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BRidging Information and Data Generation
for Evidence-based Health Policy and Research

Challenges and needs of the current EU health information system

Health information in the EU – the ERIC as a tool
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EU health information system

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BRIDGE health working definition

An EU health information system

- effort to collect, process, analyse, report, communicate and use comparable health information and knowledge
- covering all Member States, EFTA and associated countries
- to understand the dynamics of the health of the European citizens and populations in order
- to support policy and decision-making, programme action, individual and public health outcomes, health system functioning, outputs and research in the European Union.

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Context and problem definition

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Context

Health and health care are major policy area that draw intense political attention

- Healthy population is prerequisite for economic growth
- National health expenditures are increasing
- Notions of equity, social justice
- Concerns to respond to needs of citizens

High-performing equitable health systems need to be guided by health information.

Best available data, research and evidence

- Up-to-date data and high-quality data
- Relevant research
- Good practices

EU health information sphere

EU health information research and evidence for policy has been taken forward through

- The work of the European Commission
- Individual and independent EU projects
- And international organisations such as OECD and WHO

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The current EU health information situation

- Under Framework Programme and EU Health Programme major investments have been made in individual and unlinked projects without a holistic view
- Successful projects:
  - Useful for EU and MS: some projects have integrated their outputs in Eurostat and JRC
  - Data collection of high number of MS
  - Building networks and capacity
  - Indicator development
  - Knowledge and tools

Challenges in health information

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Challenges in health information

1. Much of the gathered evidence and knowledge is still dispersed, incomplete and difficult to access.
   - Diversity of health information (infra)structures in Europe
   - Fragmentation of databases and registries
   - Huge area were no health data exist or indicators of comparable quality

2. Large differences can be found in terms of quality and, as a consequence, in comparability of health information between and within EU Member States.
   - Health information inequalities

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Challenges in health information

3. The evidence and knowledge produced by research is not always available and may need further analyses, syntheses and translations to inform policy making.

4. Health information activities are often funded through ad hoc projects rather than through sustainable structures.
   - Lack of sustainability of health information activities
   - Health information activities often focus on vertical approaches
     - → No holistic approach
     - → Fragmentation leads to internal competition in health information domains
     - → Lack of coherence and balance
     - → Less efficient use of existing data

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Needs in health information

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Needs in health information

1. Need for European health information strategy
2. Data harmonization, collection, processing and reporting
3. Comparison and benchmarking among MS and for Europe
4. Knowledge sharing and capacity building
5. Transferability of HI and evidence-based policy making

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Needs in health informationHIS

1. Need for European health information strategy
   - Improved coordination between various health information activities (by different DGs, different agencies, different projects, etc.);
   - Need for interdisciplinary cooperation with other policy sectors and civil society;
   - Improving the link between health information activities (including research and development) and policy needs;
   - Need for decisions on common issues;
   - Create synergies and sustainability between projects and health information activities.

→ *Need for coordination and collaboration in health information.*

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Needs in health information

2. Data harmonization, collection, processing and reporting

- Harmonization of data definitions and indicators between countries;
- Standardised methodological approach to data collection (adapt to culture etc.);
- Facilitate sharing and exchange of harmonised data at individual and population level;
- Harmonized EU wide health reporting (including data visualizations);
- Ensure sustainable data collections and data availability for evidence-based public health;
- Better usage of collected data.

→ *Better data quality and comparability.*

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Needs in health information

3. Comparison and benchmarking among MS and for Europe
   - Assess quality and efficiency health care systems;
   - Assess inequalities in Europe;
   - A unified general picture of health situation in Europe;
   - Addressing health determinants that operate across national boundaries.

4. Knowledge sharing and capacity building
   - Diminishing the health information inequalities between countries;
   - Developing knowledge and expertise and facilitating the exchange of knowledge and expertise including good practice examples.

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Needs in health information

5. Transferability of HI and evidence-based policy making
    - Developing, implementing and evaluating EU actions;
    - Effectiveness and efficiency of public health interventions;
    - Respond effectively to population health and health systems' challenges;
    - Fast health analysis for preparedness and research;
    - Efficient spending of resources.

→ *Evidence-based/informed policy making, monitoring and planning.*

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Conclusion

This calls for some form of governance at EU level which can accommodate for the current challenges and needs in health information.

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