

inistern dolla

Segretariato Generale – Ufficio II

The ERIC on health information for research and evidence based policy (HIREP-ERIC)

Progress of the EGHI's drafting group

Giovanni Nicoletti

Brussels, April 20, 2017

SHORT OVERVIEW

- The EGHI, the task force and the drafting group
- Main deliverables
 - Technical and Scientific Description
 - Legal Statutes
 - Fee distribution
- Countries involved
- HIREP-ERIC Italian perspective



Go back to Health indicators > Expert Group

Expert Group on Health Information

The Expert Group on Health Information (EGHI) is an advisory group with representatives from EU Member States, European Economic Area countries, possible future EU member countries, and international organisations. The EGHI's aim is to help EU countries make evidence-based health policy.

In particular, the EGHI:

- · advises the Commission on health information needs, technical solutions and priorities for evidence-based health policy making;
- · acts as an interface between EU countries and EU-level health information policies and activities;
- · helps implement EU-wide health information activities in EU countries;
- acts as an EU-level cooperation platform for health information exchanging information on health information initiatives by EU countries, the Commission, and international organisations
- · shares best practice on using health information to shape national health policy
- · works with national authorities and EU expert groups advising on the health information aspects of key EU policies.

Experts Group on Health Information (EGHI)

Flash

22-23 January 2014, Luxembourg

Dear EGHI members,

You are invited to the meeting of the Experts Group on Health Information on 22nd - 23rd January 2014 in Luxembourg. All related documents will be available to you through the Commission's secured document sharing system CIRCABC. If you are still not registered in CIRCABC, please contact <u>Ann.Nilsson@ec.europe.eu</u> for access rights and further details.

This time we organize two back-to-back meetings. The first meeting on 22nd January 2014 is dedicated to the discussion on the potential ERIC on health information and the representatives of EU Member States and EEA/EFTA countries. Key facilitators from the Ad hoc Core 17 December 2013

A potential ERIC on Health Information

Scoping paper

for considerations of EU Member States and EEA/EFTA countries in the Expert Group on Health Information 29-30.5.2013: The EGHI discussed the possibility of establishing a European Research Infrastructure Consortium (ERIC) on Health Information. See Non-paper on "Health Information System European Research Infrastructure Consortium" – HIS ERIC - which aims to describe elements of a possible long-term health information and knowledge system.

22-23.1.2014: The Ad-hoc Core working group on a potential ERIC on health information presented their deliberations in the document 'A potential ERIC on Health - Scoping paper for considerations of EU Member States and EEA/EFTA countries in the Expert Group on Health Information

26-27.11. 2014: The EGHI reviewed the formal requirements of setting up a European Research Infrastructure Consortium (ERIC) and agreed to organise an extra-ordinary EGHI meeting to discuss further the possibility to launch an ERIC on Health Information.

28-29.1.2015: In an extra-ordinary EGHI meeting, it was agreed to set up a Task Force to steer the BRIDGE-Health project in its work to inter-link existing health information initiatives, and advise preparations for a potential ERIC on Health Information.

19.5.2015: The EGHI discussed plans for a 'State of Health in the European Union' cycle whose key objective would be to provide updated health information and analysis on the health status of the EU citizens based on the European Core Health Indicators (ECHI) as well as other key health indicators. The EGHI participants welcomed the initiative.



EUROPEAN COMMISSION DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

Public Health Health information and scientific committees SANTE/C2/13 July 2015

TASK FORCE ON THE FUTURE OF THE BRIDGE-HEALTH PROJECT AND

PREPARING A POSSIBLE PROPOSAL FOR SETTING-UP A EUROPEAN

RESEARCH INFRASTRUCTURE CONSORTIUM ON HEALTH INFORMATION

LUXEMBOURG 20 MAY, 2015

DRAFT WORKING METHODS OF THE TASK FORCE

20 May 2015 once the chair is elected. In line with the two core tasks of the Task Force, to guide the consultations and discussions on the scope, tasks and activities as well as governance structure of a possible future ERIC on Health Information, or alternative solutions with the aim of integrating them into a future research infrastructure as a sustainable framework in the field, the Task Force will exist until the end of the BRIDGE-Health Project The purpose of the working methods will be to define the way the Task Force should function in order to provide the deliverables as stated in the Mandate. The Task Force will be launched and to improve the inter-linking of existing projects on health information at the EU level (December 2017).

COUNTRIES VOLUNTEERING FOR THE TASK FORCE DRAFTING GROUP

Malta (Chair) **Belgium (BRIDGE Coordinator) Czech Republic Finland** Italy **Netherlands** Norway Portugal (France) (Germany)

20.5.2015: First meeting of the BRIDGE Health Task Force. Besides agreeing on the working methods, the Task Force asked the BRIDGE Health Project to produce a first outline of a concept paper on a sustainable mechanism for Health Information in the EU, also including a possible European Research Infrastructure Consortium as a tool.

13 November 2015: Second meeting of the BRIDGE Health Task Force. The Task Force discussed a number of possible options to set up a sustainable mechanism for health information in the EU. It was agreed that by the next meeting, the BRIDGE Health Project would explore further an ERIC as one of the options. Separately, it was agreed to set up a Drafting Group to consider the possible governance structure of an ERIC.

11.5.2016: The EGHI meeting focussed on the development of the European Research Infrastructure Consortium (ERIC) on Health Information, and reviewed the preliminary draft concept paper for better coordinating EU health information activities, as presented by the BRIDGE Health Project. The EGHI noted the need for sustainability and good coordination in initiatives related to health information in the EU, and agreed that an ERIC would be a potential tool to achieve these goals and to facilitate coordination between activities by the Commission as well as International Organisations such as the OECD and WHO. Those Member States who volunteered to draft the ERIC application documents called for more countries to join the initiative, emphasising that broad ownership is imperative to enable the ERIC to serve the common interests of EU Member States.

12.5.2016: Third meeting of the BRIDGE Health Task Force. The group agreed that the aim of an ERIC should be to reduce the workload on Member States regarding the development of health indicators and the collection of health data through facilitating collaboration between countries and other international organisations and developing indicators where needed.

MAIN DELIVERABLES

- Technical and scientific description of HIREP-ERIC
- Legal statutes
- Fee Distribution (Mock-up exercise)

→ Documents needed for the application process of an ERIC

Technical and Scientific Description (1)

Content:

The current EU health information situation

An ERIC and the way forward: Mission, Vision, Goals

Services and tasks provided by the HIREP-ERIC

- 1. Generating knowledge: health data and indicators
- 2. Knowledge management centre
- 3. Knowledge exchange and transfer for policy and decision-making,
- 4. Planning health information strategies
- 5. Liaise with regional, national, European and international organisations

Phased approach

Governance of the HIREP-ERIC

- 1. Decision making
- 2. Executive
- 3. Operative

Technical and Scientific Description (2)

Content:

Interaction with existing institutions

- 1. Expert Group on Health Information (EGHI)
- 2. National Public Health Institutes (NPHI)

Landscape ESFRI

ERIC requirements

- A. Necessity
- B. Strengthening the European Research Area (ERA)
- C. Effective Access
- D. Mobility
- E. Dissemination
- F. Conclusion added value

Risk assessment for implementation

Technical and Scientific Description: main points discussed

Governing Body (Researchers – Policy makers) National Hubs vs «Thematic Hubs» Hard (infrastructure) vs. Soft (training, guidelines) Needs, advantages for MS (Large-Small, Developed-Developing Countries) «Shared» vs. «Centralized» Staff

Statutes



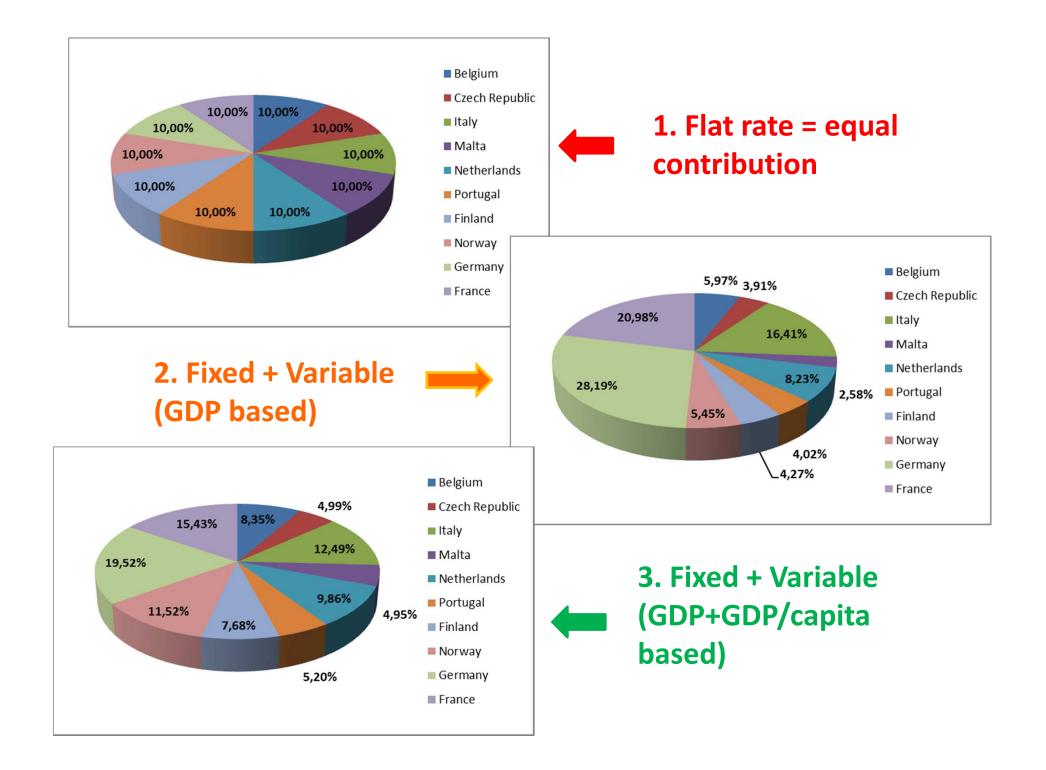
International Organisations

Chair mandate and duration

Fee Distribution (Mock-up exercise)



Country	GDP (billion EUR)	GDP Share	GDP per capita (EUR)	GDP per capita Share
Belgium	410	4,6%	36.600	11,0%
Czech Republic	167	1,9%	15.800	4,7%
Italy	1.642	18,5%	27.000	8,1%
Malta	9	0,1%	21.400	6,4%
Netherlands	676	7,6%	40.000	12,0%
Portugal	179	2,0%	17.300	5,2%
Finland	209	2,4%	38.200	11,5%
Norway	348	3,9%	67.100	20,1%
Germany	3.032	34,2%	37.100	11,1%
France	2.181	24,6%	32.800	9,8%
TOTAL ERIC VOLUNTEERS	8.853	100,0%	333.300	100,0%
TOTAL All other 19 EU MS	6.203	70%	498.500	150%
TOTAL EU (28 countries)	14.707	166,0%	764.700	229,0%
TOTAL EU + NORWAY	15.055	170,0%	831.800	249,0%



ERIC: Why others should join (now !)

Big opportunities - Big challenges – (Big data)

MS self management

(Re) Shaping ERIC in the **«right»** direction

Joint Action («Bridge» to the future not «Back to the future») **ERIC: Italy perspective**

Balance «Old» - «Future» HI networks

Balance Research – Public Health mission

Need to enforce and support National Hubs

Key questions: *Data availability- Interoperability*



Thanks for your attention!

