



## **Summary Record of the meeting of the Experts Group in Health Information (EGHI), 11 December 2012, Luxembourg**

### **1. WELCOME AND ADOPTION OF THE DRAFT AGENDA**

The Chair Stefan Schreck welcomed the participants into the second EGHI meeting of 2012. He said that DG SANCO was trying to improve the preparation and increase the interactivity of the meetings and for that purpose had circulated a so-called Flash letter which provides details on each agenda point. The participants welcomed the Flash as it can help them to consult with colleagues before the meeting.

S. Schreck explained that the meeting would be divided into two parts: the first part would be on coordination of health information at EU level and in particular between the Commission, the OECD and the WHO; the second part would focus more on EU business, such as health information activities in the Member States.

S. Schreck also informed that as a consequence of restructuring of SANCO's IT systems which was due to reduction of staff and IT budgets, the Heidi wiki would be discontinued. The Heidi wiki Advisory Board would not be convened in the future. S. Schreck thanked all EGHI members for their constructive input in the work on Heidi and for their attendance in the Advisory Board. Although the wiki part of Heidi would disappear, the data tool displaying the ECHI indicators would continue as before as part of SANCO's public health website. Other tools already integrated into the Heidi wiki, such as the European Injury Database, would also continue on other SANCO platforms.

S. Schreck informed participants that all the presentations, the minutes as well as the list of participants of the meeting would be made available on the website of the Commission, unless there were specific objections to this. No objections were expressed by participants.

ES wished to add a point on the agenda requesting OECD to de-brief on their Health Committee meeting in December and on the health projects in the OECD work programme 2013-2014. With this addition, the agenda was adopted.

## **2. MINUTES OF PREVIOUS MEETING**

Minutes of the previous meeting on 6 June 2012 were adopted with changes that had been proposed by the UK, the OECD and the WHO.

## **PART 1: COORDINATION OF HEALTH INFORMATION WORK**

### **3. DEBRIEF FROM THE MEETING BETWEEN THE COMMISSION, OECD, WHO/EURO ON 10 DECEMBER**

Stefan Schreck, Mark Pearson (OECD) and Enrique Loyola (WHO-Euro) debriefed the EGHI about the previous day's trilateral meeting. The main item discussed had been the mapping table, which is the first deliverable of the Roadmap on Health Information between the Commission and the WHO, and which provides an overview of databases and information tools of the Commission (SANCO and ESTAT), the WHO and the OECD. The three organisations see the table as a useful tool that, with some extra work, could help to identify gaps and overlaps. The next step is to up-date and develop the table to increase utility: it was proposed that it could be organised according to policy areas; or that the data sources and the standardisation of different databases could be made visible in the table.

#### **Follow-up:**

- EGHI to provide feedback on the mapping table by the end of January 2013 on the following: potential for synergies between different tools/organisations; overlaps, superfluous databases.
- The Commission, the WHO and the OECD to update the table as necessary, to develop it into a more reader friendly format (e.g. organising it according to policy areas), take on board EGHI comments and to re-circulate to EGHI before the next EGHI meeting in May.

### **4. FACILITATING COORDINATION AND ENHANCING INFORMATION EXCHANGE**

This point was on the agenda on the request of EGHI made in the previous meeting in June 2012, as some representatives felt that it was not always easy to circulate information to all relevant people at national level. S. Schreck informed the EGHI that SANCO would set up a CIRCABC-website<sup>1</sup> to circulate and to store EGHI documents, and that the same site could be used more widely for document distribution by all EGHI members. S. Schreck stressed CIRCABC was an office tool and that the objective of using it could be to share information between various groups which attend Commission/OECD/WHO meetings to ensure that everyone gets the comprehensive information; this would not be about making documents public. The Health Portal could not be used for this purpose, as it mainly only contains links to other websites.

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<sup>1</sup> CIRCABC is an extranet tool, developed by the European Commission and tuned towards Public Administrations' needs. It enables a given community (e.g. committee, working group, project group etc.) geographically spread to maintain a private space on the Internet where they can share information, documents, participate in discussion fora and benefit from various other functionalities. (see <https://circabc.europa.eu/>).

The participants pointed out that the problem was often not which technology to use to share information, but to improve coordination at both national and international levels; some countries had established national health information/statistical teams to improve coordination. Furthermore, coordination at EU level should also be improved (e.g. between EGHI and SPC, or the work on alcohol indicators). It was pointed out that although the principle of transparency was very important and the objective of sharing information, could be agreed with, in particular international organisations must follow their own legal rules and could not at will make all documents public, as the level of access is decided by the member countries. However, certain documents could be made available on a system such as CIRCABC, but countries should brief their representatives in international organisations about this.

It was proposed that the Commission, OECD and WHO put together a mailing list of all relevant people and keep this updated. However, data protection rules limit possibilities for sharing of personal data such as e-mail addresses.

**Follow-up:** SANCO to give a presentation on CIRCABC in the next EGHI meeting.

## 5. ISSUES PRESENTED BY WHO

E. Loyola presented the up-dates from the WHO.

- The WHO Regional Committee for Europe approved the Health 2020 strategy in its session in September. The strategy contains six targets related to reducing the burden of diseases, risk factors, reducing premature mortality by 2020, increasing life expectancy, reducing health inequities, increasing universal coverage and right to health and ensuring that the targets are set by the WHO Member States. In February 2013, a working group of Member States representatives will review issues related to qualification of targets. The strategy proposes "core" and "additional" indicators. The final approval of the indicators will be in the Regional Committee in September 2013.
- Work on the definition and measurement of a well-being indicator is on-going.
- In the September Regional Committee, WHO-Euro and OECD signed a Joint Action Plan with the aim of developing reliable health information. (The Action Plan was circulated to the EGHI).
- WHO Headquarters is developing tools to help identify and measure how vital statistics and civil registration systems are working and can be improved (e.g. quality of causes of death statistics). E. Loyola invited countries to participate in this process.
- A WHO leaflet *Core Health Indicators in the WHO European Region* was made available in the meeting. This leaflet is aimed to contain a set of core indicators as well as a subset on Health 2020 or other specific topics which change every year.
- WHO-Euro and RIVM (National Institute for Public Health and the Environment of the Netherlands) have signed a letter of intent on health information. E. Loyola invited other Member States to join the initiative. The document was circulated to the EGHI after the meeting (by e-mail on 14 December 2012).

## 6. UPDATES FROM OECD

Mark Pearson presented the up-dates from OECD, including clarification on projects discussed in the OECD Health Committee in December 2012.

- Joint Commission-OECD *Health at a Glance: Europe 2012* report was issued. The report is largely based on the ECHI indicators. M. Pearson welcomed feedback on the report. The next EU edition is planned for 2014.
- OECD is currently looking at issues such as relevance and timelines of data collected; the aim would be to collect less but better quality data and to make data available quicker to respond to policy needs.
- A publication on waiting times has been issued.
- As regards joint data collection (ESTAT-OECD-WHO), the manual on purchasing power parities contains a chapter on health for the first time; the enables looking at efficiency of hospitals as well as volumes and prices of expenditure.
- Work on Health Care Quality Indicators: all countries can join even if they are not OECD members.
- A publication on electronic health records, privacy and data linkage is to be issued mid-2013, but OECD will try to release working documents already earlier to input to the discussion on the EU data protection regulation.
- On-going smaller projects regard: alcohol policies to prevent harmful use – looking at why data from different sources is so very different; PISA study measuring 15-year olds, next survey to take place in 2013 will introduce a child health module on obesity and physical exercise, allowing relating obesity/physical activity to students' academic attainment for the first time.
- As regards prioritisation of projects in the OECD work programme 2013-2014, M. Pearson said that OECD would try to take into account Member States' strong support for projects looking at value for money when organising the work programme. S. Schreck added that potential Commission support for OECD projects from the (new) EU Health programme would need to be seen once the overall financial framework of the EU was decided (and thus also the budget of the Programme); but in any case the list of actions proposed by the Commission would have to go through the Programme Committee and therefore the Member States' scrutiny.

## 7. UPDATES FROM ESTAT

Bart De Norre and Hartmut Buchow provided the updates from ESTAT.

- Morbidity data: 16 Member States are involved in a pilot data collection; a Task Force to provide recommendations on feasibility of regular morbidity data collection at EU level.

- Two new projects will be launched shortly on: 1) methodology for providing costs per disease by linking health care data to causes of death and morbidity data; 2) improving timeliness and quality of causes of death data by supporting development and implementation of e-death certificates. Both projects are co-financed by SANCO and will last 30 months, providing results in 2016.
- A task force is working on 12 satellite lists to complement the short list on causes of death. The satellite lists will be established by theme, e.g. alcohol related deaths, avoidable deaths etc. Nine Member States are involved in the task force which will present first proposals in March 2013.
- As regards HLY (healthy life years indicator), work has been finalised on the assessment of the GALI question in the national implementations of the SILC (Survey on Income and Living Conditions). As a result metadata have been completed and flags were set in tables to warn for breaks in series. According to ESTAT, comparability of the question is still an issue for 10 Member States, but good progress has been made and the outlook is much better than before.
- On EHIS wave 1 microdata, ESTAT has launched a contract to produce a report to confirm or amend the anonymisation rules as developed and agreed by the Technical Group HIS and Working Group Public Health. Once this study is finished, the procedure for requests of anonymised microdata can become operational..
- Adoption of the EHIS wave 2 regulation is expected in the beginning of March 2013. ESTAT is currently drafting guidelines, instructions for interviews; the survey manual, quality report template etc.
- Reflection on modernisation of social statistics is still on-going; also the revision of SILC Regulation is being discussed. Both ESTAT and SANCO have expressed the need to maintain all three health-related questions (self-perceived health, long-standing health problems and the GALI) in SILC.

## **PART 2: HEALTH INFORMATION IN THE EU**

### **8. UP-DATES ON ON-GOING AND PLANNED HEALTH INFORMATION WORK BY EU MEMBER STATES, EFTA, CANDIDATE COUNTRIES: TOUR DE TABLE**

Representatives presented relevant work in their country.

### **9. UPDATES BY SANCO**

#### Discussion points:

9.1. European Health Examination Survey (EHES) and human biomonitoring: potential for a European Research Infrastructure Consortium (ERIC)

S. Schreck explained the basic principles of an ERIC – a European Research Infrastructure Consortium (background information and a guidance document on ERIC were circulated to the EGHI). He invited discussion on whether an ERIC

would be a suitable for to continue the European Health Examination Survey in cooperation with the projects on human biomonitoring financed by DG RTD.

FI informed that a discussion with the Finnish Health Ministry is foreseen on participation in ERIC for example in the continuation of EHES. NL and BE noted that an ERIC is an interesting solution, but requires lot of work and resources from the Member States, as is evident from the experiences with the SHARE-ERIC (Survey of Health, Ageing and Retirement in Europe, the first ERIC which was established). BE added that the International Association of National Public Health Institutes (IANPHI) could be linked to this work. S. Schreck noted that if there is serious interest from the Member States, DG SANCO could possibly help by liaising with DG RTD and by providing meeting facilities.

## 9.2. Country profiles

S. Schreck explained that the country profiles were used as an internal document in DG SANCO to complement briefings and country visits of the top management. However, SANCO would be happy to give EGHI members an opportunity to check the validity of data/information about the country and to comment both on the template and the content of these documents.

Although some representatives welcomed the idea and the opportunity to provide input others were less supportive as this could mean a lot of additional work, in particular if the country profiles were to be up-dated often.

## 9.3. European Community Health Indicators (ECHI):

- State of play of the evaluation;
- Discussions with the Council Working Party on Public Health at Senior Level;
- Re-naming the ECHI?

Sigurlaug Hauksdottir of SANCO Health Information Unit presented the state of play (presentation distributed together with the minutes) and the discussion on the ECHI in the Senior Level Working Party (SLWP) of the Council. SANCO urged all Member States to respond to the questions circulated to the SLWP as this would help to provide support to the indicator list at EU level. SANCO will report back to the SLWP in 2013 (February and October).

As regards the ECHI name, SANCO invited discussion on this point given that the "Community" is no longer an appropriate term, but at the same time taking into account that the "ECHI" has been established as a brand and changing the name could cause confusion and that it would be good to maintain the same acronym.

Proposals made included "European Core Health Indicators"; "European Union Core Health Indicators"; "European Comparable Health Indicators"; "European Common Health indicators".

**Follow-up:** SANCO will collect further ideas and make a proposal for the next EGHI meeting.

Information points:

9.4. Update on Joint Actions Monitoring of Injuries in Europe (JAMIE); European Health and Life Expectancy Information System (EHLEIS): written information

9.5. Studies and reports: Study to follow the implementation of EU health policies in the Member States: oral information

A written information note had been distributed on the state of play of Joint Actions JAMIE and EHLEIS. No further discussion took place.

As regards the study on implementation of EU health policies, S. Schreck explained that this study, which provided a framework on assessing/monitoring policy implementation in the Member States, was still under internal discussion in SANCO. However, there was no overlap with ECHI, as the study was only looking at whether specific EU policies were implemented at national level and whether they had been successful. He also mentioned that SANCO was preparing a report on the implementation of the [Council Recommendation on an action in the field of rare diseases](#) and that Member States would receive the questionnaire shortly.

#### **10. NEWS ABOUT EU FUNDED PROJECTS AND THE EU HEALTH PROGRAMME: EXECUTIVE AGENCY ON HEALTH AND CONSUMERS (EAHC)**

Giorgios Margetidis from the Executive Agency on Health and Consumers (EAHC) presented state of play of health information projects, including INEQ-Cities, DAY SAFE, DAY SURGERY DATA PROJECT, PROSAFE and EUREMS (presentation distributed together with the minutes).

#### **11. ANY OTHER BUSINESS**

Dates of next meetings:

- 29/5/2013, preceded by tri-lateral meeting EC-WHO-OECD 28/5/2013
- Date of the December meeting will be communicated later.