Governance structures of a sustainable health information system

Deliverable 7.3

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Names : WP7 partners

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Table of Contents

Executive summary

This is Deliverable 7.3 of the Joint Action on Health Information (hereinafter referred to as InfAct) with project number 801553. The major outcome expected of InfAct is a sustainable solid infrastructure on EU Health Information through improving the availability of comparable, robust and policy-relevant population health data and health system performance information. Through country collaboration, InfAct streamlines health information activities, reduces the data collection burden and works towards a sustainable and robust data collection in Europe that facilitates and supports country knowledge, health research and policy making.

InfAct's Work Package 7 aims at refining the concept the Distributed Infrastructure on Population Health (DIPoH), further elaborating on its technical and scientific elements. Additionally, a business case is developed with a detailed work plan for DIPoH's implementation, including specific objectives, outcome and deliverables.

More specifically, deliverable 7.3 contains multiple sections describing the technical and scientific aspects of a Distributed Infrastructure on Population Health (DIPoH). This include:

1. The governance structures and management models of DIPoH throughout the different phases. This document provides an explanation of the different bodies of the governance structure and the operational elements of DIPoH. Also, the different levels of memberships are explained.
2. The political support exhibited through the collection of different support letters from Member States, Research Networks, and the inter-institutional agreements.

DIPoH Governance Structure and Management Models

I. Introduction

This document provides an overview of the proposed key governing and management structures and their relation to the different bodies across the different phases of DIPoH. The document presents briefly the functional relations of DIPoH with its operational elements- the distributed National Nodes and population health Research Networks. Thereafter, the different governing bodies for the interim and operational phases are described. Finally, it recommends a participation and financial contribution model. The herein included propositions are subject to approval by the DIPoH consortium.

The main objectives of the proposed model aim at:

- Ensuring efficient, transparent and fair procedures, with clearly indicated accountable parties;
- Minimising the administrative overheads, without compromising the integrity of the governing procedures;
- Maintaining adequate flexibility in order to adapt to future change of needs, including fast expansion of membership or widening of scope;
- Achieving the maximum possible inclusion and balance between MSs and associated countries in the decision-making progress;
- Setting up well defined consensus reaching and conflict resolution mechanisms;
- Having a compliant and binding structure for accessing external funding sources; and
- Providing a long-term and sustainable mode of operation.

II. DIPoH operational elements

The operational structure of DIPoH exists of the following elements (see Figure 1): A central office, including a web-based Health Information Portal that is developed throughout the construction phases of DIPoH, and later on to include a services support unit for the efficient delivery of DIPoH services. The central office connects with a growing number of National Nodes (NN) units within MSs, and participating Research networks (RN). This structure is developed throughout the different phases and will be up-scaled. DIPoH services will be piloted and the operational elements will be established: an Interim Coordination Office and NN and RN. During the design phase, the Joint Action on Health Information, InfAct, has already started the process to support EU countries to establish NNs. Additionally, InfAct has analysed the strengths of a number of RNs to provide a proof of concept and developed quality criteria for participation in DIPoH. The governance structures stipulated in this document are developed in the design phase by the InfAct consortium involving RNs and national representatives, in order to ensure a collaborative effort of all the operational elements in the successful development of DIPoH.

Figure 1. Operational elements of DIPoH

a) DIPoH central office

The central office represents the coordinating element of DIPoH across the different phases of its construction. The main role of the central office is to provide coordination, administrative and management support, strategic development and evaluation. During the construction phases, the central office will oversee the set-up of the Health Information Portal and development of DIPoH's services. Finally, in all DIPoH phases, the central office is the connecting pin between the DIPoH operational elements and the governing bodies, and with external stakeholders.

b) DIPoH National Nodes

The National Node (NN) fulfils two main roles: (i) coordination and governance of the national health information system(s); and (ii) health data management. These roles are not exclusive to one entity and can be performed by multiple entities within the country. Therefore, the roles of the NN may differ for each country and their total package of functions may include more than those activities relating to DIPoH, depending on the needs and wishes of each particular country. In general, the NN strengthens the national health system both by connecting the relevant actors and by exchanging expertise in the international arena. The population health data management includes, at the level of countries and/or regional entities, the infrastructure, the technical and legal management,

the curation of population health data, the organisational and institutional procedures and the legal and ethical procedures for reuse of population health data.

(i) Coordination and governance:

Within its first function, the NN is a group of experts, from one or more institutions, that functions as the national liaising pin to DIPoH and is responsible for the representation of their country in different governance structures of DIPoH. The experts will have a very good overview of the national and regional health information systems as well as the population health research programs and projects. The experts will also have adequate knowledge of what is going on in the European health information arena (WHO, OECD, Eurostat and other EU Directorates such as SANTE, CONNECT, RTD) in terms of their work and research initiatives on health information, data delivery, indicator development and policy relevant reporting. Furthermore, they will also be in contact with and support national experts that participate in existing or new RN and organise temporary support for capacity building in relevant topics.

As NN's main function is coordination and knowledge brokering, NN's should be in close contact with the Health and Science Authorities, to link and exchange with national policy priorities for the international health arena. With their knowledgeable overview of the national health information system the NN experts will have a good grasp of the needs and priorities for improvement and possible support from the expertise that is present in DIPoH and its related networks.

(ii) Data management:

The second role of the NNs seek to elicit and gather the knowledge of institutions and experts whose foundational business is the collection, use, curation and maintenance of national or regional data. These institutions and experts provide metadata, making data FAIR and ensuring interoperability of national or regional data connected to the DIPoH Health Information Portal. These institutions and experts will also have good knowledge on the strengths and weaknesses of the different data sources in their country. They will guide DIPoH users on how to access the national or regional data, and may also provide data in certain formats, upon request from DIPoH.

c) DIPoH Population Health Research Networks

A Research Network (RN) represents a group of collaborating researchers that collect, exchange, and harmonise health data and/or information on a particular health topic for population health research. Beyond research activities, these RNs often work on the improvement and reporting of population health research methodologies, the validation and reporting of tools (such as, indicators, software for analysis and visual reporting), exchange of expertise or engagement in capacity building activities, promoting FAIR data and interoperability . At first, the RNs will be individually linked to the central office and between each other. Later on, RNs can start working together, to learn from best practices in the different functions they have. The RNs will each need a nucleus to take care of harmonisation and quality control of data, organising exchange of expertise, processing of

data and coordinating research and reporting efforts. They contribute to or may lead specific WP's in the preparatory and implementation phases In summary, the functions of the RN will be to:

- Establish a critical mass in their thematic area via networking of researchers, joining expertise, undertaking common research efforts, sharing research facilities and contributing to capacity building
- Maintain, increase and exchange their scientific and technological excellence
- Generate new data, curate data and methods and strengthen their research capacity
- Facilitate and expand data access and sharing
- Develop a long lasting strong research base and regular data collection
- Facilitate the integration and transfer of new knowledge
- Deliver knowledge for policy making, anticipate scientific and technological needs and provide efficient scientific support for strategic decision-making in the specific field
- Enhance communication and visibility at the European and international level

In conclusion, RNs ensure that Europe has comparative and FAIR data on topical health domains at its disposal, support a coordinated action in population health research, getting the most out of the existing national and regional health data repositories, and feed relevant information to policy makers.

III. DIPoH phases and succession of governance

DIPoH development will proceed in accordance to the stipulated ESFRI phases, each phase will be characterised by the following governing and management models:

- Design and proposal development phase falls under a standard project management model under BRIDGE Health (2015-2017) and the Joint Action InfAct (2018-2021).
- Preparatory phase (2022-2024) will follow an interim governance and management model.
- Once a legal entity is achieved the implementation phase (2025-2027) and operational phase (2028 onwards) will follow a governance and management model which will be finalised during the preparatory phase.

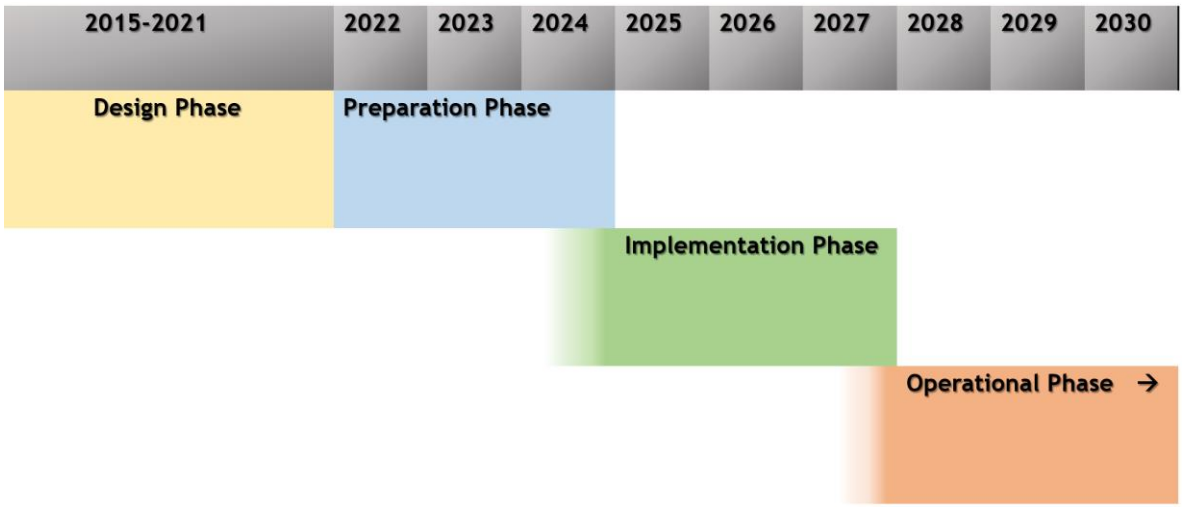

Figure 2. DIPoH phases

IV. Interim governance and management model

The interim DIPoH governance and management model covers the preparation of DIPoH, starting from the time of the inclusion of DIPoH on the ESFRI roadmap as an ESFRI project until the formation of the legal entity of the research infrastructure. The interim governance bodies are responsible for further refining processes, statutes and participation for the operational phase of DIPoH. In addition, arrangements for facilitating the transition to the governance of the operational phase are agreed by the General Assembly (GA).

a) Membership and participation

The full DIPoH consortium is responsible for the realisation of an operational research infrastructure and participates in the interim preparatory and implementation phases for the establishment and operation of DIPoH.

(i) Members:

The members of the DIPoH consortium during the preparatory phase are the Signatories, who have signed the MoU, and have provided an official Expression of political Support (EoS) or an Expression of financial Commitment (EoC). Each member participates in the GA has one voting right and the elected chairman of the GA has one additional voting right.

(ii) Associated Members:

The associated members are Signatories, who have signed the MoU, but have not attained any form of EoS or EoC. Research networks join as associated members provided that they have signed a collaboration agreement with the DIPoH consortium. Associated members participate in the GA with one representative and no voting rights.

(iii) New Members:

Applicants for members during the preparatory phase are considered to meet the requirements for membership or associated membership provided they fulfil the above mentioned minimum criteria, and upon review by the GA.

b) Governing bodies

DIPoH's interim governance structure is composed of a General Assembly (GA), an External Support Team (EST) in due time encompassing three Advisory Committees, an Interim Coordination Office (ICO), Work packages (WP) and a Stakeholder and User Forum (Figure 3).

(i) The General Assembly:

The General Assembly (GA) is the ultimate decision-making body, and includes all members and associated members of the DIPoH consortium. A chair is elected during the first GA meeting, and a vice-chair may be elected by the GA as needed. The chair will have an additional vote. Membership of the GA is reviewed on an ad-hoc basis, and is subject to fulfilment of the membership requirements (member or associated member). GA convenes on a bi-annual basis, and meetings are organised by the ICO. Further statutes will be agreed by the GA as needed.

(ii) The External Support Team:

The External Support Team (EST) is composed of three independent standing committees of external experts in three different domains related to the scientific mission of DIPoH, its technical infrastructure including legal and ethical procedures, and overall strategic approach towards the operation of DIPoH. Members of the committees are appointed by the GA. They are invited to interact with both ICO and the GA to offer strategic advice and support within their expertise. One representative of each committee is appointed to join the GA bi-annual meetings as an external expert.

- The Scientific Advisory Committee consists of independent and internationally recognised scientists within the scope of DIPoH acting on their personal behalf and strategic experience. Its Terms of Reference (ToR) need to be drawn up and agreed by de GA.
- The Ethics and Privacy Committee consists of independent experts in ELSA (ethics and GDPR matters) with regards to health information and data. Its ToR needs to be drawn up and agreed by de GA.
- The Technical Advisory Committee consists of experts in all matters regarding the set-up of a distributed e-infrastructure dealing with data linkage, data management, web based platform features, and the implementation of FAIR principles. They provide expert opinion and advice on any issues related to the technical architecture of the research infrastructure. Its ToR needs to be drawn up and agreed by de GA.

(iii) The Interim Coordination Office:

The Interim Coordination Office (ICO) has an executive role in the preparatory phase of DIPoH. The ICO includes a project coordinator. The coordinator has the responsibility to lead and coordinate the Work Packages(WPs), and other activities relevant to the expansion of the consortium and oversees the executive activities relevant to the development of the infrastructure and the transition towards the operational phase. The coordinator participates in the GA meetings, and represents DIPoH in senior level stakeholder meetings and conferences. Deputy coordinators can be appointed by the GA as needed. In addition, the ICO includes a support team that has expertise and personnel with the appropriate profiles to provide administrative, technical, legal, scientific and research support. In general, the ICO will undertake the management, communication, operational and budgetary day-to-day decisions, such as:

- Implement agreed upon KPIs and produce reports for the GA;
- Coordinate the development and implementation of WPs and projects relevant to the development of DIPoH and its core services, and monitor progress;
- Draft and develop agreements and administer contracts in collaboration with nodes and research networks, and provide expert advice as needed;
- Oversee procurement of software, hardware for the preparation of the DIPoH technical infrastructure;
- Develop in-house expertise to underpin the technical, policy, capacity building, and management responsibilities for the development of DIPoH;
- Compile policy drafts and statutes, and organise consultation rounds with the EST, with the stakeholders and user forum and other stakeholders; and
- Disseminate the DIPoH progress and updates to all members.

Under the supervision of the coordinator, a set of WPs are developed for the preparatory phase to cover the different areas of priority for the development of DIPoH. The members of the DIPoH consortium will have main roles in implementing the different tasks. This includes mainly the NN and the RN who may lead some of the WPs. They play an important role in the development and delivery of the future services of DIPoH and in the preparation of the Health Information Portal.

(iv) The Stakeholder and user forum:

The Stakeholder and user forum is a forum which allows interaction of the ICO with the key stakeholders in the health information landscape and potential users of the health information portal. For example, the stakeholders and user forum includes:

- The European Commission services are also vital partners, such as SANTE, ESTAT, RTD, JRC etc.
- Expert groups or consultative bodies in DIPoH's related fields such as the Expert Group on Health System Performance, the Joint Assessment Framework (JAF) on Health, the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP).
- European agencies dealing with health information, in particular the European Centre

for Disease Prevention and Control but also others such as the European Environment Agency, the European Monitoring Centre for Drugs and Drug Addiction, the European Medicines Evaluation Agency, European Agency for Safety and Health at Work, and the European Foundation for the Improvement of Living and Working Conditions;

- Partner organisations at international level, in particular the WHO Regional Office for Europe, the OECD and the European Observatory on Health Systems and Policies;
- IANPHI representing the national public health institutes of EU countries
- Representatives of selected research infrastructures such as ELIXIR, BBMRI, EATRIS, ECRIN, CESSDA, ESS and SHARE; and
- Representatives of the national nodes and research networks.

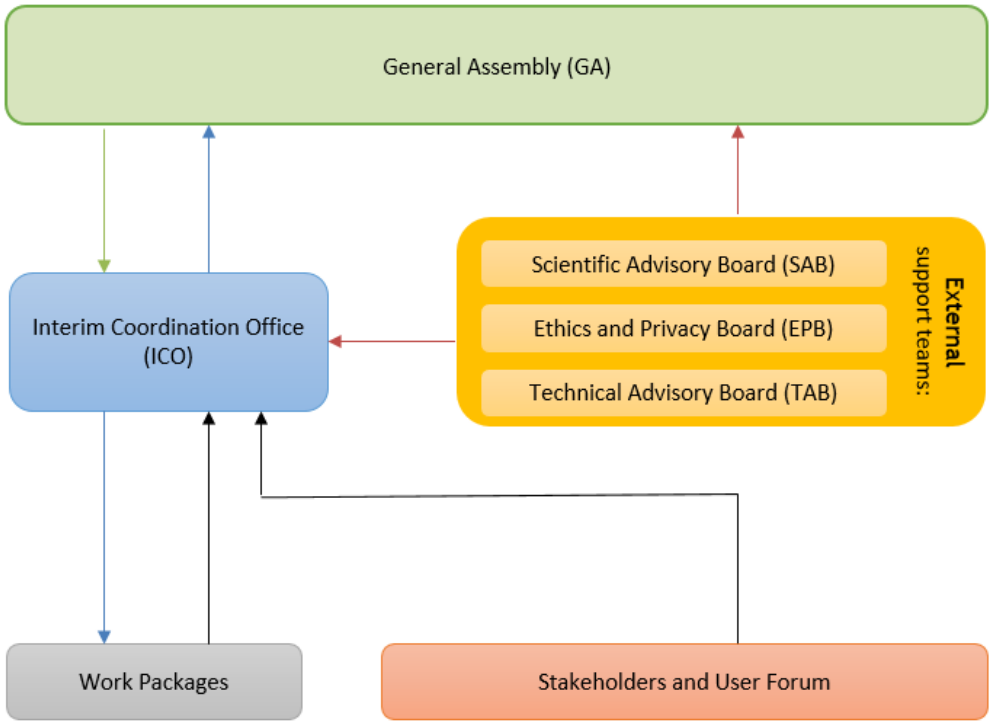

Figure 3. DIPoH interim governance bodies

c) DIPoH interim financial contribution model

DIPoH's preparatory phase relies on national and stakeholders' financial contributions, contributions in kind or project funding. The cost estimations are presented in the DIPoH budget in a separate document.

V. Transition period

This period is the transition process from the interim governance and management model towards the implemented and operational structure upon the establishment of the legal entity (see table 1).

During the transition, the GA continues to be the highest decision-making body securing the stakeholder commitments and making strategic decisions that set the scene for the operation of DIPoH RI and its legal entity. The ICO will propose adoption of new RI arrangements (technical, administrative, governing and financial aspects) that will need approval and adoption by the GA. This also includes preparations for the recruitment of the Director General for the legal entity and the Core Team staff. Once approved, new terms will operate under the new adopted operational governance and management model.

Table 1. Governance structures of DIPoH

	DIPoH interim phase	DIPoH legal entity
Ultimate decision-making body	The General Assembly	The Assembly of Members
Central office executive body	The Interim Coordination Office	The Central Executive Management Office
	Project Coordinator	General Director
	Support team	Core team
External support bodies	Scientific Advisory Board	Scientific Advisory Board
	Ethics and Privacy Board	Ethics and Privacy Board
	Technical Advisory Board	
Stakeholders body	Stakeholder and user forum	Consultation platform
Internal support bodies	The General Assembly	Network Committee

VI. DIPoH governance and management model

The current preferred legal entity of DIPoH is a European Research Infrastructure Consortium (ERIC), based on the stakeholder consultation carried out in BRIDGE Health[1]. Statutes have been drafted by a core set of countries. Other legal structures may still be considered given that the structure remains flexible, relatively simple in its management, allows for an international scope, and follows the main objectives of the proposed governing model (see section I).

a) Membership of DIPoH ERIC and participation

The following entities may become members of DIPoH ERIC or may become observers without voting rights:

- Member States of the European Union;
- Associated countries;
- Third countries other than associated countries; and
- International organisations.

Any member or observer may be represented by one public entity or one private entity with a public service mission, of its own choosing and appointed according to its own rules and procedures. Member States or associated countries shall jointly hold the majority of the voting rights in the Assembly of Members. The Assembly of Members shall determine any modification of voting rights that is required to ensure that ERIC complies at all times with this requirement.

(i) Members:

The Members of the ERIC are the states that submitted the application requesting the setting up of the ERIC to the European Commission; they are also known as Founding Members. The Central Executive Management Office shall have an accurate list of the members, observers and representing entities at all times.

(ii) New members:

The terms for admission of new members shall be the following :

- Applicants shall submit a written application to the Chair of the AoM.
- The application shall describe how the applicant will contribute to ERIC objectives and activities and how it will fulfil obligations mentioned below.
- The admission of new members shall require the approval of the AoM.

[1] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5244564

(iii) Observers:

Entities listed above who are willing to contribute to ERIC, but are not yet in a position to join as members, may apply for observers' status. The terms for admission of observers are the following:

- Applicants shall submit a written application to the Chair of the AoM.
- The application shall describe how the applicant will contribute to ERIC objectives and activities and how it will fulfil obligations mentioned below.
- Observers shall be admitted for a maximum period.
- The admission or readmission of observers shall require the approval of the AoM.
- International organisations, such as WHO and OECD, have by definition the observer status.

Rights and obligation of members and observers

(i) Members:

Rights of members shall include:

- Right to attend and vote at the AoM;
- Right to participate in the development of strategies, policies and decision-making procedures concerning ERIC;
- The right of its research community to participate to ERIC events; and
- The right of its research community to have access to ERIC infrastructure and to receive support from ERIC.

Furthermore, each member shall have the following obligations:

- Provide an annual contribution;
- Appoint a representing entity;
- Promote adoption of relevant standards in national resource and tools creation projects
- Provide the necessary technical infrastructure to make access possible;
- Promote uptake of services among researchers in the member country, and gather feedback and requirements; and
- Support centres in the member country by facilitating integration into national and other relevant infrastructures.

(ii) Observers:

Rights of observers shall include:

- The right to attend the Assembly of Members without a right to vote; and
- The right for its research community to participate in activities identified by the AoM.

Obligations for each observer shall be to:

- Appoint one representatives entity; and
- Provide the annual contribution.

b) Governing bodies

The governance structure of DIPoH ERIC is shown in Figure 4 and is composed of an Assembly of Members, a Scientific Advisory Board, an Ethics and Privacy Board, a Central Executive Management Office, a Consultation Platform and a Network Committee. The strategic decisions are taken by the Assembly of Members with support from the Scientific Advisory Board. The executive activities are carried out by the Central Executive Management Office, which includes the Director General and the Core Team. The operating activities are carried out by the Network Committee and networks which are represented in the Network Committee.

(i) The Assembly of Members:

The Assembly of Members (AoM) is the governing body and is composed of representatives of the members of the ERIC. The Assembly of Members is the highest and ultimate governing body of the ERIC with full decision-making power. Each member and observer nominates an official representative to participate in the Assembly of Members. One representative of the Scientific Advisory Board and the Ethics and Privacy Board is invited as an observer in the Assembly of Members. The Assembly of Members elects amongst its members a Chairperson and a Vice-Chairperson to chair the meetings. One representative of the Scientific Advisory Board and the Ethics and Privacy Board is invited as an observer in the Assembly of Members. The Director General is the rapporteur of the Central Executive Management Office to the Assembly of Members.

(ii) The External Support Team:

Two external support boards are still part of the DIPoH final structure: (i)The Scientific Advisory Board consists of up to ten independent and internationally recognised scientists involved in population health monitoring and research and health system performance assessment acting on their personal title and strategic experience; (ii) The Ethics and Privacy Board similarly consist of experts in ethics and privacy. The Scientific Advisory Board and Ethics and Privacy Board will offer advice on request of the Assembly of Members and may be consulted by the Central Executive Management Office on all scientifically and technologically relevant matters including questions regarding the research agenda,

scientific strategies, ethical issues and the annual work programme. The Scientific Advisory Board is also tasked to periodically evaluate the activities and products of the ERIC including the strategic and operational objectives. The Scientific Advisory Board and Ethics and Privacy Board can select a representative to participate in the Assembly of Members as an observer. The Assembly of Members defines the selection procedure, appointment and duration of the Scientific Advisory Board and Ethics and Privacy Board.

*In contrast to the interim governing structure, in the DIPoH governances there are no Technical Advisory Boards. This is because the e-infrastructure will already be in place, and the technical expertise for the running of DIPoH will be part of the Central Executive Management Office personnel.

(iii) The Central Executive Management Office:

The Central Executive Management Office is composed of the Director General and a Core Team. The Central Executive Management Office is the executive body. It is responsible for the management, operational and budgetary day-to-day decisions. The Central Executive Management Office provides an administrative governance structure, which carries out scientific, technical and administrative coordination tasks in addition to the delivery of core services. These tasks are decided by the Assembly of Members. There is a clear frontier between the strategic decisions taken by the Assembly of Members and the executive part carried out by the Central Executive Management Office in order to avoid any conflict of interest within the ERIC. The Director General is appointed for six years by the Assembly of Members and is assisted by the Core Team. The Core Team is in charge of the coordination and support office of the ERIC. The Core Team is responsible for daily operations (such as preparations of meetings), the implementation of the ERIC programme, servicing the various Boards and Committees, external relations and communications, providing services to support the nodes and the user community, and grant-application functions. The Core Team comprise legal and technical expertise, which is necessary for a large distributed research infrastructure and the effective interfacing and coordination.

(iv) The Consultation Platform:

The Consultation Platform will align with the current European health information landscape and liaise with different organisations. The platform will seek synergies between international entities. A representative from the following organisations may compose the platform.

- A representative from expert groups or consultative bodies in DIPoH's related fields such as the Expert Group on Health System Performance, the Joint Assessment Framework (JAF) on Health, the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP).

- A representative from European agencies dealing with health information, in particular the European Centre for Disease Prevention and Control but also others such as the European Environment Agency, the European Monitoring Centre for Drugs and Drug Addiction, the European Medicines Evaluation Agency, European Agency for

Safety and Health at Work, and the European Foundation for the Improvement of Living and Working Conditions;

- A representative from European Commission services are also vital partners, such as SANTE, ESTAT, RTD, JRC etc.
- A representative from partner organisations at international level, in particular the WHO Regional Office for Europe, the OECD and the European Observatory on Health Systems and Policies;
- A member of IANPHI representing the national public health institutes of EU countries
- A representative of the national nodes and research networks.
- Representatives of selected research infrastructures such as ELIXIR, BBMRI, EATRIS, ECRIN, CESSDA, ESS and SHARE.

(v) The Network Committee:

The Network Committee consists of a representative of the NN and RN that are operational in DIPoH. The Network Committee shall be, and is responsible for scientific activities. The Committee will meet to maintain coherence and consistency across the networks, to discuss issues related to the activities of the nodes, and to interact with the Central Executive Management Office. The Committee may support the Central Executive Management Office in developing the programme, scientific strategy and grant-funding opportunities.

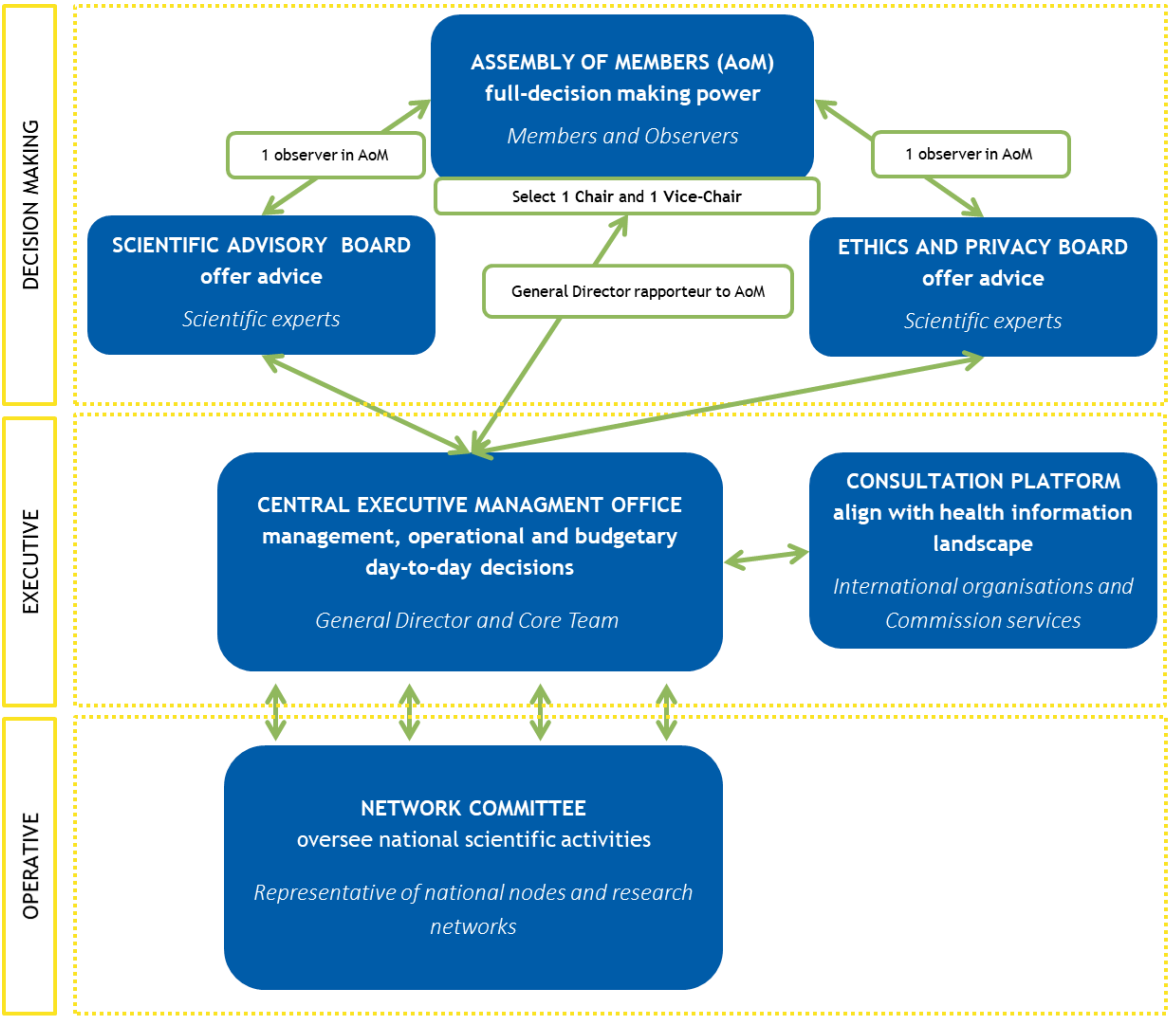

Figure 4. DIPoH ERIC governance bodies

VII. DIPoH financial contribution model

DIPoH's relies on its member contributions for its functioning and longevity. The income from membership contributions will depend on the final structure of committed partners and types of memberships (individual, network, organizations), which still needs to be decided during the preparatory and implementation phases of DIPoH. The possible sources of income of DIPoH are fees for services, direct funding, including membership fees and in-kind contributions that will enable the DIPoH to pay for its expenses.

a) Contribution model

Contributions will depend on the estimated costs of the services and functions and the de facto net revenues of DIPoH's services This model will come into effect once DIPoH legal entity has been established. The size of the contributions may come in the form of basic membership contribution that is related to the GDP (per capita) of the MSs plus another contribution that is related to its population (in million).

For example: Contribution = xGDP + yP, the x and y may be higher at the start of the RI, if less than 30 MSs participate. Conversely, DIPoH can start with this type of contribution from a smaller group of countries plus an external contribution that decreases over time.

Beside the possible income as contributions from membership fees, there are possibilities for income from contracts (projects) by, for instance, the EC, charities and the private sector. These need to be developed in a marketing strategy that would involve the development of a services portfolio, based on a thorough market analysis, prior lobbying and advocacy towards relevant stakeholders and potential customers.

Furthermore, MSs already invest substantially in kind by supporting and financing national data collections, by delivering data to and collaborating with international research networks. The costs of those numerous data collections for all EU MSs cannot be easily estimated, but they form the underlying basis for many international research networks that collect and compare international data. Moreover, the MS and their institutions often provide support in kind to do the extra work of sending harmonised and selected datasets to international networks and in contributing to the following research output.

The international RN in turn each have one or more centres with experts that spend time and financial efforts in organising and managing the network and the data collection and analysis that goes with the work. DIPoH will also require a general membership fee from the networks. If the networks would 'sell' other assets through the web portal a percentage fee could go to the RI as another option.

VIII. Entry into force

During the DIPoH phases the governance and management structures evolve, and the establishment of the governing bodies is dependent on the decisions and selections made during the previous phase. The governance plan is written keeping the ERIC legal tool as the most probable legal framework and assuming an independent legal personality to be established during the Implementation Phase.

All the proposed governance and management models in this document will come into force during the set-up of the preparatory phase, subject to the following:

- Successful application and inclusion of DIPoH to the ESFRI roadmap 2021
- Approval by the DIPoH preparatory phase consortium members

All issues relevant to the governance and management models of DIPoH for the preparation, implementation and operation not covered in this document, are to be separately discussed and agreed upon during the preparatory phase (Statutes and rules of procedure). Preparatory phase members (as defined herein) can accept, modify or reject articles, proposed in this document, in part or in whole.

IX. DIPoH support

The following section present the different support letters that DIPoH has received. These are divided into three different letter: (i) political support letters provided Ministries of Health or Research; (ii) inter-institutional agreement signed by partner institutions in the form of a memorandum of understanding (MoU); (iii) letters of intent from research networks to engage and support DIPoH.

Table 2. The list of political support letters provided to DIPoH by September 9th 2020

#	Country	Ministry
1	Belgium	-Ministry of Health -Ministry of Science
2	Croatia	Ministry of Health
3	Finland	Ministry of Social Affairs and Health
4	Latvia	Ministry of Health
5	Malta	Ministry of Health
6	Portugal	Ministry of Science, Technology and Higher Education
7	Romania	Ministry of Health
8	Serbia	Ministry of Health
9	Slovenia	Ministry of Health
10	The Netherlands	Ministry of Health, Welfare and Sport

Table 3. The list of signed MoUs provided to DIPoH by September 9th 2020

#	Country	Institute
1	Austria	Gesundheit Osterreich GmbH (GOeG)
2	Belgium	Sciensano
3	Croatia	Croatian Institute of Public Health (CIPH)
4	Czech Republic	Institute of Health Information and Statistics of the Czech Republic (UZIS)
5	Finland	Finnish Institute for Health and Welfare (THL)
6	Germany	The Robert Koch Institute
7	Malta	Ministry for Health (MFH)
8	Portugal	- Faculdade de Medicina da Universidade de Lisboa (FMUL) -Universidade Nova de Lisboa (UNL)
9	Romania	Institutul National De Sanatate Publica (INSP)
10	Slovenia	National Institute of Public Health (NIJZ)
11	Spain	Instituto Aragones de Ciencias de la Salud (IACS)
12	The Netherlands	The Dutch National Institute for Public Health and the Environment (RIVM)

Table 4. The list of Research Networks have provided letters of intent to collaborate with DIPoH.

#	Name of Network	Number of partner institutes
1	European Association for Injury Prevention and Safety Promotion (EuroSafe)	22
2	European Collaboration for Health Optimisation (ECHO)	7
3	European Health Examination Survey (EHES)	35
4	Euro-Peristat: the European research project that aims to improve perinatal health.	31
5	HS&I Health System Intelligence (HS&I)	9
6	The European Burden of Disease Network (EBoDN) COST ACTION	137
7	The European Health and Life Expectancy Information System (EHLEIS)	32
8	The International Collaborative on Costs, Outcomes and Needs in Care (ICCONIC)	15
9	Joint Action on Health Information (InfAct)	38

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