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## Summary First Technical Dialogues

(Madrid, October 16th, 2019)

### Representatives:

A total of 15 EU/EEA countries gave insights through national experts. The countries participating were: Germany, Italy, France, Netherlands, Belgium, Portugal, Austria, Spain, Norway, Finland, Serbia, Croatia, Malta, Estonia, and Ireland.

### Aim:

To achieve technical support from National experts on the integration of InfAct outcomes into national/EU HIS

### Summary:

WP Leaders presented selected outcomes that were organized in two discussion panels. The outcomes are summarized in fact sheets that were previously distributed among participants.

- First panel. Innovation for health information and interoperability for public health policies. Three InfAct outcomes were presented: burden of disease, use of non-health EU databases (industrial pollution) for health surveillance, and assessing and piloting interoperability.
- Second panel. Status of EU health information and tools for health information support. Two InfAct outcomes were presented: methods for prioritizing health information at the national level, and methods and procedures for health data collection.

### Main conclusions and comments from National experts:

- There was a consensus about the **added value** of the proposals in terms of promote MS mutual learning and cooperation.
- InfAct outcomes should be relevant for defining priorities and for decision makers.
- Integration of different data sources, accuracy and robustness of comparable data were considered important goals.
- **General Data Protection Regulation (GDPR) versus interoperability** was a major concern but a way forward for the future.
- **Feasibility to integrate InfAct outcomes into National/EU HIS** was considered complex, based on different challenges as data quality and methods, intellectual property and long-term projections. More specific results are needed to properly discuss feasibility.
- Participation and also direct implication of the national data providers were highlighted
- There was a concern regarding level of MS commitment in order to integrate initiatives into HIS.