European perspective for setting up a Research Infrastructure for population health

Dr Kenneth Grech

MD, PhD, MSc, MBA, FFPH, DLSHTM



Personal Perspective

- Member of InfAct external evaluation committee
- Co-Chair of EU Expert Group on Health System Performance Assessment
- Consultant, Public Health, Ministry for Health, Malta
- Resident Academic, University of Malta
- Coordination, Malta Public Health COVID-19 Response



Challenges addressed by InfAct

- Disparate information systems at national and regional level
- Fragmented data sources
- Duplication
- Data gaps
- Lack of comparative information sources
- Inoperable data systems
- Imbalanced health information and research capacities within member states, especially for smaller MS



'Objectives' for InfAct

• Build on previous initiatives e.g. BridgeHealth

 Creation of federated coalitions/networks of information sources at regional, state and European level (DIPoH)

 Gain independence from EU funding mechanisms, whilst still ensuring continuity/permanence for funding and resourcing



What do we (Europeans) need? (courtesy of COVID-19)

- Access to robust timely data and information
- Comparable population based data interoperability
- Sharing 'without borders' or 'repurcussions'
- Rapid policy decisions based on evidence
- Appropriate monitoring and evaluation systems
- Routine systematic linkage of data and evidence



What do we have up to now?

- Several EU funded/sponsored projects/programmes
 - E.g. Bridge, InfAct, PERISTAT, HSPA, SPC, ECHO, CORBEL
- Several units in EU Commission
 - E.g. Performance of National Health Systems Unit, Digital Health & ERNs Unit, Health Information & Integration in all Policies Unit
- Networks
 - E.g. European Health Information Initiative, Evidence-informed Policy Network, Central Asian Republics Health Information Network, European Burden of Disease Network, EuroMOMO
- European agencies
 - E.g. ECDC, EFSA, Eurostat, EMA,
- Expert agencies
 - E.g. EOHSP, OECD, academia

So do we need something else, something different?



Experience from EU HSPA Expert Group

- Very good example of ongoing cooperation between member states
- Started through initiatives by MS not Commission
- Sharing of data and information carried out in informal manner BUT....
- it lead to formal pronouncements and documents
- Anchored by DG Sante' but without active participation of member states, it'll fizzle away



? Added value of setting up a DIPoH at European (not only EU) level?

- Single harmonized source of information (but how is this different from other sources (WHO Gateway, OECD etc?) – mimic COVID-19 Data Platform?
- Should be viewed as alternative option (not duplicating) current infrastructures – one stop shop
- Greater use of AI and digital tools to source and analyse data for research and policy purposes
- Need to move from assessment to action/change linkage to policy change and policy making



How to <u>sustain</u> DIPoH

- Health Information Portal needs to guarantee and sustain information flow
 - but this depends on sharing of (meta)data and information/research findings from national and European sources/data hubs and data owners
- ? Political will & ownership
 - (10 countries; 12 MOUs)
- Robust governance structure & appropriate, transparent funding mechanisms
- Important to 'assert' research and policy relevance if it is to succeed (e.g. of COVID-19)
- Should not increase burden on data hubs, especially for smaller states

Thank you

kenneth.grech@gov.mt

