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Joint ECE-WHO Meeting on Health Statistics (Rome, Italy, 14-16 October 1998)

<u>SESSION I</u>: Problems associated with the lack of coordination in national and international health statistics

THE REGIONAL PUBLIC HEALTH BASE: TOWARDS A POPULATION-ORIENTED SYSTEM FOR PROVIDING INFORMATION ON THE STATE OF HEALTH IN FRANCE

<u>Supporting paper submitted by the Ministry of Employment</u> <u>and Solidarity, Paris, France</u>*

1. To date, health information systems in France have basically been hospital-oriented. Now, however, new public health approaches require the development of information systems for setting and guiding policy.

2. Following the setting of national-level health priorities, health-policy implementation is increasingly taking place at the regional level. In practice, this means planning of health-service availability by taking into account local needs, establishing Regional Health Conferences to set regional health priorities, and implementing regional health programmes that combine prevention and care, social and medical measures.

3. The setting-up of the Regional Public Health Base represents a response to health professionals' requirements for information concerning the population's health status and its determinants. The aim is to link a variety of information sources into a single database for the easy comparison of data relative to the population of a given area.

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4. The first version of the Regional Public Health Base will contain data on: population; causes of death; morbidity (sourced from the health insurance scheme: causes of disability, chronic and serious diseases); hospital diagnoses; results of mandatory health certificates for children, etc. It is hoped that this will give, in each case, data aggregated for sufficiently precise a geographical area to support analysis of use to decision-makers. This initial data will be supplemented by survey-derived national and regional data that will serve as benchmarks. The base will be regularly expanded through the addition of new sources and indicators.

5. The base will provide three types of information: indicators available over the Internet that members of the general public will be able to understand and, for a more limited range of users, indicators and files containing highly-aggregated data that will be accessible over a health intranet.

6. Numerous difficulties are being encountered in establishing the base: data quality differs widely depending on the source; few sources have data for precisely defined geographical areas; data developed for administrative or economic purposes can be hard to interpret; data producers are wary of allowing broad dissemination of their data to non-specialist users; the data-aggregation requirement is hard to reconcile with the need to preserve data anonymity, and so on. Nonetheless, the national and regional availability of the data should lead to improvements in health policies and in the quality of the information used in decision-making.
