

**Service Level Agreement  
Basic Service: CoBRHA  
Version 2.3**

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**eHealth platform**

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## Service Level Agreement

### Base Service CoBRHA

#### Between

##### Service provider

eHealth Platform  
Quai de Willebroek, 38  
1000 BRUSSELS

##### Service customer

User Community

**To the attention of: the user community**

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## 2. Document management

### 2.1. Document history

Version	Date	Author	Description of changes / remarks
2015.01	May 2015	eHealth Service Management	Update
2017.01	May 2017	eHealth Service Management	Update
02	04/07/2018	eHealth Service Management	Update
2.1	24/07/2018	eHealth Service Management	Correction
2.3	29/09/2025	eHealth Service Management	Update Contact Center

### 2.2. Document references

ID	Title	Version	Date	Author
	Bestuursvereenkomst			
	Master Service Agreement	2022.1	12/04/2022	
	Master Service Agreement	7.0	12/09/2025	

### 2.3. Purpose of the document

The objective of this document is to define the Service Level Agreement for the set of *Base Service CoBRHA* proposed by the eHealth platform to publish and consult data in the common base registry for healthcare actors (CoBRHA). It defines the minimum level of service offered on the eHealth platform, and provides eHealth's own understanding of service level offering, its measurement methods and its objectives in the long run.

This document contains a short description of the set of services offered by the common base registry for Healthcare Actors (CoBRHA). These services should be distinguished into batch services and webservices<sup>1</sup> for which SLA will be different. Batch services essentially correspond to file exchange for which results will be asynchronous while consultation and publication webservices will be synchronous.

In addition, this document contains a short description of, or a link to a location where such a description can be found:

- some of the dependencies on technical and/or functional components needed and used by the Web Services,
- some technical and/or functional components on which the Services are dependent,
- measurements and KPIs intended to account for a certain number of performance indicators.

This document is a complement to the *Master Service Agreement (MSA)*. The information given in this document version takes precedence over the data regarding the same subjects given in former versions and in the MSA. Items described in the MSA include, for instance:

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<sup>1</sup> In order to use those web services, an interface needs to be built, operated and maintained by the client application supplier as described in the cookbooks.

- a broad description of the business services offered by the eHealth platform to the applications which may want to make use of them,
- description of cross-sectional services offered on the eHealth platform,
- description of support services, including registering, managing and solving possible incidents with the CoBRHA suite of services, managing changes,
- performance indicators related to those services.

## 2.4. Validity of the agreement

This document is valid as long as the *Base Service CoBRHA* is part of the eHealth-platform offering services. Once a year, the levels of service proposed will be reviewed and confirmed for the next year.

## 2.5. Service and maintenance window

### 2.5.1. Service window

The time frame during which the eHealth services are offered to the client applications, is defined in terms of days and hours. Standard working days are all days of the year, except during the biannual maintenance periods.

The following table summarises the eHealth service window.

Service Window								
		Day of the week (closing days of Service Provider = Sunday)						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	00:00 – 24:00							

Legend	
	Timeslots where the service must be available according to the SLA and where corrective actions will be taken to resolve detected Incidents.

### 2.5.2. Support Window

Support Window								
		Day of the week (Closing days of Service Provider = Sunday)						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day period	00:00 – 8:00							
	08:00 – 16:30							
	16:30 – 18:00							
	18:00 – 24:00							

Legend	
	Timeslots for which the eHealth Call Center is available for the End-Users with a second line support for Infrastructure (HW, OS, Middleware and DB)
	Timeslots for which the eHealth Call Center is available for the End-Users with a second line support, including Application Support
	Timeslots for which the eHealth Call Center is unavailable for the End-Users. The End-User will have the possibility to record a voice message that will be treated on the next Workday.

### 2.5.3. Maintenance Windows & Planned Interventions

The eHealth platform will strive for limiting as much as possible the impact and duration of the planned interventions. Today, eHealth is committed to make efforts so planned unavailability's do not exceed one to a few hours per year. In case of maintenance requiring support from users, or impacting them, eHealth will notify them at least one week ahead.

### 2.5.4. Unplanned Interventions

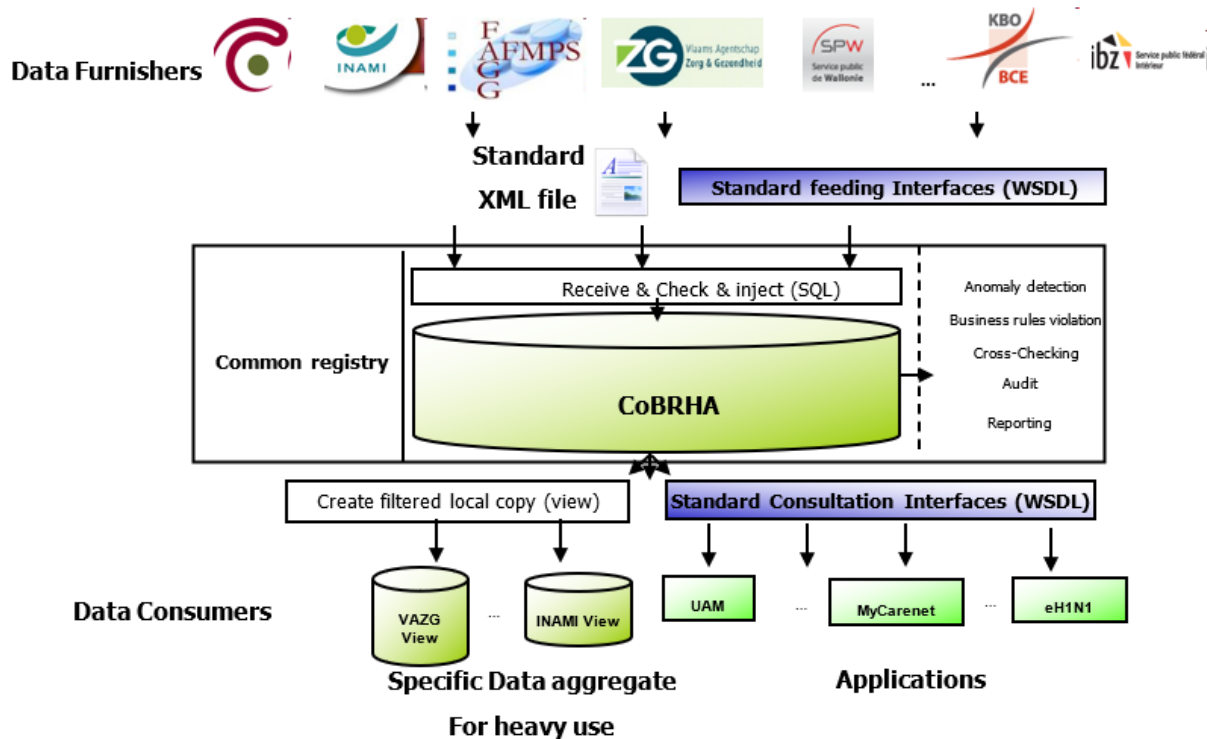
Under exceptional circumstances, unplanned interventions may be needed in order to restore the service.

## 3. Service scope

### 3.1. eHealth service

#### 3.1.1. Architecture Overview

High level overview diagram:



#### 3.1.2. Abbreviations

CoBRHA	Common Base Registry for Healthcare Actor
AA	Attribute Service
PIP	Policy Information Point
FAGG/ AFMPS	Federaal Agentschap voor geneesmiddelen en gezondheidsproducten/ Agence Fédérale des Médicaments et des Produits de Santé
FOD VVVL/ SPF SP	Volksgesondheid, Veiligheid van de Voedselketen en Leefmilieu/ Santé Publique Sécurité de la Chaîne alimentaire Environnement
KBO/ BCE	Kruispuntbank van Ondernemingen/ Banque Carrefour des Entreprises
Community/Region	Signaletics and approvals regarding HealthCare Institutions under the competencies of Belgian communities and/or regions.
RIZIV/ INAMI	Institut national d'assurance maladie-invalidité/ Rijkstinstituut voor ziekte- en invaliditeitsverzekering

SPW	Service Public Wallonie
IBZ	Federale Overheidsdienst Binnenlandse Zaken
VAZG	Departement Zorg en Gezondheid
UAM	User and Access Management
WSDL	Web Service Description Language
SQL	Structured Query Language (relationele databank)
XML file	Extensible Markup Language

### 3.1.3. Functionality

This SLA is concerned with the Base Service CoBRHA, i.e. the suite of services offered by the eHealth platform to access the Validated Sources for HealthCare Actors Authentication listed in Table 1.

Authentic Sources	Data Concerned
FAGG / AFMPS	Pharmacies Registry
RIZIV / INAMI	Care Providers and their roles
FOD VVL / SPF SP	HealthCare Professionals Registry HealthCare Institutions Centralized file (CIC)
KBO / BCE	HealthCare enterprises and self-employed
Community / Region	Signaletics and approvals regarding HealthCare Institutions under the competencies of Belgian communities and/or regions.

**Table 1: Authentic sources and core data**

Consumers of these services are authentic sources and their client applications, on the premise that they have been granted proper access and comply with legal requirements. The services are intended to make it easier to obtain health care actor-related data for administrative purposes.

The eHealth platform only provides interfaces for consulting the consolidated repositories. From a content point of view, those repositories are managed respectively by the authentic sources (also known as data furnishers).

From a business point of view, the Base Service CoBRHA should essentially allow data furnishers to publish data and data consumers to consult them.

From a technical point of view, the core component of this common registry is the common data base in which consolidated data will be stored. Beside this common data base, different mechanisms are provided to feed, consult and manage it.



## 3.2. Business criticality

The business criticality of the service is **Gold** as it supports mandatory business processes that should be processed synchronously and within some legal periods.

## 3.3. Interdependencies

The services covered by this Service Level Agreement are functionally dependent upon

- Authentic sources data update frequencies and data qualities
- Services offered by CBSS and CBE for data respectively concerning Belgian physical person recognised by Belgian National register and Belgian companies recognised by CBE.

The CoBRHA services depend on the Certification eHealth base service to ensure that only authorised entities can have access to these services either web app or web services.



## 4. List of service levels

services	Measure of	Limit	Committed	Target	Calculation window
Publish by SFTP	End to end availability	successful hit	99%	99,50%	monthly
	Data availability	if publication request between 9 a.m. and 10 p.m. then published next day at 8 a.m.	95%	99,00%	6-monthly

*Table 1:* List of key performance indicators (KPI) per service

CoBRHA		
CoBRHA WSPub	Availability	99,50%
CoBRHA WSPub ≤ 4 sec	Performance	98,00%
CoBRHA WSCons	Availability	99,50%
CoBRHA WSCons ≤ 4 sec	Performance	98,00%

## 5. Detailed service level per service

### 5.1. Interactieve CoBRHA Services: End-to-End Availability

#### 5.1.1. End-to-End Availability (EA):

##### 5.1.1.1. Definition(s)

Percentage of time the interactive querying service has been available from a user point of view (based on real transactions).

##### 5.1.1.2. KPI Objectives

Ensure that the specific interactive web service is available on the eHealth platform.

The service is considered as available when it provides a successful response at each access. Successful responses are all Front Web Service responses which do not mention the unavailability of a component needed to route a request from its reception at a Front Web Service till the answer is delivered. Poor request formulations (e.g. bad SSIN) which provide an error message, are considered as successful transactions when this error message is not related to a component failure.

##### 5.1.1.3. Measurement Method

A hit is an access to the Front Web Service of eHealth.

A successful hit is an access to the Front Web Service of eHealth with a response excluding any component unavailability.

Therefore, it measures the availability of the querying service at the Front Web Service.

##### 5.1.1.4. KPI Formula

$$EA = (\sum NSH / \sum NH) \times 100$$

where

NSH = Number of Successful Hits

NH = Number of well-formed Hits received

##### 5.1.1.5. Calculation window

Monthly (with a minimum of 100 hits per month).

## 5.2. Interactive CoBRHA Services: Response time

### 5.2.1. Response time (RT)

#### 5.2.1.1. Definition(s)

Time spent between receiving a request on the eHealth infrastructure and making the answer available to the client application.

#### 5.2.1.2. KPI Objectives

Ensure that each CoBRHA web service request handled through the eHealth platform is being processed within the response time limit (see Table 1). It ensures the follow-up of the web service performance.

#### 5.2.1.3. Measurement method

The response time is the answering time registered for all successful requests, as obtained from logs of incoming and outgoing requests on the Reverse Proxies.

The key performance indicator measures the percentile corresponding to values below the response time limit.

#### 5.2.1.4. KPI Formula

Compute the percentile corresponding to values below the agreed KPI for the response time

$$RT = \frac{\sum (\text{successful request with an answering time within the response time limit})}{\sum (\text{successful request})} \times 100 \%$$

#### 5.2.1.5. Calculation window

Monthly (with a minimum of 100 hits per month).