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| Nr | **Thursday 24 October** (13:00-17:00) @ Eurostation (Ernest Blerotstraat 1, 1070 Anderlecht) | To Do | Time | Who |
| 1 | Attendees: |  |  |  |
| 2 | Administrative aspects |  |  |  |
| 4 | Overview WPs | WP 1,2 |  |  |  |
| WP 3 |  |  |  |
| WP 4 Conclusions from AoM: all countries welcome a research infrastructure. |  |  |  |
| WP 5 |  |  |  |
|  |  | WP6 What is the definition of health information in this WP? This is defined in the report. Neville: lets facilitate and bring them on. We need to help innovators to find what they need. |  |  |  |
|  |  | WP7 |  |  |  |
|  |  | WP8 |  |  |  |
| WP9 |  |  |  |
| WP10 |  |  |  |

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|  | **Friday 25 October** (9:00-12:00) @ Place Victor Horta 40, 1060 Saint-Gilles (across Brussels midi station) |  To Do | Time | Who |
| 1 | * Belgium: reopening the focal point initiative by the health ministry, UK, Czech Republic, Germany, Romania, Sweden
* Discussion

National Nodes Update from partner MSsGood place to discuss international demand for data. Main four agencies. Interpretation of GDPR does it allow to bring data together? Yes. Collected at national level for legal obligation e.g. on diagnostics and link with education. The personal identifier is used for everything. Alan: the ministry seen as a political agency. Activities more carried out at institutional levelAlan: first meeting liaison group of national node. Brought together 45 participants in the meeting. They appreciated to be brought together for the first time. They thought they wer working in isolation. Jointly shared MoH and statistical level. (second highest level). Hosted by the MoH. It gave them the feeling they are important. We will add a second meeting in a while.Neville: most national statistics organisations have a statistics council. Could a NN link up with this function? France: it is included in the national node meeting. We have already meetings in the ministry. The person that is responsible retired and needs to be replaced. Neville: they define the programme of statistics entirely including health and typically interminesterial. Metka: health statistical subcommuittee. 2014 national node. We will organise more frequently. Jointly national statistical insititute have more and more health data. More important player in this feeld. Ronan: UK statistics authority. Herman: use and reuse data. Portugal: health data can oblige to have microlevel data and manage to have microlevel data assessment law. Provide data in closed environment. Incontrollable. Isabel: Spain we have a statistical authority  | To have an update ready on NN for next meeting |  |  |
| 2 | The way forward (EFSRI, design study)* Comment: this is a step-by-step process; that is why the design study has been added.
* Question: quite easy to grab the attention of the ministry of health, but more difficult to convince the scientific side (research community, education ministry,…) – any suggestions from the consortium o how to reach them? What research will be helped by our work? Herman indicates opportunities have to be searched for by all partners (such as the Burden of Disease COST action). Suggestion to think about innovative research and why research will benefit society at the Assembly of Members. In need of real-life stories.

Deadline for letters of support are by end of April. Czech Republic: how do you engage also the research community? Herman: within InfAct we have examples of what we are preparing has elements of research but also elements that are beneficial for ministry of health. It has a place in the research field because a successful COST application has been created. Elixir and BBMRI have similar problems but they have a specific perspective. They are still very scattered. The missing link is that you need to look at populations and the health of populations. We are not in competition. Clear examples on what is innovative research and that could also benefit society? Clear examples that can be sold. The services are clear.  |  |  |  |
| 3  | The way forward –continued (business case, AoM)* Business case: no comments
* Assembly of Members: Wales’ Ministry combines health and research, outcome of first AoM available on OpenLucius

Philippe: Slowly direction you want to take. Impressed to the progress you made. I remain to attached importance to outputs and the visibility of the project. Time is running. The e-health dimension is taking more and more place. EU health data space. That may take more space. E-health representative try to identify this person.  |  |  |  |
| 4 | HIS assessments peer review* Question from Herman about experience as assessed and assessor to Neville
* Closing remark from Philippe Roux on eHealth officers of the EC
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| 6 | Overview next meetings and any other business |  |  |  |