



Second Technical Dialogues

Executive Summary 2nd Technical Dialogues.
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Names

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Executive summary

The aim of the Technical Dialogues (TD) is to achieve technical support from National Technical experts (NTE) on the integration of InfAct outcomes into national/EU Health Information Systems (HIS). Two meetings were held on October 2019 and September 2020

In the first TD, a total of 15 EU/European Economic Area (EEA) countries gave insights including Germany, Italy, France, Netherlands, Belgium, Portugal, Austria, Spain, Norway, Finland, Serbia, Croatia, Malta, Estonia, and Ireland.

In the second TD, a total of 14 EU/EEA countries gave insights including Germany, Italy, France, Netherlands, Belgium, Portugal, Austria, Spain, Norway, Finland, Serbia, Croatia, Estonia, and Ireland.

Key points

The main recommendations of the Technical Dialogues were:

- 1) There was a consensus about the **added value** of the already advanced proposal in terms of promoting Member States (MSs) mutual learning and cooperation. In addition, InfAct outcomes were considered relevant for defining priorities and for decision makers.
- 2) The integration and access to different data sources, with an adequate level of quality, accuracy and robustness were considered important goals.
- 3) There was a concern about issues related to the application of measures from the European General Data Protection Regulation (GDPR), that could affect Health Information's interoperability, which must be tackled at national and EU level. Moreover, there are differences in the interpretation and implementation of the GDPR in different countries. To address and overcome these differences, InfAct will provide options to perform data linkage, sharing, management and reporting respecting GDPR regulation. In any case, anonymization of data was considered an important concern, for this reason an EU-consensus guidelines were encouraged.
- 4) NTE (National Technical Experts) asked for more specific results to properly discuss feasibility, which is a relevant issue regarding different country functional and organisational approaches.
- 5) With the aim of translating these results into policies, NTE highlighted the need of involvement of national data providers.
- 6) Regarding capacity building experiences, NTE provided insights in the framework of a stronger MSs involvement and coordination among them in terms of curricula

for public health training within Europe and a flexible approach to integrate new evidence and learning from country experiences.

7) DIPoH was considered a proposal with an important added value. The need of an EU health information infrastructure was highlighted, but its feasibility was a concern due to the financial future sustainability and country political commitment. Although it was detailed that DIPoH will be built on the current financing structures that research networks are already operating. Additional governance and financing options were presented in the ESFRI roadmap.

8) The set-up of National Nodes on Health Information was considered important for the Health Information Infrastructure, and it was considered positive that they were flexible to be adapted to the specificities of each countries. There was agreement on the added value of the national networking, but it was highlighted that the EU institutions should also participate and support it. Moreover, It was also highlighted the need of stronger EU-MSs coordination and collaboration to achieve and sustain main InfAct outcomes, since main steps to move forward to a DIPoH and NN counterparts in some countries are not functionally established.

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