



# Components of the EU health information system

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# Three key functions of a *fully functioning* EU Health Information System

- ✔ **Governance:** Defining *which* indicators to collect based on feasibility and policy priorities
- ✔ **Data collection** in a sustainable manner ensuring validity, coherence and comparability
- ✔ **Analysis and support function:** defining indicators, generating the required evidence



# EU Health Information System – Governance function

European Statistical System  
✓ Eurostat & Member States

European Core Health  
Indicators (ECHI) shortlist  
✓ Developed jointly with  
Member States (2012)  
✓ systematic comparable  
data set for cross-country  
analysis



# EU Health Information System – Data collection function

Carried out by Eurostat & national  
statistical institutes

- ✓ legal obligations & gentleman's agreements
- Administrative data
  - ✓ Some collected jointly with WHO & OECD
- Surveys:
  - ✓ EHIS: "European Health Interview Survey"
  - ✓ EU-SILC: "EU statistics on income and living conditions"





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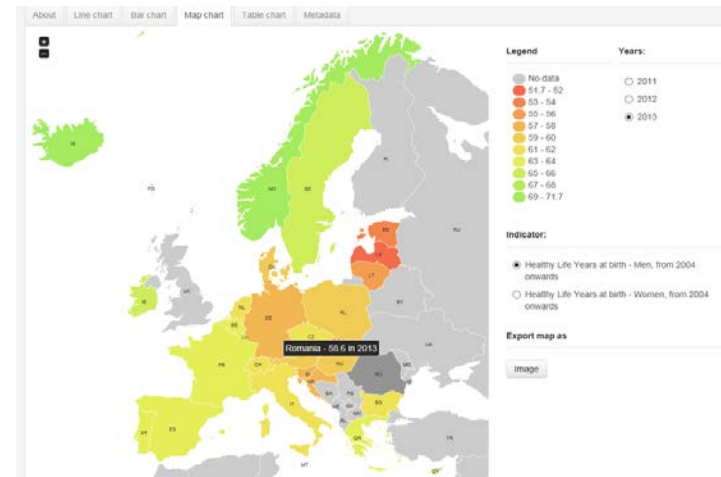
# EU Health Information System – Analysis and support function

Health monitoring networks &  
projects (since 1990s)

- ✓ funded under the Health Programme

Interactive application & graphic  
tools

- ✓ ESTAT data base
- ✓ ECHI data tool
- ✓ Health at a Glance Europe



# Key concerns regarding the EU Health Information System

- Improve the **governance** of health data, and the policy-relevance of health indicators
- Improve the **sustainability of data collection**
- Strengthen **analytical and reporting** functions



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# Council Mandate

## 2011 *Council conclusions*

*on closing health gaps within the EU... "...better deployment of **data**, obtained from **sustainable health monitoring systems at EU level**"*

## 2013 *Council conclusions*

*Reflection process... on health systems...  
"**...establishing a sustainable and integrated EU health information system**"*

# Completing the EU Health Information System – Improving Governance

- Better linkage to policy level (more control to MS – e.g. via Expert Group on Health Information)
- Increase availability of comparable health indicators for policy-making in MS (ERIC)
- Inform data collection by gaps identified through analytical projects





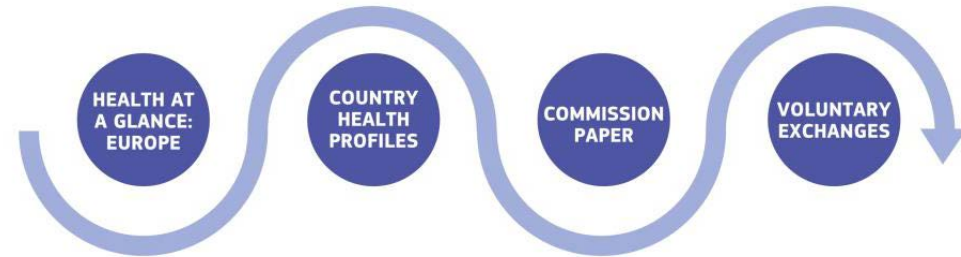
# Completing the EU Health Information System – Improving sustainability of data collection

- Reinforced collaboration and coordination across international organisations
- Reduce reporting burden for MS (OECD – WHO - COM)



# Completing the EU Health Information System – Improving analysis and reporting

- *State of Health in the EU*
- Sharing of information and data collected at national and regional level or through research activities (ERIC)
- Building research capacity (ERIC)
- Maintaining and supporting existing networks on health information (integrated by the Bridge health project and the ERIC)



# Conclusions

## Member State mandate to improve integration and sustainability of the EU Health Information System

- ✓ Based on decades of development work
- ✓ Ongoing work jointly with Member States (BRIDGE-Health, ERIC)
- ✓ Reducing duplication and reporting burden for Member States while respecting the different mandates of the OECD, WHO and the Commission
- ✓ Respecting existing legal obligations of Member States (European Statistical System)

## Improving policy-relevance and usability of the evidence

- ✓ The State of Health in the EU producing the required input for evidence-based policy development

## Completing the Cycle: feeding analysis into the governance of the EU HIS

- ✓ The State of Health in the EU identifying gaps in the coverage of the EU HIS and facilitate joint efforts around filling these gaps