EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

eHealth Network –
26th eHealth Network Meeting

Minutes of Meeting
2024-06-19 (09:45 – 17:30)

2024-06-20 (09:30 – 13:15)

Hybrid (Brussels & Webex)

Participants

Commission Units & Agencies: DG SANTE C1, DG CNECT H3, DG CNECT R3, HaDEA

Member States: AT, BE, BG, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IS, IT, LT, LU, LV, MT, NL, NO, PL, PT, RO, SE, SI, SK.

Invited: Contractor (Infeurope/Mercury-97), Empirica

Opening and Approval of Agenda

Day 1 started with the welcoming of the Co-Chairs and the Head of DG SANTE C1 Unit. The speakers expressed confidence in, and gratitude for, the collective effort and shared commitment of the eHealth Network (eHN) in making the European Health Data Space (EHDS) a reality.

Following an overview of the agenda, the items were approved.

1. Update on the EHDS Regulation (for information)

The two co-legislators, the European Parliament and European Council, reached a provisional agreement during the fifth trilogue on 14 March 2024. Following a corrigendum procedure, the formal adoption and publication of the EHDS Regulation in the Official Journal (OJ) is expected by the end of 2024/early 2025.

An overview was provided of the main changes and refined definitions from the initial proposal to the now politically agreed text.

Initially, EHR systems were broadly defined as any system handling personal health data. The scope is now narrowed to systems processing Article 5 data categories based on their intended use, (e.g. providing treatment or facilitating patient access).

The scope of Health Data Holders (i.e. entities required to make data available for secondary use) has expanded to include reimbursement services, mortality registries, and industry actors.

Furthermore, it was clarified that the data controller, not the processor, holds the obligation to make data available.

Regarding high-impact datasets, the Commission now is supposed to have the authority to define and implement technical specifications for certain datasets beneficial for research.

Concerning Wellness Applications, there is now a clear distinction that wellness apps, which provide health insights but are not used in healthcare or considered medical devices, are defined separately from medical devices.

Key points of the agreement for opt-out

A significant point of negotiation was the right for individuals to opt out of their data being shared for secondary use. While the Parliament secured a general opt-out right, Member States can allow public sector data users to access opted-out data for justified public interest purposes. There is no general right to opt-out of primary use. However, Member States may provide for an option for individuals to refuse electronic data exchanges under the EHDS and opt for manual methods, like carrying paper records, based on national laws.

Key points of the agreement for EHR systems

The scope of self-assessment of EHR systems, in order to obtain CE marking, is narrowed down to logging and interoperability components. EHR systems must demonstrate capabilities for data import/export in the European exchange format and log data access information. Furthermore, the Regulation does not mandate third-party conformity assessments, but introduces digital testing environments for manufacturers to ensure interoperability.

Key points of the agreement for secondary use

The revised framework introduces the possibility for Member States to designate certain entities as “trusted health data holders”. These entities play a crucial role in managing secondary use applications. Although the initial application process remains centralised through the Health Data Access Body (HDAB), the evaluation of these applications can now be delegated to the trusted holders. After the assessment of the holders (e.g. university hospital networks with secure processing environments) they provide a recommendation back to the HDAB, which retains the final decision-making authority.

Member States also have the flexibility to implement additional safeguards for handling highly sensitive data, such as genetic data, or data from biobanks or specific wellness applications. Despite the harmonisation efforts, the new framework acknowledges that existing systems for secondary use can continue to operate alongside the EHDS. Over time, it is expected that the benefits of the EHDS, including the ability to merge data from various sources, will encourage its broader adoption and possibly phase out other systems.

Finally, for data held by EU bodies and institutions, the EC will establish a Union Data Access Service. This service will function similarly to the HDAB, but will specifically address data access at the Union level, operated under EC's responsibility.

EHDS – Overall timeline for application

The Regulation will take effect 2 years after publication, hence around the end of 2026/early 2027.

Primary use: Around the end of 2028, the first group of data categories (Patient Summaries, Electronic Prescriptions, and Dispensations) must be exchangeable. Around the end of 2030, exchanges for the second group (medical images and imaging studies, test results, discharge reports) will start.

Secondary use: Around the end of 2028 for most data categories, with the remaining ones (e.g. genetic data) added around the end of 2030. Non-EU countries may participate in the EHDS after ten years, following a successful compliance check.

Discussion:

Participants asked clarifications on who would operate and be responsible for the testing environment under the EHDS Regulation. It was explained that the EC would be responsible for developing the software package and maintaining it. However, the deployment and operational responsibilities, including customer service when issues arise, such as questions from manufacturers about test results, will be executed by Member States.

One Member State commented that in their national context, a digital test environment has already been developed and is near deployment. This environment is managed by an organisation and includes a software package with technical specifications against which the EHR system providers can test their products. Another Member State also noted having similar systems for the exchange of lab results.

The EC was asked about whether they will develop a toolkit that Member States can use. The Co-Chair built on this by enquiring whether it would be mandatory for Member States to use the toolkit provided by EC for testing. It was noted that Member States must comply with the European requirements set by the toolkit developed by the EC. However, they have the flexibility to either integrate the toolkit into their existing systems directly or develop their own, provided these comply with the specifications laid out by the EC. The management instructions were also briefly discussed, emphasising the need to be concise and not extend the schedule. The changes related to secondary use were stressed, including the proposal's single data holder provision, indicating significant updates to the Regulation's structure and responsibilities.

Concerns regarding how the EHDS would be interpretated and applied within the 27 MS were raised, with a suggestion to create an informal group of legal experts who could work together to interpret the Regulation and find solutions. The need to clarify many aspects of the Regulation, such as for example testing environment from chapter 3, having common understanding about topics where the regulation provides harmonised rules, and sharing legal analysis and feedback related to non-harmonized topics from the regulation was acknowledged. The idea of mapping areas where the text needed clarification and fostering a shared understanding through collaborative efforts was supported. To address this, EC plans to collect questions and organise dedicated workshops or webinars where discussions can be held on various aspects of the EHDS in detail, ensuring comprehensive understanding. This approach would allow for the identification and sharing of best practices already implemented within Member States. The intention is to build on existing experiences rather than start from scratch, ensuring transparency and synergy among all participants. Member States were encouraged to send their questions, noting that this process could lead to the identification of main areas of concern and the organisation of future steps for implementation. Several Member States endorsed the idea of both mapping general questions and having legal discussions among EU countries, considering it's also very important to share best practices and analysis about topics where EHDS regulation leaves some flexibility to MS for the implementation.

2. eHealth Network Work Plan 2024 Follow-up (for discussion)

Following the adoption of the eHN Work Plan 2024 earlier this year, it was agreed to hold dedicated workshops for the identified eHN Work Plan Priorities as well as to reinforce the Coordination Actions meetings for digital health. The workshops allowed for action-oriented discussions, ensuring Member States's continuous involvement and alignment with the eHN objectives. Participants were updated about the progress of the eHN 2024 Workplan for Priority 1, Priority 3, Priority 4, and Priority 5. The follow-up of Priority 2 – Implement and follow-up the Subgroups Workplan, was presented by the eHN Subgroup Chairs.

Priority 1 – Raise awareness of the funding needs for implementing the EHDS

Following recent budget reviews, the EU4Health programme will be cut by 20% which may have serious consequences in preparing the EHDS implementation. Recognising the substantial investment required, the achievements planned for 2024 include updating the joint-paper on funding, as well as raising awareness of the EHDS funding needs. The expected outcomes are therefore the following: (1) Estimation of the EHDS funding needs and benefits of and for Member States by 2030. This includes determining cost drivers for primary/secondary used within the calculations of a rough estimate; (2) Identification of budget and resource needs for EHDS central services by the EC; (3) Advocating toward relevant entities, such as HaDEA, the EC, and national stakeholders.

The identified challenges include ensuring consistency of identified cost drivers across Member States, as well as consistency of approach for national impact assessments. Further identified challenges are related to the evaluation of benefits in understanding the methodology, the triggers, and the evaluation of central investments for EU infrastructures and services.

DK, FI, NL, HR, and FR are in the process of updating their impact assessment based on the adopted version of the EHDS Regulation. An initial estimate based on DK's early impact assessment suggests a collective investment of around €65 billion at the national level, excluding central services. This estimate highlights the significant gap between current funding levels and the resources required for full compliance. Future efforts will focus on refining these estimates by considering the finalised version of the EHDS regulation and aligning methodologies across Member States.

Priority 3 - Implementation of Ethical Principles for Digital Health

Capacity building encompasses broader initiatives beyond ethical principles. However, integrating these principles is a core component of the eHN 2024 Work Plan. A detailed action plan for their implementation is being developed based on assessments conducted. Progress is monitored through updates on the implementation levels of the 16 ethical principles across Member States. The baseline collection T0 was performed in 2022 under the FR Presidency in order to determine the level of adoption of the principles among EU and EFTA countries. The first follow-up collection, T1, was performed in January 2023 under the Capacity Health Data study to update the implementation status. The expected outcomes are: (1) to implement the Capacity Building Plan for EU Ethical Principles, with a proposal for a T2 update assessment in July-August 2024; (2) to assess the feasibility of running national consultation of stakeholder organisations/citizens; and (3) to develop and action plan for the implementation of EU ethical principles for digital health, planned for the 27th eHN meeting.

Discussion:

The EC outlined the priorities and challenges for the eHN, focusing on two key priorities: 1) collaboration between the EC and Member States for assessing the financial needs at the national level in the context of the EHDS implementation; 2) continuation and sustainability of the existing voluntary system within the eHN for future frameworks. It was emphasised that practical engagement in these voluntary systems is crucial for accurately estimating future needs and ensuring readiness. This participation involves engaging in data exchange practices and working on technical specifications, which will eventually become standardised guidelines. Regarding financing, there was a shared concern regarding recent budget cuts to the EU4Health programme. The EC called for a joint effort from Member States to navigate these challenges, highlighting the need for teamwork and sustained advocacy at both national and EU levels.

The current funding approach was endorsed by participants, stressing the necessity of basing funding on evidence and refining the focus areas concerning the EU's health funding mechanisms, particularly the significance of maintaining awareness of funding sources during the transitional period and adapting to new instruments, such as the Digital Europe Programme. Moreover, they highlighted the importance of ethical principles in digital health, calling for continuous development and implementation at the national level. This aligns with the broader goal of sustainable digitalisation within healthcare. Finally, they raised concerns about the cost of implementing digital changes, which vary across Member States, and encouraged taking this matter into consideration. Participants were reassured that the EC would support the upcoming survey on ethical principles, emphasising the need for involvement at the national level in translating the survey to reflect the needs of citizens accurately.

The concerns about having better understanding of the Digital Europe Programme were also addressed. It was noted that the EC will work on providing detailed information to clarify participation rules and financing options under the programme.

Priority 4 – Assess Digital Health Deployment Progress and Best Practices in EU MS

The importance of having a standardised set of KPIs and a digital health observatory to monitor progress were stressed as crucial components for the achievement of Priority 4. This observatory would serve as a centralised resource, reducing the time and effort required to gather relevant information and providing easy access to data. To implement this, the eHN agreed on a list of indicators and an action plan, which will involve reviewing existing literature and reports. The initial list of indicators and existing digital health studies for monitoring digital health deployment have been compiled. These lists will continue to grow, aiming to align with metrics developed by bodies like the OECD and WHO.

Participants were informed that the observatory and all available information had been published on Confluence. Members were invited to continue populating the page with valuable resources.

Priority 5 – Cooperate more effectively, in anticipation of the future EHDS Board

The importance of continuous engagement and knowledge sharing among Member States was highlighted, as well as the role of the eHN in facilitating coordinated actions for digital health. The expected achievements are:

- Update Paper on eHN Subgroups and eHMSEG organisation

- Long-term planning of meetings and update of the dedicated Confluence pages, including digital meetings, collaborative calendar, documents, agenda, and connection links, along with a digital directory of all eHN contributors.
- Adopt a document on the decision process aligned with the new Interoperability Act along with a dashboard proposal to follow up on the progress of the Semantic and Technical IOP SGs assets uptake in Member States.
- Follow-up on all actions through the eHN Coordinated Actions meetings.
- Publication of eHN representatives on Confluence

A major item in 2024 was the creation of a comprehensive document outlining the current governance structure of the eHN. This document, available on Confluence, describes the various Subgroups and their responsibilities.
For more information, please consult Annex A.

The eHN plans to optimise its governance and decision-making processes based on the new structure. While the eHN currently focuses on the primary use of health data, visibility into secondary use is also being considered to align with future EHDS requirements. Participants were invited to provide feedback and suggestions to the current governance document.

Discussion:

The eHN Co-Chair noted that the governance structure document is beneficial for clarifying roles and ensuring that national-level experts are aware of their involvement at the European level.

The Technical IOP SG suggested generating a similar one-pager regarding financing instruments. This will be addressed in the executive summary as part of Priority 1.

Two Member States (DE, AT) raised a point about the use of Confluence which already had been raised in previous meetings: While Confluence is effective for collaboration, the shift from a push (documents are sent to MS) to a pull approach (MS must actively look for documents on Confluence) of information dissemination makes it challenging to manage dissemination and maintain quality assurance. This is problematic – in particular having in mind the eHN Rules of Procedure - as processes move closer to decision-making stages, potentially leading to unexpected developments. They shared past experiences e.g. the Rules of Procedure (RoP) leading to repeated attempts to adopt the new RoP. This point was acknowledged, and it was answered by the Secretariat that important documents were also disseminated via email. Furthermore, FRA Co-Chair outlined that this topic is still under discussion on the Co-Chair level.
In one of the Workshops, a proposal was made to use Confluence for enhancing Member States collaboration on national implementations and projects, such as deploying patient portals and

ensuring compliance assessments. Feedback from the EC is anticipated on how to onboard experts who are not currently part of the eHN for focused expertise. It was explained that the use of Confluence was intended to increase transparency, allowing Member States to collaborate on the same document. Possible adjustments will be taken into account if the approach is not effective.

The difficulty, especially for smaller countries, to participate in all working groups due to limited resources was also emphasised. It was suggested to streamline and better coordinate these groups to avoid redundancy and ensure effective participation. A simplified approach to manage participation was advocated. Concerns were also expressed about not knowing which experts are involved in which groups within their country, which can lead to a diminished impact on EU decisions.

The eHMSEG Co-Chair cautioned against oversimplifying governance structures. As projects progress, different experts will be required at different stages, meaning the eHN needs to engage the right experts at the right time. It was emphasised that simplification should not mean expecting one representative to cover all areas of expertise, therefore endorsing the mapping effort.

Indeed, the mapping exercise was supported as being crucial for understanding the structure and enhancing the transition period. A similar internal mapping exercise was described in a national example to evaluate interdependencies, the findings of which can be shared to enhance collaboration.

Concerns were raised about the administrative burden of reporting indicators, suggesting the need to prioritise the reporting processes.

The eHN Co-Chair acknowledged the need for pragmatism in finding ways to achieve maximum efficiency, stressing that there certainly are synergies to find between existing subgroups, today essentially dedicated to primary use issues, among them and also with new ones to create to address secondary use topics. They also noted the importance of reinforcing the governance of secondary use areas as part of the upcoming EHDS Board preparations on the basis of the existing eHN governance framework.

3. Updates from eHealth Network Subgroups

The eHN Subgroups presented their joint-work accomplished in the first semester of 2024.

Non-Paper: eHealth Network Sub-groups Recommendation Processes (for adoption)

The Non-paper on Recommendation Processes concerns recommendation processes for the eHN Subgroups, specifically regarding the methodology for decision-making within the Subgroups, addressing both technical and semantic aspects. The non-paper was distributed on 17 May 2024 for review and adoption.

With no objections received, the non-paper was formally adopted by the eHN. It was confirmed that the document would be published on Confluence.

Non-Paper: Working Processes of the Subgroups *(for information)*

The Working Processes of the Subgroups address the practical working functionalities of the Subgroups. This document was designed to assist new members in understanding the operational dynamics of the Subgroups, including meeting schedules, the purpose of meetings, and logistical details. Members were provided with a comprehensive overview in order to onboard effectively and understand their roles within the Subgroups.

Consistency of eHN Guidelines Task Force (for information)

The aim of the Guidelines Consistency Task Force is to ensure consistency and alignment throughout all eHN guidelines. The current existing Guidelines have been reviewed and proposals for changes have been made. These changes will be implemented in new versions of all guidelines for adoption in the 27th eHN Meeting in collaboration with **the joint action Extended EHR@EU Data Space for Primary Uses Joint Action (Xt-EHR JA).**

Guidelines on Guidelines Task Force (for information)

The aim of the Guidelines-on-Guidelines Task Force is to describe the current state of play regarding the eHN guidelines in the context of the upcoming Regulation. Work is ongoing on describing the background and development process of the guidelines, which are maintained through several versions, including the Patient Summary guidelines.

Support Xt-EHR – Metadata

In 2023, a Readiness-Assessment of Metadata was completed and handed over to the Xt-EHR JA, which is now working on defining the scope and key concepts related to metadata. A more detailed update on this topic will be provided at the 27th eHN Meeting.

Expansion of the current mandate (for endorsement)

The Semantic Subgroup is currently working on the impact of ISO-IDMP implementation. Problems using the regulatory terminology service for coded pharmaceutical data has been identified. A non-paper outlining the key issues had been submitted to the eHN, seeking a mandate to further develop this topic in collaboration with the Xt-EHR JA. It was noted that this work has direct impact on the eHN guidelines.

Discussion:

It was enquired whether the ongoing work on the consistency of guidelines would extend to the technical specifications, which many participants found uncertain. It was clarified that the current focus was primarily on the guidelines, and that a preliminary step involved examining them for consistency. It was acknowledged that technical specifications for the new domains were still under various stages of development. A group within the Xt-EHR JA has recently started working on ensuring consistency between common parts of the format, specifically focusing on Patient Summaries and Prescriptions.

The EC expressed their support for the ongoing work, highlighting that the technical expertise and knowledge gained through the Subgroups' work would be crucial for drafting the future specifications of the Implementing Acts.

Support for Member States towards migration to Global Digital Health Certificate Network

The support of assisting Member States to migrate to the Global Digital Health Certificate Network (GDHCN) is considered completed as part of the Technical IOP Subgroups' activities. It was noted that while no further meetings are scheduled, support remains available for any Member States planning to join in the future. Future work was also highlighted by the Subgroup concerning WHO initiatives, such as Vaccination Cards and International Patient Summary delivery via the GDHCN.

A question was raised about the integration and support for GDHCN initiatives like the International Patient Summary and vaccination cards and how these would be handled. The Technical IOP SG acknowledged these as significant initiatives and stressed the importance of aligning future steps with the EHDS framework to avoid conflicts and difficulties. The need for Europe to remain cohesive in implementing these cases was emphasised, especially in light of challenges in managing both primary and secondary use of data within the EU and globally.

Medical Imaging Task Force – Handover to the eHMSEG

Volunteers from BE, NL, and FR have joined the eHMSEG Requirements Working Group meeting as part of the Technical IOP Subgroup handover to MyHealth@EU. The Medical Imaging Guidelines are crucial for defining how medical images are exchanged.

There are ongoing efforts to collect the present state of play of imaging solutions of Member States to the eHMSEG, including IE, BE, ES, FR, AT, FI, NL, DK, and MT. An open invitation was extended to other Member States to contribute their insights by contacting the Imaging Task Force leader.

Extension of the current mandate (for endorsement)

The Semantic Subgroup Chair highlighted two requests for extending both Subgroup's mandate. The first involves enhancing collaboration with the Xt-EHR JA beyond the current scope, i.e. the metadata guidelines. The consistency results completed by the Subgroups will be shared with the Xt-EHR JA, who will in turn provide input for the guidelines. The second request pertains to the Subgroup's support for the EHDS transition and implementation, which involves work on the preparation for the EHDS complementarity to, and in collaboration with, the Xt-EHR JA, thereby contributing to the use cases and corresponding technical specifications.

Discussion:

Member States enquired about a similar collaboration with the XpanDH initiative for electronic exchange formats. It was clarified that there is ongoing knowledge sharing between the Subgroups and XpanDH.

In response to a question from a Member State regarding cooperation with the TEHDAS2 on the secondary use of data, it was acknowledged that this has not yet been planned. The focus so far has been on primary data use. However, aligning primary and secondary data use and managing their specific aspects will be critical as the governance structure of the EHDS evolves.

The EC concluded by highlighting the importance of maintaining synergy between the various actions and projects, building on the existing experience and expertise to prevent duplication of efforts. A strong endorsement was expressed for the sharing of experiences between Member States and their involvement in supporting the successful implementation of the EHDS.

With no objections received, the expansion of the mandate was endorsed by the eHN.

Future Vision of the Technical and Semantic Subgroup

The Subgroups envision establishing themselves as a permanent body within the EHDS framework, serving as Subject Matter Experts to provide ongoing guidance and expertise on technical and semantic issues. Furthermore, the Subgroups will develop resources and tools to assist stakeholders in implementing the EHDS standards effectively. Consultations with Member States will gather feedback and build consensus on technical and semantic best practices.

4. Updates from eHMSEG

Non-paper on Common MyHealth@EU Communication and Marketing Proposal (for adoption)

The eHMSEG was requested to prepare a Common MyHealth@EU Communication and Marketing Proposal aiming at better and more practical communication of the MyHealth@EU services towards the end-users, as well as overall awareness among healthcare professionals and citizens. The proposal incorporates input from operational Member States and outlines recommendations categorised by baseline, medium, and ideal levels of implementation. The proposal will be continuously worked on and integrated into the eHMSEG Communication strategy in collaboration with Member States and the eHMSEG Communication Task Force.

With no objections received, the non-binding document was adopted by the eHN.

Non-paper on MyHealth@EU Implementation Showstoppers Stakeholder Engagement (for information)

The non-paper on MyHealth@EU Implementation Showstoppers Stakeholder Engagement aims at strengthening end-user involvement and stakeholder engagement within the eHN. The non-paper focuses on overcoming implementation obstacles for MyHealth@EU with challenges categorised across the legal, organisational, semantic, and technical domains. The main themes are incorporated into the overarching Marketing and Communication Strategy.

Information about eHMSEG/eHN/related project synergies (for discussion)

The eHMSEG Co-Chairs highlighted synergies among the eHMSEG, eHN, and related projects. They illustrated a governance model funnelling from regulatory guidelines to technical implementation, emphasising collaboration across legal, semantic, and technical experts. Key collaborations include integrating guidelines from various Subgroups and aligning communication strategies across projects, such as the Xt-EHR JA. In light of the need

for collaboration and to avoid the duplication of effort, a heatmap of deliverables stemming from the Xt-EHR JA was mapped to existing and ongoing work items per the relevant eHMSEG and eHN work groups.

General eHMSEG update (for information)

The current progress of MyHealth@EU was presented, illustrating 14 operational Member States and 40 live services as of June 2024. The focus remains on practical implementation challenges, which vary by country. Emphasis was placed on the intensive effort required by Member States to meet live service prerequisites and operational testing standards.

The ongoing activities within the eHMSEG were also presented, including the continuous support to Member States entering into, and those already in operation with, cross-border services. The MyHealth@EU KPI's are refined through a dedicated task force to ensure consistent interpretation across all Member States. The work completed by the Legal Work Group and the success of the PATHeD project were also acknowledged.

Addressing concerns about future scalability and efficiency in connecting new services under the EHDS, ongoing efforts aim to optimise go-live and staying live with MyHealth@EU services procedures while maintaining credibility and trust in infrastructure integrity. Further collaboration across Member States were encouraged, highlighting successes in streamlining technical processes and leveraging expert insights.

5. Funding opportunities

An overview was provided of funding sources at the EU level, particularly focusing on funding opportunities under EU4Health in WP2024. Participants were informed of a new call for the expansion of MyHealth@EU (DI-g-24-75). The nomination of competent authorities is currently ongoing with a deadline of 23 July 2024. Participants were also informed of a new call on advancing the adoption of artificial intelligence (AI) under the EU4Health work programme 2024.

The most relevant actions under the Digital Europe Programme include calls on patient access to their health data, on the European Electronic Health Record Exchange Format, AI and health data access bodies, as well as the European Digital Identity. The importance of the Digital Europe programme's projects in advancing the EHDS was noted, and participants were encouraged to explore other relevant actions under the programme that could be beneficial.

The differences between the funding mechanisms of the two programmes were thereafter explained. The EU4Health offers direct grants to Member States for setting up services like

electronic prescription exchanges and Patient Summaries, with a co-funding rate of 60% (80% if exceptional utility justified). In contrast, Digital Europe usually involves competitive calls with a lower co-funding rate of 50%, focusing more on innovative and competitive project proposals.

6. Updates on Joint Action Xt-EHR

An overview of the progress of each Work Package of the Xt-EHR JA was provided following the submission of several deliverables and the respective feedback integration. The Xt-EHR JA was launched in order to provide the groundwork and expert input for the regulatory implementation of the EHDS.

WP1 Project Management and Coordination: This work package is currently focusing on setting up the European Electronic Health Record Exchange Format (EEHRxF) based on Article 6. The importance of defining the implementation guides and determining whether it is necessary to require the full capabilities of all EHR systems was emphasised. Additionally, Article 23 will be used to establish common specifications for EHR systems, with a primary focus on improving patient identification and health professional identification.

WP2 Dissemination and Communication Plan: The stakeholders engagement strategy involves reviewing the deliverables by targeted experts. Member States are responsible for coordinating with national stakeholders and deciding which organisation to involve in the experts consultations. Engagement of the stakeholders for each deliverable will be made available 8 weeks before the submission date. D2.1 is under its second revision, with version 3.0 planned to be ready by end of June 2024.

WP3 Project Evaluation: The KPIs have been finalised and are now available. A Consensus Panel Meeting took place on 10 June 2024 in Bonn for the KPI discussion, validation, and approval. D3.1 will be resubmitted based on the feedback received during the meeting, including enhancing stakeholder engagement in KPIs.

WP4 Sustainability and cross-border interoperability: Comments related to proxy services will be removed. D4.1 will be resubmitted by the end of June 2024.

WP5 General Requirements for EHR systems: A building block pyramid framework will be employed for the general EHR system requirements. Regarding the EHR data input and output requirements for algorithm-based clinical decision support, it was agreed to follow a uniform data profile gateway approach. Furthermore, a small Task Force has been created to work on the metadata standards.

WP6 Electronic Prescriptions and Patient Summary: Identified synergies needed among Xt-EHR JA, eHN, eHMSEG and HL7/IHE. The eHN guidelines and the MyHealth@EU specifications will be the starting point to draw the specifications for the EHDS Article 6. These were improved upon by aligning them to the ISO/CEN, HL7, IHE International Standards, and making them evolve to FHIR, serving as the basis for Article 12 MyHealth@EU. The eHMSEG PS Cluster and XpanDH Readiness Assessments will be used to refine the specifications. Additionally, functional Data Models will be introduced based on HL7 FHIR layered approach.

WP7 New Services for EHR Systems towards EHDS: The team has focused on defining metadata for unstructured content models and assigning responsibilities for medication results to ensure consistent representation across work packages. During the Bonn Workshop, the team analysed compatibility with ISO standards and planned hands-on activities.

WP8 Classification and Labelling Framework: It was agreed to integrate the results of the WP4 survey on current state of play of EHR systems of Member States with the results of the WP8 survey on conformance and compliance aspects of EHR systems. The next step is to agree on a table of contents and deliverables.

WP9 Telemedicine Services under MyHealth@EU: D9.1 progress includes incorporating feedback from IT with sections on general definitions, and use case analysis being developed. D9.2 covers technical specifications for cross-border telemedicine. The next steps are to finalise use cases for D9.1 and continuing stakeholder engagement for D9.2.

Discussion:

The timing and process for stakeholder engagement regarding deliverables under WP7 was raised. It was asked if all deliverables would be sent simultaneously or at different intervals, expressing concern about sending materials for review during the European summer holiday, which could complicate the eight-week review period. It was clarified that stakeholders would be engaged throughout the drafting process of deliverables, rather than just during the two months before submission. It was noted that while there are set deadlines for deliverables, multiple revisions and comments could delay finalisation. The coordination team is aware of the holiday period and aims to manage timelines proactively to avoid last-minute issues. Moreover, while some deliverables might be due on the same date, they pertain to different topics (e.g., imaging, laboratory results), allowing different specialised stakeholders to review each one. This was suggested as a practical solution to manage the workload.

The eHN Co-Chair reiterated the importance of the Xt-EHR JA for the success of the EHDS. They noted the challenge of aligning project deliverables with the evolving regulatory framework and expressed gratitude for the consortium's adaptability. They also emphasised

the necessity of engaging the appropriate expertise for the project's success. It was proposed to leverage the existing eHealth Stakeholder Group to review the draft deliverables.

7. Other eHealth Initiatives and Projects

The results of the Digital Decade Policy Programme monitoring in the context of eHealth target of health data access were presented.

The monitoring framework was initiated in 2022, involving extensive consultations with Member States, as well as agreement on standardised methodologies and indicators in alignment with the EHDS Regulation. The baseline data from 2023 was part of the Digital Decade Report, and the 2024 data collection builds on this foundation. The data collection involved consultations and validations with Member States to ensure accuracy and clarity.

The methodology uses a composite indicator covering 12 sub-indicators across 4 key layers:

1. **Implementation of Electronic Access Services**: This measures the availability of nationwide services for accessing health data, whether centralised or provided by healthcare providers or the government.
2. **Accessible Health Data Categories**: This focuses on the types of data available in national EHR systems, adhering to the EHDS Regulation.
3. **Access Technology and Coverage**: This assesses the secure authentication technologies and the easy access through various platforms, such as portals and apps.
4. **Equitable Access Opportunities**: This ensures that all, including prone to exclusion, populations have access to health data.

The EU's average score for access to EHRs increased to 79%, marking nearly a 10% increase. More than 80% of Member States improved their scores: BE, DK; EE, LT and PL were reported as the most mature in facilitating EHR access. Currently, all Member States offer some form of national or regional access to EHRs.

The thematic layer results for the EU average are summarised as follows:

1. **Electronic Access Services**: All countries provided some form of national access, showing improvement across the board.
2. **Accessible Health Data Categories**: This area demonstrated significant growth from 64% to 74%. Categories like personal information, e-prescriptions, and lab test results are among the most accessible.
3. **Access Technology and Coverage**: This is the highest scoring layer at 80%, with many countries enhancing eID schemes deployment compliant with eIDAS Regulation and easy to use mobile application access.

4. **Equitable Access**: Results in this layer improved to 77%, with several countries fully meeting the requirements for equitable access.

The challenges and areas of improvement which were noted are:

- Universal population coverage should be considered ascentral to the eHealth target
- Private healthcare providers are less connected than public providers
- Among the diverse selection of health data, certain data types have limited availability
- Authentication via an eIDs (pre-)notified under eIDAS is not enabled yet in all Member States
- Further access opportunities could be implemented under existing legal provisions

A call to action was made to ensure universal, secure, and equitable access to health data by 2030. Continued efforts are needed to expand data availability, connect more healthcare providers, especially private ones, and maintain high standards for secure and accessible services.

The report accessible here: **Digital Decade 2024: eHealth Indicator Study | Shaping Europe's digital future (europa.eu).** The report provisional publish date of 26 June 2024 was announced, and the members were kindly requested to keep the results embargoed until that date.

8. Emerging technologies and Data Infrastructures

Results of the survey on the state of play of Virtual Human Twins in Member States.

The presentation on Virtual Human Twins (VHTs) covered an overview of the survey conducted and provided insights into the current landscape of VHTs in Member States. The survey, which received responses from 17 Member States and Norway, consisted of five concise questions.

Regarding national strategies for VHTs, it was remarked that FR's strategies, in which the National Institute for Research in Digital Science and Technology (INRIA) has an important role, involve collaboration with companies. DE's digitalisation strategy for health and care focuses on high-quality data for healthcare and research, relevant in the context of VHTs. CZ addresses the development of VHTs in the context of AI strategies, as tools to foster patient support and integrated care, in connection with the European Health Data Space (EHDS). CY is analysing the possibility to integrate a simple VHT model with the national electronic health record system and to build a Digital Twin Generator (DTG), a computational model that describes the evolution of a patient's health over time. Other countries are aware of VHT

activities but are not implementing a national strategy yet, either because they are still in the early exploratory stage, have not prioritised this action or are facing resource constraints.

Concerning support for VHT developers and users, FR's initiatives include the e-Health Acceleration Strategy and the PEPR programme, with several VHT-related projects. DE offers funding guidelines in life sciences supporting VHT development. CY provides broad support for research infrastructure, anticipating more and targeted funding in the future. CZ plans to start its support for VHTs in 2024. Other countries provide indirect support through broader research and startup ecosystems.

Regarding other ongoing activities, Member States mentioned that HR uses VHTs in clinical practice at the Magdalena clinic. DE employs VHTs in domains such as toxicity testing and drug development, among others. FR continues to engage in projects aligned with its strategic initiatives. IT hosts multiple activities, including an AI platform for monitoring people's health and a digital human twin prototype at the Italian Diagnostic Centre. Other countries report academic research, industrial development, and participation in European projects related to VHTs.

The survey identified numerous centres of expertise involved in VHT research and development. These include universities, research organisations, hospitals, companies, hubs, labs, and centres of excellence, spread across many countries.

The EU VHT Initiative and AI, presentation and discussion on perception of MS

The presentation elaborated on the advancement of VHTs and the integration of AI in healthcare.

It was noted that while advanced VHT models are used in some healthcare applications, broader solutions for comprehensive health and disease modelling remain in the early stages. This calls for a strategic approach at the EU level to further these technologies. Advances in AI and high-performance computing are paving the way for personalised, multi-scale health modelling, but existing regulations need to evolve to fully support their development. Therefore, robust, context-validated solutions and a thorough plan for communication and education are essential to promote innovation and adoption of VHT-based solutions in healthcare.

In response to these challenges, the European Virtual Human Twins initiative aims to foster an inclusive and collaborative multi-stakeholder ecosystem. This involves breaking down silos and promoting interoperability and integration of VHT solutions. The initiative's goals include:

- Building a state-of-the-art platform to enable modelling across various scales of human anatomy.
- Leveraging advanced computational methods and AI to support research and technological development in VHTs.
- Ensuring all advancements comply with EU values and regulations regarding privacy, safety, and security.

In 2022 and 2023, a political manifesto was developed in collaboration with 132 organisations, this far resulting in 92 signatories from industry, academia, research, and clinical domains. This manifesto outlines core focus areas such as:

- Achieving excellence in research and maintaining Europe's leading edge in VHT and AI technologies.
- Generating evidence to demonstrate the benefits of VHT solutions for citizens and patients.
- Supporting the adoption of these technologies and fostering trust in intellectual property.

The European Infrastructure for Intensive Care Units Data co-funded by the DIGITAL Europe programme, and the computational model-based, multi-scale VHT solutions for personalised disease management focused on foundational VHT research are examples of recent actions launched as part of the EU VHT Initiative. Participants were also informed of the establishment of the AI office within DG CONNECT and the strong focus on health in the Gen AI for EU initiative.

Member States interested in advancing VHT and AI initiatives were encouraged to engage and form a core group committed to driving these efforts forward.

Update on the data spaces, infrastructures and the European Digital Infrastructure Consortium

Two key data infrastructures co-funded under the Digital Europe Programme were introduced emphasising their importance in the context of the EHDS as potential European Digital Infrastructure Consortia (EDIC).

The European Digital Infrastructure Consortium is a new legal entity designed to facilitate the implementation of multi-country projects in digital transformation under the Digital Decade Policy Programme. While to some extent similar to the European Research Infrastructure Consortium (ERIC), the EDIC supports various purposes that go beyond just research. This new framework allows for the sustainability of data infrastructures by operating them as

independent entities that can receive funding from European, national, and private sources under a unified budget.

The first EDICs have already been established in three projects implementing the digital agenda. In the digital health area, a Task Force comprising 10 Member States' health or research ministries is working towards establishing a Genome EDIC for the 1+ Million Genomes initiative, to facilitate the sharing of genomic and clinical data for research, healthcare and public health purposes. This legal status will be crucial for implementing the initiative in the EHDS context. EDICs are integral to the EHDS, as they can be authorised participants in the HealthData@EU infrastructure, providing users access to data resources through the EHDS framework harmonising the legal framework across the EU.

Two projects under the Digital Europe Programme were highlighted:

1. **European Genomic Data Infrastructure (GDI)**: This project, with a budget of 40 million EUR involves 24 MS. Coordinated by the European Molecular Biology Laboratory (ELIXIR Hub), it aims to achieve technical readiness for data exchange in at least six countries by the end of the year, expanding to 15 countries by the project's conclusion.
2. **Genome of Europe**: This project has a 45 million EUR budget, with 20 million EUR from the Digital Europe Programme focusing on creating a reference genome for Europe.

Cancer Imaging Initiative

An overview was provided of the Cancer Imaging Initiative, which is a flagship project under the European Beating Cancer Plan. Launched by the EC in December 2022, the initiative aims to leverage digital and data-driven technologies, particularly AI, to enhance cancer diagnosis and treatment. The initiative seeks to unite stakeholders, including healthcare providers, researchers, and innovators, to maximise the use of these data-driven tools in cancer care.

A core element of the initiative is the deployment of a federated pan-European digital infrastructure, named Cancer Image Europe, initiated in January 2023. This infrastructure addresses the fragmentation of medical imaging across Europe and supports the development and validation of AI tools for precision medicine. The EUCAIM project deploying the platform involves a consortium of 76 partners from 14 countries with a budget of 36 million EUR and is scheduled to run for 4 years.

The interim results of the project include a searchable public catalogue of 46 datasets across 8 cancer types. By the end of 2026, the initiative aims to compile over 60 million annotated

cancer images and related patient data from more than 100,000 patients, and to have a user base of at least 300 researchers and healthcare professionals.

By the end of 2026, the potential benefits of the platform are access to advanced data processing tools, improved data interoperability, and support for observational studies, cancer screening programmes and regulatory compliance. The platform aims to facilitate the creation of reproducible AI models for cancer treatment, supporting both clinical pathways and regulatory bodies with certified datasets.

To sustain and expand this effort, the EDIC was identified as the optimal mechanism. A working group involving multiple countries is defining the scope and governance of this solution, with a view to connecting with the HealthData@EU infrastructure as authorised participant. Delegates were encouraged to engage with the initiative and explore ways to support and benefit from the infrastructure.

9. Capacity Building on Primary Use of Health Data

State of play on Capacity Building

An update was provided on the Capacity Building initiative aimed at enhancing the primary use of health data across EU Member States, focusing on facilitating operational-level knowledge exchange among national experts involved in implementing health data services and infrastructure.

The Capacity Building activities are structured around the Capacity Building Requirements Catalogue developed after identifying key areas for knowledge exchange. Member States have already contributed to this catalogue in 2023, indicating their interests either in learning about specific topics (learners) or sharing knowledge with other countries (mentors).

A central component of this initiative is the Twinning Programme, which involves knowledge exchange sessions or “twinnings” between countries. Each twinning is treated as a mini-project, typically featuring one or more mentors and learners, and supported by the study team. The sessions are designed to last between 3 and 9 months, starting with an online kick-off meeting to identify the learners' needs, followed by a series of visits and ongoing offline work. The goal is not to replicate services directly but to share experiences, challenges, and best practices to save time and resources for the learners.

Several ongoing twinning activities were highlighted, e.g. PL is mentoring AT on national EHR systems, and DK and the NL are mentoring other Member States on digital health literacy and certification of EHR systems, respectively.

In addition to twinning, the project addresses gaps where no mentors were available, by organising masterclasses. These sessions offer in-depth knowledge on topics such as interoperability and data quality. The first masterclasses were held in June, with plans for more sessions and online materials to be made available.

Interested Member States are free to contact the initiative for inclusion in the programme.

Experiences of eHN members: reflections from both mentor and learner perspective

DK shared insights into their participation in several twinnings as a mentor focused on digital health strategies and literacy workshops. They collaborated closely with NO, FR, and NL, emphasising operational focus and knowledge sharing. They highlighted the value of in-person interactions, noting challenges with online engagement. They consider the trainings instrumental in aligning with EHDS goals and fostering practical insights into eHealth advancements.

NO discussed their role as both mentors and learners in digital strategy and roadmap initiatives within twinning programmes. With over 20 years of health sector experience, they emphasised the programme's role in extensive knowledge sharing, capacity building, and strategic partnerships across European countries. NO found the twinning beneficial for exchanging best practices, enhancing collaborative efforts, and gaining insights into successful digital health models, crucial for advancing EU digital health projects.

EE's participation in twinning programmes focused on policy-making and strategy implementation for the EHDS. They stressed the value of in-person meetings for sharing experiences and solving common challenges related to digital health. EE aims to continue these focused trainings to further develop frameworks and strategies that could be shared across EU Member States, ensuring cohesive implementation of eHealth strategies.

The eHN Co-Chair suggested to follow-up on the discussion questions in future Coordinated Actions meetings. These discussions would focus on identifying future capacity needs, including target groups that have not been sufficiently engaged.

10. Belgian Presidency Presentation

A presentation was providedon key points identified during BE's presidency. Collaboration and modesty in implementing the EHDS as well as focusing on sharing insights to ensure effective integration of EHDS priorities were emphasised. Key priorities during their presidency include enhancing security and interoperability for data exchange, alongside establishing a legal framework to govern European health data.

BE strongly supports the development of a European digital testing environment by the EC. They advocate for open-source software and stress the importance of Member States' collaboration in this initiative. Technical standards are considered fundamental, ensuring compliance with European Electronic Health Record Exchange Formats and promoting interoperability across systems.

It was noted that privacy and security are crucial concerns. End-to-end encryption and strict access management is endorsed to protect health data from unauthorised access. BE's existing digital testing environment includes comprehensive compliance testing criteria and supports a self-service approach for stakeholders.

11. Hungarian Presidency Presentation

A presentation on the main focus areas of the upcoming HU presidency aligned with national priorities was presented.

The first focus area of HU will be cardiovascular health, reflecting their broader concerns about demographics and competitiveness. This will be highlighted in high-level conferences and ministerial meetings focusing on prevention, early diagnosis, and effective therapies.

The second focus area, transplantation and organ donation, will be a significant agenda item. HU plans to address practical questions related to organ donation, partially in cooperation with HR, ensuring compliance with regulations concerning substances of human origin. This topic will also be discussed in high-level conferences and ministerial meetings, focusing on supply security and developing models for cross-border transplantation.

Additionally, the HU Presidency will facilitate discussions on mental health, rare diseases, and pharmaceuticals, building on previous negotiations. HU noted that the EHDS remains a critical priority.

Day 2 – 20 June 2024

12. Opening of the Day with Welcoming by EC DG SANTE C Director

The DG SANTE C Director welcomed participants with an introductory speech on the accomplishments of the eHN and EHDS Regulation. The community's achievements in creating a trusted environment through initiatives like COVID certificates and digital health solutions were highlighted. The Director emphasised the pivotal role of trust in technological advancements and policy shaping since 2018, particularly in promoting data-centred approaches and interoperability across Europe.

The EHDS Regulation's significance in facilitating future healthcare innovations was stressed, including AI applications. They called for continued collaboration under initiatives like the EU4Health programme to strengthen digital health infrastructure across Member States and expressed confidence in the eHN's ability to navigate future challenges and deliver substantial outcomes.

13. Introduction to Discussions

Four parallel workshops were conducted with regard to the EHDS. The goal was to prepare for future steps and enhance the sustainability of the current eHN 2024 Work Plan. The discussions were consequently concluded in the plenary.

1. Discussion 1: What are the key challenges for the EHDS implementation at the national and EU level for primary use?

2. Discussion 2: What are the key challenges for implementing EHDS at the national and EU level for secondary use?

3. Discussion 3: What are the key challenges for implementing EHDS at the national and EU level for certification, governance, penalties, etc.

4. Discussion 4: What is at stake for EU MS and the EC for digital health at a global level (G7, G20, WHO, and OECD) and how do we best collaborate for it?

14. Plenary Wrap-up and Conclusions

Discussion 1: What are the key challenges for the EHDS implementation at the national and EU level for primary use?

At the national level:

One of the main challenges for the implementation of the EHDS at both national and EU levels is dealing with legacy systems that vary significantly among Member States, ranging from centralised to decentralised and from highly digitalised to minimally digitalised. Sharing best practices is considered an essential strategy to address this challenge. Member States indicated as concrete action the creation of a Confluence common space on IT collaboration and sharing experiences through the eHN Coordinated Action meetings.

Building trust and raising awareness among all stakeholders, including policymakers, healthcare professionals, and patients, is crucial. Effective communication strategies mapped to different topics and stakeholder needs are necessary to ensure that all parties are informed and engaged.

Furthermore, it was noted that implementing the EHDS requires substantial financial investment and strategic planning to ensure long-term sustainability. Member States are encouraged to share resources and reuse components to avoid redundant efforts. Establishing clear roadmaps and prioritising developments can contribute to creating sustainable solutions. Additionally, developing human resources with the necessary competencies to manage and implement the EHDS effectively is critical.

The lack of aligned technical specifications currently presents a significant challenge. There is a call for the adoption of unified standards and guidelines to increase efficiency. Effective coordination and synergy among different stakeholders, such as the eHN and other EU bodies, are essential to facilitate the alignment of the technical aspects and avoid reinventing the wheel.

At the EU level:

One of the main challenges is the need for effective coordination to scale up central or basic services across Member States. While these services may not necessarily be centralised, they should be standardised to ensure reusability and interoperability. This requires coordination with corresponding counterparts on EU/national level to align efforts and facilitate integration.

A key challenge is achieving a common denominator in the regulatory implementation of the EHDS. Integrating Member States input and establishing synergies between various stakeholders (e.g. Xt-EHR joint action and the eHealth Network and eHMSEG) is crucial. Additionally, the aligned communication with Member States in providing communication strategy and reusable building blocks is essential for the successful implementation of the EHDS.

Transitioning to the new governance structures smoothly is another challenge. Member States need to voice their needs and critically assess their resources to ensure they are adequately prepared for the changes. This involves regularly evaluating the relevance and effectiveness of existing Working Groups and adjusting them as needed by the European Commission and Member States.

Discussion 2: What are the key challenges for implementing EHDS at the national and EU level for secondary use?

At the national level:

For the secondary use of health data, changes in legislation and the reorganisation of existing systems pose significant challenges for the EHDS implementation at the national level. A concrete action is to create interactions between the eHN groups and the secondary use projects. The eHN Work Plan should prioritise forming groups dedicated to addressing these issues raised by the EHDS.

Technical issues, particularly related to the modification of existing EHR systems, as well as data quality and appropriate summarisation methods are also critical, as poor data quality can severely impact both primary and secondary uses. Addressing these challenges is vital to make data available and useful for secondary purposes.

The financial implications of implementing EHDS are significant, and many Member States are already assessing the potential costs. Security concerns are also important to consider, as they are directly linked to the trust of stakeholders in terms of sharing of data and ethical principles.

Further challenges are the potential bias for secondary use datasets in the context of the opt-out, avoiding silos between primary and secondary use of data, as well as Intellectual Property rights issues and definition of available datasets from the data holder's perspective.

At the EU level:

At the EU level, key challenges include the development of a number of services, responsibility allocation for different aspects of the EHDS implementation, the anticipation of further

discussion of secondary use within the eHN, aligning the infrastructure of the EC with the EHDS requirements, as well as connecting all the HDABs of Member States.

Discussion 3: What are the key challenges for implementing EHDS at the national and EU level for certification, governance, penalties, etc.

At the national level:

At the national level, key challenges for implementing the EHDS include the interpretation of EHDS, especially concerning certification and penalties, which remains unclear. There is a dependence on Implementing Acts and Joint Actions' work, including understanding the detailed scope of harmonised components. Balancing national frameworks and criteria with the upcoming EHDS framework is essential, as is handling national reimbursement requirements. Additionally, improving digital health literacy and effective marketing strategies are crucial components that need to be addressed.

At the EU level:

At the EU level, challenges involve ensuring all Member States have a uniform understanding of the requirements of Chapter 3 and its Annexes, particularly in relation to NIS, EUiD Wallet, and GDPR, Effective communication, marketing, and training are necessary to enhance digital health literacy across Member States. Another challenge is sorting and listing where national requirements related to Chapter 3 can be integrated. Finally, the transition of EHDS governance requires a clear understanding of the involvement of stakeholder groups, managing national roles, and addressing political challenges during this period.

The group discussed how to exchange concretely and effectively experiences and best practices for national implementation. It is proposed to continue using the eHN Coordinated Action Meetings to refine approaches to the EHDS implementation and make use of the best practices of the community of practice on secondary use. Additionally, the use of Confluence and other collaborative tools will be crucial for documenting and addressing the questions during the implementation process.

Discussion 4: What is at stake for EU MS and the EC for digital health at a global level (G7, G20, WHO, and OECD) and how do we best collaborate for it?

At the national level:

A significant challenge identified is the limited resources that Member States can allocate to global digital health initiatives. Many countries find it difficult to engage effectively at the global level due to these constraints. Additionally, the lack of interconnection between these initiatives complicates efforts to maintain consistency and to find relevant information.

At the EU level:

It is essential to strengthen the EU's role in global bodies to better represent the positions of EU Member States. In addition, transparency in governance structures for global digital health initiatives should be ensured, e.g. clarifying the governance of the GDHCN and understanding the implications of frameworks like the International Health Regulation to maintain trust and align global and European standards. Communication between global, European, and national levels should be enhanced with a focus on promoting the EHDS principles and standards to third countries.

There is a call for Member States to engage more actively in the Global Digital Health Partnership, which facilitates sharing experiences and best practices. The EU should assess the possibility to leverage platforms like the WHO Academy to build digital skills that align with EHDS compliance requirements. Furthermore, the development of a communication toolbox within the EU's digital health network can support consistent messaging and promote the EHDS effectively on the global stage. Finally, G7 and G20 are acknowledged as relevant fora for global discussions and developments.

15. AOB

Under any other business, it was announced that a call for expression of interest will be sent for the election of the Member States eHN Co-Chair in the 27th eHealth Network Meeting. Participants were also informed of a call for experts launched by the WHO for a Strategic Advisory Group on the GDHCN with a deadline of 9 July 2024.

The meeting was thereafter adjourned. The next eHN Meeting will be held on 18 November 2024 in Budapest (HU).