



Health Information

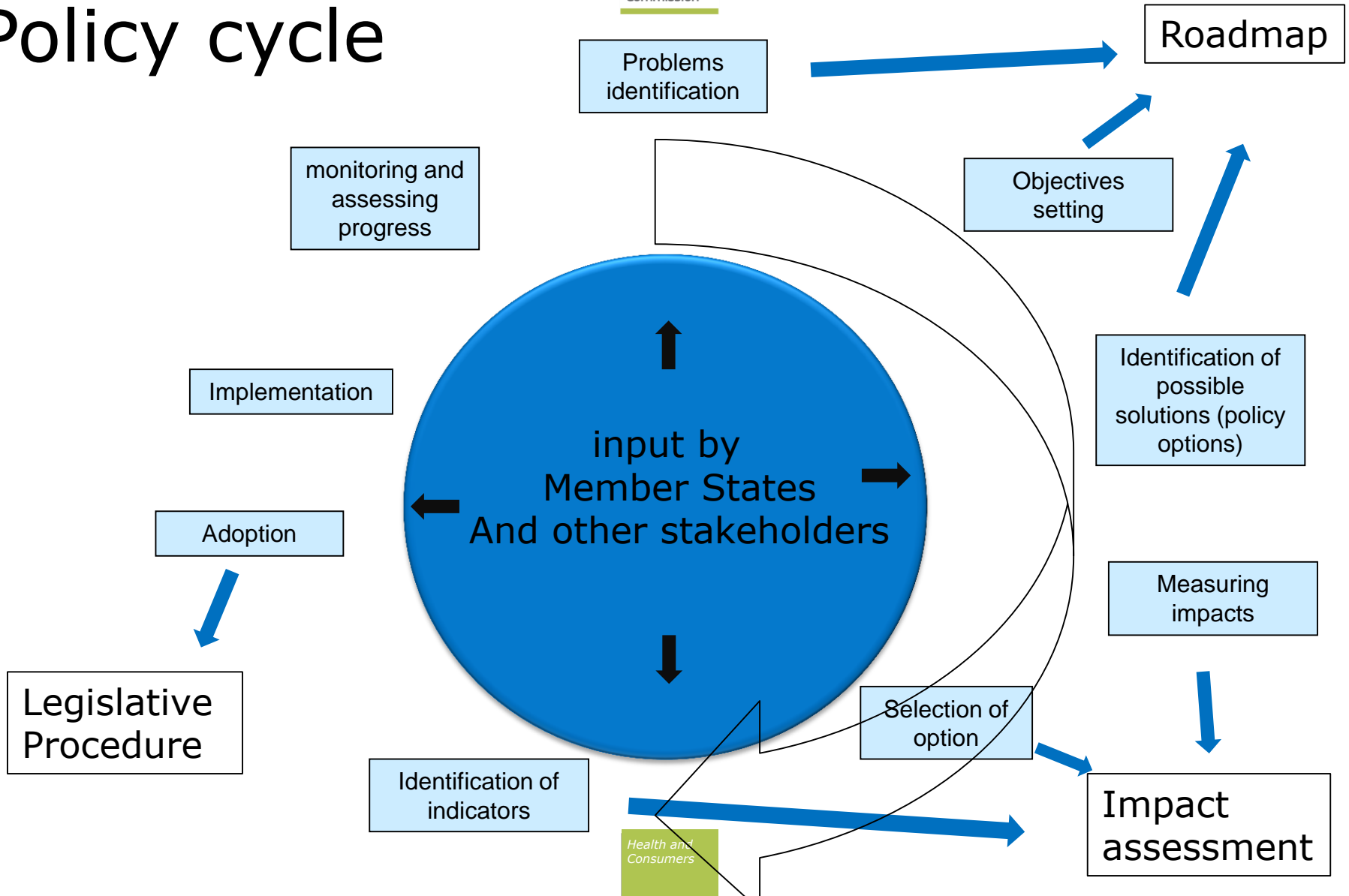
COMMISSION INITIATIVE TO SET UP THE EU HEALTH INFORMATION SYSTEM

PREPARATORY STEPS

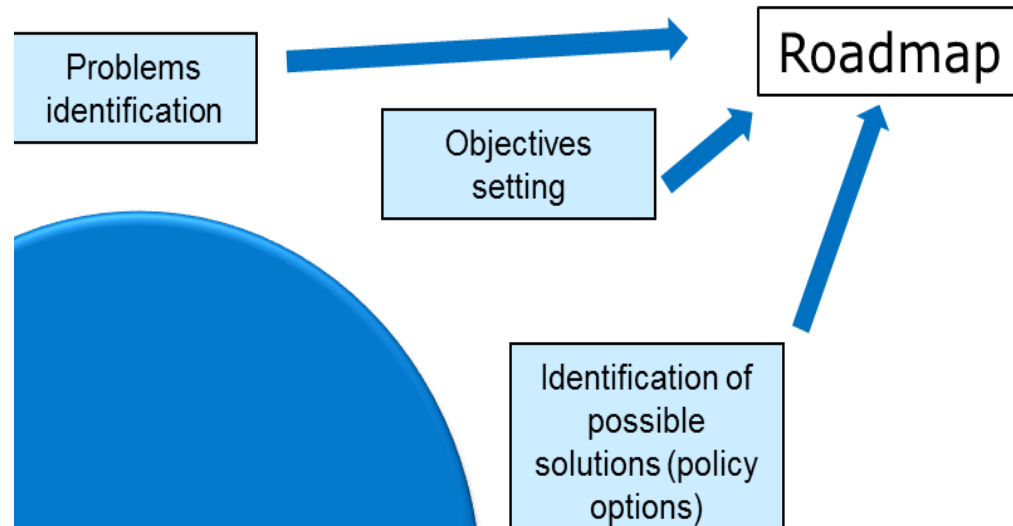
Luxembourg
28 January 2015

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European Commission
DG SANCO.C2 Health Information and Scientific Committees Unit

Policy cycle



Roadmap



- ❑ Roadmaps give a first description of planned Commission initiatives
- ❑ Roadmaps allow stakeholders to be informed and to feed in comments at an early stage
- ❑ Roadmaps are required for Commission initiatives that may have significant direct economic, social or environmental impacts

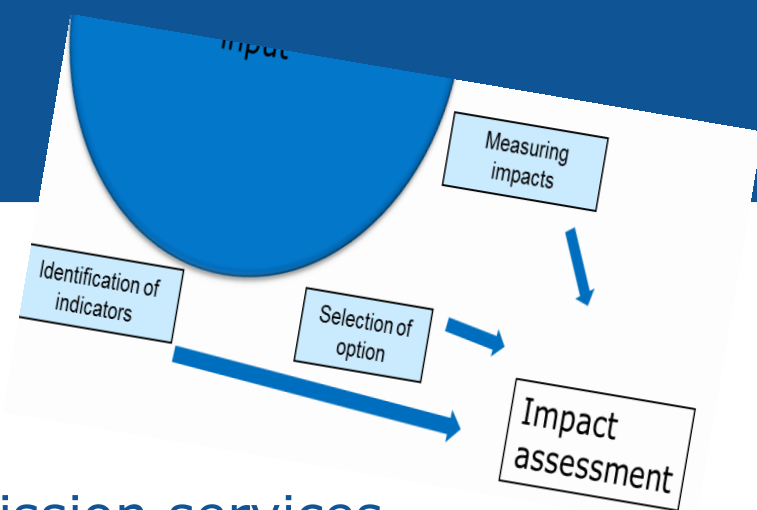
Impact Assessment (IA)

An IA needs to be carried out for all initiatives expected to have significant direct impacts. These can be:

- **Legislative proposals**
- **Non-legislative proposals (e.g. policy defining white papers, action plans)**
- **Implementing measures and delegated acts**



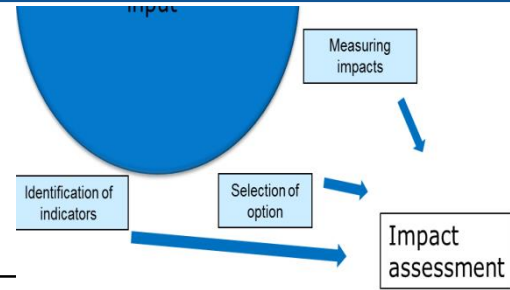
Identification by Commission Secretariat General, after consulting services



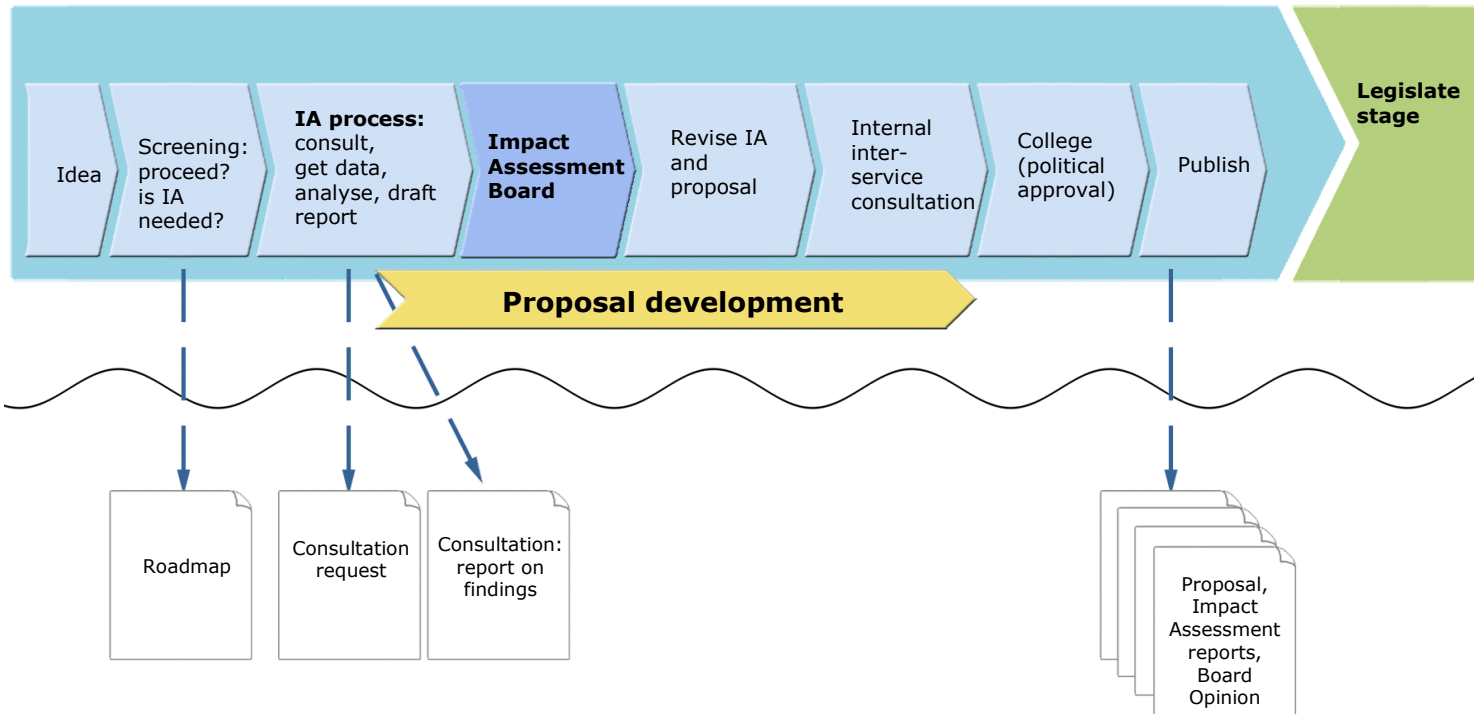
Impact assessment

- A set of **logical steps** to help Commission services structure preparation of a proposal
- Provide a balanced **evidence base** to support, not replace, political decision-making
- **Integrated approach**: all benefits and costs; economic, social and environmental impacts
- **Independent centralised quality control**: the IA Board
- **Transparency**: consultations, publication of IAs and IAB opinions

IA planning process



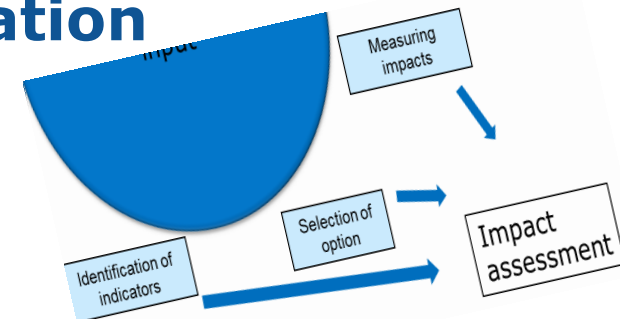
Initiate stage: the process inside the Commission



Initiate stage: outputs seen by outside stakeholders

What are the key analytical steps of the impact assessment?

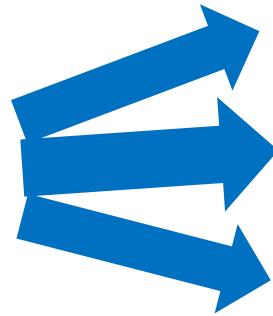
1. Identify the **problem**
2. Assess **need for EU-level** intervention
3. Define the **objectives**
4. Develop policy **options**
5. Analyse the **impacts** of the options
6. Compare the **options**
7. Outline policy monitoring and **evaluation**



Estimating impacts of the health information initiative

Objectives: 1: efficiency; 2: sustainable governance; 3: availability and comparability; 4: Reduce the burden for reporting

- Scenario A (baseline scenario)
- Scenario B (governance no obligation to report - agreement with WHO and OECD)
- Scenario C (governance and obligation - agreement WHO and AECD)

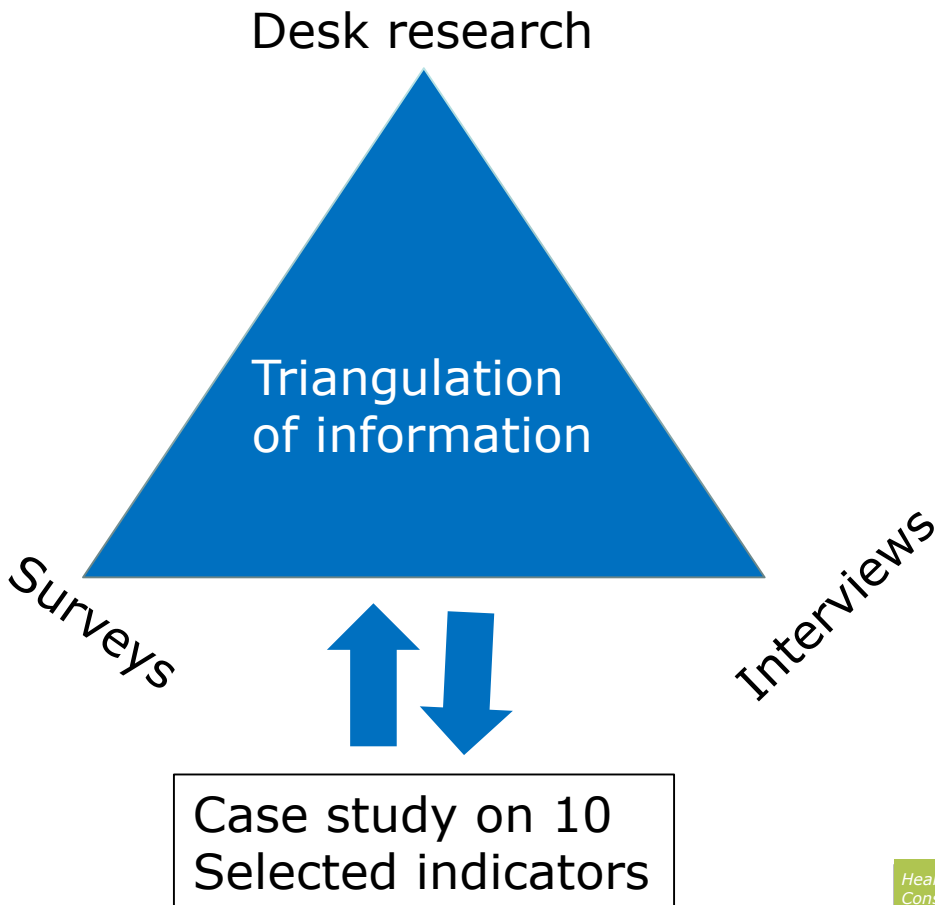


For B and C
After 5 and 10
years

- economic costs (direct, indirect)
- administrative burden
- Benefits (e.g health benefits)
- Achievement of the objectives

An external contractor will support this work!

Some methodological consideration on How to gather the information for the IA



Analyse possible support For MS to use collected indicators for policy making and health system performance assessment

Contribute to foster cross-country benchmarking and its use for policy making

What are your views on below first selection of indicators for the case study?

1. Population by sex/age
10. Life expectancy
11. Infant mortality
13. Disease-specific mortality
42. Body mass index
44. Regular smokers
46. Total alcohol consumption
62. Hospital beds
63. Practising physicians
76. Insurance coverage
77. Expenditures on health
80. Equity of access to health care services

Are selected indicators
Representative?

Do they contribute
to the administrative burden?
e.g. double or triple notification!

Are they used in policy making
In Member States?

Any proposal on what
to measure and how to
measure?



College

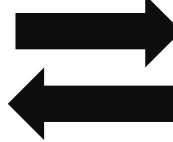
Adoption

Legislative Procedure

Identifi



EC



Agreement



Official Journal
of the European Union



English edition

Legislation

Stakeholders contribution

Roadmaps

Possibility for early reaction on Commission's plans

Stakeholder consultations

Opportunity to provide views on policy ideas and input to impact assessment work

Continuously

Continuous exchanges on policy impacts on a sector; sharing studies/analysis/methodology etc. with Commission

During legislative process

Reactions on Commission's proposal once adopted

