



Luxembourg, 04 February, 2009

Summary Record of Meeting of the Network of Competent Authorities

3-4 February, 2009
Jean Monnet Building (JMO M5)
European Commission
Kirchberg, Luxembourg

Participants: Please refer to Annex 1.

A. WELCOME AND ADOPTION OF DRAFT AGENDA

B. APPROVAL OF MINUTES OF PREVIOUS NCA MEETING, 09-10 JULY, 2008

Minutes from the previous NCA Meeting were circulated for comments in writing within two weeks.

NL introduced the RIVM publication *Dare to Compare* that was circulated. Other delegates welcomed this publication, and are considering similar comparisons (**FR**, **ES**). **CHAIR** invited **FR** and **ES** to share their publications with the NCA member, showing the application of data.

CHAIR noted that contact details of NCA member held by the Commission are only for the organisation of the NCA meetings only. The **CHAIR** sought permission to use the contact details to circulate relevant material between NCA members – this was agreed.

C. DISCUSSION

C.1. Work Plan 2009

COM outlined the topics intended for inclusion in this year's work programme of the health programme as calls for proposals (cancer and rare diseases) and calls for tender (rare diseases, health information knowledge sharing, major and chronic diseases, and reporting). Direct contracts with **OECD** and **WHO** will continue, and there will be a Joint Action in the implementation of a pilot European Health Examination Survey.

C.2. Other EU actions on health indicators

C.2.1. Committee on Alcohol Data

COM presented the 3 indicators on alcohol consumption and alcohol health harm discussed and suggested in the meeting of the Committee on Alcohol Data on 4 December:

- (1) Volume: total adult per capita consumption of pure alcohol
- (2) Pattern of consumption: intake of >60g on one or more occasions monthly
- (3) Alcohol-related health harm: years of life lost attributed to alcohol, on the basis of a specific methodology reflecting best available estimates

CHAIR noted that follow up on how to implement these indicators is now required. More detailed indicators within the specific areas set out in the European alcohol strategy will be needed and will be investigated over the coming months.

In discussion, two issues were raised in particular:

- Issues regarding the use of sales data to reflect alcohol consumption were discussed, in particular, the potential distortions from cross-border issues and the role of tourism. It was agreed that use should be made of all available data whilst noting their potential limitations.
- Drinking patterns in young people were discussed, with the **CHAIR** noting Commissioner Vassiliou's particular focus on the health of young people. There may be a possibility to launch a study into alcohol consumption in ages 1-12.

Conclusions: The **COM** will take forward implementation of these indicators taking into account the comments made by delegates.

C.2.2. Task Force on Health Expectancies

COM informed the meeting that the HLY Report will be available soon, and a recent article published in *The Lancet*¹ provides an overview of its results.

The complexities of using the HLY indicator and how it is compiled were discussed, including technical and cultural issues which make it inappropriate to use absolute HLY values for comparison between countries. **COM** stressed that the MS will not be ranked in the publication, but rather the individual national reports will permit MS to evaluate their own progress. The limitations of the indicator are accepted have always been made clear by the Commission; studies have shown the essential reliability of the approach, but it is always going to be a synthetic indicator.

Conclusions: It was agreed that technical work in this area will need to continue. As the decision to use the HLY indicator has already been made, it now needs to be clear on how best to present the data already available, and to refine the indicator for the future. For the immediate issue of presentation, the draft HLY Report will be made available to participants for comments.

¹ [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61594-9/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61594-9/abstract)

C.3. Data protection – health issues

The **NL**, on behalf of Work Group on Data protection, gave a presentation on the "Position Paper on the current legal framework for data protection and its consequences for public health monitoring at European level," for adoption.

Examples of the implication of health issues in data protection were discussed, including: (i) contact tracing, e.g. in the event of an outbreak; and (ii) with regards to drug addicts, who will come into contact with various structures of public authority, e.g. the justice system, the health system, and social services.

Conclusions: The paper was adopted and endorsed by the NCA. The Commission will follow-up in exploring its legal and practical impact for European health information. In addition, Member States who have already adopted relevant legislation were invited to share it with the other NCA members; delegates who had further examples of problems encountered in relation to data protection were also invited to submit them.

C.4. Joint Action on ECHI

COM gave an update on the state of play regarding the implementation of the Joint Action on Health Indicators.

C.5. Implementation of the Health Strategy 2008-2013

CHAIR apologized for not having circulated the revised document, but would do so in the coming weeks following completion of internal Commission consultations. This topic would be on the agenda for the next meeting.

GR, supported by other members, noted that there is a need of a clearer view about the role of the NCA, pointing out the differing roles of representatives.

UK highlighted the need to receive documentation well in advance to permit discussion with the various national structures and different. This suggestion was supported by **ES** and **NO**.

NO proposed having two representatives to cover both political and technical issues (alternating meetings between political topics and technical issues). **CHAIR** clarified that although Member States would be welcome to provide two representatives if they wished, only one member per meeting can be reimbursed. The Chair did not feel that it would be appropriate to alternative political and technical topics for meetings, as the main role of this committee is to act as a bridge between political and technical issues.

Conclusions: **CHAIR** noted that there will be the effort to send relevant documentation three weeks in advance. **COM** will also send a letter to the permanent representations setting out the mandate of the new committee and seeking nominations from Member States.

C.6. Implementation of the EHSS

COM gave an update on the EHIS, the Household Budget Survey and the EHES pilot. **CHAIR** suggested that there are two particular issues to consider: the content requirement and periodicity. The EHIS is run every 5 years, but a shorter module is run at the mid-point between the large surveys.

In discussion, the two additional issues identified by delegates were how Member States can take part in the process of developing and priority setting and which items are to come under the implementation of the new regulation on health statistics. Decisions should also take into account the administrative burden, in particular for smaller Member States.

Conclusions: It was agreed that the Commission will circulate analysis of the implications of the revisions to the social statistics survey for health statistics in due time for consideration at the next meeting in April. The Commission will also circulate information on the joint action for the pilot EHES.²

C.7. International Classification of Diseases

There was a discussion on how to coordinate **WHO** and **COM** efforts in the revision of the current ICD-10. Topic Advisory Groups (TAGs) have been set up by the WHO in the following areas:

- Infectious diseases
- Oncology
- Dermatology
- Musculoskeletal disorders
- Rare diseases
- Mental health
- Informatics
- Accidents and injury
- External causes of accidents and injury

TAGs will submit to WHO their opinions and aim to have a new ICD by 2011/2012. COM noted the sensitive discussion regarding the revision of the chapter on mental disorders, and the use of the USA-DSM-IV.

Conclusions: It was agreed that further discussion would be useful to better analyse the process and how the EU could contribute; this will be addressed at the July meeting.

D. INFORMATION ITEMS

COM updated the NCA on current Commission legislative initiatives:

- Regulation of the European Parliament and of the Council on Community statistics on public health and health and safety at work
- Commission Communication and Council Recommendation on Rare Diseases
- Commission Communication on Health Workforce
- Establishment of a European Cancer Platform

² Note: An InfoDay on Joint Actions is being organised by EAHC on 16 March, 2009. The event will be in the HITEC building in Luxembourg, from 10:00 to 17:00. The agenda will cover an introduction to the funding mechanism, the form, and budget. It should be noted that neither travel costs nor subsistence allowances will be covered for this event. Please contact the agency (agnieszka.tonks@ec.europa.eu) if you are interested to attend.

Conclusions: Further discussion on future indicators on rare diseases and the revision of the ICD will take place. **COM** will circulate the Green Paper on the Health Workforce.

E. ANY OTHER BUSINESS

E.1. EUGLOREH Report

Member States should shortly receive an invitation to the launch on 20 March, 2009. The launch will be at the *Istituto nazionale di statistica* in Rome.

Following the launch of the report, **COM** plans to form a group to prepare a summary identifying gaps and recommendations in the report.

E.2. Future meetings

The future meetings of the NCA/Health Information Committee will be on the following dates:

28-29 April, 2009

7-8 July, 2009

13-14 October, 2009

And provisionally in early February 2010.

More meetings have been scheduled due to the reduced network and task forces as a result of the streamlining process. If the meeting frequency needs to be reduced, that will be decided later.

An additional meeting is planned also involving countries from the wider European neighbourhood. This had been planned for 16 September, but it was pointed out that this clashes with the WHO Regional Committee; the Commission will explore alternative dates.

E.3. Timetable of new Commission

The elections for the new European Parliament will be held on 4-7 June, 2009. The new Commission will in principle take office in November.