

## Progress made since 2010 Joint Declaration

### Priority Area 3: Modernizing and Integrating the Public Health Information System

#### RATIONALE

Comparable, reliable and up-to-date health information and solid epidemiological evidence are essential to inform policy makers in the EU and WHO European Region. However, the type and quality of information collected and data systems architectures vary across Europe leading to insufficient support for policy planning. Moreover, the electronic platforms used to disseminate information are not always user-friendly.

Against this background, the EC and WHO/Europe agreed in the Moscow Declaration to:

*Strengthen cooperation to work toward a single integrated health information system in Europe, expanding the use of shared data collection, collaborative analysis of health issues and generation and dissemination of knowledge in support of health policy.*

To meet these objectives, the roadmap on health information was developed between the two organisations. Following a series of joint activities, WHO/Europe and EC agreed that the roadmap has been fully implemented and finished in April 2014.

#### 1. KEY PROGRESS MADE SINCE 2010

**1.1 Strengthened collaboration:** The roadmap has been a key factor in the regular and active cooperation between DG SANTE's Health Information and Scientific Committees Unit and WHO/Europe's Division of Information, Evidence, Research and Innovation (DIR). DG SANTE invites the WHO/Europe to the regular meetings of the Expert Group on Health Information (EGHI) which is chaired by the EC. In preparation for these meetings the two organizations hold regular teleconferences. DG SANTE and WHO/Europe also regularly invite counterparts to expert panels and workshops.

**1.2 Reduced duplication and greater harmonization of work:** The mapping of health databases by the EU, WHO, and OECD has resulted in a common understanding of the various databases in use in the region as well as helped to contribute to the reduction of the burden on Member States to report and provide information.

One example is the joint questionnaire on non-monetary health care statistics, which has helped to reduce duplication of work for European countries. European Commission (Eurostat)/WHO/Europe/OECD are currently reviewing potential further improvements to the questionnaire, including expansion to include a minimum data set on health worker migration.

The three organizations have also conducted a comprehensive analysis of all key health indicators (such as Health 2020 and European Core Health Indicators – ECHI) that will be useful for the future harmonization efforts to achieve comparable and consistent reporting.

**1.3 Co-operation with OECD:** In 2012, OECD also joined as a partner (formalized through the WHO/Europe-OECD Joint Action Plan). DG SANTE has also provided financial support for the OECD under the health programme. The three organizations now also

hold twice a year trilateral meetings as well as regular teleconferences. Within the EGHI meetings, the WHO/Europe and OECD are invited to provide information to the EU Member States and candidate countries about health information activities and joint cooperation such as the joint questionnaire.

#### **1.4 Lessons learnt**

The practical implementation of this Roadmap has revealed several determining factors of the cooperation between the organisations, namely:

- The key actors in health information decision-making are Member States and coherent action of Member States is a key in different international frameworks. The organisations, after initiating the process, have to follow the decisions/outcomes decided by its Member States.
- The way the three organisations use the information differs and hence the need for data and indicators may differ.
- The comparability of data differs. In the EU the highest data standards are set by Eurostat.
- The legal obligation of reporting that Member States have is different in the context of EU in comparison to international organisations.
- The health information systems set up by the three organisations are by themselves complex and follow institutional rules applicable to them.
- The organisations need to assess the long-term sustainability of the infrastructure solutions they envisage, respecting resources available to each of them individually and respecting resources constraints and legal obligations of common Member States.

**1.5 Create a basis for countries developing their health information systems:** In 2012, WHO/Europe and DG SANTE agreed to commission and evidence synthesis through the Health Evidence Network (HEN) to describe the key ingredients, principles, and mechanisms for successful integration of HIS at country level. The analysis of core health indicators will also be helpful for future harmonization efforts.