



**Summary Record of the 3rd Meeting of the Health Information Committee  
14 October, 2009-11-16 Jean Monnet Building (JMO M1)  
European Commission, Kirchberg, Luxembourg**

**Participants:** Please refer to Annex 1.

**WELCOME AND ADOPTION OF THE DRAFT AGENDA**

**CHAIR** welcomed participants and outlined agenda. An additional point on EUGLOREH was proposed and the agenda including this point was agreed.

**MINUTES OF PREVIOUS MEETINGS**

**BE** requested that clarification be made to the item on Healthy Life Years in the previously circulated minutes of the Health Information Committee (HIC) meeting of 8 July. It should be made clear that the difference in how MS use the SILC instrument, not the instrument itself, is the reason for some of the problems encountered. Minutes agreed with comment from **BE** incorporated.

**HEALTH INFORMATION STRATEGY AND STRUCTURES**

**-EUGLOREH:** Access to report is difficult due to its considerable size. **COM** is working on technical solutions to enable better accessible web presentation of the report on DG SANCO's web site. Participants agreed that strategic planning of reports needs discussions, i.e. EUGLOREH and other reports. **CHAIR** proposes placing this item on the agenda of a HIC meeting in the second quarter of next year.

**-Health Information Strategy:** **COM** recalls background of the work on the health information strategy. Three discussions have taken place already, and a document has been circulated for comments. **COM** presented an overview of comments and outstanding issues. The proposed strategy has received broad support and few comments have been received. These have mainly focused on additional priorities. There are still some outstanding issues, mainly on mechanisms/structures.

**DE** will send in written comments before end of year. **SE** clarified that their comments had been sent late. They are in line with the issues identified in the **COM** presentation. However, in their comments **SE** suggests a break-down into a long-term policy plan and a medium-term action plan.

**-Structure of the HIC and sub-groups:**

There was general agreement as to the importance of the Health Information Committee. Some topics raised during discussions included:

- Simplification to structures: only to be made if resulting in increased efficiency.
- Role of the HIC: is it an advisory group (like NCA) or a decision-making body?

- Joint Actions: questions on how topics covered by JAs are decided. Also, JAs need more visibility at HIC meetings.
- Sustainability of data collection: important to ensure continuation of the collection of data which is now carried out via projects.
- Low participation to HIC meetings: possible reasons?
- Meeting documents: Papers need to be received more in advance of the meetings since participants need to consult with colleagues before attending HIC meetings.

**CHAIR** clarified that the HIC is an advisory structure and not a decision-making body, as it has no formal delegated powers from the Council and Parliament. This may be sought but is risky since such application may be rejected. The structure has already moved from being a Network to being a Committee, which strengthens its role since the **COM** must take account of what the Health Information Committee advises. **CHAIR** further explained that Joint Action topics have actually been determined based on issues identified and discussed by the HIC. As regards sustainability of data collection **CHAIR** pointed out that this is in the hands of MS authorities. The need for earlier distribution of meeting documents was acknowledged. **CHAIR** also reiterated that MS can propose items for the HIC agenda.

### **CARDIOVASCULAR INDICATORS**

**CHAIR** explained that cardiovascular diseases (CVD), one of the leading causes of death in the EU, are high on the agenda of DG SANCO. Therefore, a request had been made for a presentation on the work carried out through the EUROCISS II project. The EUROCISS II project aimed at identifying indicators for monitoring CVD and at providing recommendations as to standardised methods for data collection in the EU. A member of EUROCISS II delivered the presentation.

Discussions following the presentation focused on data sources and the availability and comparability of data. In general Committee members agreed on the importance of work in this area in order to be able to produce comparable statistics at EU level. They supported further use of existing data, i.e. mortality data, but not the establishment of new registries. **FI** informed that as part of the ECHIM Joint Action a study of availability of data will be carried out. On the basis of comments made by the Committee, the **CHAIR** suggested that a short report be put together, by external experts, compiling available data for analysis. Work in this area should be in phases: short-term: the report; medium-term: determining which additional information would be needed; long-term: analysis of the benefits of moving towards registries.

### **WORKPLAN 2010**

**COM** outlined DG SANCO's proposed Workplan for 2010. Key issues are joint actions. The Workplan has been circulated to Programme Committee members.

### **UPDATES ON ONGOING HEALTH INFORMATION WORK**

#### **-EAHC**

The Executive Agency for Health and Consumers (EAHC) gave an overview of projects handled by the Agency. **CHAIR** suggested inviting representatives from projects ending in 2009 to present at the next HIC meeting. **BE** and **MT** requested input on perinatal health and on migrant health. Committee members expressed an interest in obtaining an overview of projects, arranged by areas covered and/or types (projects, JAs, etc.). **FI** informed that such a mapping is part of the ECHIM joint action and it should be ready by the next HIC meeting.

### **-ECHIM Joint Action**

A member of ECHIM provided a short overview of the state of play regarding the ECHIM Joint Action, which now covers 24 countries. In light of recent developments as regards technical issues some changes will need to be made to the Joint Action agreement. **CHAIR** confirmed that the EAHC has in principle agreed to such changes. At the request of the Joint Action leaders the **COM** would be happy to send a letter of encouragement to health authorities. **COM** will also host an enlarged ECHIM Core Group meeting in spring.

**FR** inquires if it is still possible to join the Joint Action on ECHIM. **CHAIR** confirms this; however, participation would be as a voluntary collaborating partner, as no additional financing can be provided to those joining at this stage.

### **-EMCDDA**

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was introduced one of its members. The scope of EMCDDA monitoring activities were explained, as well as ongoing developments. EMCDDA also presented some published results from their work.

### **-Other updates**

Due to time constraints updates on work on alcohol indicators by the Committee on Data Collection, Indicators and Definitions, and on the European Health Examination Survey were not presented. Slides will be made available along with other meeting documents.

### **ANY OTHER BUSINESS**

**CHAIR** explained that the intention is to have a formal decision establishing the Health Information Committee. Thus, the first formal meeting of the HIC would be the first meeting in 2010.

In the light of experience with the HIC meetings over the previous year, it was agreed to hold Health Information Committee meetings biannually, with one enlarged Health Information Committee meeting in between. Proposed meetings for 2010 are:

- First HIC meeting in April (has been decided on 30 March).
- Enlarged HIC meeting in June.
- Second HIC meeting in October.