



SANCO/C2/Version 28 August 2013

Summary Record of the meeting of the Experts Group in Health Information (EGHI), 29-30 May 2013, Luxembourg

First meeting day - 29 May

1. WELCOME AND ADOPTION OF THE DRAFT AGENDA

The Chair Stefan Schreck, Head of Health Information Unit, welcomed the participants to the first meeting of EGHI in 2013. He explained that this was one and a half day meeting. In order to have as comprehensive information exchange as possible, additional participants had been invited, namely a representative of the Reflection process on modern, responsive and sustainable health systems as well as DG EMPL to present the work of Social Protection Committee (SPC). In addition, representatives of some of the relevant projects had been invited to attend the second day for the discussion about the proposal for the future health information European research infrastructure (ERIC).

The Chair informed participants that all presentations, the minutes and the list of participants of the meeting would be made available on SANCO's public health website, unless there were specific objections to this. No objections were expressed by participants.

Since the last meeting the CIRCABC has been used for making documents available to members of the EGHI. Participants were asked to contact the Secretariat if there are any remaining technical issues with the use of CIRCABC.

The agenda was adopted without changes.

2. MINUTES OF PREVIOUS MEETING

Draft minutes of the previous meeting that was held on 11 December 2012 were adopted and it was agreed that they would be made available together with the list of participants on SANCO's public health website.

3. DECISION ON THE NEW NAME FOR ECHI

In order to replace the 'C' in European Community Health Indicators, two options were proposed by the Commission prior to the meeting; "Common" or "Comparable". The Commission also shared UK position received prior to the meeting. ES suggested that "Core" should as well be an option. The Commission explained that this was not considered since the same name is used by WHO for their indicators. However, WHO saw no problems in this suggestion. Therefore "Core" was added as an option. During the voting "Core" received the majority of votes. S. Schreck concluded that accordingly ECHI now stands for "European Core Health Indicators".

The Chair also informed that following the suggestion during the last EGHI meeting the ECHI shortlist focusing on policy areas had been prepared. The main objective was to make it more readable. There were no objections to publish both tables (including the one presented during the previous meeting) SANCO's public health website.

4. UPDATES ON ON-GOING AND PLANNED HEALTH INFORMATION WORK BY EU MEMBER STATES, EFTA, CANDIDATE COUNTRIES

Representatives presented relevant work in their countries. In addition they were encouraged to regularly send their updates in writing.

5. NEWS ABOUT EU FUNDED PROJECTS AND THE EU HEALTH PROGRAMME – EXECUTIVE AGENCY FOR HEALTH AND CONSUMERS (EAHC)

Georgios Margetidis from the Executive Agency for Health and Consumers (EACH) presented relevant recent and new projects. He also informed about the future EU Health programme and the impact on health information, including the funding of projects in the area.

Stefan Schreck pointed out that the structure in the proposed Health programme is different from the current one. Health information is considered horizontal activity in all other activities rather than a separate strand. He suggested discussing the implementation of the new programme once the legal base is finally adopted.

PART 1: COORDINATION OF HEALTH INFORMATION WORK

6. DEBRIEF FROM THE MEETING BETWEEN THE COMMISSION, OECD, WHO/EUROPE ON 28 MAY

Stefan Schreck (SANCO), Gaetan Lafortune (OECD) and Claudia Stein (WHO/EURO) debriefed the EGHI about the previous day's trilateral meeting.

After the last EGHI meeting the three organisations re-discussed the EC/WHO EURO roadmap ("Modernizing and integrating the public health information system"), particularly one of its elements, namely the mapping table containing an overview of databases and information tools of the Commission (SANCO and ESTAT), the WHO and the OECD. While this was considered as a useful tool demonstrating a variety of activities, the three partners agreed that as a continuation it could be more useful to have a comprehensive analysis of all key health indicators with the aim to identify common

indicators at the European level. The intention is to prepare a comparative table with sufficient level of information for informed discussion. This will be hopefully interesting also for Member States that agree to different indicators in different fora.

7. UPDATE ON OECD/EUROSTAT/WHO JOINT QUESTIONNAIRE

G. Lafortune (OECD) reported on behalf of OECD, Eurostat and WHO on the two joint data collections of health statistics between OECD, Eurostat and WHO: Expenditure – joint health accounts questionnaire, and Non-expenditure: joint questionnaire on non-monetary health care statistics (extended in 2013). On the former he reported that 38 European and non-European countries are expected to respond to the joint questionnaire in 2013 (up from 22 in 2006) and on the latter up to 61 countries.

8. UPDATES FROM WHO AND OECD

G. Lafortune made a presentation on the OECD recent, current and planned work in the areas of monitoring of performance, health care quality indicators, value for money in health spending, long-term care, economics of prevention, health work force planning and management.

C. Stein presented WHO/Europe activities; The European health 2020 policy and its core health indicators; Measurement of well-being and Health information strategy for Europe.

9. UPDATES FROM EUROSTAT

B. de Norre (Eurostat) gave in his presentation updates on health-care statistics and the European Health Interview Survey (EHIS). He highlighted projects on data from administrative sources e.g. Morbidity statistics, Health Expenditure by Diagnosis and Condition (HEDiC) and Electronic Death Certification (eDC). An ad-hoc module on disabled people was included in Labour Force Survey (LFS), result to be disseminated in autumn 2013.

10. RELEVANT ACTIVITIES OF THE SOCIAL PROTECTION COMMITTEE

K. Kozovska from DG Employment, Social Affairs and Inclusion presented the Social Protection Committee (SPC) activities in health, including the most recent developments in the Indicators Sub-Group of the Committee, namely work on developing an indicators-based monitoring framework on health, in the context of the Joint Assessment Framework, to provide evidence base for the involvement of the SPC in the European Semester process on matters related to health.

11. REFLECTION PROCESS ON MODERN, RESPONSIVE AND SUSTAINABLE HEALTH SYSTEMS – SUBGROUP 5

In the Conclusions of the Council from 6 June 2011, Member States and the Commission were invited "to initiate a reflection process under the auspices of the Working Party on Public Health at Senior Level aiming to identify effective ways of investing in health, so

as to pursue modern, responsive and sustainable health systems". On this basis the Council Working Party on Public Health at Senior Level set up thematic subgroups consisting of interested Member States to discuss as a priority those topics that had been identified in paragraph 22 of the Council Conclusions. Their work is now well advanced and the Working Party should return in detail to the reflection process at its next meeting in autumn to discuss the final reports by the five sub-groups.

P. Meeus, as a representative of the Subgroup 5 presented the work of that group which deals with "measuring and monitoring the effectiveness of health investments".

12. ANY OTHER BUSINESS

The Chair wanted to clarify so that no EGHI member has any objection to use the mailing list to send information/requests which are not strictly EGHI related if such a request comes from one of the members. Participants confirmed that they see no problem with such an information exchange among EGHI members. The Commission would prefer though that in such cases EGHI members consult and distribute e-mails between themselves directly.

The date of the next EGHI meeting is not yet confirmed. It was preliminary planned for 11 December 2013, but could either be held earlier or postponed until January 2014. EGHI members will be informed as soon as a date has been decided.

PART 2: HEALTH INFORMATION IN THE EU

13. PROPOSAL FOR THE HEALTH INFORMATION AND KNOWLEDGE SYSTEM AT EU LEVEL – PRESENTATION OF THE NON-PAPER

S. Hauksdottir (DG SANCO) presented a summary of the responses to the questionnaire on the usefulness of the "European Community Health Indicators" that was addressed to Council Working Party on Public Health at Senior Level (SLWP). The responses show that almost all countries have fully or partially implemented European Core Health Indicators (ECHI) or have future implementation plans. The general conclusion also in that shortlist should be kept as it is.

The proposal of a long-term option for health information and knowledge system was outlined as an introduction for the discussion that took place the second day. This included the presentation of some key features of the European Research Infrastructure Consortium (ERIC) and some key elements to be considered for the potential ERIC in health information area.

14. A) HEALTH INFORMATION AND KNOWLEDGE: RESEARCH PRIORITIES – PRESENTATION BY RTD

B) EUROPEAN RESEARCH INFRASTRUCTURE CONSORTIUM (ERIC) - PRESENTATION BY RTD

B. Kerstiens from DG Research and Innovation gave a presentation on the research on EU level mainly on the 'Horizon 2020' (new EU framework programme for research).

In the presentation on European Research Infrastructure Consortium, P. Tuinder from the same DG outlined the instrument ERIC comprising information on membership, legal requirements and principal tasks.

15. PRESENTATION OF SHARE ERIC AND CLARIN ERIC

The representatives of the two first established ERICs, namely K. Andersen-Ranberg for SHARE (Survey of Health, Ageing and Retirement in Europe) and S. Krauwer for CLARIN (Common Language Resources and Technology Infrastructure) gave presentations on structural aspects and scientific contents of the respective ERICs.

16. PROPOSAL FOR THE HEALTH INFORMATION AND KNOWLEDGE SYSTEM AT EU LEVEL – DISCUSSION IN TWO WORKING GROUPS

Interesting discussions were held in two groups on the long-term option for the health information and knowledge system at EU level. The discussions were based on the Non-paper that was prepared to stimulate the debate and included several questions to this aim. This was a preliminary brainstorming and no commitment in any way was expected from participating countries.

17. SUMMARY OF THE DISCUSSION AND WAY AHEAD

This brainstorming on the possible future European research infrastructure consortium in health information revealed that there are organisational, budgetary, legal and content questions that will need to be examined more closely. There was an interest to explore this further in an Ad-hoc Core Working group on Health information ERIC. 10 countries and one project representative signalled their interest to be in the Ad-hoc Core Working group during the meeting. WHO raised the question of true and full ownership of an ERIC for countries not currently members of the European Union. The chair presented also UK position which was sent in advance of the meeting.

It was agreed that EGHI members will be informed about further developments.

The Chair also informed participants of a possible invitation of a health representative to attend the next ERIC Management Committee organised by DG RTD.