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"
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
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