eHealth Network

Summary report

19th eHealth Network meeting

(Teleconference)

3 June 2021

Brussels, Belgium

Co-Chairs:

Andrzej Rys, Director for the DG SANTE, European Commission

and

Ron Roozendaal, Director for the Ministry of Health, Welfare and Sports, the Netherlands

Opening and approval of agenda

The 19th eHealth Network meeting was held in a digital format - teleconference (Webex) on 3 June 2021. The meeting was opened by both co-chairs. The draft agenda of the meeting was adopted.

Introduction of a new Director of DG CNECT

Lorena Boix-Alonso is recently appointed as a new Director of Digital Society, Trust and Cybersecurity who has, within her portfolio, responsibility for eHealth in DG CNECT. She has provided high level remarks from the perspective of DG CNECT on eHealth activities.

1. European Health Data Space

1.1. State of play of the EHDS – *for information*

The Commission provided an update on the state of play of the European Health Data Space initiative. The Commission is currently working on preparing the Impact Assessment, with a view to adopt the legislative proposal in the first half of 2022. It provided information on the feedback received from stakeholders on the Inception Impact Assessment published in December 2020. It presented the questions on which input is sought from stakeholders in the context of the public consultation. The Commission encouraged participants to respond to the public consultation (open until 26 July 2021), which will help understand the preferred policy options to pursue in the legislative initiative.

1.2. Update on the EU4Health programme – *for information*

The Commision (DG SANTE) explained the EU4 Health budget allocated to digital health in 2021, with grants for MyHealth@EU (national contact points, new services, a new pilot for supporting patients' access to their health data in a foreign language), SNOMED licences and a pilot project for EHDS2 (secondary use of health data). Also, procurements will be organised for central services under MyHealth@EU, European Federation Gateway Service, capacity building and coordination on the pilot project infrastructure for EHDS2.

1.3. Update on the Digital Europe Programme – *for information*

The Commission (DG CNECT) presented its proposed actions on digital health under the Digital Europe Progamme.

The Digital Europe Programme is the first financial instrument of the EU focused on bringing digital technology to businesses and citizens. It will cover five main areas:

(i) supercomputing,

(ii) artificial intelligence,

(iii) cybersecurity,

(iv) advanced digital skills, and

(v) ensuring wide use of digital technologies across the economy and society, including through Digital Innovation Hubs.

As data fuels the development of artificial intelligence, Digital Europe programme aims to set up a European data space and facilitate secure, privacy-preserving access to and storage of large datasets, including health data. To this end, it will support deployment of the infrastructure needed to make genomic data securely accessible across borders, as well as the pan-European digital infrastructure facilitating access to cancer images.

The programme will support deployment of testing and experimentation facilities in Member States, in the area of health among others, aiming to accelerate the testing of artificial intelligence-based technologies in real environments and facilitate the procedures needed to deploy the solutions. The programme also aims to increase accessibility and broaden the use of high-performance computing in areas of public interest, including health.

In addition, the Digital Europe programme will reinforce the cybersecurity resilience in the healthcare domain, to enhance health data security and improve cybersecurity capabilities of health institutions across the EU, including SMEs. It will also support the uptake and integration of digital solutions along the continuum of health and care and foster the ecosystem for digital twins.

The work programme has not yet been adopted.

1.4. Update on the Horizon Europe – *for information*

The Commission (DG RTD) presented and aimed at updating the members of the eHealth Network on the upcoming Horizon Europe (HE) progress, including Missions and European Partnerships, as well raise awareness of events and initiatives supporting its upcoming launch.

The intervention started with an update on negotiations since the last eHealth Network meeting in November 2020, highlighting the adoption of the HE budget, legal acts and the first strategic plan which include key strategic orientations for research and innovation investments.

The Commission presented the current status of upcoming call topics for 2021-2022 earmarking the adoption of the first work programme on 15 June 2021 and the expected launch of calls for proposals on 22 June 2021. It was also referred to the Part of the WP funding (€120 million) allocated to support research to counter coronavirus variants as part of the HERA Incubator programme.

An update on the Horizon Europe Missions and European Partnerships was also given with a focus on the Cancer mission (draft implementation plan finalised and the final draft and discussions are taking place early June 2021) and the public-private European partnership on Innovative Health (Strategic Research and Innovation Agenda being finalised, will soon be published for consultation). The update on Horizon Europe was finalised with an overview of past and upcoming relevant events.

Finally, two relevant initiatives were brought to the attention to the members of the eHealth Network for their relevance to European Health Data Space. Firstly, the recently launched HealthyCloud project, a Horizon 2020 Coordinated Support Action which aims to deliver a strategic agenda of the Health Research and Innovation Cloud (HRIC) and the COVID-19 Data Portal, which role is to facilitate data sharing and analysis in order to accelerate coronavirus research.

2. COVID-19 Coordinated actions

2.1. EU Digital COVID Certificate – *for discussion*

The Commission (DG CNECT and DG SANTE) presented the state of play of the EU Digital COVID Certificate system. The production use of the EU Gateway started on 1 June 2021 as planned, and 7 Member States started using it on day one. A short overview of the system was presented, and next steps outlined.

During the discussion the Member States co-chair brought to the attention of the group some questions related to the management of different GitHub repositories with source code and with licensing questions. The Commission took note of the questions and suggested to have additional discussions on the technical level in order to clarify them.

Some Member States highlighted that they get contacted by third countries wishing to connect to the system. The Commission explained that discussions have been held with many non-EU countries, including Switzerland, Singapore, Ukraine, UK, US, San Marino, Andorra and Monaco. Member States were invited to share information about technical specifications and their open source implementations.

DE requested an update about the work performed by the WHO. The Commission explained that the work of the Smart Vaccination Certificate expert group has been significantly restructured. The scope was enlarged to include test results and recovery statements in addition to vaccination certificates. On the other hand, WHO no longer plans to operate a Public Key Directory or to define a 2D barcode for the offline verification of certificates.

2.2. Contact tracing apps and the European Federation Gateway Service (EFGS) – *for information*

The Commission presented the state of play of the work on mobile contact tracing and warning applications and the European Federation Gateway Service (EFGS), the European infrastructure that ensures interoperability between national decentralised contact tracing applications. The Commission recalled the work done since March 2020, with the adoption of the common EU toolbox on contact tracing applications, guidance

on data protection and the framework on cross-border interoperability, including guidelines and specifications. The EFGS was developed and deployed on the basis of this cross-border interoperability framework.

Since the deployment of the EFGS in September 2020, 18 Member States have joined the EFGS, meaning that users of national contact tracing applications of these Member States can rely on a single application across the Member States that are connected to EFGS. Two additional Member States are currently in the process of being onboarded to the EFGS; two others have deployed contact tracing applications that are not interoperable with the EFGS. There are 22 national contact tracing applications in total deployed across the EU and EEA. One additional country is still in the process of launching their national contact tracing application. These applications collectively have been downloaded almost 90 million times in the mobile applications marketplaces. This represents 22% of the total population of the countries who deployed a contact tracing application. 76% of these 90 million downloads correspond to countries connected to the EFGS. The EFGS has exchanged over 5.9 million unique keys between the connected countries (till 2 June 2021).

The Commission presented the work that is ongoing with Member States in discussing additional features for the contact tracing applications, including presence contact tracing. In addition to this, the Commission highlighted the results of a study conducted on the epidemiological impact of the NHS COVID-19 application in the UK, which has concluded a positive impact of the applications, estimating the number of deaths averted through digital contact tracing between 4,100 and 8,700 over a period where 32,500 deaths were registered in the UK. The specific role of digital tracing is to speed up tracing, and to reach more people per index case. The NL shared another reference study on the effectiveness of the Dutch contact tracing application (Coronamelder).

As next steps, the Commission explained that the focus should be on onboarding remaining Member States in the EFGS and on the continued collaboration and coordination on the management of these applications and the EFGS. The Commission encouraged Member States to analyse the contribution of these applications to the contact tracing effort, draw lessons learned and to reflect on the future plans for the contact tracing applications during the current COVID-19 pandemic and afterwards (sunset coordination).

3. Interoperability

3.1. eHealth Network patient summary guidelines (subgroup on semantics) – *for adoption*

The eHealth Network adopted the Release 3 of the guidelines on patient summary, as recommended by the eHealth Network subgroup on semantics, with 19 votes in favour (DE, NL, PT, FR, EL, SI, FI, HR, IT, CZ, SK, PL, AT, HU, SE, LV, EE, IE, CY) and 1 against (ES).

The eHealth Network agreed to assign the eHealth Network subgroup on semantics the mandate to:

a) review the general dataset guidelines and the ePrescription dataset guidelines; and

b) prepare a guiding document for the development of new guidelines for datasets.

The eHealth Network requested the eHMSEG to reflect and propose a time plan and roadmap for the implementation of the patient summary release 3 in the MyHealth@EU services.

The eHealth Network requested that the eHealth Network subgroup on semantics and the eHMSEG/eHDSI to look further into the concerns raised by ES. As requested by ES, the concerns are documented in detail in the following points:

1) We are unclear on how this will affect INEA/HaDEA grant agreements. The version currently in force of the guidelines on patient summary (release 2) specifies that the patient summary service is for unscheduled healthcare only. This is the service that we are implementing as part of the INEA/HaDEA grant agreements, wherein we as the Member States specify the percentage of points of care which will support the usage of patient summary for unscheduled healthcare. The INEA/HaDEA grant agreements reference the guidelines in patient summary in a generic manner, not a specific version, so the interpretation seems to be that the Member States have to implement the guidelines on patient summary currently in force approved by the eHealth Network. This proposal for an update of the eHealth Network guidelines on patient summary with the introduction of scheduled care may end up including all primary, secondary and tertiary care centers in a member state. This significantly changes the project scope at the national level. It's not the same thing to implement this for 500 institutions than for 10.000.

2) Also, in order to go live with the patient summary, the Member States have to undergo an audit performed by the Commission, which verifies compliance against the legal, organizational, technical and semantic requirements. This audit is complex, and is likely to have different implications for scheduled or unscheduled care. Some Member States have passed the audit with the unscheduled healthcare scenario, but the requirements may have a different interpretation for the scheduled healthcare use case (different stakeholders, different actors, different roles and responsibilities, different procedures, etc).

3) So far, in the EU, we have few patient summary transactions, and thus we have no clinical experience of actual exchanges of patient summary documents for unscheduled healthcare provision, and we are unaware of the real-world problems that may arise and which we as Member States will need to solve. We need more time to understand how this service works in practice before expanding the project scope to planned care in production.

4) Furthermore, the introduction of the international patient summary-IPS ISO standard (section 5.5 of references and examples) right now introduces more complexity and poses an additional burden on the Member States, most of which are behind schedule due to the COVID-19 pandemic and other factors. We are already struggling to implement the current eHDSI EU patient summary specification and the Members States going live have medium and long-term action plans to make sure that future versions of the patient sumamry documents solve these issues, with the current specifications. The introduction of the IPS changes technical implementations and also testing procedures. In most Member States, including ES, the introduction of IPS has an impact in the national

infrastructure. If IPS is introduced, in ES we will not be able to implement the service for both country A and country B in a reasonable timeline. This is also likely to be the case in other Member States. Also, minor changes an ISO standard is not as fast as changing the EU patient summary specifications. We may have this need as we gain more experience with the patient summary service.

5) Support for rare diseases in the patient summary is redundant with the ERN CPMS project (Clinical Patient Management System). We don't understand the need to duplicate this functionality in the patient summary service. Also, semantically, implementations for rare diseases are quite challenging and coded information for those will most likely not be available in most Member States. We see little value in implementing a duplicated and possibly incomplete functionality through the patient summary. As you know, the patient summary project is already behind schedule in most Member States. In order for this service to be useful, to provide value, many Member States need to join the service in production. (Many Member States already have made a very significant investment to implement the patient summary service with current specifications and scope.) The more Member States join, the more value the system has for the single market, for the citizens, for the healthcare systems, for the economy, etc. we need a critical mass of Member States in production. We can all agree on that. However, if we keep changing relevant the specifications in this manner, if we keep expanding scope, we keep moving the point where this critical mass of Member States are in production. If more actors and new specifications are introduced, this increases the risks of further delaying the project.

6) Then, we also have some more specific comments:

- article 5.4 states that there is a need to "Agree on levels of *authorization* for certain healthcare roles". Health professionals at the points of care must be certified clinical practitioners. eHDSI Change Proposal 046 already specifies the need for 2-factor *authentication* for these persons.
- However, an agreement on levels of *authorization* would be against article 4 of Directive EU/2011/24, which states that the jurisdiction applicable is that of the country of treatment. This has been clarified in eHDSI Change Proposal 046

  (https://ec.europa.eu/cefdigital/wiki/display/EHOPERATIONS/CP-eHealthDSI-046%3A+Align+Access+Control+with+EU+legislation), which has been adopted by the Member States.
- Furthermore, the Agreement between National Authorities or National Organisations responsible for National Contact Points for eHealth on the Criteria required for the participation in Cross-Border eHealth Information
- Services ("Agreement") which builds upon existing EU law, most notably with regard to the following clauses:
  - Clause I.2. (3) that states "Each Contracting Party of a Country B shall ensure secure receipt of this data and provide the

appropriate level of protection when data is processed, in conformity with national law and Union provisions on the protection of personal data, in particular Regulation 2016/679/EU, and also ensure the secure transmission of data to the Contracting Party of a Country A."

- Clause II.1.1.3 of the Agreement between National Authorities or National Organisations responsible for National Contact Points for eHealth on the Criteria required for the participation in Cross-Border eHealth Information Services - on the Authorization of health professionals, which states that "Each Contracting Party of a Country B shall ensure that for the purpose of cross-border healthcare only health professionals authorized according to its national law may have access to patients' data concerning health, without prejudice to other lawful grounds for processing under Regulation 2016/679/EU."

- In addition, the exact purpose of the Country B PIN is to inform the patients about the health professionals who are able to access their data, and it is ultimately up to the patients to decide whether they will allow their data to be transferred to Country B. Following the aforementioned reasoning, the Country of Affiliation (Country A) cannot deny access from the Country of Treatment (Country B) based on the Health Professional role, as long as these are licensed healthcare professionals in Country B, who are authorized to access clinical information at the Point of Care in accordance with the legislation applicable in Country B. However, Member States participating in eHDSI may introduce safeguard mechanisms when acting as Country of Affiliation (Country A) to protect patient data (such as an explicit authorization mechanism to access a Patient Summary document provided by means of an app on the patient's mobile device, or restriction of access to certain data following the choice of the patient).

The Commission underlined that ES participated actively in the semantic SG of the eHealth Network and such concerns had not been raised before.

3.2. Snomed CT EU license semantic interoperability – for discussion

The Commission (DG SANTE) informed about the possibility to apply in Q4 2021 for a direct grant from the EU4Health Programme to co-finance the 60% of the Member State SNOMED CT annual fee.

In Q4 2021 DE Health Minister raised to the Commission the need for the joint EU membership or licence with SNOMED to make it easier for EU Member States to use SNOMED, especially for European Health Data Space, and to have a common and strong European voice in SNOMED to further shape SNOMD in the interest of Europe.

Since then, Commission took a number of actions to see what the possibilities are. Currently, 18 Member States are members of SNOMED, 6 Member States have SNOMED CT affiliate licence and there is no cooperation with SNOMED for 3 Member States. The Commission will also become the non-voting member of the SNOMED General Assembly. Additionally, the coordinator of SNOMED presented the benefits of implementing the SNOMED CT.

During the discussion session, the proposal of the eHealth Network subgroup on semantic was raised to promote the full uptake of the SNOMED CT by Member States, so MyHealth@EU can benefit from the use of all clinical concepts. DE welcomed the proposed solution. Member States should work together in order to bring the European vision to the SNOMED and the Commission becoming as an observer is a good step forward.

SNOMED is willing to work with the non-English speaking countries to develop the studies on new use cases and implement them. Changes in the SNOMED are driven by the SNOMED general assembly. If the SNOMED members will decide that developing or integrating the nomenclature for medical devices should be priority, then this will implemented.

There are different language extension to translate the SNOMED CT. SNOMED was asked by the members to come up with the tooling which makes the translations easier. Currently, the final due diligence is being done on a tool. If the result will be positive, the tool will be purchased by the SNOMED and presented it to members.

The Commission (DG SANTE) will share with the members of the eHealth Network the estimation of fees, which grant will support. Both current members and non-members can apply for the grants.

3.3. Final results of the Member States survey on eHealth and interoperability — *for information*

The Commission (DG CNECT) presented an overview of the final results of the Member States survey on eHealth and interoperability. The aim of survey is to provide up-to-date and comprehensive overview of the current situation regarding the development of interoperable electronic health records - EHR systems in the Member States. It covers a broad range of topics related to eHealth and interoperability including legal and regulatory context, semantic and technical interoperability, the level of actual use of electronic health records, and security and access.

The survey was introduced to the eHealth Network in June 2020 meeting and launched in August 2020. Interim results were also shared at the eHealth Network meeting in November 2020. Responses were obtained for 26 Member States, as well as for the UK and Norway.

The next step is to publish the study.

4. MyHealth@EU – eHealth Digital Service Infrastructure developments

4.1. Progress on eHDSI ePrescription and patient summary use cases implementation – *for information*

The Commission (DG SANTE - the eHDSI Owner) presented the state of play of the uptake of the MyHealth@EU. There are 7 Member States in routine operations. 4 Member States are able to exchange ePrescriptions, and there have been around 20 000 eDispensation made since early 2019. One can clearly see that the highest demand on the exchanges is between neighbouring countries – FI and EE. This demand only increased during the COVID-19 pandemic. The patient summaries can be currently exchanges between countries without strong cooperation, or diasporas. For that reason the number of patient summaries exchanges is significantly lower than ePrescriptions.

In 2021, there are up to 9 additional Member States, which will enter routine operations, creating a critical mass and adding many neighbouring clusters. We expect that this will result in high number of exchanges.

The remaining Members States are invited to accelerate their implementation, to have the European wide coverage of MyHealth@EU services.

The Member States, which have not yet committed to set up the National Contact Points for eHealth (NCPeH) or some of the remaining services will be offered the possibility to apply for the grants from EU4Health Programme in Q4 2021.

4.2. Progress on eHDSI exchange of original clinical documents use case implementation – *for information*

The Commission (DG SNATE, the eHDSI Owner) updated the members of the eHealth Network on the progress of implementation in the MyHealth@EU of the new use case 'exchange of Original Clinical Documents'. The members of the eHealth Network asked the eHMSEG and the Commission to implement the use case in July 2021. According to schedule the use case is being now implemented in the eHDSI Wave 6 specifications, for the eHMSEG adoption on 15 June 2021 and routine operations from 2022.

The new use enables the exchange of additional documents on top of the patient summary. Patient summary is offering already a broad dataset of structured, coded and translated health data. It includes data on: allergies, relevant diagnostic tests, problem list, history of medical use, and history of medical devices use, history of procedures, history of patient illness, history of immunization and social history.

The document which will be now able to join the patient summary for the cross-border exchange are laboratory results, medical images and hospital discharge letters in the original (non-translated way). In 2024, above mentioned documents, will be also able to be exchanged in structured, coded and translated manner.

The Member States will be offered the possibility to apply for the grants from EU4Health Programme in Q4 2021. The Member States can apply only if they have commitment to deploy ePrescriptions and/or patient summaries – use case is already included in the eHDSI Wave 5 specifications. The Member States can apply only if they will also apply to deploy at least one of the below exchange of structured documents use cases.

4.3. Progress on X-eHealth developing the eHDSI future use cases for the exchange of structured documents (laboratory requests and reports, medical imaging reports, hospital discharge reports) – *for information*

The Commission (DG SNATE/, the eHDSI Owner), together with the X-eHealth project coordinator – PT, presented the plans for the swift uptake of the MyHealth@EU the deliverables of the project. X-eHealth will build upon the already existing patient summary service and lay the foundations for a common structure for the following use cases laboratory requests and reports, medical imaging and reports, hospital discharge

reports, and rare and undiagnosed diseases. For each of the use case the functional, semantic and technical specification will be prepared. In the next step, the use cases will be presented for the eHealth Network adoption for the implementation in the eHDSI

The work will be directed to the eHMSEG work groups for preparing implementation in the eHDSI. The solution provider with the support of the open NCP community will develop the specific technical solution.

The Member States will be offered the possibility to apply for the grants from EU4Health Programme in Q4 2021. The Member States with commitment to deploy the NCPeH can apply for any of those cases. Functional, technical and sematic specifications will be developed by the X-eHealth project and implemented in the eHDSI (technical implementation will be developed by the open NCP community).

During the discussion, Member States raised some questions as. ES inquired whether HaDEA grant agreements address the Original Clinical Documents service and the preliminary timeline. The eHDSI Owner replied that the call for grants would address NCPeH, ePrescription, Patient Summary, Original Clinical Documents, and new structured use cases. The indicative call date is Q4 2021, this is when the documents will be published.

FR inquired about the link with the EU vaccination card project, inclusion of the Erasmus students and of the third countries. The Commission provided further details under the following point and recalled that the legal basis for MyHealth@EU is the Directive 2011/24/EU, applicable to EU/EEA.

All the Member States, which are interested in a new call, are invited to contact directly the eHDSI Owner by e-mail: SANTE-EHDSI-SECRETARIAT@ec.europa.eu, if they need any further information or support.

4.4. Pilot project on patients access to translated health data and project InteropEHRate – *for information and adoption*

The Commission presented a proposal to extend the scope of the MyHealth@EU services by adding a new feature for enabling patients' access to their translated health data. The data could include the same data sets as the ones used in the current MyHealth@EU services, along with any planned extensions (laboratory results, discharge letters, etc). The goal is to also leverage parts of the EU Digital COVID Certificate infrastructure established in the Member States, enabling the provision of vaccination data to citizens also after the pandemic. In addition, further use cases could be enabled after enabling this basic feature, such as provision of specific consents or confirmations for accessing health data by health professionals. These additional extensions are being explored by the InteropEHRate project. Funding has been foreseen in the EU4Health programme for supporting pilots of this new feature by the few first Member States.

During the discussion, some Member States (NL and FR) indicated that they have similar systems already in place. They suggested coordination of similar activities that might be ongoing also in other Member States.

The eHealth Network agreed that the possibility of implementing this feature should be explored in more detail. eHMSEG should be involved in the next steps of the work.

5. Deliverables of Joint Action on eHealth – eHAction

5.1. eHealth Network Recommendations - National Digital Health Networks - *for adoption*

The eHealth Network adopted by consensus the deliverable of the eHAction on the eHealth Network Recommendations - National Digital Health Networks. The eHealth Network will continue to monitor its evolution.

5.2. WP Innovative use of health data

5.2.1. eHAction D5.3 Common principles for big data governance – *for adoption*

The eHealth Network adopted by consensus the deliverable of the eHAction D5.3 Common principles for big data governance. The deliverable will be provided to the JA TEHDAS for taking into account into its work.

5.3. WP Overcoming implementation challenges

5.3.1. eHAction D7.1 Recommendations and guidelines for IT Management on implementing interoperability actions in healthcare organisations – *for adoption*

The eHealth Network adopted by consensus the deliverable of the eHAction D7.1 Recommendations and guidelines for IT Management on implementing interoperability actions in healthcare organisations.

5.3.2. eHAction D7.3 Data and systems security guide – *for adoption*

The eHealth Network adopted by consensus the deliverable of the eHAction D7.3 Data and systems security guide.

5.4. WP Integration in national policies and sustainability

5.4.1. eHAction D8.2.4 Common eID for health in the European Union – *for adoption*

The eHealth Network adopted by consensus the deliverable of the eHAction D8.2.4 “Common eID approach”. The document will be further developed by the technical subgroup of the eHealth Network in the autumn, also taking into account the new eID regulation.

5.4.2. eHAction D8.3 Post-2021 scenarios for eHealth policy cooperation – *for information*

The eHealth Network endorsed by consensus the deliverable of the eHAction D8.3 Post – 2021 scenarios for eHealth policy cooperation.

5.5. Closing remarks on the eHAction – *for information*

The coordinator of the Joint Action on the eHealth - eHAction has provided an overview of the eHAction and successful finalisation of all the deliverables that were presented and adopted at the eHealth Network meeting during the period 2018-2021.

6. eHealth Reference Architecture

6.1. eGovERA – eHealth Reference Architecture – *for information*

The eHealth Network acknowledged and welcomed the result from the eGovERA – eHealth Reference architecture initiative. The current version of the eGovERA – eHealth reference architecture is the result from a fruitful collaboration between the Commission and Member States in the eHealth Network. The eHealth Network took note of the next steps related with the sale up of the eGovERA - Health reference architecture and Member States shown interest in continue contributing to the further evolution of this strategic instrument.

The Commission highlighted the potential from eGovERA - Health Reference Architecture in supporting Member States applying for EU funds to support the Digital Transformation of health systems as well as encouraged Member States to use it also for designing capacity building initiatives in the scope of digital health capabilities (a project will be launched in the autumn).

6.2. eHAction D8.2.3 European eHealth Reference Architecture – *for adoption*

The eHealth Network adopted by consensus the deliverable of the eHAction D8.2.3 European eHealth Reference Architecture.

7. H2020 projects presentation – *for information*

The Commission has invited several representatives to present projects under Horizon 2020 programme in the framework of the cybersecurity.

Developing a European Health Data Space that enables the sharing and access of health data, within and across borders, and which is trusted by citizens and users alike, calls for innovation in infrastructures and digital technologies.

The Commission supports a large portfolio of research projects, funded by the Horizon 2020 programme, that aim to provide ‘proof of concept’ for the new infrastructures/technologies needed for the digital transformation of the health and care sector.

It is essential that interesting projects are brought to the attention of the relevant policy makers, who can review them for their potential to be scaled up. The Commission invited

a number of projects in the field of cybersecurity to present their projects to the members of the eHealth Network. These were:

CUREX: https://curex-project.eu/

PANACEA: https://www.panacearesearch.eu/

ProTego : https://protego-project.eu/

Sphinx: https://sphinx-project.eu

8. Open eHealth Network

8.1 Update from eHealth Stakeholder Group – *for information*

The Commission presented the primary purpose of the renewed eHealth Stakeholder Group (2019-2022) that started up again in July 2020. The aim of the Group is to provide advice and expertise, contributing to policy development and the implementation of the Communication on enabling the digital transformation of health and care in the Digital Single Market.

The Commission then presented the Group's work plan for 2021 and informed the eHealth Network of the discussions/activities in the plenary meetings of the Group, in addition to the dedicated webinars on specific topics that have been held so far (photonics and health, mHealth, and the European Health Data Space).

Finally, the Commission informed about the planned future webinars on 1+Million Genomes initiative and the acceptance of the European Health Data Space.

9. eHealth Strategy

9.1. Portuguese Presidency – Presentation of presidency outcomes – *for information*

The representative of the PT of the eHealth Network presented an overview of the Portuguese Presidency successful work on the digital health priorities during the presidency period from January to June 2021 and wished good luck for the next upcoming Slovenian's Presidency.

The Commission thanked for the work of the Portuguese Presidency.

9.2. Slovenian's Presidency – Presentation of presidency priorities – *for information*

The representative of the Slovenian's Presidency provided an overview and the main priorities of the presidency on digital health.

The Commission welcomed the new upcoming presidency and noted that is looking forward to working in close collaboration on the activities on digital health.

AOB

Closing

The eHealth Network co-chairs thanked to everyone for the participation in the meeting and closed the meeting.

Next 20th eHealth Network meeting is scheduled for (to be confirmed) November 2021, Brussels, Belgium.

*** *** ***