Milestone 1.1: Kick-off Meeting Report

7 March 2018, European Covention Center Luxembourg, Luxembourg

Names: Coordination team InfAct

Scientific Institute of Public Health | Rue Juliette Wytsmanstraat 14 | 1050 Brussels | Belgium| e-mail: infact.coordination@wiv-isp.be| Website: www.inf-act.eu|Twitter: @JA_InfAct

This project is funded by the Health Programme of the European Union

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InfAct: Report: kick-off meeting

This report provides the minutes of the kick-off meeting of the Joint Action (JA) on Health Information – InfAct.

I. Attendees

1. Alain Fontaine (AF)
2. Alan Cahill (AC)
3. Alicia Padron (AP)
4. Anders Tegnell (AT)
5. Angela Fehr (AF)
6. Anne Gallay (AG)
7. Ausra Zelviene (AZ)
8. Beatriz Péréz Gomez (BPG)
9. Claudia Habl (CH)
10. Daniel Benjamens (DB)
11. Damir Ivankovic (DI)
12. Dominika Urbanski (DU)
13. Enrique Bernal-Delgado (EBD)
14. Eugenio Mattei (EM)
15. Giulio Gallo (GG)
16. Hakon Haaheim (HH)
17. Hanna Tolonen (HT)
18. Herman Van Oyen (HVO)
19. Isabel Noguer (IN)
20. Ivan Pristas (IP)
21. Janis Misins (JM)
22. Jennifer Zeitlin (JZ)
23. Jose Martins (JMa)
24. Katarine Paulsson (KP)
25. Kim Vyncke (KV)
26. Linda Abboud (LA)
27. Luigi Palmieri (LP)
28. Luis Lapao (LL)
29. Maja Krstic (MK)
30. Maria Bratt (MB)
31. Marie Delnord (MD)
32. Mariken Tijhuis (MT)
33. Metka Zaletel (MZ)
34. Michel Vernay (MV)
35. Mika Gissler (MG)
36. Nathalie de Rekeneire (NDR)
37. Pawel Gorynski (PG)
38. Petronille Bogaert (PB)
39. Philippe Roux (PR)
40. Ramon Launa (RL)
41. Rita Gaidelyte (RG)
42. Ronan Lyons (RL)
43. Sandra Caldeira (SC)
44. Sandra Garcia-Armesto (SGM)
45. Sarka Dankova (SD)
46. Thomas Ziese (TZ)
47. Vasilios Scoutellas (VS)
48. Zeynep Or (ZO)

II. Welcome and overview InfAct

The meeting started at 9:30 at the European Convention Center in Luxembourg. Representing the government of Luxemburg, Ms Nathalie De Rekeneire (NDR) welcomed the delegates of the EU Commission, the WHO and OECD representatives, the project partners and other attendees. She expressed her gratitude for the EU Commission in supporting the Member States (MS) with developing the agenda of health information (HI) and facilitating the collaboration between countries. In addition, NDR elaborated on the necessity of this JA in building reliable HI knowledge on national, as well as, EU wide scales to inform policies and programs. Thus, enhancing population health and proving the importance of the joint work of MS. Recent developments in Luxembourg were mentioned, a new law named "loi hospitaliére" for better collected hospital data. A Health Observatory is also in development which will monitor the quality and the efficacy of the health system and identify health inequalities.

Additional opening remarks were given by Mr Philippe Roux (PR), representing DG SANTE. PR thanked the Ministry of Health of Luxembourg for their support and collaboration in organizing this event, and the Belgium Scientific Institute of Public Health (WIV-ISP) for coordinating this JA, and the participants. PR stressed the increasing role of health information in informing evidence-based policy developments. To be able to evaluate policies on public health and health systems, health data must be reliable and comparable among MS. However, the current framework of data collection lacks proper mechanisms to build consensus among EU MS on what data needs to be collected to support policy-making and which indicators need to be harmonised to facilitate comparisons and the exchange of best practice. Thus, presenting the unique position of this upcoming JA in identifying gaps in current data collection strategies and supporting EU-level efforts around aligning health data definitions to improve comparability and reduce the reporting burden on countries. This JA will be instrumental in joining forces and increase cooperation with International Organisations towards simplification, reducing duplication and creating synergy with already existing tools and activities. PR referred to collaboration with WHO, Eurostat and the OECD involving the various projects to improve data analysis and reporting.

This was followed by a brief welcome and overview of the aim of the meeting and the added value of this project, by HVO. LA presented a timeline of the deliverable and milestone for the first year of the project.

- Comment on the overview slides: WP4 activities and objectives to be corrected:
  - *Involve MS, EU partners and International Institutions*
  - *Support countries to integrate deliverables into policies*
  - *Sustainability Plan*
  - *Support MS and EU-International Partners on the potential adoption of new identified best practices.*
  - *Provide MS elements to discuss infrastructure to assess long-term sustainability*

III. Administrative aspects

KV presented the platform which will be utilized for file sharing- OpenLucius (https://workspace.inf-act.eu/) with a demonstration of use. KV mentioned that a teleconference will be scheduled for further explanation of use. All partners will be expected to deliver their milestones and deliverables through OpenLucius. The principle of the platform is the "only one" principle. All information will be pooled on OpenLucius and will replace unnecessary emails.

IV. Overview of WPs and discussion

Each WP leader presented their tasks, deliverables and milestone.

- WP1: It was mentioned that a meeting took place with the coordinators of all joint actions to present their JA and the activities that will be carried out. A new meeting will be organised with the coordinators of the different JA at EUPHA conference 2018.
- WP2: The partners were asked who is planning on implementing a survey as part of their WP tasks. For purposes of better coordination, an excel sheet will be prepared

to be sent to partners to be filled with details of survey. All partners are asked by the coordination team to inform of any presentations they are giving at conferences or any papers they are publishing.

*→ **To do (coordination)**: to prepare and distribute an Excel sheet for details on planned surveys*

*→**To do (all)**: The coordination team will make a dissemination plan. All partners need to contribute by informing the coordination team of any presentations they are giving at conferences or any papers they are publishing. The coordination team will remind partners by email.*

*→**To do (all)**: when papers are being written in the context of InfAct reference need to be made to the financing sources in the European Health programme. A standard clause should be used.*

- WP3: Peer review and evaluation process were discussed. Details in the slides.
  - Comment: the end it was found acceptable that WP4 could review WP1, not WP10.
- WP4: Comments on timeline of memorandum of understanding.
- WP5: In task 5.3, TZ mentioned that there was still a need for a task co-leader. CH expressed interest about Austria joining this task.
- WP6: With regards to the planned trainings, PR requested to stay informed about the potential collaboration with WHO.
- WP7:
  - CH commented that by the end of the three year initiative we should aim to have a plan for a pilot program in place (not only a roadmap).
  - Question TZ: what activities do you plan to communicate to the public health community? Answer: the interaction will take place through the platform and advisory board.
  - PR commented that all tasks should be implemented with sustainability in mind!
  - Ireland, Norway, Slovenia and Portugal indicated their interest in participating in WP7.
- WP8:
  - Questions LL: many countries are planning desk research in their WPs, possibility of collaboration?
  - CH commented that the term 'guideline' is too binding and suggested it to be changed into 'guidance'.
  - Question about the accessibility and legal aspect is not clearly stated in the WPs? Answered by IN on the inclusion of this issue into the process of AOM, the connection to the authorities and the policy dialogue that is planned to take place in WP4.
  - PR stresses that the outputs of this project should be more than merely a set of recommendations. The outputs produced should be doable and accepted into the next level of (legal and political) authorities.
- WP9: Link with other WPs WP8 and WP10. Check link with WP6 (requested by LL).
- WP10: Suggested link to other JA that are working on e-health. DI pointed out a teleconference already took place with the JA coordinators of e-health.

V. Panel with WP leaders

A round table panel with all WP leaders took place and was chaired by HT.
The discussed topics included:

- 10-15 years from now, what are the most important outcomes for each WP to support sustainable Health?
- Importance of the inter-usability.
- Potential issues with Big Data, including the ethical aspect.
- The importance of including the view of patients and reaction to different treatments (patient empowerment).
- The potential collaborations and important links between WPs, and how that will be dealt with.

VI. Comments European Commission

To conclude the day PR summarized the joint efforts by stressing the sustainability concept as the most important aspect. Whether this JA delivers big or small outcomes, as long as they are sustainable. Also, PR expressed content in seeing that all MS will contribute to reducing burden of disease and development of new data collection strategies contributing to better health information systems.

VII. Conclusions and any other business

Next general assembly meeting 26-27 September 2019, in Brussels.

VIII. Annex 1: Presentation of kick-off meeting

The following presentations can also be found on OpenLucius (https://workspace.inf-act.eu/)

InfAct: Joint Action on Health Information

Kick-off 7 March 2018

Name: Petronille Bogaert and Herman Van Oyen
Institution: Scientific Institute of Public Health
Country: Belgium
Contact: infact.coordination@wiv-isp.be

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Aim meeting

1. Present InfAct and inform about our activities
2. Opportunity to interact with stakeholders
3. Overview technical aspects

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Background

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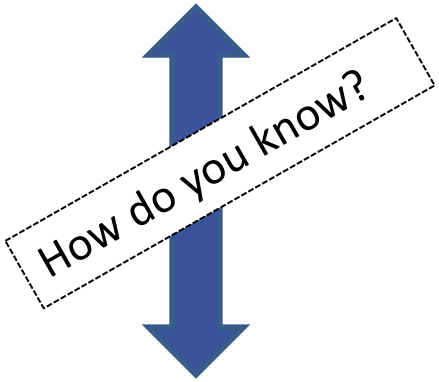
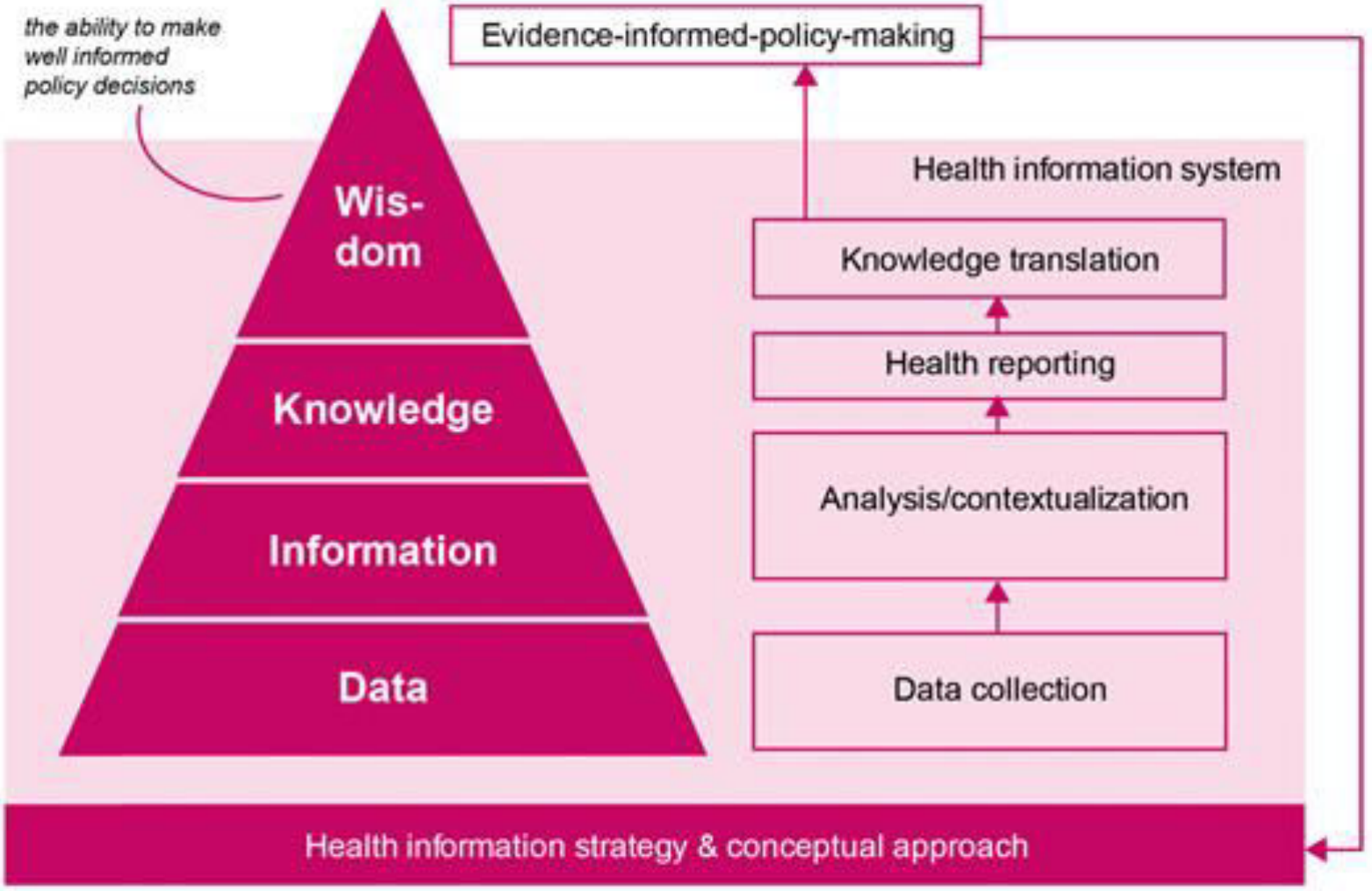
A healthy population is a prerequisite for economic productivity and prosperity.



Robust evidence in the form of high quality and timely data on population health and health systems

➔ Health information system



Source: Marieke Verschuuren, Annemiek van Bolhuis, Nicole Rosenkötter, Mariken Tijhuis, Hans van Oers; Towards an overarching European health information system, *European Journal of Public Health*, Volume 27, Issue suppl_4, 1 October 2017, Pages 44–48, https://doi.org/10.1093/eurpub/ckx153

“One of the clearest areas where the EU can add value to national efforts on health is through comparison of information and data, and synthesizing evidence and best practice.”

Greer et al. (2014). Everything you always wanted to know about European Union health policies but were afraid to ask. European Observatory on Health Systems and Policies.

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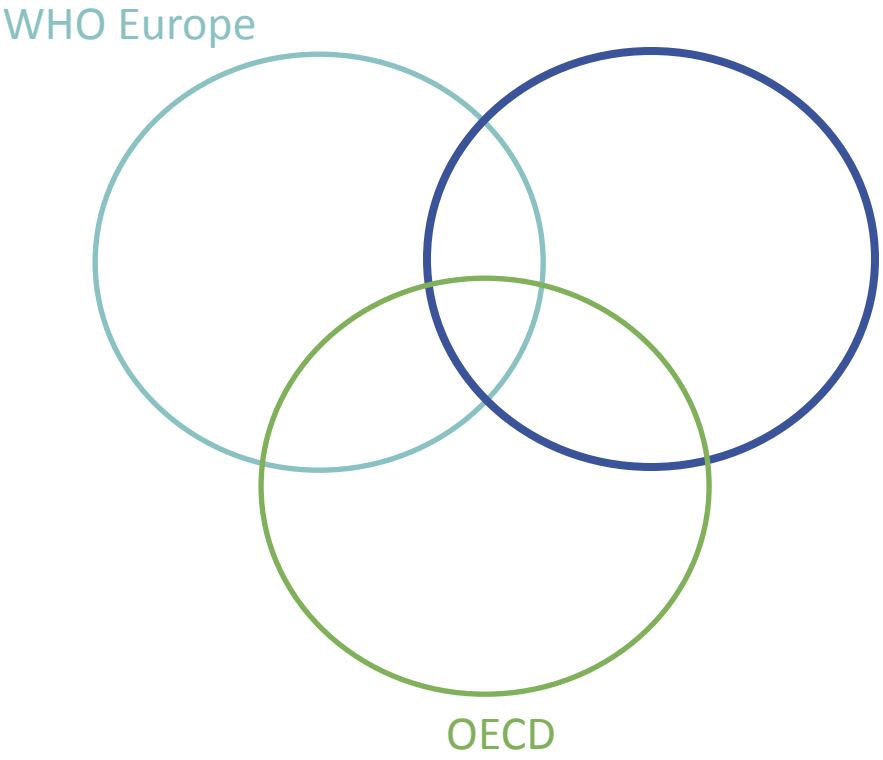
EU health information “system”



European Commission

- DG SANTE
- DG RTD
- JRC
- Eurostat

Individual and independent EU projects

Challenges in health information

1. Health information activities are often funded through ad hoc projects rather than through sustainable structures.
2. Much of the gathered evidence and knowledge is still dispersed, incomplete and difficult to access.
3. Large differences can be found in terms of quality and, as a consequence, in comparability of health information between and within EU Member States.

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IMAGINE

- Secondary data a… …ble across EU n… …ates.
- Data are timely available.
- There is a training a… …b … …y … and in understanding their characteristics.
- Coordinated research act… …ead to continu… …t of data availability and com… …nd the developr… …ring and reporting

Interoperability (WP10)

Capacity building (WP6)

Inequalities in health information (WP5)

Innovation in HI (WP9)

Tools and methods for health information support (WP8)

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InfAct: Information for Action!

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Aim

Sustainable solid infrastructure on EU Health Information to improve availability of comparable, robust and policy-relevant health status, health determinants and health system performance information.

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Specific objectives

1. To reduce the health information inequality between and within EU MS
2. New methods of understanding and targeting health information
3. To prepare MS for the start of the HIREP-ERIC (ERIC on Health Information for Research and Evidence-based Policy)→ sign memorandum of understanding

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Strategic objective 1: prepare the MS for the start of the HIREP-ERIC

Process

- Overview and assess HI system
- Develop criteria for common HI priorities & identify good practices
- Business case and roadmap HIREP-ERIC

Output

- Catalogue networks
- Memorandum of understanding (MoU)

Outcome

- HI consortia in MS
- MoU signed

Strategic objective 2:
Reduce HI inequalities between and within MS

Process

- Peer review learning
- Roadmap HI training programme
- Learning through good practice case studies

Output

- Evaluation of peer review tool
- Report training programme and support MS

Outcome

- MS ownership review process
- Pilot training and workshop

Strategic objective 3: strategy to promote implementation of HIREP-ERIC

Process

- Assembly of Members with key stakeholders
- Encourage support through partners

Output

- Active participation on debate with stakeholders
- Feedback to tailor content HIREP-ERIC

Outcome

- Consensus on the way forward
- Awareness among stakeholders

Participating countries

- 28 participating countries:

  Austria, Bosnia Herzegovina, Belgium, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Greece, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Moldova, Netherlands, Norway, Poland, Portugal, Romania, Serbia, Slovenia, Spain, Sweden, United Kingdom

- Collaborating countries

  Bulgaria, Iceland, Denmark, Slovakia and Switzerland

- 3 years with budget of €4 million EU co-funding

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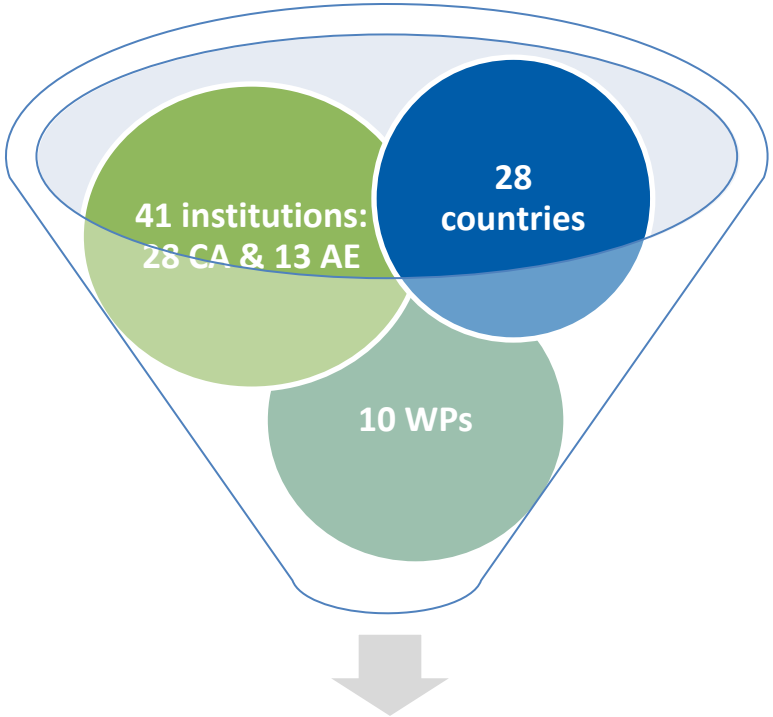
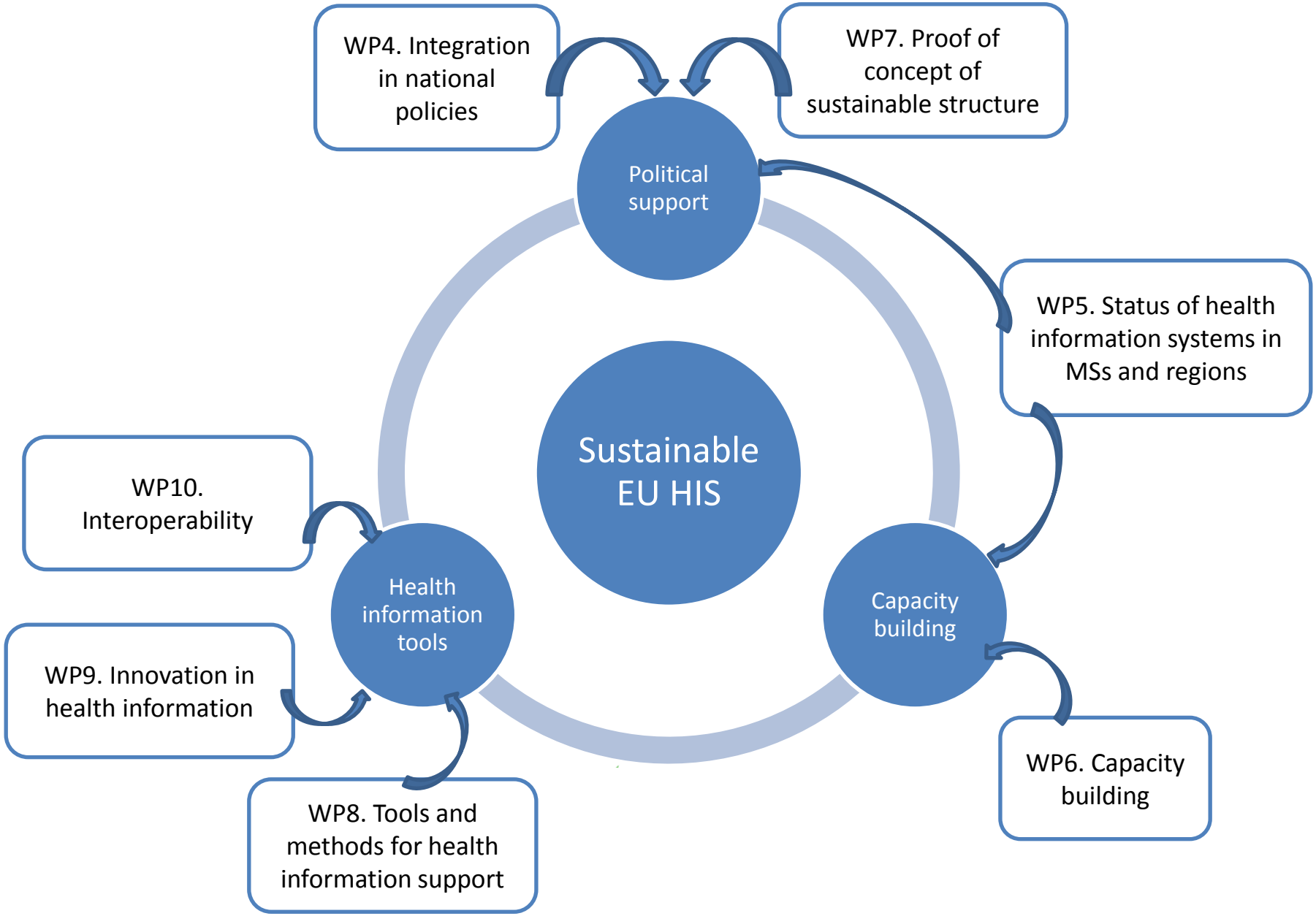
InfAct constitution




WP4. Integration in national policies
WP7. Proof of concept of sustainable structure
Political support
WP5. Status of health information systems in MSs and regions
Sustainable EU HIS
WP10. Interoperability
Health information tools
Capacity building
WP9. Innovation in health information
WP6. Capacity building
WP8. Tools and methods for health information support

WP	WP Name	WP Lead	Contact
WP1	Management of the Joint Action (JA)	Belgium Institute of Public Health (WIV-ISP)	Herman Van Oyen Herman.VanOyen@wiv-isp.be Petronille Bogaert Petronille.bogaert@wiv-isp.be or infact.coordination@wiv-isp.be
WP2	Dissemination	Belgium Institute of Public Health (WIV-ISP)	Herman Van Oyen Herman.VanOyen@wiv-isp.be Petronille Bogaert Petronille.bogaert@wiv-isp.be
WP3	Evaluation	Lithuania Higienos Institutas (HI)	Ausra Zelviene ausra.zelviene@hi.lt
WP4	Integration in National HIS and Sustainability	Spain Instituto de Salud Carlos III (ISC III)	Isabel Noguer inoguer@isciii.es
WP5	Status of health information systems in MS and regions	Germany Robert Koch-Institute (RKI)	Angela Fehr FehrA@rki.de Thomas Ziese zieset@rki.de
WP6	Strengthen EU countries health information capacity	Portugal Directorate-General of Health (DGS)	Paulo Nogueira paulo.nogueira@dgs.min-saude.pt
WP7	Proof of concept of sustainable structure on health information	Belgium Institute of Public Health (WIV-ISP)	Herman Van Oyen Herman.VanOyen@wiv-isp.be Petronille Bogaert Petronille.bogaert@wiv-isp.be or infact.coordination@wiv-isp.be
WP8	Tools and methods for Health Information Support	Italy Istituto Superiore di Sanità (ISS)	Luigi Palmieri luigi.palmieri@iss.it
WP9	Innovation in health information for public health policy development	France Santé publique France (SpFrance)	Anne-Catherine Viso Infact-FRANCE@santepubliquefrance.fr
WP10	Assessing and Piloting Interoperability for Public Health Policy	Croatia Croatian Institute of Public Health (CIPH)	Ivan Pristaš ivan.pristas@hzjz.hr

INFACT
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www.inf-act.eu

Contact: infact.coordination@wiv-isp.be

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Timeline: InfAct

Kick-off Meeting 7 March 2018

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Linda Abboud
Scientific Institute of Public Health -Belgium
infact.coordination@wiv-isp.be

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Important dates

Meeting	Dates
Steering Committee meeting #2	20-21 September 2018 in Brussels
Steering Committee meeting #3	27-28 February 2019 in Brussels
Steering Committee meeting #4	25-26 September 2019 in Brussels
General Assembly meeting #2	26-27 September 2019 in Brussels
Steering Committee meeting #5	13-14 February 2020 in Brussels
Steering Committee meeting #6	11-12 June 2020 in Brussels
Steering Committee meeting #7	20-21 January 2021 in Brussels
General Assembly meeting #3	21-22 January 2021 in Brussels

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Timeline: First year

23 March 2018

M1.1 Kick-off meeting report (**WIV-ISP**)
M1.2 SC meeting report (**WIV-ISP**)

25 May 2018

D1.1 Conceptual framework (**WIV-ISP**)
D1.2 Risk management & contingency plan (**WIV-ISP**)
D2.1 Leaflets & website (**WIV-ISP**)
M2.1 Dissemination plan (**WIV-ISP**)
M4.1 Assembly of members list (**ISCIII**)

24 Aug 2018

D4.1 Terms of Reference & Operating procedure of the AOM (**ISCIII**)
M9.2 Euro Peristat meeting (**SPF**)
M9.3 Health system performance expert workshop (**SPF**)

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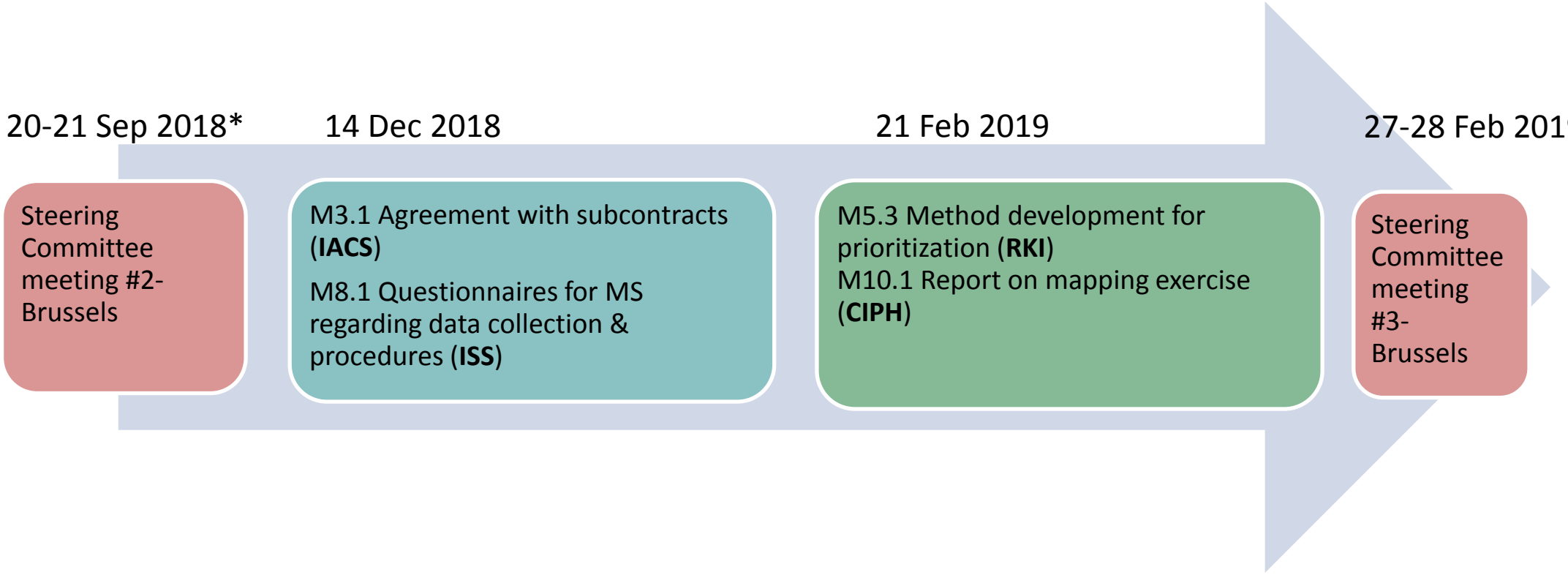
Timeline: First year



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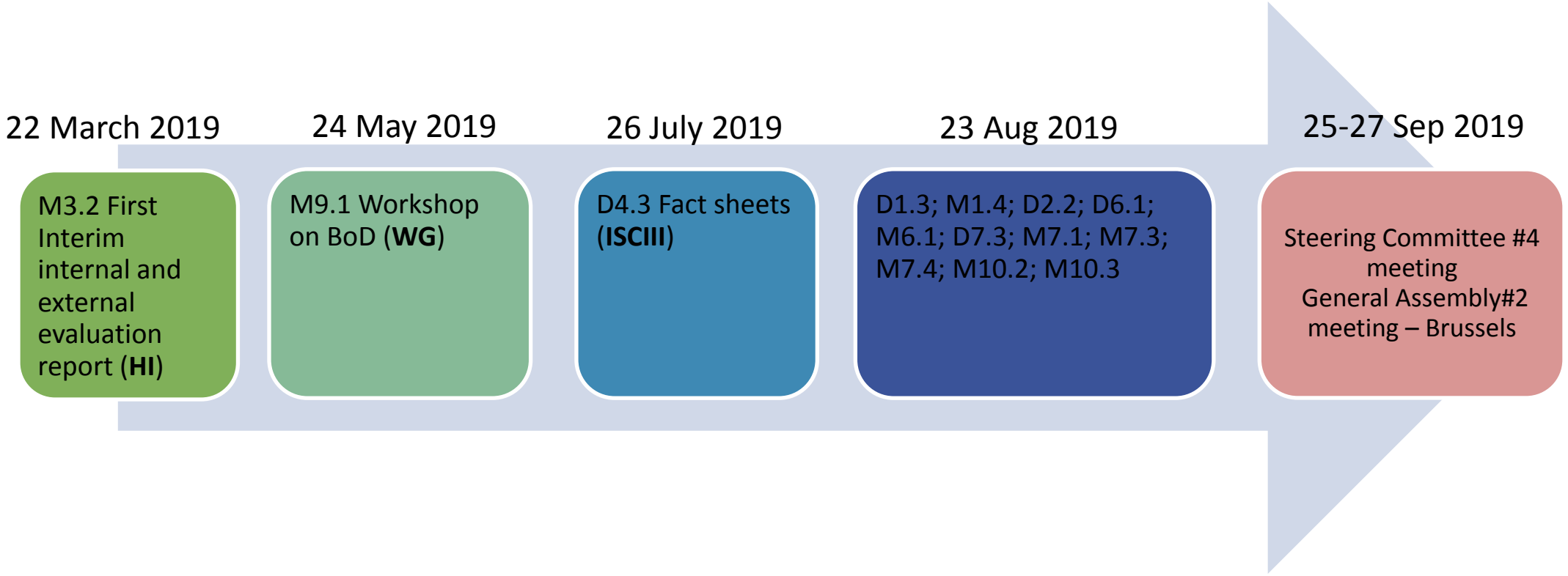
Timeline: First year



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Deliverables and milestones

- Output for deliverables and milestones: report, screenshots,…
- Upload on Openlucius
- **Friday before end of the month!**
- Keep in mind: time for internal evaluation of reports

For any questions contact: infact.coordination@wiv-isp.be

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Administration

Kick-off 7 March 2018

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Administration

1. EC Participant Portal
2. InfAct OpenLucius (online collaboration platform)
3. Reports, deliverables & milestones
4. Templates
5. Contact information

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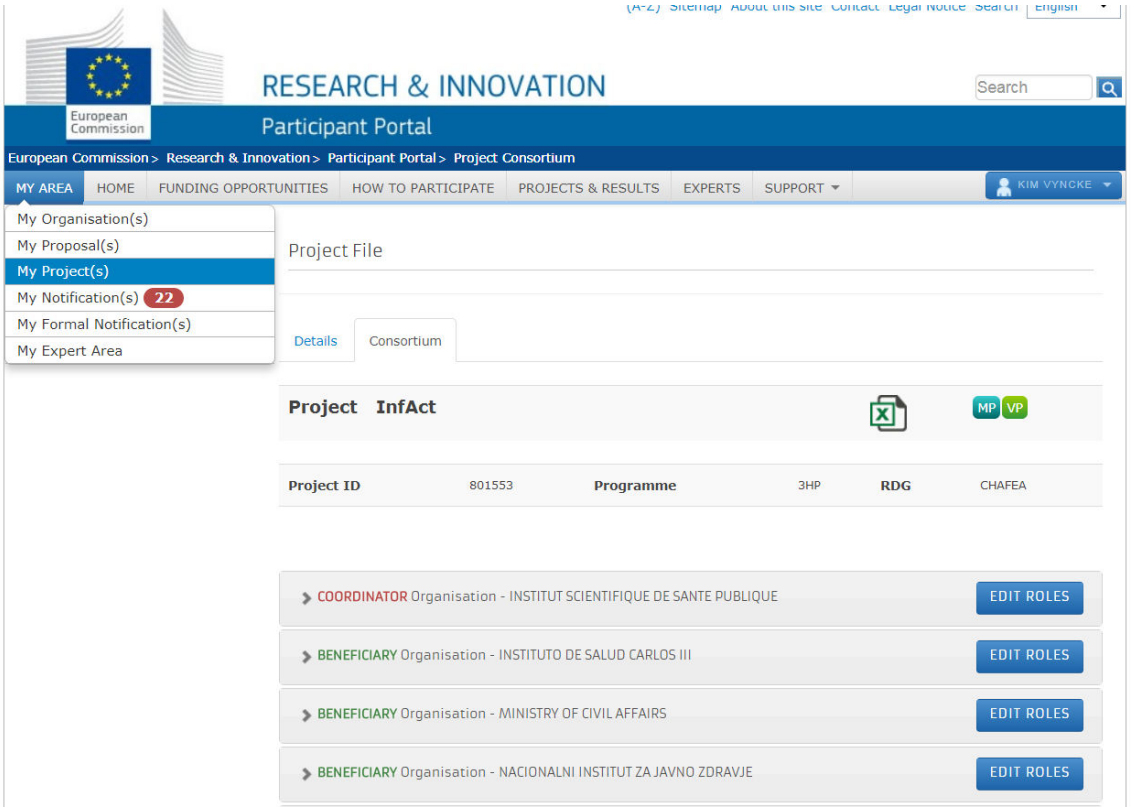
1. EC Participant Portal



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1. EC Participant Portal

Beneficiary's responsabilities:

- Roles: keep this up to date at all times
- Financial report: submission & signing in PP

BENEFICIARY Organisation - MINISTRY OF CIVIL AFFAIRS

EDIT ROLES

Address: , Trg Bosne i Hercegovine 1 , 71000 , SARAJEVO , BA **PIC:** 998728588

Project Financial Signatory	Biljana CAMUR	biljana.camur@mcp.gov.ba
Project Legal Signatory	Biljana CAMUR	biljana.camur@mcp.gov.ba
Team Member	Snjezana BRCKALO	snjezana.brckalo@mcp.gov.ba
Participant Contact	Sabina SAHMAN	sabina.sahman@mcp.gov.ba

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1. EC Participant Portal

Coordinator's responsabilities:

- Submission of technical reports
- Submission of deliverables & milestones

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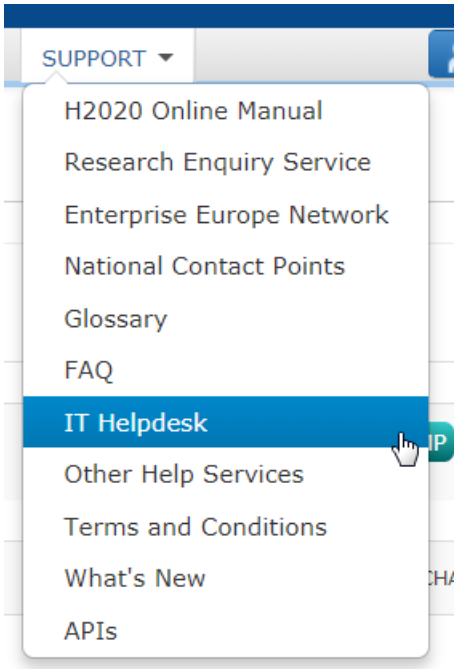
1. Participant Portal

In case of technical problems

- Check the PP online manual, FAQ,…
- Contact the PP helpdesk
- Inform the coordinator of delays due to technical problems



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2. InfAct OpenLucius

- **What?** Online collaboration platform
- **Who?** All InfAct partners
- **Why?** To facilitate collaboration & document/news sharing, to avoid email trees
- **Features?**
  - Task assignement & follow up, file sharing, calendar, messaging, …

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2. InfAct OpenLucius

Login: - https://workspace.inf-act.eu > account information received by email

- link on www.inf-act.eu > currently under construction

Support: - short introduction videos on youtube channel « OpenLucius »

- https://blog.openlucius.com

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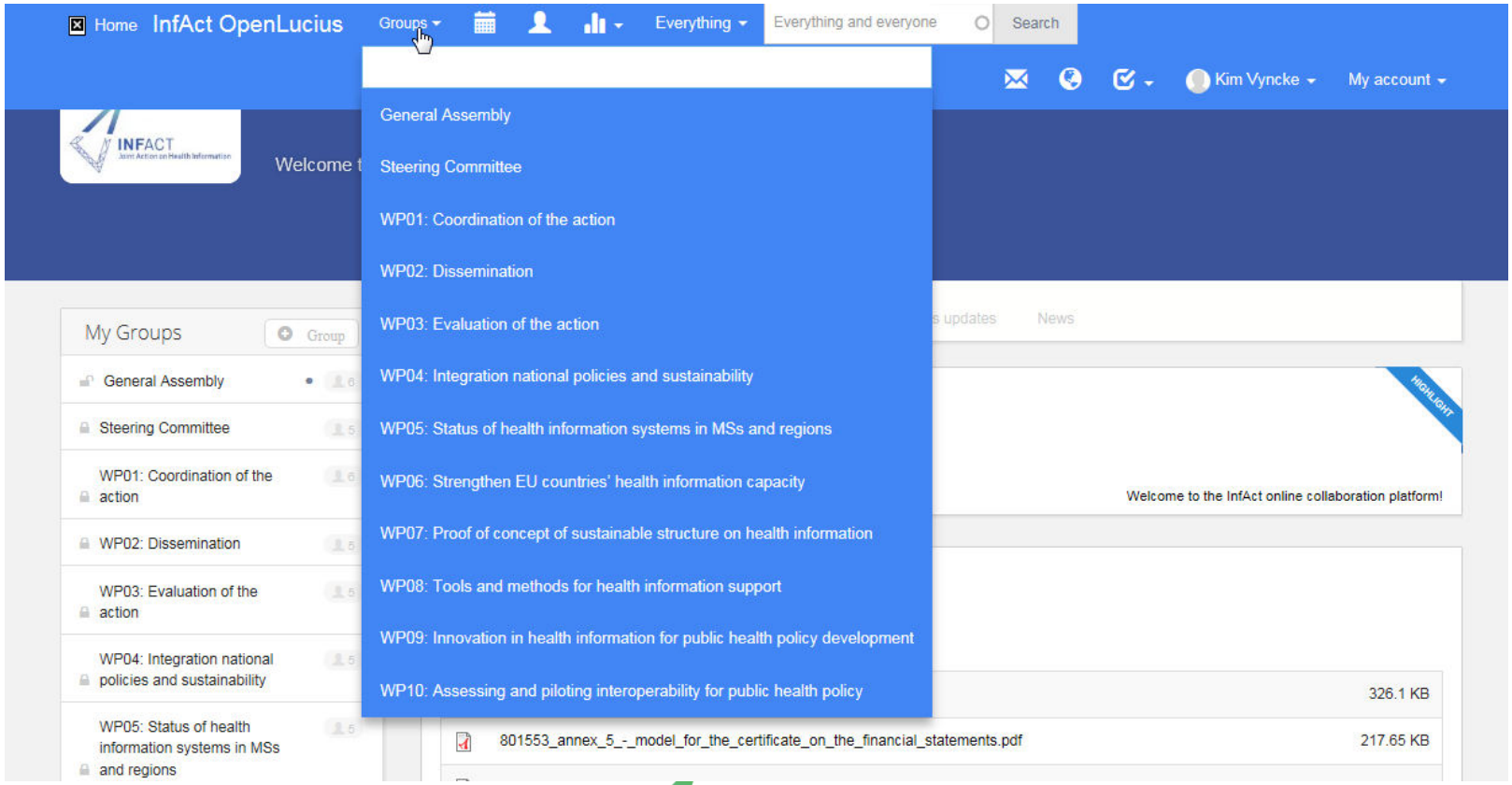
2. InfAct OpenLucius



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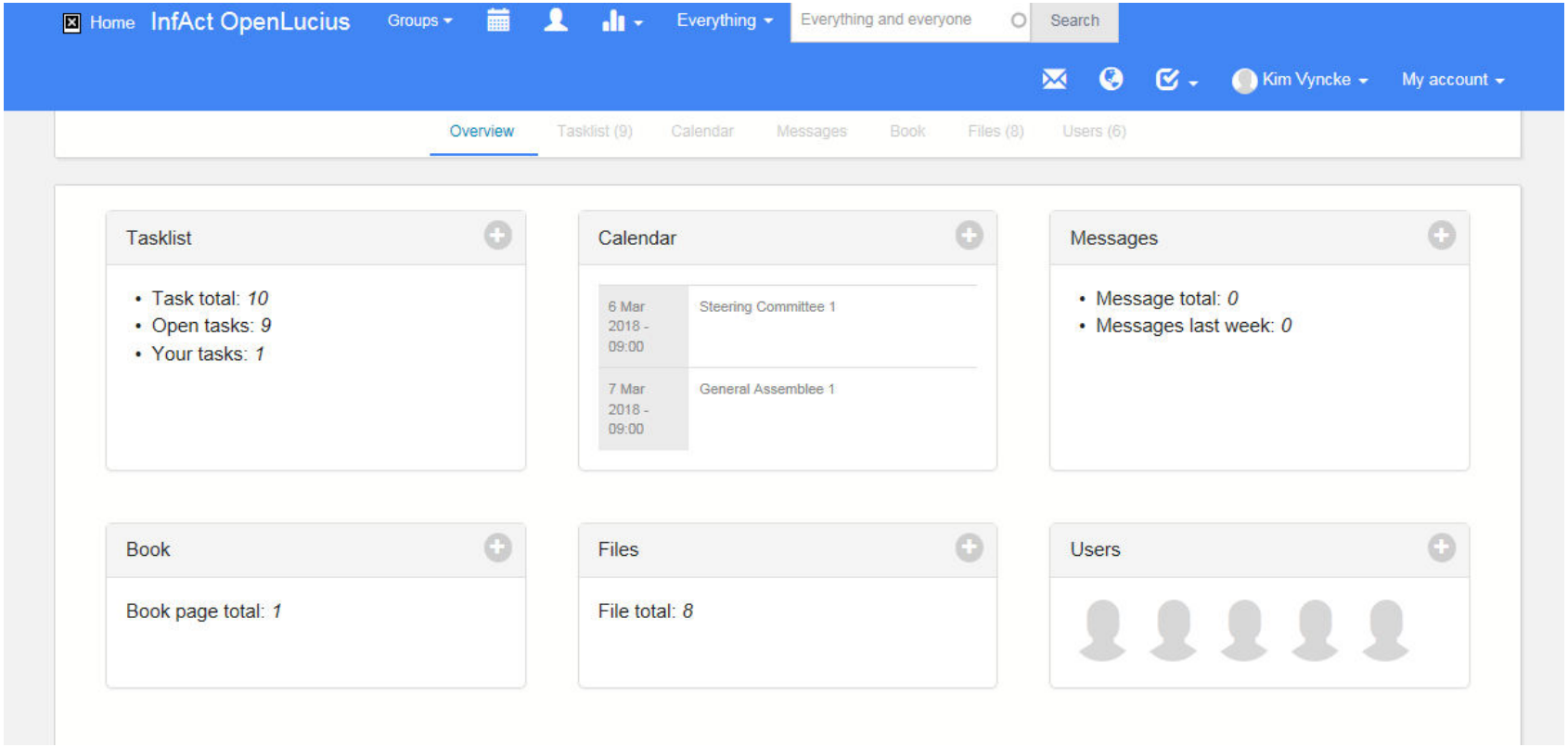

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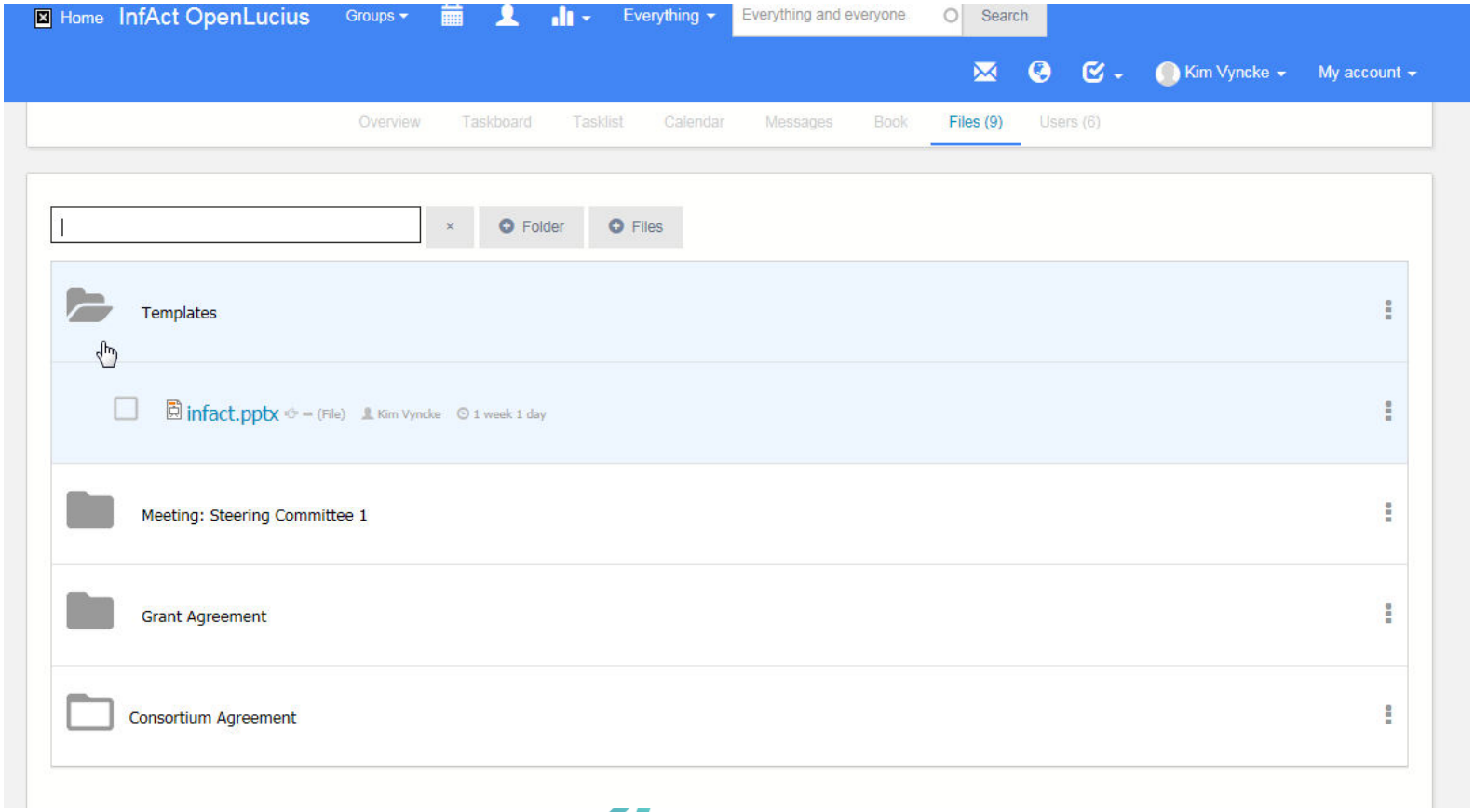

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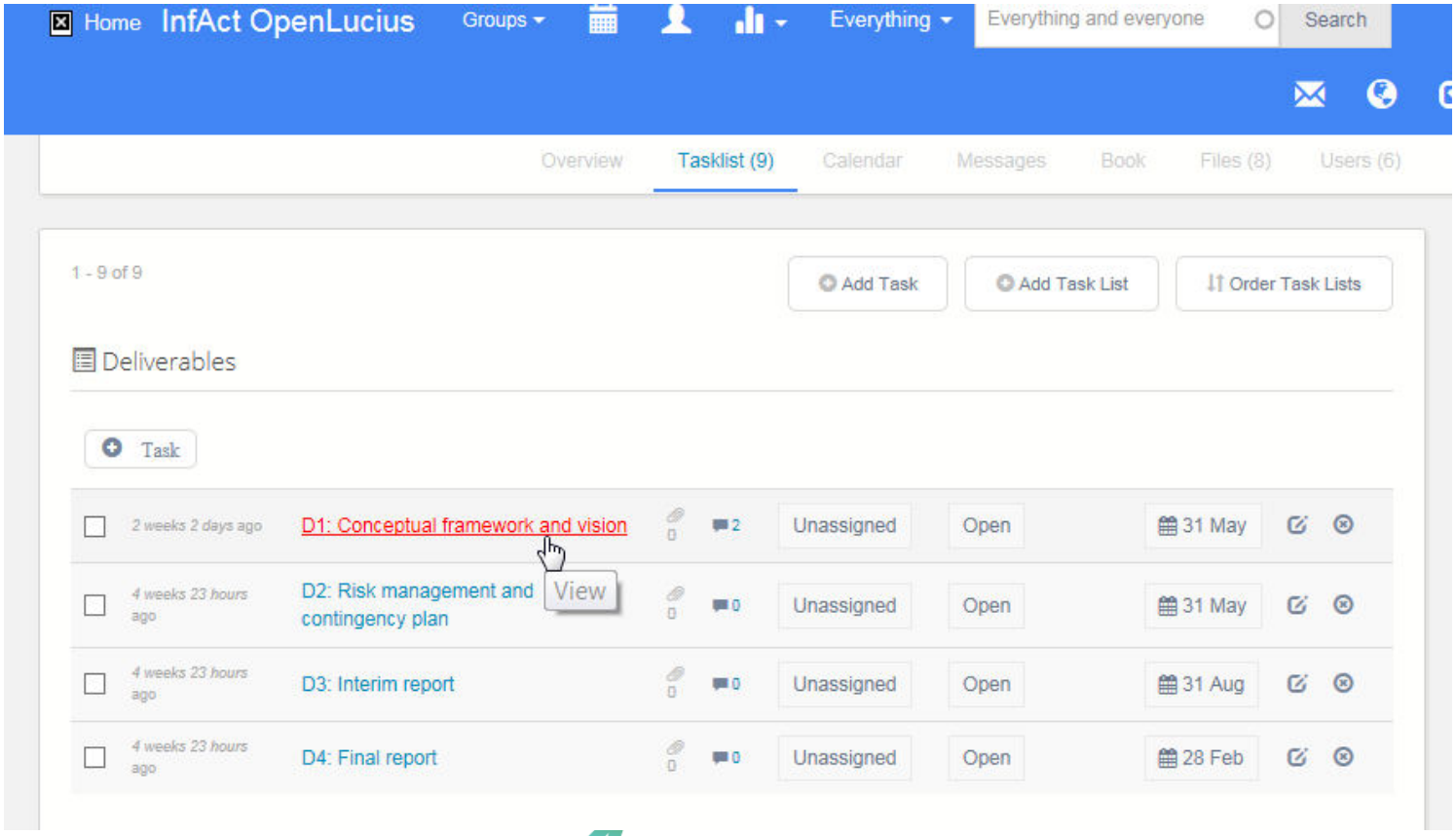

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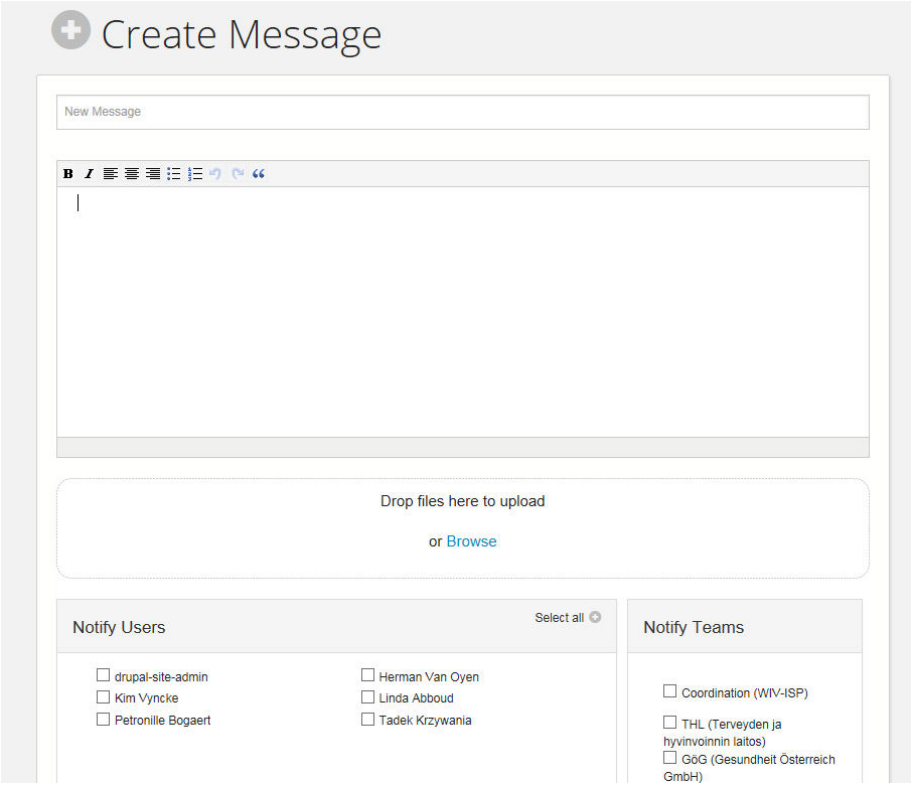

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2. InfAct OpenLucius

General principles:

- Collaboration in « Groups »:
  - Group « General Assembly » by default: used for general communication/collaboration
  - Groups for Steering Committee and WPs
- Use « member profile » to indicate affiliation (team= institute), role(s)
- Use « member », « group » or « team » to contact exactly those people you need

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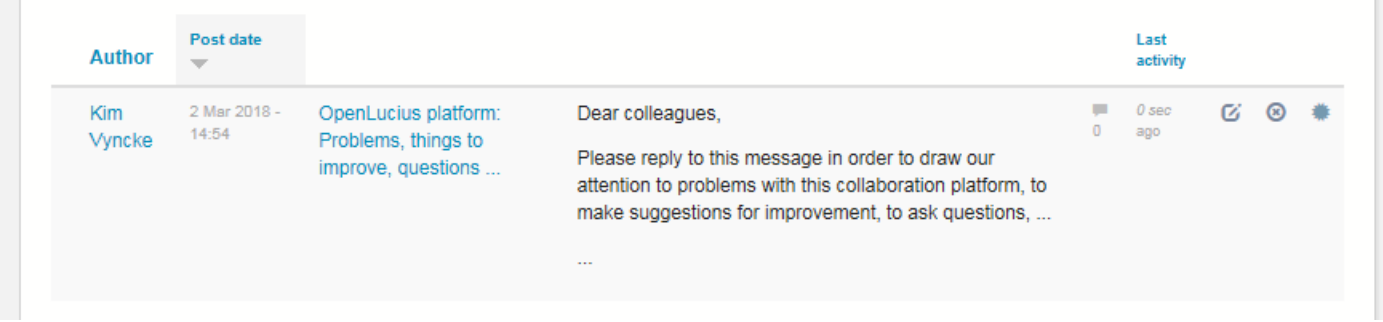
2. InfAct OpenLucius

To start using the platform:

- GoToMeeting sessions will be organised for detailed explanations

- Message thread « OpenLucius platform: Problems, things to improve, questions ...” in group “General Assembly”: to be used for communication about the platform itself



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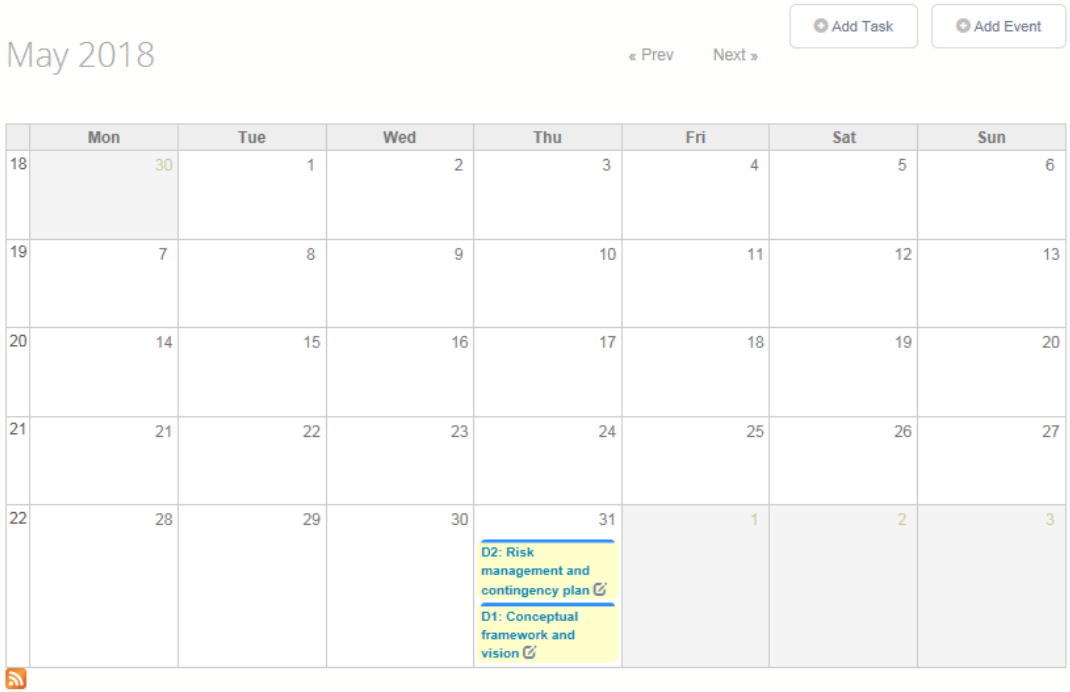
3. Reports, deliverables & milestones

- Deadlines for reports, deliverables & milestones:
  Added as « tasks » in OpenLucius > visible in calendar



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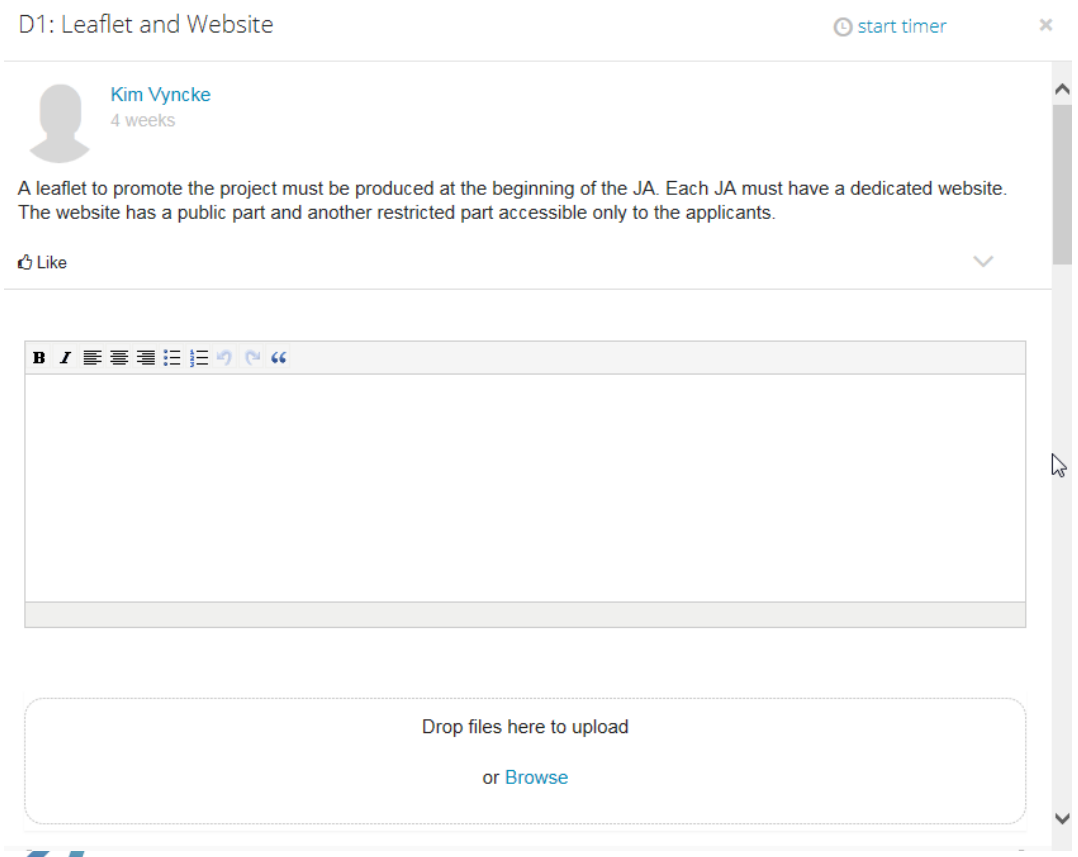
3. Reports, deliverables & milestones

Submission:
OpenLucius

Deliverables & milestones:

added as tasks in OpenLucius > files to be uploaded with corresponding task



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3. Reports, deliverables & milestones

Submission

- Deliverables & Milestones on OpenLucius will serve as test-case for reports

- The « only once» principle

Important note: Financial reports are to be submitted through the EC Participant Portal

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4. Templates

- Templates are/will be available for presentation and reports
- Available on OpenLucius, group « General Assemblee »

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5. Contact Information

To contact the coordination:

- Use OpenLucius for submission of documents, presentations, etc.
- Use infact.coordination@wiv-isp.be for personal communication, questions, … . Do not CC or « reply all » if unnecessary.
- Avoid mailing to personal email address, unless explicitly asked.
- Call us for urgent matters.

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5. Contact Information

To contact partners:

- Use OpenLucius to contact the exact person or group of people you need
- Do not send emails to all partners if unnecessary
- Keep your contact information up to date in your OpenLucius member profile
- Inform the Coordination team of any personnel switches

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WP1 Managment of InfAct

Kick-off Meeting 7 March 2018

ISP WIV SCIENTIFIC INSTITUTE OF PUBLIC HEALTH

Name: Petronille Bogaert and Herman Van Oyen
Institution: Scientific Institute of Public Health
Country: Belgium
Contact: infact.coordination@wiv-isp.be

This project is funded by the Health Programme of the European Union

Aim

- Manage InfAct
- Systematic monitoring of activities
  - Day-to-day follow-up of scientific, administrative and financial aspects
  - Fulfil contractual obligations
  - Expected results are delivered

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Objectives

- The objectives are:
  1. To effectively monitor the JA and its scientific, administrative and financial aspects.
  2. To guarantee the adherence to the work plan, to the overall project aim and to the timing; to guarantee available resources and the signature of the contractual agreements (consortium and grand agreement).
  3. To secure timely submission of interim progress reports and cost statements.
  4. To facilitate and ensure convergence between WPs to work together towards a sustainable EU health information system and with other Joint Actions, e.g. eHealth.
  5. To coordinate actions of WPs that request active participation of MSs, EU DGs and institutions and international organisations. Examples of such actions are surveys or mapping exercises.

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Tasks of WP1

- Task 1.1. Coordination of the Joint Action (Lead: WIV-ISP)
  1. Timely delivery of reports;
  2. Organization of the JA meetings;
  3. Establishment of the JA information and communication flow and feedback to competent authorities (CAs);

     → Each CA is responsible for the coordination of its affiliated entities, subcontractors and collaborating stakeholders.
  4. Reporting to relevant bodies;
  5. Ensure continuity, coherence and reduce redundancy;
  6. Coordinate with other Joint Actions.

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Tasks of WP1

Task 1.2. Administrative and financial Project Management

- preparation, organisation, reporting and chairing of the meetings;
- the preparation and distribution of the status reports;
- the preparation and distribution of the financial reports;
- monitor the budget and the compliance with the contract and consortium agreement;
- respond to audits requested by CHAFEA.

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Milestones and deliverables

Deliverables

- D1.1 Conceptual framework and vision by month 3
- D1.2 Risk management and contingency plan by month 3 (Task 1.3)
- D1.3 Interim report by month 18
- D1.4 final report by month 36

Milestones

- MS1 Kick-off meeting by month 1
- MS2 Coordination meetings with the WP leaders and coleaders (SC) by month 36
- MS3 Mid-term and final review by month 36
- MS4 Mid-term Assembly by month 18
- MS5 Final Conferenceby month 36

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WP 2 Dissemination

Kick-off Meeting 7 March 2018

ISP WIV
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Aim of dissemination

To ensure that

1. the results of the JA are available to the target audience;
2. the communication is most optimal to ensure the continuation of the JA in a sustainable structure is enacted;
3. the widest possible scale of implementation is reached after the end of the project and thus maximize the impact of the project.

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Partners

Lead and Co-Lead

ISP WIV SCIENTIFIC INSTITUTE OF PUBLIC HEALTH

Gesundheit Österreich GmbH

Partners

HZJZ

HIGIENOS INSTITUTAS

Instituto de Salud Carlos III

Tasks dissemination

Task 2.1. Coordination of internal and external communication

- A communication strategy and dissemination plan
- A web platform, leaflets, flyers, newsletters, conference/workshop proceedings, press releases, social media (e.g. Twitter: @JA_InfAct) and scientific papers
- Website in construction: www.inf-act.eu

Task 2.2. Visual identity

- We will provide a template for the lay-out of reports
- Use logo and ppt template of InfAct

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Tasks dissemination

Task 2.3. Audiovisual communication

- A collaborative online platform to share documents with all partners → OpenLucius
- Twitter account: @JA_InfAct

Task 2.4. Promotional video of a sustainable structure

Task 2.5. InfAct on tour

- EUPHA
- European health forum gastein

Task 2.6. Publications

- Leaflet
- Articles
- Layman version final report

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Deliverables

Deliverables linked to this work package			
Number	Title	Description	Delivery month
2.1 **MD.1** **MD.3**	Leaflet and Website	public part and another restricted part accessible only to the applicants.	
2.2	Promotional video		
2.3 **MD.2**	Layman version of final report		
2.4	Conference and workshops		

Milestones

Milestones to be reached by this WP			
Number	Milestone Title	Delivery month	Means of verification
2.1	Dissemination plan	3	Dissemination plan
2.2	Update dissemination plan	24	Updated dissemination plan
2.3	Scientific/policy conference EPH 2018-2019-2020	36	Conference report (abstracts)
2.4	European Health Forum 2019	36	Conference report (abstracts)

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WP3 EVALUATION

Ausra Zelviene
Institute of Hygiene, Lithuania

This project is funded by the Health Programme of the European Union

What is evaluation?

- *Evaluation: Actions undertaken to verify if the project is implemented as planned and reaches the objectives.*

The evaluation is the systematic appraisal of the success of a project. It is a rigorous process that must be planned from the outset and conducted throughout the project lifetime.

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Aim

Aims of the evaluation are to:

- Monitor the implementation process.
- Improve the work in progress.
- Increase the likelihood that the project will be successful.

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Overview

3 tasks:

1. Internal evaluation (Lead: HI)
   - One page questionnaire
   - Repeated M1, M12, M24, M35
   - Results for discussion on SC, GA, EGHI & EGHSPA and added to JA interim report
2. External evaluation (Lead: INSP and IACS)
   - External evaluation board
   - M13, M25, M35
3. Impact Assessment (Lead: WIV-ISP)
   - Perception of sustainable structure on M1 and M36
   - Evaluation sheet after each important meeting

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Internal vs External

- The internal evaluation is based on the dialogue between WP leaders.
- The external evaluation focuses on the overarching InfAct outcomes (main deliverables) and their impact. The external evaluation is based on the expert advice of different stakeholders representing the potential InfAct target audiences.

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Task 3.1 Internal evaluation

The internal evaluation consists of a periodic (M 1, 12, 24, 35) evaluation with the WP leaders through **a focused questionnaire**:

- the alignment of the tasks with the overall InfAct timeline,
- the feasibility of the specific actions to get to the milestones;
- the formulation of actionable outcomes;
- the potential risks in the achievement of the specified goals;
- possible contributions towards sustainability.

The results of the surveys are summarized for discussion in the SC, GA and EGHI & EGHSPA and added to the JA interim report.

The internal evaluation will organize a **peer-review of the deliverables**. The WP leaders will have deliverables assigned to them that they need to evaluate, review critically and provide feedback on using a predefined template.

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Organisation of peer review

WP1
- LEAD – WIV-IS
- PEER - REVIEWERS: WP9 (LEAD- SpFrance)

WP2
- LEAD – WIV-IS
- PEER - REVIEWERS: WP3 (HI)

WP3
- LEAD – HI
- PEER - REVIEWERS: WP1 (WIV-IS)

WP4
- LEAD – ISCII
- PEER - REVIEWERS: WP5 (RKI)

WP5
- LEAD – RKI
- PEER - REVIEWERS: WP2 (WIV- IS)

WP6
- LEAD – MS
- PEER - REVIEWERS: WP8 (ISS)

WP7
- LEAD – WIV-IS
- PEER - REVIEWERS: WP10 (CIPH)

WP8
- LEAD – ISS
- PEER - REVIEWERS: WP7 (WIV-IS)

WP9
- LEAD – SpFrance
- PEER - REVIEWERS: WP6 (MS)

WP10
- LEAD – CIPH
- PEER - REVIEWERS: WP4 (ISCII)

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Organisation of peer review (2)

WP	WHICH WP IS REVIEWED?	WHO REVIEWS WP'S WORK
WP1	WP3	WP9
WP2	WP5	WP3
WP3	WP2	WP1
WP4	WP10	WP5
WP5	WP4	WP2
WP6	WP9	WP8
WP7	WP8	WP10
WP8	WP6	WP7
WP9	WP1	WP6
WP10	WP7	WP4

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Task 3.2 External evaluation

Lead: INSP, Romania, Co-lead: IACS, Spain

An external evaluation occurs at 3 timepoints during the JA (M 13, 25, 35).
Members of the External evaluation are:

- EUPHA (1),
- EUPHA section on Public Health Monitoring and Reporting (1),
- EUPHA section on Health Services Research (1),
- ASPHER (2),
- EGHI (1),
- EGHSPA (1),
- Ministry of Research (1),
- Ministry of Health (1),
- Coordinators of other JAs (1),
- Advocacy group (1).

The external evaluation committee appoints a meeting chair among its members.

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Task 3.2 External evaluation

The missions of the Committee are:

- to discuss and validate the activity report (achievement of the objectives and impact on the target groups) of the project for the previous period using the list of milestones and deliverables;
- to discuss and validate the work plan for the following period;
- to discuss and review critically the outcomes in function of action ability for policy; sustainability; success and/or pitfalls towards a sustainable structure.

- The JA coordinator participates to the meeting in order to provide additional information on request
- The role of INSP is to provide the logistics of the organization of the meetings (date, documents and reporting).

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Task 3.3 Impact assesment

An impact assessment will be carried out measuring the perception of a sustainable structure at the start and at the end of InfAct through a survey.

Additionally, each of the major meetings and workshops will be assessed. An evaluation sheet will be distributed at the end of the meeting or workshop in order to evaluate its impact.

→ The meeting organiser will be responsible

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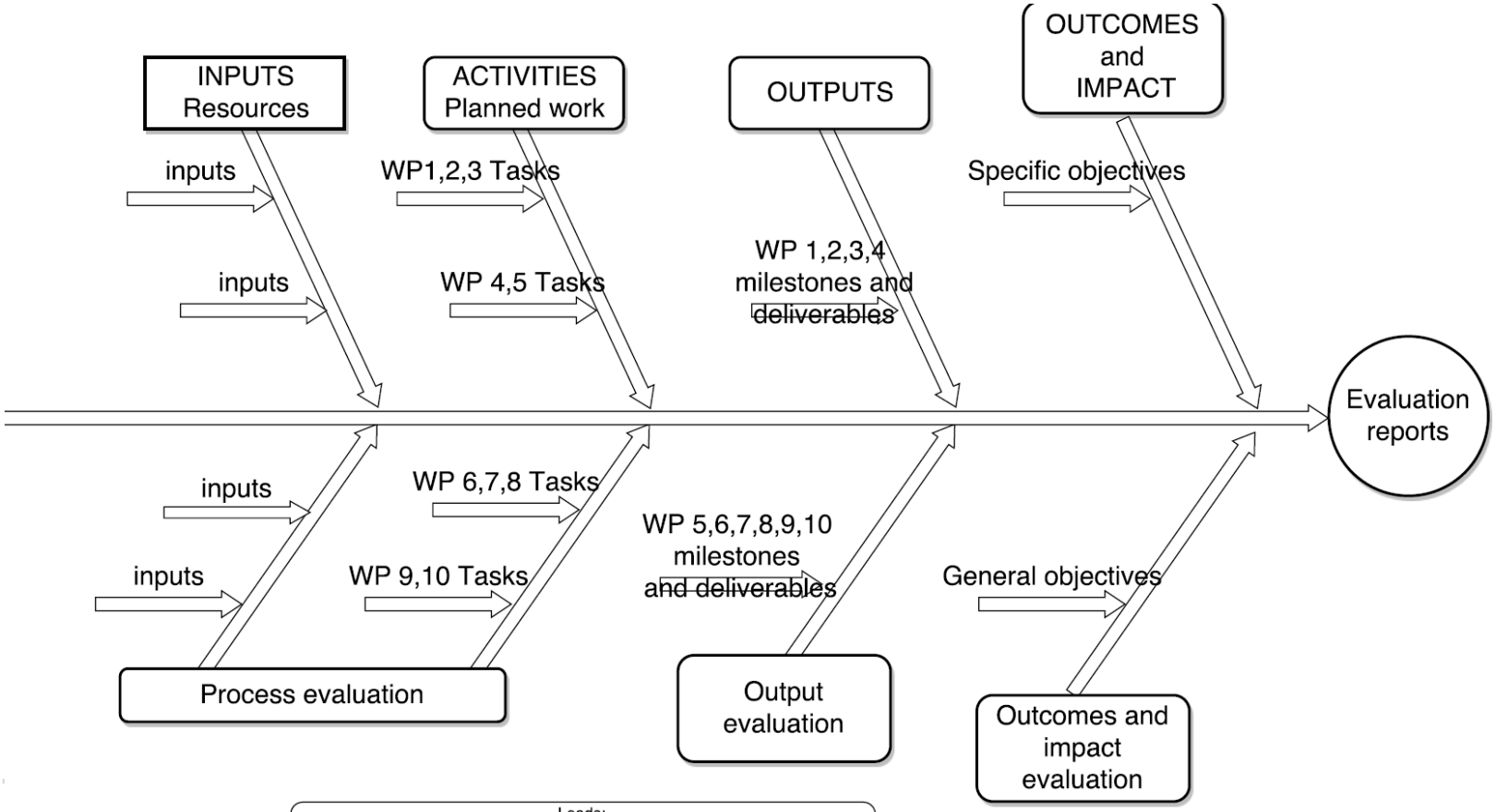
Evaluation framework



Leads:
Internal evaluation: Lithuania
External evaluation: Romania, Spain
Impact assessment : Belgium

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by
the Health Programme of
the European Union

Deliverables:

- Interim & final report of “External Evaluation Committee” – Month 36

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Milestones

Milestone number	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
1	Agreement with subcontracts		10	Subcontracts are signed
2	First interim internal and external evaluation report	Lithuania	13	Report is distributed to partners
3	Second interim internal and external evaluation report	Lithuania	25	Report is distributed to partners
4	Final internal and external evaluation report	Lithuania	36	Report is published including both interim reports

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Activities for next 6 months

- Making a questionnaire for internal evaluation;
- Completing the survey of WP leaders, summarizing results;
- Impact assessment;
- Results of feedback of kick-off meeting.

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Thank You!

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3rd EU Health Programme 2014-2020
Joint Action on Health Information.

WP4: Integration in National Policies and Sustainability .

Instituto de Salud Carlos III

This project is funded by the Health Programme of the European Union

Wp4: Integration in National Policies and Sustainability

Sustainability of an EU health information system supporting country knowledge and capacities, health research and policy-making.

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This project is funded by the Health Programme of the European Union

Wp4: Integration in National Policies and Sustainability Partners

Country	Partners	PM
Spain (Lead)	Instituto de Salud Carlos III (ISCIII)	72
France (Co-lead)	Santé Publique France (SpF)	7
Belgium	Scientific Institute of Public Health (WIV-ISP)	7
Austria	Gesundheit Österreich GmbH (Austrian Public Health Institute)(GÖG)	2
Italy	Istituto Superiore di Sanita (ISS)	2
UK	Welsh Government (WG)	2
Netherlands	National Institute for Public Health and the Environment (RIVM)	0,4
Germany	Robert Koch-Institut (RKI)	0

Wp4: Integration in National Policies and Sustainability Objectives

GENERAL

- Sustainability plan and a follow-up method. Outcomes, activities and best practices to be integrated in National, Regional and EU policies.
- Contribute with other Infact-WPs in defining policy relevant data for Health Information.

SPECIFIC

- Involve MS, EU partners and international institutions.
- Support MS to integrate deliverables into policies.
- Propose a Sustainability Plan.
- Support MS and EU/international partners on the potential adoption of new identified best practices.
- Provide MS elements to discuss infrastructures to assess long-term sustainability (WP7)

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Wp4: Integration in National Policies and Sustainability Pillars of Sustainability Plan

a) MS involvement through MoH and MoR authorities in interaction with international institutions.

b) Integration of the JA outcomes into EU-National/regional policies.

c) Strengthen national JA partners/HIS-Nodes and its relation with Health and research authorities

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Wp4: Integration in National Policies and Sustainability Activities

Task 4.1.

Integration of JA activities in MS/AC through an Assembly of Members (AoM)

Task 4.2.

Policy dialogues.

Task 4.3.

Sustainability Plan.

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Wp4: Integration in National Policies and Sustainability
TASK 4.1: ASSEMBLY OF MEMBERS

Objective:

AoM National representatives will act as liaison with their research, national health system, National Public Health authorities and institutions (including NPHI)

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Wp4: Integration in National Policies and Sustainability
TASK 4.1: ASSEMBLY OF MEMBERS (AoM)

Specific Objectives:

- To give feedback/policy guidance to the JA counterparts.
- To foster proposals for long-term projection and identifying national nodes (with WP7).
- To assess structural alternatives for long term JA activities.

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Wp4: Integration in National Policies and Sustainability
TASK 4.1: ASSEMBLY OF MEMBERS (AoM)

Targeted audience:

- Ministries of Health (MH)*.
- Ministries of Research (MR)*.
- All MS, EC/DGSANTE, ECDC, WHO-Europe**, EUROSTAT, OECD and IANPHI

*All MS participating in JA.
**Including the Division of Information, Evidence, Research and Innovation from WHO-Europe.

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Wp4: Integration in National Policies and Sustainability
TASK 4.1: ASSEMBLY OF MEMBERS (AoM)

Task 4.1.1 Organization of AoM:

A) Nomination of AoM members: High representatives from MoH/MoR, EC, ECDC, WHO-EU, EUROSTAT, OECD, IANPHI

B) Operating Procedure (M6). Constitution, governance, ToR and rules.

C) Meetings (M19 and M32).

Task 4.1.2 Reports AoM assessments (M21, M34)

A) JA progress and translational framework to EU/MS HIS

B) Assess structural alternatives for long term: legal data protection and EB policy recommendations

C) Report based on Agenda Meetings

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Wp4: Integration in National Policies and Sustainability
TASK 4.2: POLICY DIALOGUES

Objective:

Awareness and acceptance in decision makers on innovative actions to improve EU HI systems and achieve sustainability.

Targeted audience:

- Head of National Nodes (WP7).
- WP leaders.
- EU-international partners. (WHO*, ECDC, OECD, EU-EGHI, IANPHI…)

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Wp4: Integration in National Policies and Sustainability
TASK 4.2: POLICY DIALOGUES

Task 4.2.1 Fact-Sheets (M17,M29).

Task 4.2.2 Two meetings(3 activities) (M18,30).

A). Meetings-Workshops. NN and WP-leaders (M18,30).

B). Dialogues between National Nodes (NN) and EU-international organizations (M18, M30).

C). Workshop all together with Division of Information, Evidence, Research and Innovation (WHO) to integrate evidences into HIS (M18).

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Wp4: Integration in National Policies and Sustainability
TASK 4.3: SUSTAINABILITY PLAN

Objective:

Translate JA outcomes into policies/decision-making evidence-based recommendations for MS

Extended Integration JA findings in MS HI-Systems in the long term

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Wp4: Integration in National Policies and Sustainability
TASK 4.3: SUSTAINABILITY PLAN

- Integrate InfAct in MS protocols and policies/decision-making evidence-based recommendations.
- Translate JA outcomes into MS-HIS
- Include a follow-up system regularly updated quantifying MS incorporating JA outcomes, best practices , evidence-based policy recommendations and national and EU-Entities involved.
- Collect other deliverables, that will be mapped/monitored (national /regional levels) and assessed their sustainability/contribution to sustainability.

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Wp4: Integration in National Policies and Sustainability
TASK 4.3: SUSTAINABILITY PLAN

- WP5: Peer review assessment, sustainable process to update the health information networks/projects/indicators, priorization in health information.
- WP6: Roadmap for capacity building programme.
- WP7: Roadmap for HIREP-ERIC, governance structures of a sustainable HIS and web platform.
- WP8: Sustainable ECHI process from technical perspective.
- WP9: Roadmap for further development HIS, new data sources.
- WP10: Interoperability

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Wp4: Integration in National Policies and Sustainability

TIMELINE

M/D	Name Deliverable and Milestone	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
D4.1	Terms of Reference and Operating Procedure of the AoM						X																												
D4.2	Reports AoM assessments																					X													X
D4.3	Fact Sheets																	X												X					
D4.4	Reports on key holders and relevant EU-international partners meeting.																															X			
D4.5	Sustainability Plan.																					X										X			
M4.1	Assembly of Members. Appointed			X																															
M4.2	Review and analysis on implementation from other WPs by AoM																			X													X		
M4.3	Policy dialogues with key stakeholders at the national and international level																		X												X				
M4.4	Sustainability Plan. Approval																																X		

Wp4: Integration in National Policies and Sustainability OUTCOMES

DeliV	Title	Description	Month
D4.1	Terms of Reference and Operating Procedure of the AoM	These include identification of members, constitution, governance, mission, terms of reference and rules.	6
D4.2	Reports on AoM assessments	Reports based on agenda meetings of AoM, including procedures and activities regarding the sustainability plan on months 21 and 34.	21, 34
D4.3	Fact Sheets	To be used as a key toll for Policy dialogues to raise awareness and acceptance in decision makers on innovative actions to improve EU HI-systems (Months 18,30 key players, international organization and leaders of WP5-10. Contribution with deliverables and tasks from WP9,WP7 and WP5.	17, 29
D4.4	Reports on key holders and relevant EU-international partners meeting	Workshop or pre-conference in EUPHA	31
D4.5	Sustainability Plan	integration of JA findings in MS HI-Systems and its projections in the future, following reasonable probabilities. It will translate JA/innovative outcomes into EU-National HI-systems, with the consensus provided by WP leaders, AoM, expert NN, and EU-international partners. It will include systematic EU-wide information and results on: integration of policy brief, identifying new approaches incorporated in National, regional and international systems, and its long term perspective.	21, 31

WP4. Integration in National Policies and Sustainability
MILESTONES

	Milestone Title	Month	Means of verification
M4.1	Assembly of Members	3	Strategic Board National representatives appointed
M4.2	Review and analysis on implementation from other WPs by AoM	32	Meetings reports
M4.3	Policy dialogues with key stakeholders at the national and international level	30	Reports
M4.4	Sustainability Plan	32	Approval by AoM

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WP4. Integration in National Policies and Sustainability

IMPACT ON SUSTAINABILITY ACTIONABLE OUTCOMES

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WP4. Integration in National Policies and Sustainability. Task 4.1.: ASSEMBLY OF MEMBERS (AoM)

Expected outcomes for sustainability:

- Integration of JA initiatives an innovative proposals in national/regional and EU information policies.

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WP4. Integration in National Policies and Sustainability. Task 4.2: POLICY DIALOGUES.

Expected outcomes for sustainability:

- Translating JA results/innovative outcomes into policies/decision-making at MS/regional and International EU-level (WHO-OECD).
- Activities performed in line with HEN Network, EVIPNET network, e-Health network, EU-EGHI, HSPA, and the "Action plan to strengthen the use of evidence, information and research for policy-making in the WHO European Region" (66th session of the WHO Regional Committee for Europe. September 2016).
- Strengthened links between NN with relevant EU-international partners WHO, ECDC, OECD, EU-EGHI and IANPHI.

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This project is funded by the Health Programme of the European Union

WP4. Integration in National Policies and Sustainability. Task 4.3.: SUSTAINABILITY PLAN.

Expected outcomes for sustainability:

- Translating JA results/innovative outcomes into policies/decision-making at MS/regional and International EU-level (WHO-OECD).

- Follow-up system to quantify MS incorporating JA outcomes, innovative best practices, evidence-based policy recommendations and national and EU-Entities involved.

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WP4. Integration in National Policies and Sustainability.

TASK BY PARTNER

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WP4. Integration in National Policies and Sustainability.

Country	Partners	PM
Spain (Lead)	Instituto de Salud Carlos III (ISCIII)	72
France (Co-lead)	Santé Publique France (SpF)	7
Belgium	Scientific Institute of Public Health (WIV-ISP)	7
Austria	Gesundheit Österreich GmbH (Austrian Public Health Institute)(GÖG)	2
Italy	Istituto Superiore di Sanita (ISS)	2
UK	Welsh Government (WG)	2
Netherlands	National Institute for Public Health and the Environment (RIVM)	0,4
Germany	Robert Koch-Institut (RKI)	0

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WP4. Integration in National Policies and Sustainability.
Task 4.1.: ASSEMBLY OF MEMBERS (AoM)

- **Spain. Instituto de Salud Carlos III (ISCIII) Lead.**
  Identifying representatives. Coordination promotion AoM.
- **France. Santé Publique France (SpF). Co-lead.**
  Organisation of meetings with relevant with Ministries of Health & Research, NPHI, and research entities.

- **Belgium.Scientific Institute of Public Health (WIV-ISP).**
  Organisation of AoM meetings.
- **Austria. Gesundheit Österreich GmbH (Austrian Public Health Institute)(GÖG).**
  Organisation of AoM meetings.
- **UK. Welsh Government (WG)**
  Organisation of AoM meetings.
- **Netherlands.National Institute for Public Health and the Environment (RIVM).**
  Liaise with national ministries & Co-represent WP7: input from business case for the ERIC

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WP4. Integration in National Policies and Sustainability. Task 4.2: POLICY DIALOGUES.

- **Spain. Instituto de Salud Carlos III (ISCIII) Lead.**
  Coordination and promotion of Policy Dialogues and drafting of Fact-Sheets.
- **France. Santé Publique France (SpF). Co-lead.**
  Organisation of meetings for Policy Dialogues.
- **Belgium.Scientific Institute of Public Health (WIV-ISP).**
  Review.
- **Austria. Gesundheit Österreich GmbH (Austrian Public Health Institute)(GÖG).**
  National interface and Support in developing outline and structure linked to WP2
- **Italy. Istituto Superiore di Sanita (ISS).**
  Developing Fact-Sheets, the main outcomes of the JA for relevant dec.makers.
- **UK. Welsh Government (WG).**
  Holding consultation meetings across the UK and discussions with policy makers
- **Netherlands.National Institute for Public Health and the Environment (RIVM).**
  Co-represent WP5 via links with relevant EU-international partners. Contribute input from indicator mapping exercise
- **Germany. Robert Koch-Institut (RKI).**
  Review.

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This project is funded by the Health Programme of the European Union

WP4. Integration in National Policies and Sustainability. Task 4.3.: SUSTAINABILITY PLAN.

- **Spain.** Instituto de Salud Carlos III (ISCIII) Lead. Development of Sustainability Plan.
- **France.** Santé Publique France (SpF). Co-lead. Review.

- **Belgium.**Scientific Institute of Public Health (WIV-ISP). Review.
- **UK.** Welsh Government (WG) Development of Sustainability Plan.

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Thank you !!

Instituto de Salud Carlos III

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This project is funded by the Health Programme of the European Union

INFACT
Joint Action on Health Information

WP5: Status of health information systems in MS and regions

Kick-off Meeting, 07.03.2018

Thomas Ziese, RKI

ROBERT KOCH INSTITUT

This project is funded by the Health Programme of the European Union

Outline

1. Partners in WP 5 tasks
2. WP 5 tasks: Objectives, methods and planned outcomes

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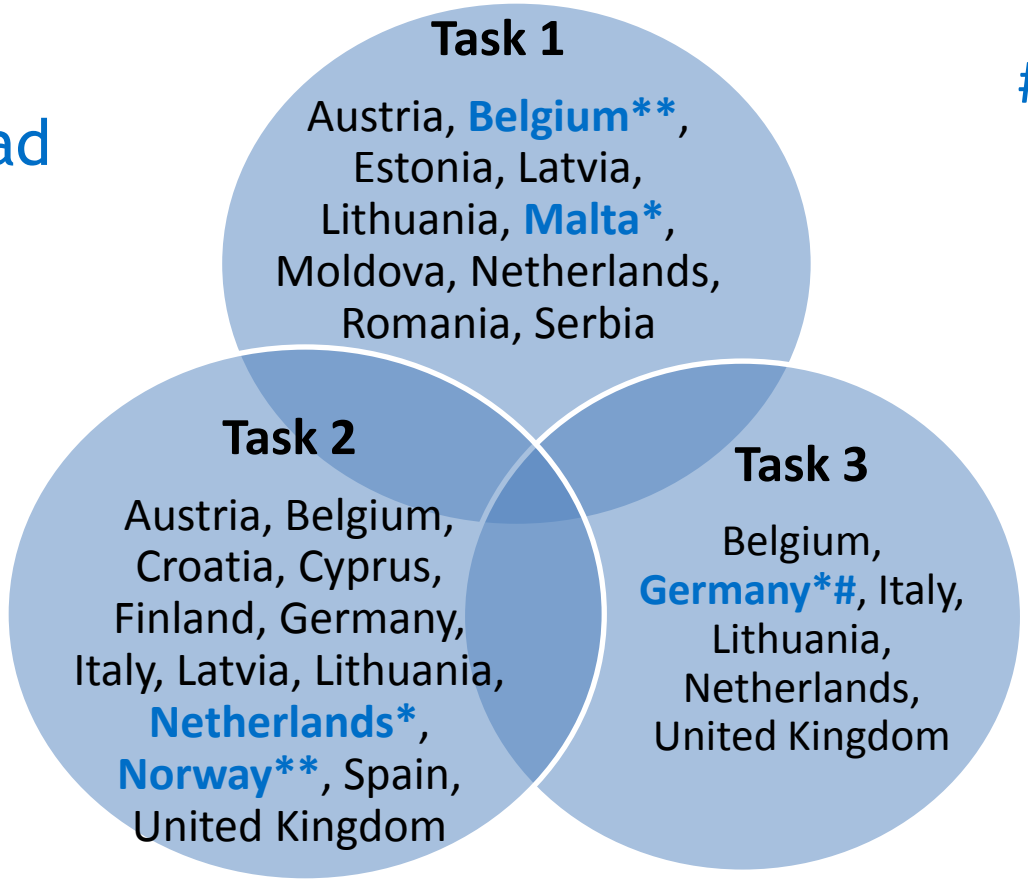
WP5 Partner countries

- * Task lead
- ** Task co-lead



WP lead

ROBERT KOCH INSTITUT

Task 5.1: Mapping and assessment of health information systems (WHO toolkit)

Training of (peer) reviewers

Pilot peer review

(3 countries)

Review pilot

Apply method in other MS

Report on experience (publication, manual)

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Task 5.2: Cataloguing health information networks, projects and indicator sets

Develop in-/ exclusion criteria

Map
- **international networks on**
  - **health data collection**
  - **indicator development**

and
- **existing indicator sets**

Use expert support

Report results / scientific publication

Objective
- **Less reporting burden**
- **More cooperation (WHO/OECD/EUROSTAT/EC)**

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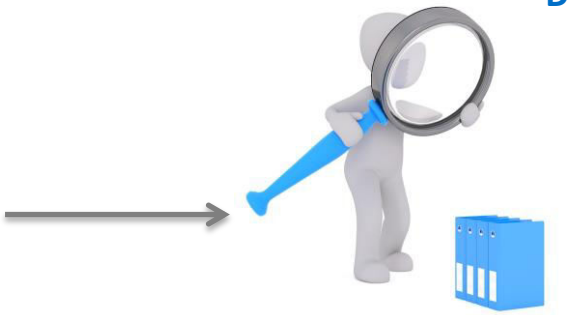
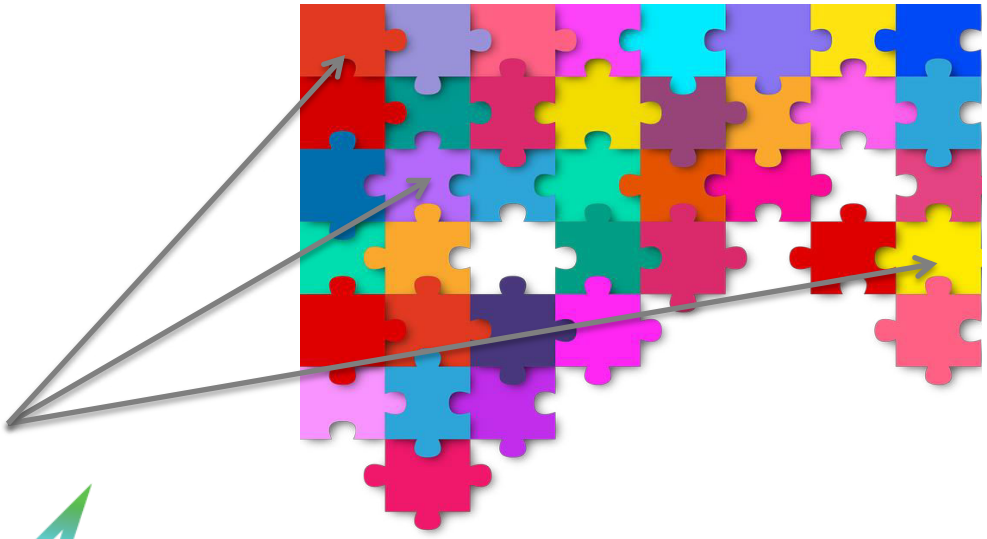
Task 3: Prioritization in health information developments / Tackle health information inequalities

How is health information prioritized in different countries?

Delphi Survey





„Good practice“ examples! For a European prioritization strategy?

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Thank you.

ROBERT KOCH INSTITUT

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WP6 - Strengthen EU countries health information capacity

Portugal (Coord.) Finland (Co-coord)

This project is funded by the Health Programme of the European Union

Agenda

- Participant MS
- WP Coordination
- WP Summary
- WP objectives
- WP Tasks
- WP deliverables
- WP Key Millestones
- WP effort and timetable

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Participating Countries

Lead: Portugal
Co-lead: Finland

Other participating MS:
Belgium
Croatia
Greece
Ireland
Italy
Latvia
Netherlands
Romania
Slovenia
Servia
Spain

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This project is funded by the Health Programme of the European Union

WP6 Coordination

Portugal

- MS - Direção Geral de Saúde – Ministry of Health
- IHMT -Instituto de Higiene e Medicina Tropical – Universidade Nova de Lisboa

  (WHO Collaborating Center for Health Workforce Policy & Planning)

- Instituto Nacional de Saúde Dr. Ricardo Jorge – Ministry of Health

Finland

- THL - Terveyden ja hyvinvoinnin laitos

This project is funded by the Health Programme of the European Union

WP6 Summary

- Capacity strengthening baseline in Population Monitoring and health system performance assessment
- Map current programmes
- Pool of experts
- Pilot flagship program
- Envisage evaluation and roadmap for sustainability

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This project is funded by the Health Programme of the European Union

Work Package Number	6	Lead beneficiary	Portugal
Work Package Title	Strengthen EU countries health information capacity		
Start Month	6	End Month	36

WP6 Objectives

This WP aims at design, **developing** and evaluate **a capacity strengthening baseline program** at EU level that would support critical areas of health information use & management. Setting a European framework for the MS's information capacity that reduces health information inequalities across MS.

The WP will identify, **map and summarise current programmes in "population health and health system performance analysis and monitoring" in the MSs**, including issues related with training, research and policy-making. A needs assessment in this area will also be performed.

A **flagship training programme** will be defined aiming at reducing HI inequalities within & between MS. This programme must result as practical approach, including field training and insights for its sustainability.

Document on how-to-do this programme and a proposal for the flagship programme will be produced. Two institutions will perform a pilot of key elements of this flagship program. The programme proposal will be evaluated. Final output will be a **Roadmap for capacity building** programme for EU MS.

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INFACT Joint Action on Health Information

This project is funded by the Health Programme of the European Union

Task 6.1.Mapping capacities and education/training programmes in health information across MS: months 1-18

Health Information (HI) is a comprehensive area, including indicators, data collection, data analysis, information management & translational research. HI is often taught in different courses or as modules of information systems or as part of epidemiology courses.

The WP will:

a. **Map and summarise MS's health information needs** (technical resources, tools and training) and current existing programmes in "population health, health system performance analysis and monitoring" in the MS, including issues related with training, research (e.g. data protection) and policy-making

b. **Data will be collect from MS representatives and an expert panel, but will consider also relevant EU and WHO-Euro projects, key informers**, published literature search and a scoping search of internet sources, complemented with case studies to deepen understanding. Further MS needs on health information will be surveyed and assessed.

c. **Links with ECDC** (clinical data, TESSY), **European Observatory** (health indicators on health systems), ECDC One fellowship programme, **OECD and WHO** information educational programmes will be promoted.

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Needs Assessment Survey

- **Health information needs** (technical resources, tools and training) and **current existing programmes** in "health information, population health, health system performance analysis and monitoring" in the MS
- **Existing Human Resources for Health Information**
  - Data analysts
  - Epidemiologists
  - Information Technicians
  - Public Health Information Reporting
  - Public Health Statisticians
  - Health Information Centres and Governance
  - Etc.

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Task 6.2: Designing & piloting a training program to improve MS capacities in population health & health system performance analysis and monitoring: months 12-24.

- Based on the results of Task 6.1, a **flagship programme** will be defined.
- The **capacity building programme** will cover different components such as **longitudinal studies**, **surveys**, **population-based registries**, **healthcare & systems performance**, and **policy translation**.
- The objectives are to increase knowledge on availability and use of standardized methods, common practices etc. within MS. The capacity building programme **will strongly build on e-learning tools** but also face-to-face activities such as workshops, seminars etc. are needed.
- The capacity building programme is oriented towards professionals working in public institutions.
- Some components of the capacity building programme will be piloted (in Task 6.3). The selection of the components will be done based on results of Task 6.1.

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Task 6.3: Evaluating training program months: 24-30

- The proposal of the **flagship capacity programme will be evaluated** for its feasibility, coverage of required components, cost, target audience etc. using the knowledge and expertise of the experts of the consortium.
- The programme will subsequently be adjusted leading to the final objective.

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Task 6.4: Roadmap (sustainability) for capacity building programme for EU MS months 24-30.

- A roadmap for sustainable capacity building programme for EU MS will be prepared. This roadmap will include:

a. **Description of already existing capacity building actions** and how those should be maintained and further developed;

b. **Areas of health information for which adequate capacity building activities are missing** and how to start developing those;

c. **How to get MS better informed** about already existing and new capacity building opportunities;

d. **Ways to obtain future funding** for development and maintenance of a health information capacity building programme.

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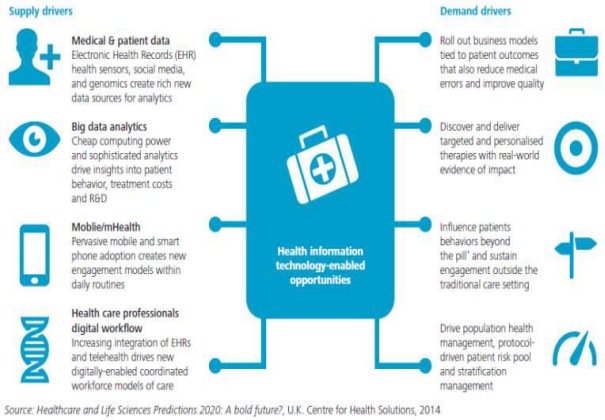
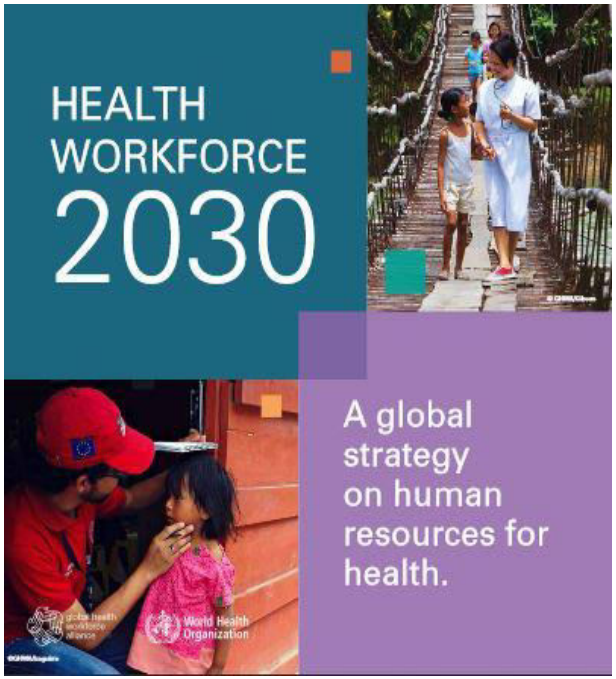
Understanding the HI Roadmap's Main Trends

- Role of the Determinants of Health
- Chronic Diseases Epidemics
- New information technologies
- Human Resources for Health 2030



Source: *Healthcare and Life Sciences Predictions 2020: A bold future?*, U.K. Centre for Health Solutions, 2014



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NAVEGAÇÃO

Página principal
- Minha página principal
- Páginas do site
- Meu perfil
- Disciplina atual
  - CIGESD-SIS
    - Participantes
    - Medalhas
    - Geral
    - Apresentação - Sistemas de Informação em Saúde
    - 1. Gestão da Informação e Conhecimento em Saúde
    - 2. Desenvolvimento de Sistemas de informação em saúde
    - 3. Implementação de Sistemas de Informação na Saúde
    - 4. Transformação Digital dos Serviços de Saúde
    - Seminário - Internet of Things
- As minhas disciplinas

ADMINISTRAÇÃO

- Administração da disciplina
  - Ativar modo de edição
  - Editar configurações
  - Utilizadores
  - Filtros
  - Relatórios
  - Pauta
  - Medalhas
  - Cópia de segurança
  - Restaurar
  - Importar
  - Limpar
  - Base de dados de perguntas
- Assumir o papel de...
- Meu perfil

Fórum Notícias

Apresentação - Sistemas de Informação em Saúde

Esta unidade curricular responde a uma necessidade crescente de profissionais na área da Saúde de desenvolverem competências requeridas no campo dos sistemas de informação em saúde (unidades de saúde, hospitais, administrações regionais saúde, telemedicina, etc.), que atendam às necessidades geradas pelas políticas governamentais ou de projectos de desenvolvimento, apoiados na evidência e orientados para os resultados em saúde.

As competências a desenvolver são compreender a utilização e a gestão da informação; e o desenvolvimento de sistemas de informação em contexto dos serviços de Saúde, e aplicá-las em casos práticos, no contexto Português e dos PALOP.

Os objectivos desta unidade curricular são:

1. Identificar tipologias de sistemas de informação, de fontes de informação e de modelos de gestão da informação em serviços de saúde, e compreender as bases da Teoria da informação;
2. Explorar os vários métodos de gestão da informação em ambiente de saúde;
3.Explorar a importância e as barreiras à decisão, e a dependência do acesso à informação, num contexto de organização de serviços e programas de saúde;
4. Mostrar a utilização de um conjunto de instrumentos de apoio à decisão, com base no acesso à informação através de sistemas de informação no contexto da Saúde;
5. Analisar e diagnosticar necessidades de sistemas de informação, do ponto de vista da gestão de serviços de saúde;
6. Desenvolver planeamento para implementação de projectos de sistemas de informação em Saúde;
7. Desenvolver intervenções de gestão da mudança para apoiar a implementação de sistemas de informação;
8. Compreender o papel dos gestores, técnicos de informação, profissionais de saúde e de outros actores no desenvolvimento do SI;
9. Compreender as dinâmicas do eHealth e das redes sociais na Saúde (numa perspectiva Europeia e dos PALOP);

Ficha - Sistemas de Informação em Saúde

Referências

2007 Meth Inf Med - Paper - Future HIS_Kuhn-Lapao

2007 Meth Inf Med - Paper - PortugalSurvey Velez Lapao

2008 Studies in health technology and informatics- Gomes and Lapao The Adoption of IT Security Standards in a Healthcare environment Stud Health Techn Infor

2013 BMC Medical Informatics Decision-Making Analysis_of_the_quality_of_Hospital_Info Correia Lapao

2015 Stud Health Technology & Informatics- Online Pharmaceutical Care Provision-Design Science Research Gregorio Lapao

2016 AMP - Lean Gestao Qualidade Saude Lapao

PROCURAR NOS FÓRUNS

Executar

Pesquisa avançada

ÚLTIMAS NOTÍCIAS

Criar um novo tópico...

(Ainda não foram publicadas notícias)

PRÓXIMOS EVENTOS

Não há eventos próximos

Ir ao calendário...
Novo evento...

ATIVIDADE RECENTE

Atividade desde domingo, 4 Março 2018, 23:13
Relatório completo de atividade recente...
Sem novidades desde o seu último acesso

WP6 Deliverables

Number	Title	Description	Delivery month
6.1	Mapping needs, capacities and training programmes in health information	A report summarising the existing health information programmes and their contents and other relevant pedagogic details. Identification of the most significant and relevant health information inequalities among MS. A detailed knowledge of existing health information systems and their capacity to respond to community requirements.	18
6.2	A flagship training programme to improve MS capacities in population health and health system performance analysis and monitoring	Flagship Capacity Building Programme for "population health and health system performance analysis and monitoring" proposal Document	24
6.3	Training Piloting and Flagship Training Programme Evaluation	Piloting Training of modular key issues and Flagship Capacity Building Proposal Evaluation – three outcomes: 1. One report will provide information about the experience of 2-3 key issues piloted in two groups of people from several MS 2. A second report on the evaluation of the Flagship Capacity Building Programme proposal, resulting from formal evaluation, web meetings and a face-to-face meeting. This shall include improvements, guidelines and recommendations 3. Improved version of the Flagship Capacity Building Program	30
6.4	Roadmap for capacity building programme	Roadmap for capacity building programme on health information in Europe: Implementation Guidelines for MS, including recommendations reducing information inequalities among MS and recommendations for sustainability	36

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WP6 Milestones

Number	Milestone Title	Delivery month	Means of verification
D6.1	Mapping of Health Information education/training programmes and needs	18	Task 6.1 completed
D6.2	Flagship capacity build programme	24	Tasks 6.2 completed
D6.3	**Training Piloting and Flagship Training Programme Evaluation**	**30**	**Tasks 6.2 completed**
D6.4	Roadmap for capacity building programme	36	Tasks 6.2 completed

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Leading applicant	MS | THL (co-lead)													
Applicants Nr	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Applicants Acronym	WIV-ISP	GÖG	MCA	CIPH	MoH Cy	UZIS	MoS A	THL	SPF	RKI	EOPY Y	DOH	ISS	CDPC
Person-months per applicant	2 Belgium			7 Croatia				19 Finalnad			1 Greece	1 Ireland	3.5 Italy	3 Latvia
Applicants Nr	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Applicants Acronym	HI	MOHLUX	MFH	SMPHU	RIVM	HD	MZ	MS	INSP	IPHS	NIJZ	ISCIII	FoHM	WG
Person-months per applicant					0.8 Holland			60 Portugal	8.9 Romania	4 Serbia	3 Slovenia	3 Spain		

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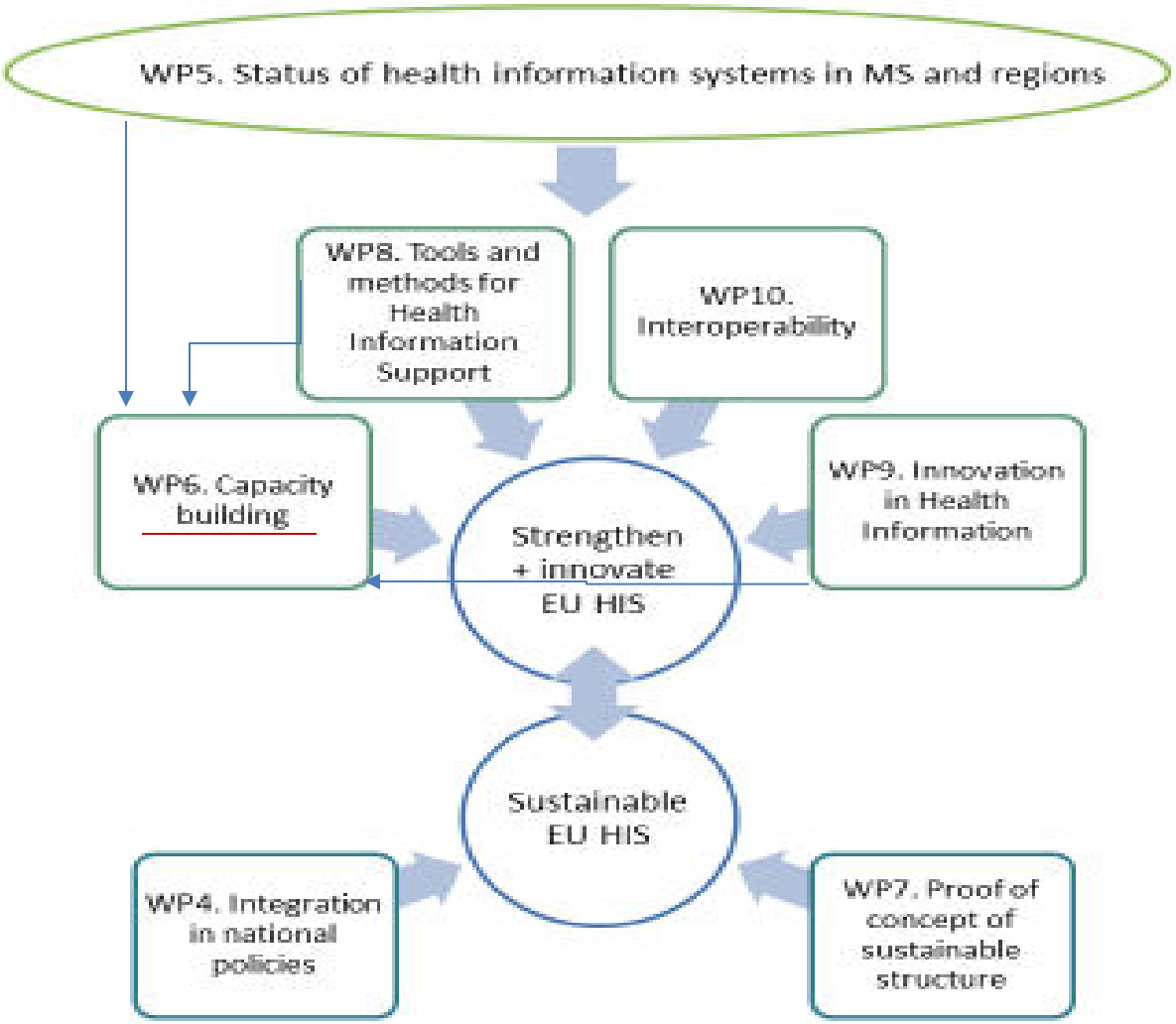
INFACT CONCEPTUAL FRAMEWORK



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Obrigado. Thank you.

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WP7 Proof of concept of sustainable structure on health information

Kick-off Meeting 7 March 2018

ISP WIV SCIENTIFIC INSTITUTE OF PUBLIC HEALTH

Name: Petronille Bogaert and Herman Van Oyen
Institution: Scientific Institute of Public Health
Country: Belgium
Contact: infact.coordination@wiv-isp.be

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Challenges in health information

1. Health information activities are often funded through ad hoc projects rather than through sustainable structures.
2. Much of the gathered evidence and knowledge is still dispersed, incomplete and difficult to access.
3. Large differences can be found in terms of quality and, as a consequence, in comparability of health information between and within EU Member States.

ISP WIV SCIENTIFIC INSTITUTE OF PUBLIC HEALTH

INFACT Joint Action on Health Information

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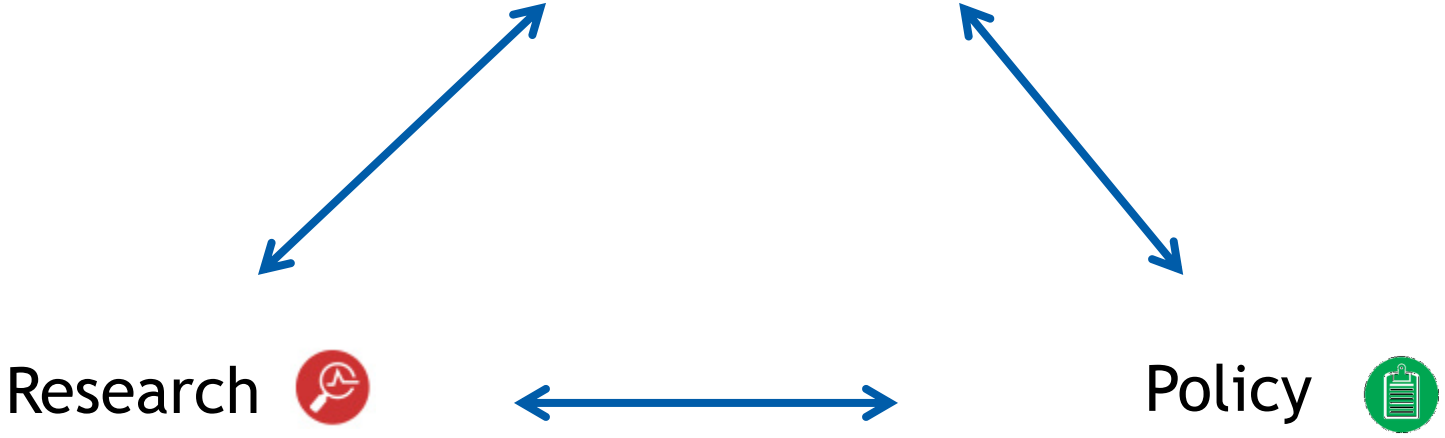
What?

A European Research Infrastructure Consortium on Health Information for Research and Evidence-based Policy (HIREP-ERIC)



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What?

Comparable and policy-relevant health information on population health and health system performance

Core activities:

- Generate health information
- Manage health information
- Exchange health information
- Translate health information

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How?

- Operates **under strict Member State governance**
- At the **core of health information in the EU**
- Benefit from relevant **EU funding** opportunities at a relatively low cost to its members
- Functions as a **house for networks**
  - Member States = national node
  - Research = domain specific node

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House for networks

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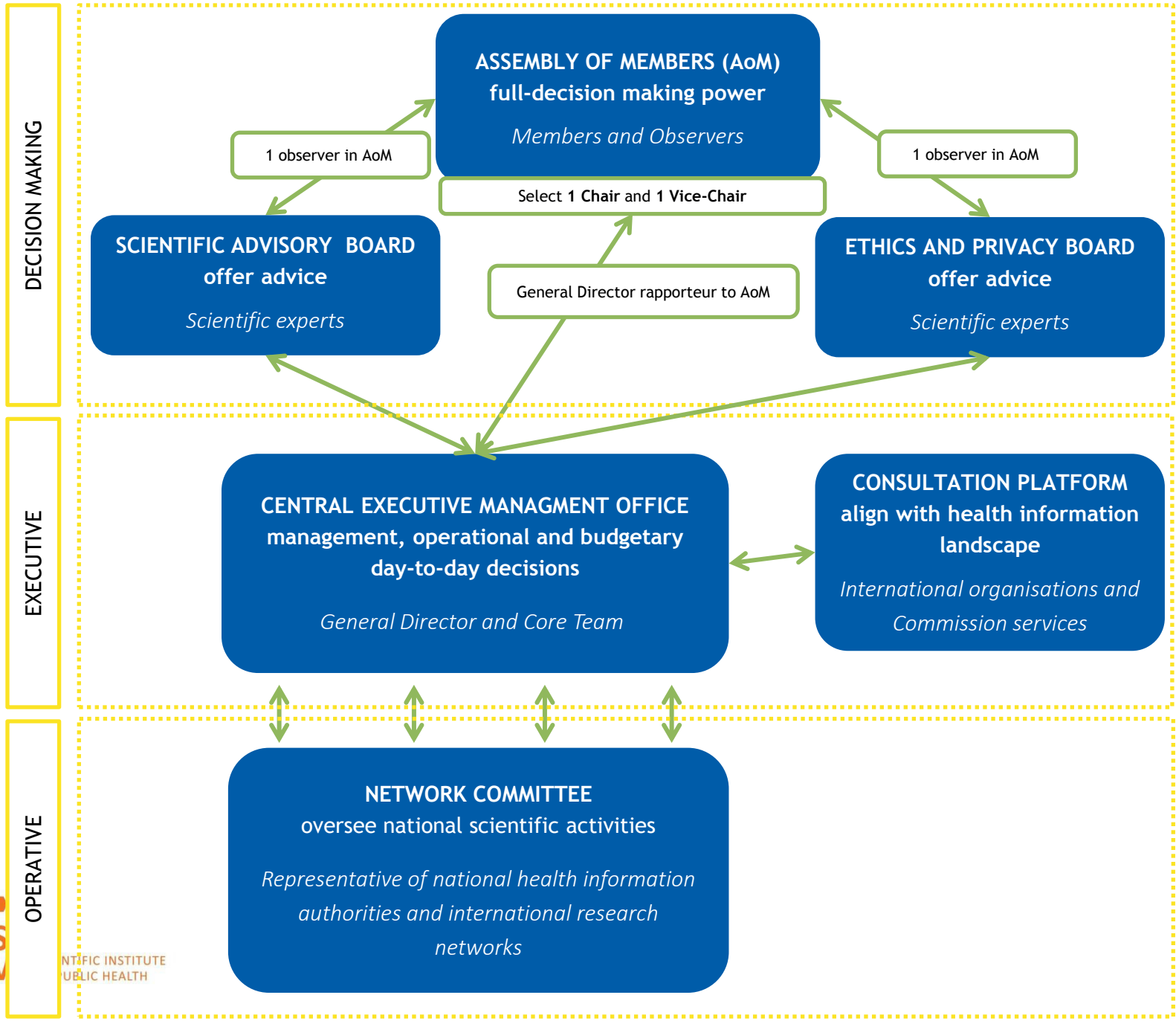
DECISION MAKING
EXECUTIVE
OPERATIVE
ASSEMBLY OF MEMBERS (AoM)
full-decision making power
Members and Observers
1 observer in AoM
1 observer in AoM
Select 1 Chair and 1 Vice-Chair
SCIENTIFIC ADVISORY BOARD
offer advice
Scientific experts
General Director rapporteur to AoM
ETHICS AND PRIVACY BOARD
offer advice
Scientific experts
CENTRAL EXECUTIVE MANAGMENT OFFICE
management, operational and budgetary
day-to-day decisions
General Director and Core Team
CONSULTATION PLATFORM
align with health information
landscape
International organisations and
Commission services
NETWORK COMMITTEE
oversee national scientific activities
Representative of national health information
authorities and international research
networks

Partners

- Lead and Co-Lead : WIV-ISP and RIVM
- Partners:
  - Participation in country nodes (Task 1): Belgium, Croatia, Czech Republic, Finaland, France, Germany, Greece, Italy, Latvia, Lithuania, Malta, Netherlands, Poland, Portugal, Serbia, Spain, Sweden, Welsh government
  - Finland (THL) – Task 2, 3
  - Germany (RKI) – Task 4
  - France (SpF France, MoH France, INSERM) – Task 2, 3
  - Latvia (CDPC) Task 2

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Task 7.1. A sustainable networks of networks

- Getting started with national nodes in MS
  - Aim: bring health information system players in one country together

- Develop selection procedure and functioning of domain specific networks

- Develop Network Committee composition and tasks

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INFACT Joint Action on Health Information

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Task 7.2. Business case and road map for implementation

- Mission and vision of the HIREP-ERIC;
- Short-term and long-term sustainable strategy;
- Analysis of the information needs of current health policies in MSs and the EU;
- Development of the final management structure;
- Identification of users and criteria for development of service definition;
- A scoping study to select and specify services with highest utility;

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INFACT Joint Action on Health Information

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Task 7.2. Business case and road map for implementation

- A short-term and long-term time planning and cost estimation, including high and low estimates for the tasks to be executed and personnel involved;
- Added value of the HIREP-ERIC for its financers;
- Market space of HIREP-ERIC in the EU health information landscape. Based on the experiences, pilots of the JA,
- Output: 5-year operational HIREP-ERIC road map with a detailed work plan including specific objectives, outcome and deliverables.

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Task 7.3. Development of the governance structures of a sustainable health information system

- Develop Technical and Scientific description of HIREP-ERIC and defining statutes of HIREP-ERIC
- Define terms of reference of the different committees
- The development of the memorandum of understanding (MoU) of MSs regarding the setup of the HIREP-ERIC
- Apply to ESFRI roadmap and ERIC

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Task 7.4. Health information web platform

- Functional design and development of a website providing the support platform for the HIREP-ERIC.
- The site contains repository functions for
  - technical reports and scientific articles,
  - methods and tools,
  - health information projects,
  - indicators/data sets,
  - information on NCs, DSNs, training programmes,
  - financial source information collected in the JA.

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Deliverables

Number	Title	Description	Delivery month
7.1	A sustainable network of networks	The deliverable (1) provides guidelines on setting up NCs based on good practices and experiences in this process by MS during the JA, (2) provides criteria for in- and exclusion of DSNs and (3) defines the terms of reference for the functioning of the Network Committee of the HIREP-ERIC	24
7.2	HIREP-ERIC: Business case and road map for implementation	The target population of this report are countries' Ministries of Health and Ministries of Research. The report describes the Business case and a 5-year road map for implementation with a detailed work plan including specific objectives, outcome, deliverables and KPI for monitoring	30
7.3	Governance structures of a sustainable health information system	The deliverable contains the Technical and Scientific description of HIREP-ERIC and defining statutes of HIREP-ERIC and the list of MSs who have signed the memorandum of understanding	18
7.4	Health Information web platform	Web platform containing information on past / current health information-related projects, indicators; networks of national consortia, of domain specific nodes, of training experts, of financial resources; on data sources and methods	24

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Joint Action on Health Information
WP8-Tools and methods for Health Information support

Luigi Palmieri
National Public Health Institute-ISS, Italy
luigi.palmieri@iss.it

InfAct Kick-off meeting
Lux, 7th March 2018

This project is funded by the Health Programme of the European Union

WP8-Tools and methods for Health Information support

What we want to do

- Provide overview of data collection methods and procedures for input in the InfAct web platform
- Improve sustainability of ECHI-shortlist
- Provide best practices in accessibility, availability and reporting in health information
- Coordinate networks of experts

Lead: Italy

Co-lead: Netherlands, Slovenia

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WP8-Tools and methods for Health Information support

What we want to do

- **Task 8.1**. Generating knowledge on data collection methods, availability and accessibility of HI
- **Task 8.2**. Sustainable use(ability) of the ECHI-shortlist and its future implementation
- **Task 8.3**. Guidelines for accessibility, availability and reporting of HI
- **Task 8.4**. Coordinating networks of experts involved in the InfAct JA

This project is funded by the Health Programme of the European Union

WP8 – How we will do it

Task 8.1-*Generating knowledge on data collection methods, and availability and accessibility of health information (Lead: ISS)*

- A: Selecting and defining health and health determinant related domains; identifying related sources of information
- B: Reviewing existing international organization data tools, websites, published reports, European networks collecting data on health monitoring and HSPA
- C: Preparing and submitting to participating countries a questionnaire to collect information on availability, accessibility, and quality assurance of health data
- D: Defining 'best practices' and stepwise approach to implement data collection methodologies (including use of routine data sources); providing material to the InfAct web platform

Research/desk work in collaboration with WP5, WP7, WP9, and other WPs

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WP8 –How we will do it

Task 8.2-*Sustainable use(ability) of the ECHI-shortlist and its future implementation and alteration process (Lead: RIVM)*

- A: Compiling ECHI relevant historical and technical background information
- B: Improving and implementing a sustainable ECHI update process
- C: Reviewing the ECHI format/structure and content
- D: Preparing dissemination on the InfAct web platform and a sustainable procedure for updating information
- E: Selecting advisory expert group (~5 countries) for activities support

Activities

- the established advisory group will be instructed and consulted
- (small) pilots will be included
- building on the BRIDGE Health project and previous ECHI projects
- collaborating with WP5, other WPs, International institutions, EU networks and groups

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WP8 – How we will do it

Task 8.3-*Guidelines for accessibility, availability and reporting of health information including quality of data/indicators and quality of reporting (Lead: ISS)*

- A: Collecting detailed case studies on HI reports
- B: Reviewing reporting and dissemination methods used in MSs and at EU level
- C: Elaborating guidelines and recommendations for accessibility, availability and reporting of HI

To avoid duplication of work, interaction and overlap with the Joint Assessment Framework (JAF) on Health and the Observatory of Health Systems and Polices will be evaluated

Research/desk work in collaboration with WP5, WP7, WP9, and other WPs

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WP8 –How we will do it

Task 8.4-*Coordinating networks of experts involved in all WP activities within the entire JA; contribution to web-based platform (Lead: NIJZ)*

- A: Defining and providing standard approach for selecting and establishing health experts network

- B: Maintaining established network of experts following best practices and using the InfAct web platform

Research/desk work in collaboration with WP7 and other WPs

Together with WP7, virtual meetings and working groups

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WP8 - Expected outcomes

4 Reports will be provided

- **D8.1.** Health Information System development: data collection and quality assurance for a common health information system
- **D8.2**. Practical recommendations for sustainable ECHI process from technical, content and user perspective
- **D8.3**. Guidelines for accessibility and availability of HI
- **D8.4**. Guidelines for MSs and regions for health reports

Standardised approach to create a sustainable network of experts with the support of the InfAct web platform will be defined

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WP8 - Collaborating partners

Acronym	Organization	Country	Tasks	WP8 Efforts
1-WIV-ISP (IPH) (BE)	Institut Scientifique de Sante Publique	Belgium	1, 3, 4	2.00
5-MoHCy (CY)	MoH of the Rep. of Cyprus	Cyprus	1	1.90
6-UZIS (CZ)	Ustav Zdravotnickych Informaci a Statistiky Ceske Republiky	Czech Republic	1, 2, 3, 4	4.50
7-MoSA (EE)	Sotsiaalministeerium	Estonia	3	0.50
8-THL (FI)	Terveyden ja Hyvinvoinnin Laitos	Finland	1, 2, 3	10.50
9-SpFrance (FR)	Agence Nationale de Sante Publique	France	1, 2, 3	3.50
10-RKI (DE)	Robert Koch-Institut	Germany	2, 3	9.40
11-EOPYY (GR)	Ethnikos Organismos Parochis Ypiresion Ygias	Greece	1	1.50
12-DoH (IE)	Department of Health	Ireland	2, 3	2.20
13-ISS (IT)	Istituto Superiore di Sanità	Italy	1, 2, 3, 4	60.00
14-CDPC (LV)	The Centre for Disease Prevention and Control of Latvia	Latvia	1, 2, 3, 4	8.00

Lead

Co-lead

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WP8 - Collaborating partners

Acronym	Organizations	Country	Tasks	WP8 Efforts
17-MFH (MT)	MoH-Government of Malta	Malta	2	0.80
19-RIVM (NL)	Rijksinstituut Voor Volksgezondheid en Milieu	Netherlands	2, 3, 4	11.20
20-HD (NO)	Helsedirektorate	Norway	1, 2, 3	4.00
21-MZ (PL)	Moh of the Rep. of Poland	Poland	1, 3, 4	4.00
24-IPHS (RS)	Institut za Javno Zdravlje Srbije 'Milan Jovanovic – Batut'	Serbia	1	1.50
25-NIJZ (SI)	Nacionalni Institut za Javno Zdravje	Slovenia	1, 2, 4	6.00
26-ISCIII	Instituto de Salud Carlos III	Spain	2, 4	1.50
27-FoHM (SE)	Folkhalsomyndigheten	Sweden	1	0.60
28-WG (UK)	Welsh Assembly Government	United Kingdom	1	5.20
Total				**138.80**

Lead

Co-lead

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WP8 Tasks and Partners involvement

WP8 Tasks	Lead & Co-lead	Partners
Task 8.1: Generating knowledge on data collection methods, and availability and accessibility of HI	ISS, Italy THL, Finland	ISS(IT), THL(FI), NIJZ(SI), WIV-ISP(BE), EOPYY(GR), HD/NIPH(NO), WG(UK), FOHM(SE), UZIS(CZ), CDPC(LV), MoHCy(CY), MZ(PL), IPHS "Batut"(SR), SpF(FR) [14 MS]
Task 8.2: Sustainable use(ability) of the ECHI-shortlist and its future implementation and alteration process	RIVM, Netherlands RKI, Germany	ISS(IT), RIVM(NL), NIJZ(SI), RKI(DE), THL(FI), HD/NIPH(NO), DHIR/MFH(MT), DoH (IE), UZIS(CZ), CDPC(LV), SpF(FR), ISCIII(ES) [12 MS]
Task 8.3: Guidelines for accessibility, availability and reporting of HI including quality of data/indicators and quality of reporting	ISS, Italy RKI, Germany RIVM, Netherlands THL, Finland	ISS(IT), RIVM(NL), NIJZ(SI), RKI(DE), THL(FI), WIV-ISP(BE), HD/NIPH(NO), DoH (IE), MoSA(EE), UZIS(CZ), CDPC(LV), MZ(PL), SpF(FR) [13 MS]
Task 8.4: Coordinating networks of experts involved in all WP activities within the entire JA	NIJZ, Slovenia	ISS(IT), RIVM(NL), NIJZ(SI), WIV-ISP(BE), UZIS(CZ), CDPC(LV), MZ(PL), ISCIII(ES) [8 MS]

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WP9:
Innovation in Health Information for Public Health Policy Development

Kick-off meeting - March, 7 , 2018

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This project is funded by the Health Programme of the European Union

Team Project : Anne Gallay, MD, PhD; Emmanuelle Bauchet, MD; Michel Vernay, PhD (France – lead) and Ausra Zelviene, PhD (Lithuania – Co-lead)

Joint Action InfAct - Kick-Off meeting
Luxemburg, 7th March 2018

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Context (1)
Currently, many Health Indicators collected at European level come from:

- Death certificates, Health Interview Surveys (EHIS, SILC…)
- Health Examination Surveys, Registries
- Hospital discharges (mainly Health Care Quality Indicators)
- But:
  - Cost of data collection such as HIS and HES remains high
  - Many items are self-reported (HIS)
  - Several MSs have no registries with national-coverage; not in capacity to easily provide estimates at regional level
  - Participation rate to Health Surveys tends to decrease over time

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Context (2)
In the same time:

- **Availability of generated data from a variety of sectors is increasing,**
  - such as Health Care Utilisation data (reimbursement data, data from hospital – general and psychiatric – and rehab units…)
- collected in a different purpose than epidemiological monitoring
- Data are :
  - comprehensive, available at different territorial levels,
  - could be linked to data already collected at European level (death certificates, Health Surveys…)

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GOALS:
Increased needs to support public health policy and public health care

- Need for more efficient ways of generating comparable, relevant, reliable, updated and sustainable health information across Europe by using data collected for other purposes

- Assessment of the potential use of these new data sets for public health policy purposes

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Aims WP9:

- New ways of using existing data using linkage, modelling and other techniques to enhance their value
- Producing timely and valid population health indicators at different territorial levels for better decision
- Investing in HSPA indicators
- Develop better narratives for policy makers

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Task 9.1 Identifying and sharing inspiring examples…

…from MSs with regards to emerging indicators and promising sources (lead: Public health France)

i) Identify emerging indicators

ii) Identify emerging and promising sources of data, with special attention to the utilization of data from different sources

iii) Share experience on the use of emerging indicators, promising sources and modelling techniques

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Task 9.2 Develop and propose generic and shared methods, best practices, and standards…

…to define, construct, validate and disseminate relevant and relieable emerging indicators from new data sources, in addition to health data from death certificates, surveys and registries (lead: Public health France)

i) Health monitoring

ii) Health system performance assessment

…to support public health policy and public health care policy with more updated and reliable data

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Task 9.3 Apply best practices (lead: Public health France)

Apply these guidelines to health indicators and HSPA to a limited number of priority public health targets that are of interest

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Task 9.4 Development of composite indicators to…

…monitor the burden of disease at population level

i) Propose further development of composite health indicators, including health expectancies (ehleis), burden of diseases in collaboration with IHME (institute of health metrix and evaluation) and WHO Euro BoD

ii) Assess the feasibility of merging mortality and morbidity information among different geographical regions in different MS, to explore both the quality of health information systems and inequalities in access to health care

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Task 9.5 Explore mechanisms for the uptake of indicators…

…into the regular EU data collection System (Estat regulations), WHO and OECD

….and for HSPA

- link with WP1, WP2, WP4, WP8 and WP10 (lead: public health France)

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WP9 - OUTCOMES AND IMPACT ON SUSTAINABILITY

- next six months
  - A map of examples of ermerging data sources and new indicators
  - Starting Guideline for method to build new indicators and modelling process
- Later:
  - 3 workshops on GBD, including one training workshop
  - Road maps of networks for
    - At short term : To identify one or two indicators (perinatology and EHLEIS)
    - At mid term : To define other potential indicators
    - At long term : Prospective exploration

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Contact: Infact-FRANCE@santepubliquefrance.fr

Thank you for your attention

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WP10 Assessing and piloting interoperability for public health policy

InfAct Kick-off Meeting
Luxembourg, March 7th 2018

HZJZ IACS

This project is funded by the Health Programme of the European Union

WP10 partners

Lead and Co-Lead

HZJZ

IACS

Partners

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Istituto Superiore di Sanità

Helsedirektoratet
Norwegian Directorate of Health

NIJZ Nacionalni inštitut za javno zdravje

ISP WIV

Ministério da Saúde

Slimību profilakses un kontroles centrs

Llywodraeth Cymru
Welsh Government

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Governance model

WP and task leaders and co-leaders will foster interaction with all the contributors privileging consensus as the decision-making method.

If required, subtask leaders will be named to increase efficiency in the development of the tasks.

All deliverables will be approved by all the contributors before release to the coordination.

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What do we want to do?

Based on the building blocks of European Interoperability Framework (EIF) and inspired by the EIF for e-Health.

Map, structure and pilot interoperability levels as a support for policy making using services based on data linkage, sharing and management, and knowledge development.

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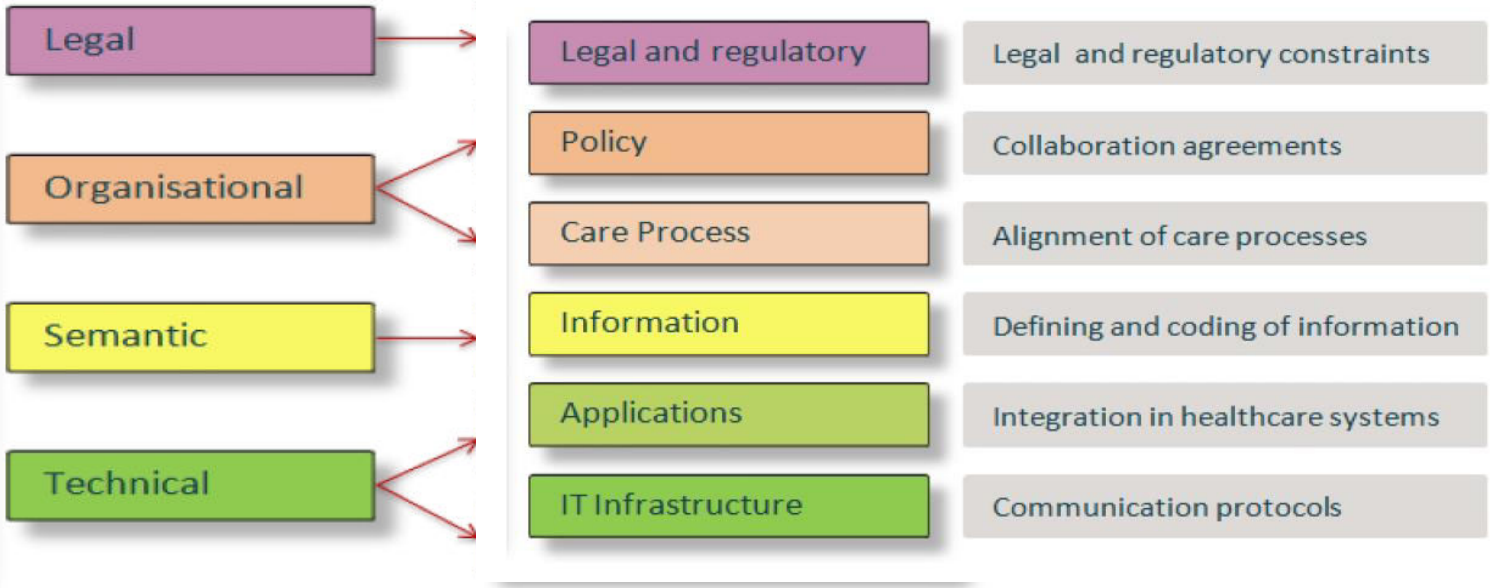
Interoperability - ReEIF



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How will we do it?

Mapping and analysing cross-national inspirational case studies on public health surveillance or research, where interoperability, data linkage, data sharing and data management are present.

Developing **empirical work** on interoperability for a number of topics, using a variety of data sources from different countries.

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What will be the outcome?

The main objective is a thorough description of the methods and techniques used to get sound knowledge out of data linkage, sharing and management (i.e., semantic harmonization, quality assurance) and reporting.

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Tasks

T10.1 Mapping exercise: identification of inspirational experiences

T10.2 Mapping exercise: legal and organizational interoperability

T10.3 Mapping exercise: semantic and technical interoperability

T10.4 Empirical case studies

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Task 10.1

Mapping exercise: identification of inspirational experiences

„Best practices" in the MS participant countries according to the following criteria:

1) addresses the study of health status, health determinants, and/or health systems performance;

2) provides insight on surveillance and/or impact or effectiveness research;

3) includes a variety of data sources (e.g., patient registries, population-based registries, surveys, electronic health or medical records, administrative data, etc.) from different countries;

4) addresses data linkage, sharing, and management (quality assurance) activities;

5) produces outcomes reported to public health stakeholders, particularly policy-makers.

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Task 10.2

Mapping exercise: legal and organizational interoperability

Each experience with required criteria will be analysed with a view to seek how legal and organizational interoperability was or is being addressed. The exercise will also contain the analysis of enablers and barriers to accomplish with these two EIF domains.

Outcomes will be reported to public health stakeholders, particularly policy-makers.

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Task 10.3

Mapping exercise: semantic and technical interoperability

Each experience will be analysed with a view to seek how semantic and technical interoperability was or is being addressed.

The exercise will also contain the analysis of enablers and barriers to accomplish with these two EIF domains.

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Task 10.4

Empirical case studies

Empirical work on interoperability in a number of topics of interest for public health policy-making in Europe. The different case studies should provide insight on the methods and techniques used to get sound and relevant outputs from different data sources in different countries.

- Dimension 1 Domain including health status, health determinants or health system performance and
- Dimension 2 Goal including public health monitoring/surveillance or public health effectiveness and efficiency (i.e., impact research).

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Deliverables

D10.1
Report

„LOST and found: Interoperability and Health Information in Europe”

D10.2
Technical report

„Getting interoperability implemented”

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Deliverable 10.1

Report: „LOST and found: Interoperability and Health Information in Europe”

a) A description of the experiences, enablers and barriers that influenced the achievement of EIF principles
b) Recommendations on good regulatory and organizational practices
c) Identification of key issues in the application of the GDPR (EU- 2016/679) with regard to the use of health information databases for epidemiological surveillance and public health research
d) Inventory of technical solutions that have been implemented in other regions and/or sectors like mediation systems between hospitals data warehouses
e) Recommendations on available technical solutions and digital services for federated data sharing and analysis
f) Recommendations on digital assets supporting interoperability for data re-use

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Deliverables

Deliverable 10.2

Technical report: „Getting interoperability implemented”

a) A thorough description of the case studies: data sources linked, data management methods and reporting methods
b) Recommendations on how to develop the stakeholders’ requirements analysis
c) Recommendations on the architecture design pertinent to the type of business case to develop in an ERIC
d) Recommendations on how architecture and processes should serve to privacy, data transfer, data linkage, data management and reporting
e) Recommendations to develop a Health Information Systems’ Interoperability Action Plan (HISIAP) for an eventual ERIC
f) A list of capacity building needs that should be complemented in an eventual capacity-building program

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Milestones

Milestone Number	Milestone Title	Lead Beneficiary	Type	Dissemination Level	Due Date (Month)
M10.1	Report on mapping exercise: identification of inspirational experiences	CIPH, Croatia	Report	Joint Action Partners and Scientific Publications	12
M10.2	Report on mapping exercise: legal and organizational interoperability	CIPH, Croatia	Report	Joint Action Partners and Scientific Publications	18
M10.3	Report on mapping exercise: semantic and technical interoperability	CIPH, Croatia and INSERM, France	Report	Joint Action Partners and Scientific Publications	18
M10.4	Description of the case studies	IACS, Spain and ISS, Italy	Report	Joint Action Partners and Scientific Publications	24

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JA Coordination feedback

Potential relationships to other WPs:

- WP#4: add technical insight to the technical and scientific description of an eventual European Research Infrastructure Consortium on Health Information?
- WP#5: could provide the EIF perspective to the mapping exercise on health information systems across Europe?
- WP#6: might provide insight on specific learning needs that should be present in an eventual capacity building program?
- WP#7: should contribute to the business case and implementation roadmap of an ERIC?
- WP#8: WP10 contents should feed the WP8's knowledge base?

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JA Coordination feedback 2

Potential relationships to other WPs:

Conversely, WP#10 could be getting insight from WP#9 with regard to the validation of indicators carried out as part of WP9's tasks?

In agreement with WP#1 on coordination, WP#4 on Sustainability, and WP#2 on Dissemination, WP10 will pay special attention to cooperation and communication with the ISA unit at the Directorate General for Informatics of the European Commission, the JRC offices in ISPRA for INSPIRE Directive implementation authority, and the upcoming Joint Action on e-Health – eHAction.

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Impact on sustainability? Actionable measures?

Mapping and case study empirical work will deliver recommendations on how to develop the stakeholders' requirements analysis, how architecture and processes should serve to privacy, data transfer, data linkage, data management and reporting and recommendations to develop a Health Information Systems' Interoperability Action Plan (HISIAP) for an ERIC.

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F2F meetings, (case) study visits and workshops

Description	Location	Participants	Due Date (Month)
WP10 Kick-off Partners' Meeting	Zagreb, Croatia	All WP10 Partners	M1-M3
WP10 First Case Study Pilots Workshop (combined with Steering Committee meeting #3)	TBD, Belgium	Leads, Co-Leads and T10.4 Partners	M12
WP10 Deliverable 1 Report Pre-Launch Meeting and WP10 Second Case Study Pilots Workshop	TBD	Leads, Co-Leads, T10.1, T10.2 and T10.3 Participants and relevant JA partners from other WPs	M22
WP10 Closing Partners' Meeting on Sustainable Approach to Interoperability (combined with Steering Committee meeting #6)	TBD, Belgium	All WP10 Partners and relevant JA partners from other WPs	M30

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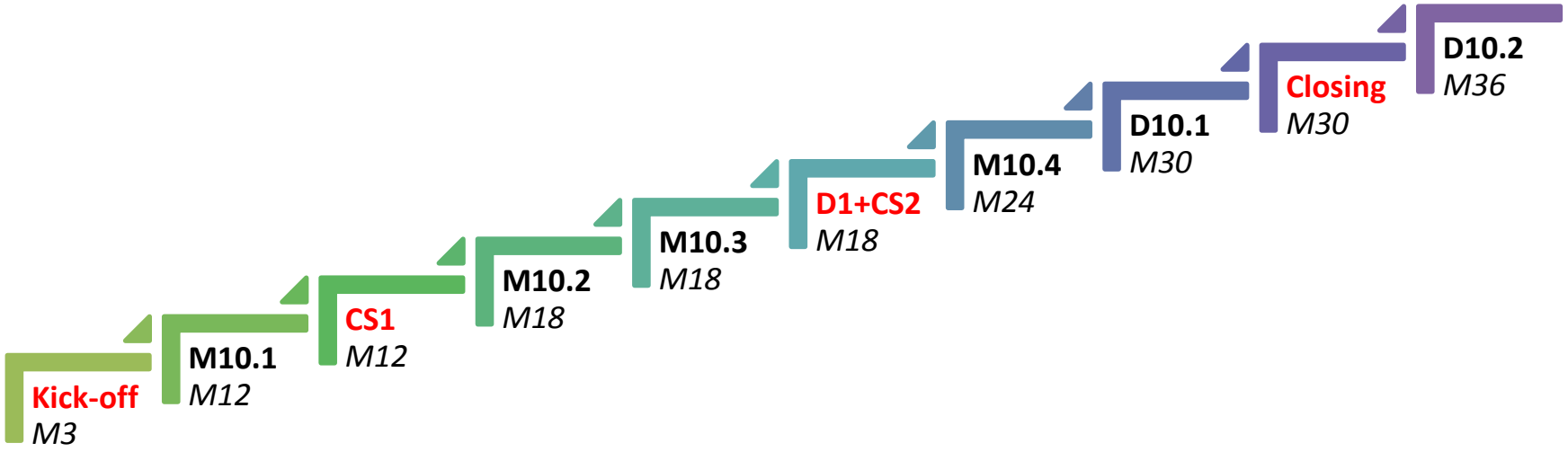
Timeline



(*) F2F

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Thank you

infact@hzjz.hr

Sandra García Armesto MD PhD
Institute for Health Sciences in Aragon (IACS), Spain
sgarciaarm.iacs@aragon.es

Ivan Pristaš MD PhD
Croatian Institute of Public Health; Zagreb, Croatia
ivan.pristas@hzjz.hr

Enrique Bernal-Delgado MD PhD
Institute for Health Sciences in Aragon (IACS), Spain
ebernal.iacs@aragon.es

Damir Ivanković MD MBA
Croatian Institute of Public Health; Zagreb, Croatia
damir.ivankovic@hzjz.hr

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