

FROM DATA TO PUBLIC HEALTH ACTIONS: *STRENGTHENING HEALTH INFORMATION SYSTEMS ACROSS EUROPE*

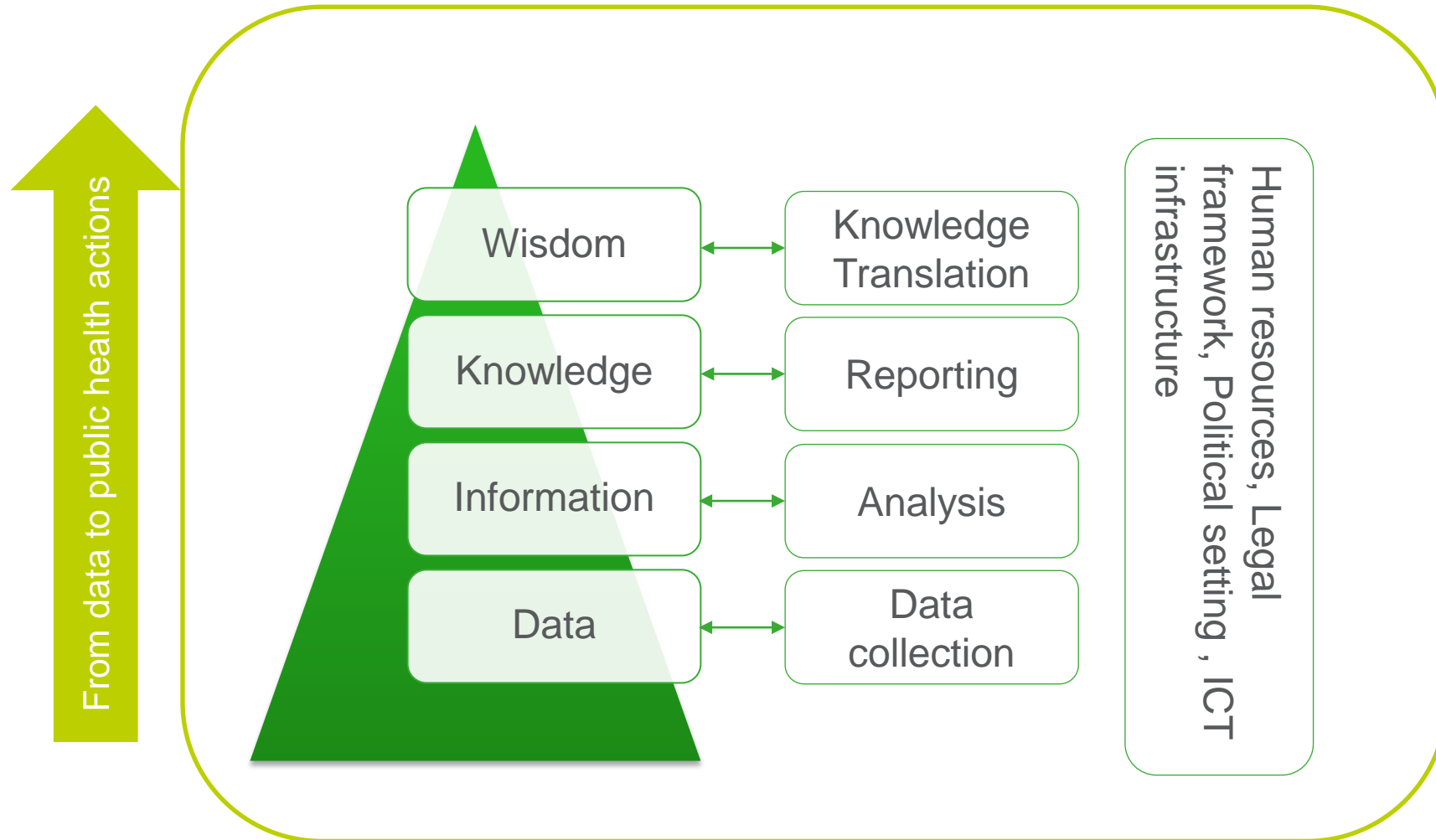
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Health Information Systems



Bogaert (2023) – adapted from Verschuuren and van Oers (2019)

Health Information Systems assessments

- European countries exhibit distinct Health Information Systems (HIS)
- While there have been notable advancements in HIS across Europe, studies have revealed that progress is not uniform among countries

Assessments of health information systems support:

- The mapping of a state-of-play
- The identification of strengths and weaknesses
- The development of actions for improvements
- Stakeholders' interactions
- Preparedness

How? Adapting the methodology to our needs





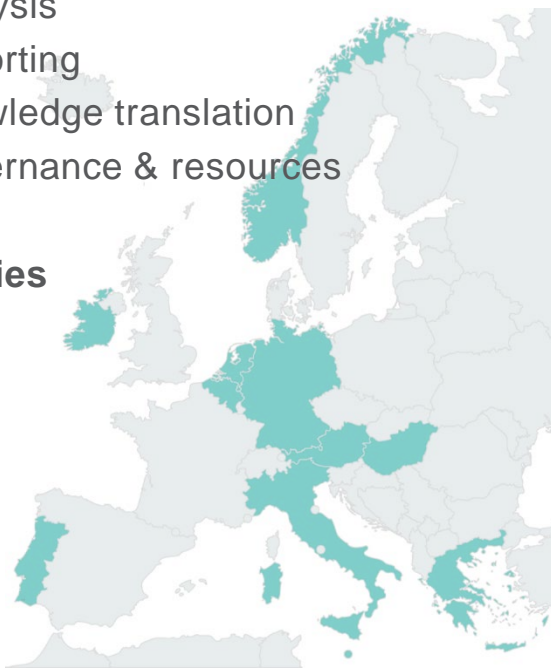
Aim

- Map the COVID-19 health information system (HIS) that monitors the effects of COVID-19 on population health
- Identify strengths and weaknesses

Scope

- Data collection
- Analysis
- Reporting
- Knowledge translation
- Governance & resources

8 countries



Example - Identified barriers

Organisational

- Paper-based records
- No unique personal ID
- Data gaps
- Communication gaps to the public
- Under estimation of the value of infodemic management

Technical

- Lack of interoperability - parallel IT systems requiring harmonization
- Inconsistent use of international standards
- Lack of automated processes for data validation, quality checks and reporting
- Barriers for secondary use of data

Legal

- Lack of preparedness plans
- Interpretations of the GDPR
- Emergency response legislations
- Need for long term monitoring and surveillance strategies

RESOURCES (Financial, Technical, Human)

Aim

- Map the state-of-play of the national health data management systems and their preparedness to join a future European Health Data Space for secondary use (EHDS2)
- Identify needs and expectations for the EHDS of national stakeholders

Scope:

- Data collection
- Data quality
- Data storage, interoperability, access
- Data governance
- Resources and capacity
- Needs and expectations for the EHDS

12 countries



Example - Preparedness for the EHDS

- Digitalised health data (9 / 12)
- Common metadata catalogue in place or work ongoing (5 / 12)
- Universal usage of a unique personal identifier for health (10 / 12)
- Use remote secure processing environments for data analysis (8 / 12)
- Wide use of internationally recognised standards for data management (4 / 12)
- Use of semantic interoperability standards, health data structure (9 / 12)
- Similar access rights for national and foreign researchers (11 / 12)
- Political will to join the EHDS (12 / 12)
- Potential national contact point for the EHDS2 already existing (3 / 12)



Aim

- Support countries to enhance IT systems towards interoperability with DG HERA's platform (ATHINA)
- Gain insights into functionality of digital infrastructures for crisis preparedness and response

Scope

- Digital infrastructures and systems
- Key stakeholders
- Relevant legislation

Priority areas

- Pathogens with high pandemic potential
- Antimicrobial resistance (AMR)
- Chemical, biological, radiological and nuclear (CBRN)
- Medical countermeasures (MCMs)
- OneHealth

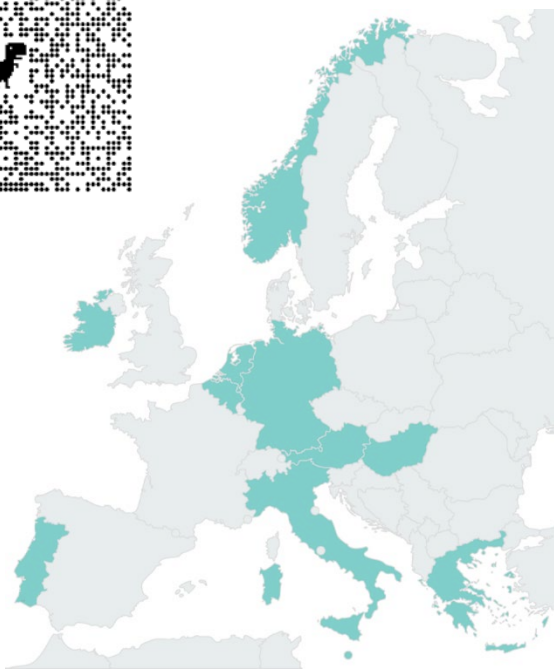
4 countries





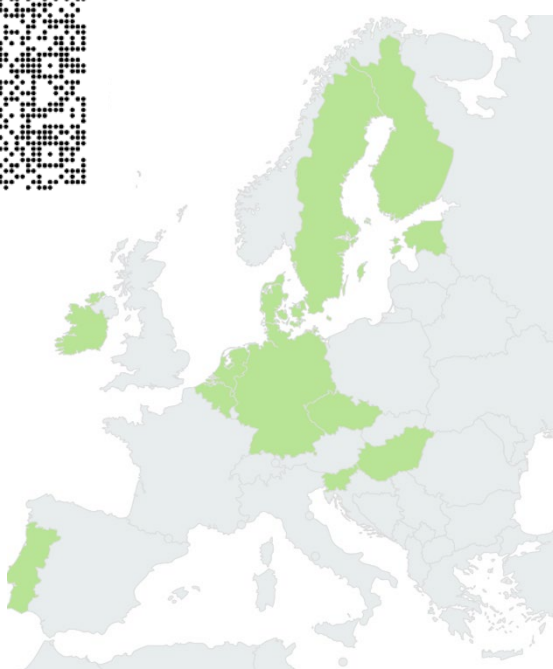
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Belgian Pandemic Intelligence Network (BE-PIN)

Aim

- Investigate how the network can be organised and set up
- Assess the needs and potential gaps for the governance of a Belgian Pandemic Intelligence Network
- Investigate structural options of such a network based on international comparison and best practices



BE-PIN
The Belgian Pandemic
Intelligence Network

GOVERNANCE OF PANDEMIC INTELLIGENCE NETWORK

LEGAL

Explicit mandate

Political independence

Division of roles
(policy/scientific advice)

ORGANISATIONAL

Multi-disciplinary expertise

Internal processes

Resources

Quality of evidence

COLLABORATION

Exchange and feedback

Reporting

Contestability

Communication to public

Processes

Outcomes

Transparency, trust, legitimacy, credibility, relevance

Impact of advice on policy and public health

Evaluation

Preliminary results

Collaborations

We need stronger health information systems....

- Need of strong health information systems
- Lack of sufficiently trained workforce, especially in time of crises

...to be better prepared for the future

Reach out for:

- *Having your country assessed*
 - *Tailor assessments depending on the needs*
 - *Versatile for multiple types of projects*
- *Being trained in performing assessments*

Contact

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