies to promote health and prevent diseases and for dissemination of the results, to provide a better information and evidence base for implementation of policies and activities in Member States to address health inequities.”
- In 2012:
 - Joint letter of NPHIs to Commissioner Dalli asking to find sustainable mechanism for health monitoring and reporting.

Political context

- In 2013:
 - The Council of the EU conclusions stated that “policy-making and decision-making process should be, as far as possible, **evidence-based** and supported by adequate **health information systems**”.
 - And welcomed “the further development and consolidation, while avoiding duplication of work, of a **health monitoring and information system at EU level** based on the ECHI and existing health monitoring and reporting systems”.
 - The Council invites the commission and the MSs to improve the coordination on **Health systems performance assessment at EU level** by:
 - streamlining the debate on the theoretical **HSPA framework** and identifying useful **methodologies and tools** to support policy maker in taking decisions;
 - defining criteria for selecting **priority areas** for HSPA at EU level and improving the availability and quality of relevant data and information.

Political context

- Health Ministers invited the EC and MS “to cooperate with a view to establishing a sustainable and integrated EU health information system. This should build on what has already been achieved through different groups and projects, such as ECHI-ECHIm projects, exploring in particular the potential of a comprehensive health information research infrastructure consortium (ERIC) as a tool.”

→ Leads to the set-up of BRIDGE Health.

Political context

- In 2014:
 - Mission Letter of President Juncker to Commissioner Andriukaitis
“Developing expertise on performance assessments of health systems, drawing lessons from recent experience, and from EU-funded research projects to build up country-specific and cross-country knowledge which can inform policies at national and European level. ”

How to put it on the agenda?

- Multiple approaches to getting a EU HIS on the political agenda
 - Council conclusions: from “invite to coordinate” to “invites to set up”
 - Bring forward with presidencies of Council of the EU
 - Netherlands: January-June 2016
 - Slovakia: July-December 2016
 - Malta: January-June 2017
 - United Kingdom: July-December 2017

How to put it on the agenda?

Put it on the agenda of the European Commission

- From the council conclusions to the workplan of DG SANTE and Commissioner Andriukaitis
 1. Agenda plenary
 2. Impact Assessment will be done (strength and weaknesses, EU added value, the cost of doing nothing..)
 3. EC initiative on the set up
 - Working Party on Public Health at Senior Level
 - To council of EU (ministers of health) and parliament
- Have interested parties talk to their ministries of health to discuss it in the relevant EU meetings.

Current EU Health Information System

EU health information institutions

- European Commission
 - DG Health and Food Safety (SANTE)
 - DG Eurostat (ESTAT)
 - DG Research and Innovation (RTD)
 - DG Joint Research Center (JRC)
 - European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
 - European Centre for Disease Prevention and Control (ECDC)
- European projects
 - Numerous

→ *There are many EU institutions but not all are health driven.*

→ *Lack of holistic health information strategy.*

Where to improve?

1. Need for European health information strategy

- Improved coordination between various health information activities (by different DGs, different agencies, different projects, etc.);
- Need for interdisciplinary cooperation with other policy sectors and civil society;
- Improving the link between health information activities (including research and development) and policy needs;
- Need for decisions on common issues;
- Create synergies and sustainability between projects and health information activities.

→ *Need for coordination and collaboration in health information.*

Where to improve?

2. Harmonization data, data collection, processing and reporting

- Harmonization of data definitions and indicators between countries;
- Single methodological approach to data collection;
- Facilitate sharing and exchange of harmonised data at individual and population level;
- Harmonized EU wide health reporting (including data visualizations);
- Ensure sustainable data collections and data availability for evidence-based public health.

→ *Better data quality and comparability.*

Where to improve?

3. Better responses and policy making

- Developing, implementing and evaluating EU actions;
- Effectiveness and efficiency of public health interventions;
- Respond effectively to population health and health systems' challenges;
- Fast health analysis for preparedness and research;
- Efficient spending of resources.

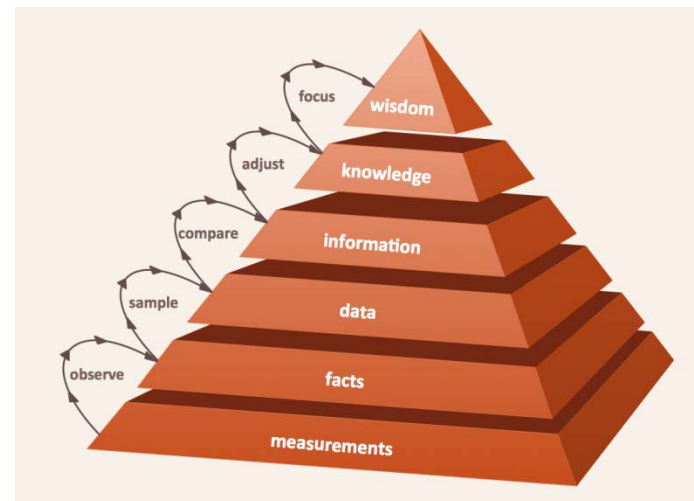
→ *Evidence-based policy making, monitoring and planning.*

Where to improve?

4. Comparison and benchmarking among MS and for Europe
 - Assess quality and efficiency health care systems;
 - Assess inequalities in Europe;
 - A unified general picture of health situation in Europe;
 - Addressing health determinants that operate across national boundaries.
5. Knowledge sharing and capacity building
 - Diminishing the health information inequalities between countries;
 - Developing knowledge and expertise and facilitating the exchange of knowledge and expertise including good practice examples.



A European Health Information System timely provides the best available knowledge for decision-makers to improve EU populations' health and well-being.



What will it do?

- Create a common EU strategy on EU health
- Formulate clear objectives and focus on
 1. Consolidating ECHI indicators
 - Enable to set priorities
 - Find common definitions for indicators
 - Have them delivered by MS

→ *Legal framework, similar mechanism and guarantee of sustainability*
 2. Capacity building health system performance assessment
 - Training, skill building, exchange expertise between MSs
 - Similar to European Programme for Intervention Epidemiology Training (EPIET)

What are the options?

1. Strengthen existing structure:
 - ECDC, JRC, Eurostat, DG SANTE..
 - Outsourcing: WHO, OECD
 - Split the work or take up activities as a whole
2. Create new independent structure
 - Independent new EU agency
 - Set up an ERIC
 - Supra-European structure e.g. Codex Alimentarius Commission
 - Joint Action
3. Overarching existing or new structure to bring together or supervise activities
 - Any of the above

Next steps

1. Identify essential first steps for setting up the EU Health Information System
 - Roadmap
 - Timeline
 - Resources
2. Engage stakeholders both at national and European level
 - Contact point with National Public Health Institutes
 - Council conclusions to set-up EU Health Information System
 - Working through EU presidencies
 - Involve international organizations (OECD, WHO Europe)

Dissemination strategy

1. Website, Flyers and Newsletter
2. Participation to the European Public Health Conferences (Milan 2015, Vienna 2016...)
3. BRIDGE Health public meeting on Health Information Policy Strategy to be held in 2017
4. Editing a special issue of *Archives of Public Health* on Health Information, based on horizontal activities.



www.bridge-health.eu

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