Towards European Health Data Space - TEHDAS

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Co-funded by
The Health Programme of the European Union
# Joint Action Towards the European Health Data Space – TEHDAS

<table>
<thead>
<tr>
<th>Joint Action</th>
<th>Supports the Members States and the Commission</th>
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<tbody>
<tr>
<td>Participants</td>
<td>Nominated authorities from 25 European countries</td>
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<td>Duration</td>
<td>30 months from February 2021 – July 2023</td>
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<td>Co-funding</td>
<td>€4 million - EU 60%, Member States 40%</td>
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<td>Project coordinator</td>
<td>Sitra, Finnish Innovation Fund</td>
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Four pillars of the European Health Data Space

**PRIMARY use of health data**
- BETTER HEALTHCARE

**SECONDARY use of health data**
- BETTER POLICY-MAKING
- BETTER RESEARCH & INNOVATION

Co-funded by The Health Programme of the European Union
European Union Data related measures

2016 - General Data Protection Regulation (GDPR)
2018 - Regulation on the free flow of non personal data
2018 - Digital Health Strategy
2019 - Open Data Directive
2019 - Cybersecurity Act
2020 - Data Strategy
2020 - Data Governance Act (DGA)
2021 - 2030 Digital Compass
2021 - Artificial Intelligence Act
2021 - Digital Services Act
2021 - Digital Markets Act
2021 - Data Act
2022 – Chips Act
2022 – EHDS
Barriers on cross-border sharing of health data for secondary use and options to overcome these

- 47 papers reviewed by 4 reviewers to identify barriers
- from 89 barriers 20 went through detailed analysis and **11 barriers were prioritized**
- 23 European countries provided 113 case studies to give real-life examples of the 11 barriers on impact, issues and solutions
- **6 were legal**
- 3 were data/semantic related
- 1 infrastructure
- 1 trust
Key players of the European Health Data Space

European Health Data Space

- Healthcare providers
  - Researchers
  - Policymakers
- Individuals
- Healthcare professionals
- Regulators
  - Industry
A steady flow of outputs in 2021-2023
EHDS Architecture (HealthData@EU)
Highlights of TEHDAS proposals related to infrastructure

Recommendations were voted on and prioritised to reflect the views of the TEHDAS partners.

- **Data integration**: in favour of data integration taking place at the level of the health data access bodies that grant access to data and prepare it for use rather than at the level of data holders.

- **SPEs**: both the security standards of the secure processing environments and the auditing mechanisms to audit them should be agreed at the European level to ensure proper uptake.

- An SPE on EU level is provided in addition to the country level SPEs

- **Support and training services** needed at both levels - HDABs offer support to its users, which is coordinated with the EU core platform.

Overall finding: **Clear guidelines are needed how SPEs would be used in the case of cross-border and multi-country projects.**
Thank you!

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