

InfAct Meetings

The fourth Steering Committee and the second General Assembly meetings were held in Brussels on October 24-25th, 2019.



The fifth InfAct Steering Committee meeting was held in Brussels on February 13-14th, 2020.



During this meeting InfAct partners contributed to the Brussels [origami Flower Carpet](#) for [Rare Disease day](#) on February 29th.

InfAct Dissemination

InfAct organised a workshop at the European Health Forum Gastein 2019. The workshop [Fact. Figures! Fiction? -How disruptive can \(missing\) health information be?](#) aimed at discussing fake news in general and in healthcare, how missing or wrong information can be misleading and how accurate and reliable data can help to prevent misleading or even wrong information.



Martin McKee gave a keynote on fake news and moderated the session together with Claudia Habl. The panellists Hanna Tolonen, Paola Testori Coggi, Christoph Thalheim

and Panos Kanavos presented a real-life example of their working environment, where reliable data would have supported clear and consistent findings. A discussion on the need for accessible and accurate health information (HI) concluded the workshop. Moreover, the [promotional video](#) produced by InfAct was presented for the first time. After the workshop, InfAct partner Dr Hanna Tolonen was [interviewed](#) about the challenges of establishing sustainable systems in the age of technological revolution, priorities of European public health.



InfAct organised a preconference and three workshops during the 12th European Public Health Conference (EUPHA) in Marseille, 2019. The Pre-conference focused on

Showcasing innovative cases in health reporting. The workshops included a (i) Round table: Strengthening capacities in HI for better public health practice in Member States, (ii) Skills building seminar: Learning to assess HI systems - from performance measurements to areas of action, and (iii) Workshop: Leveraging evidence for policy making: lessons from the European Joint Action on Health Information generating knowledge on data collection methods and the availability of HI in Europe.



InfAct and Covid-19

In response to the Covid19 crisis, InfAct is promoting international collaboration by bringing its partners together to discuss national challenges in dealing with Covid-19.

In the first meeting we facilitated exchanges on exit strategies, data needs for future analysis of Covid-19's impact on NCDs and the development of antibody survey.

These meetings are held every two weeks. Do you want to join? E-mail: infact.coordination@sciensano.be

InfAct believes that this type of support is needed in a systematic way. More than ever, the [research infrastructure on population health](#) is needed. It is designed to promote collaboration, comparative FAIR research, and to support international decision-making.

InfAct WP activities

Find an overview of our outputs [here](#).

WP3 performed a second internal evaluation peer review process among the InfAct WP leads and co-leads. Additionally, a second external evaluation committee meeting took place in Brussel on March 4th, 2020. This meeting included stakeholder from EUPHA, ASPHER, IPAAC JA, EuroHealthNet, the Commission's Expert Group on Health system Performance, and the Belgian FPS Public Health, Food Chain Safety and Environment.

WP4 organised the [first Technical Dialogues \(TD\)](#) in Madrid on October 16th, 2019. The TD aimed to discuss with national experts the innovative outcomes from InfAct and how they can strengthen Health Information Systems (HIS). 15 countries provided feedback on InfAct outcomes. The following topics were covered: HIS assessment evaluation, innovation and interoperability of health information processes.



[The Second Assembly of Members \(AoM\)](#) was held on November 13th, 2019 with 22 representatives from Ministries of Health and Research of 17 EU/EEA countries. InfAct beneficiaries presented the [Distributed Infrastructure on Population Health \(DIPoH\)](#) and the main outcomes of InfAct. The discussions focused on the financial aspects of DIPoH's proposal, the potential alternatives for funding the infrastructure and the political commitment across MS to support this initiative.

Contact us at infact.coordination@sciensano.be

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InfAct WP activities

WP5 concluded the pilot on [health information system assessment through peer view](#).

A total of 9 country assessment were held including: Austria, Belgium, Estonia, Latvia, Lithuania, Moldova, Norway, Romania, and Serbia. It has been a very immersive experience for all the experts who participated. Results will be discussed in a final conference in Malta providing both an opportunity for sharing best practices, as well as shaping the upcoming DIPoH proposal ensuring health information inequalities are addressed.



Task 5.2 performed a systematic search to develop an information base of networks and projects (a "catalogue") working on comparative population health research, for use in the future DIPoH. Task 5.3 is conducting its second round of a two-round Delphi survey among InfAct partners on national methods and processes for the prioritisation of HI for national health reporting. Mapping, sharing and ranking prioritisation approaches will facilitate knowledge exchange in the context of building DIPoH.

WP6 mapped the needs, capacities, and training programmes in HI across MSs. The mapping exercise included a scoping review, online search, a survey and expert consultations. Subsequently, [the results](#) provided priority themes for a sustainable Capacity Building Programme. On February 14th, WP6 partners came together to discuss future steps preparing a pilot EU training programme that will take place end of 2020. This meeting was also joined by representatives from ASPHER to discuss possible collaborations for the development of roadmap for a sustainable capacity building programme for MSs.



WP7 developed [guidelines for setting up national nodes](#) and [quality criteria for research networks](#). The WP is also working on a web based platform that will form a basis of a catalogue for EU population HI. Additionally, WP7 is working on the scientific and technical descriptions for the setup of DIPoH in preparation of the ESFRI roadmap 2021. In order to prepare the ESFRI roadmap, WP7 is collecting letters of political support from ministries, letters of financial commitment from institutions, letters of collaboration from research networks and signed memorandum of understandings from institutes that want to be part of the DIPoH consortium.

The BAHCI project

Building towards an EU sustainable infrastructure for population HI requires monitoring the impact of our national HI systems in policy and practice.

After a large Delphi consultation with EU public health professionals and policy makers (in which some of you participated), the HI-Impact Index is now ready for piloting!

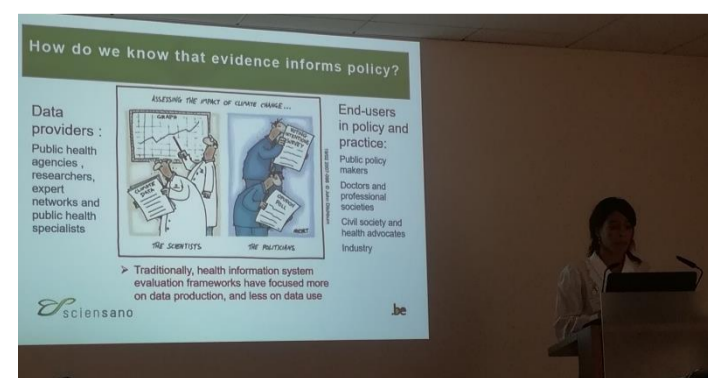
We invite you to pilot the HI-Impact Index here:

<https://surveys.sciensano.be/index.php/252565?lang=en> by April 22nd.

This new evaluation tool consists in 30 items that cover:

- (i) The quality of HI evidence,
- (ii) HI dissemination/access features,
- (iii) The use of HI by key stakeholders, and
- (iv) Resources for knowledge integration in national policies and civil society

The results will give us a better understanding of knowledge translation capacity across European countries, and inform current strategies to strengthen the impact of national HI systems. Your participation is greatly appreciated. For questions, please contact marie.delnord@sciensano.be



WP8 finalised a survey and review of research networks on data collection methods, quality assurance, availability and accessibility of HI across MSs. The preparation of a report and a guidance document based on the findings of the two tasks, is ongoing. These activities will facilitate the identification and dissemination of available health data not reported to international organizations. Furthermore, the development of the ECHI repository via www.ECHI.eu continues with the aim to provide users with easily accessible information, as a source of collective ECHI memory. Within Task 8.3 a [web-based desk research of health reporting](#) formats and their target groups was conducted among EU MS and associated InfAct partner countries. Based on the findings, a guidance document for public health reports will be drafted, with the aim of facilitating access to comparable and high-quality HI in the EU.

WP9 implemented [a cross-sectional study of data linkage practices](#) across European countries. Within Task 9.2, a generic method approach using artificial intelligence (i.e., machine learning technique) has been developed and applied to estimate health indicators for diabetes mellitus in two case studies. Additionally, inspiring examples using data linkage and the use of artificial intelligence for public health surveillance have been collected from the Member States. Using generic case studies and inspiring examples from the MSs, the methodological guidelines will be developed. Task 9.4 is preparing a third and the final Burden of disease (BoD) workshop in Paris after the summer of 2020. An InfAct BoD toolkit will be developed at the end of the workshop. The main objectives of this workshop are to develop a rational approach to perform a national BoD study with four examples of case studies from Belgium, Germany, Netherlands, and Scotland and to illustrate the country health profiles estimated by IHME.

WP10 conducted a series of in-depth interviews with the key stakeholders across Europe. These represented different cross-border projects that shared, linked and managed health data to get a better understanding of enablers and barriers to the cross-border linkage and sharing of health data using four interoperability layers (legal, organisational, semantic and technical). [Preliminary results](#) show the multi-layered nature of working with health data across borders and the importance of looking at all four layers when envisioning interoperability as a building block of any sustainable (infra)structure dealing with HI systems across Europe. In Task 10.4, piloting interoperability principles and testing solutions on three case studies relevant to population health research is ongoing. A federated research network architecture is developed with ten hubs, each from a different country. The architecture development includes: a) the design of the data model that address the research questions; b) the development of the scripts and distribution containers required for the data extraction, transformation, and analysis; c) the deployment and execution of the scripts in the different hubs; and d) the retrieval and sharing of the results for comparison or pooled meta-analysis.