



## Audit Report

22/20

### Funds spent on the implementation of selected objectives of the *National eHealth Strategy*

The audit was included in the audit plan of the Supreme Audit Office (hereinafter the “SAO”) for 2022 under No 22/20. The audit was headed and the Audit Report was drawn up by SAO Member Ing. Stanislav Koucký.

The **objective of the audit** was to examine whether the Ministry of Health had spent funds to implement selected objectives of the *National eHealth Strategy* in an economical and effective manner to ensure the functioning of eHealth.

The audit was conducted with the audited entities between October 2022 and May 2023.

The audited period was from 2018 to 2022; where relevant, the preceding period and the period up to the end of the audit were also scrutinised.

#### **Audited entities:**

Ministry of Health (hereinafter the “MoH”),  
Institute of Health Information and Statistics of the Czech Republic, Prague (hereinafter the “IHIS CR”),  
Na Homolce Hospital, Prague (hereinafter the “NHH”).

The **SAO Board** at its 13<sup>th</sup> meeting held on 28 August 2023

**approved** by Resolution No 4/XIII/2023

the **Audit Report** as follows:

# Digitalisation of the health sector in the Czech Republic

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## CZK 413 million

Audited amount of funds spent  
on the digitalisation of the  
health sector.

## CZK 159 million

The amount of funds spent that  
did not result in meeting selected  
strategic and specific objectives of  
eHealth.

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**The MoH did not fully implement the strategic objectives of eHealth.**

**By the statutory deadline of 1 January 2023, the MoH had not established an infrastructure enabling health service providers to meet the requirements of Section 44 of Act No 325/2021 Coll., on the digitalisation of the health sector.**

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### Unfulfilled specific objectives of the *National eHealth Strategy*

#### Strategic objective 2. *Increasing the efficiency of the health system*

Specific objective 2.1 *Data sharing and  
communication between providers*

Health service providers do not have a  
nationally guaranteed unified, secure  
communication environment for sharing  
health data with one another.

#### Strategic objective 4. *eHealth infrastructure and administration*

Specific objective 4.3 *eHealth  
administration*

As of 1 January 2023, the MoH had not  
established core health registers, trust  
services, central eHealth services or an  
activity log, although their existence is  
foreseen by Act No 325/2021 Coll., issued on  
the basis of the *National eHealth Strategy*.

## I. Summary and Evaluation

- 1.1 The SAO conducted an audit the objective of which was to examine whether the healthcare sector had spent funds to implement selected objectives of the *National eHealth Strategy*<sup>1</sup> (hereinafter the “NeHS”) in an economical and effective manner to ensure the functioning of eHealth.
- 1.2 Projects of the basic infrastructure of centrally provided services for the healthcare sector implemented by the MoH and the IHIS CR, which were to meet the requirements of Act No 325/2021 Coll., on the digitalisation of the health sector, and two strategic objectives of the NeHS were selected for the audit. The SAO also audited the NHH project aimed at modernising the hospital’s information system. The MoH, the IHIS CR and the NHH spent a total of CZK 413 million on these projects and related activities between 2017 and 2022.

- 1.3 **Funds spent by the MoH and the IHIS CR in the amount of CZK 159 million<sup>2</sup> did not lead to the fulfilment of selected strategic objectives of the NeHS. The MoH failed to meet the requirements of Act No 325/2021 Coll. by not implementing key components of eHealth.**

The key project, which was to provide a unified, secure communication environment for data sharing, was, on the basis of a request of the IHIS CR and subsequent acceptance by the managing authority of the operational programme<sup>3</sup>, changed so that it did not meet the original objective of centrally shared eHealth services. Acceptance of the changes allowed the project to comply with the conditions of the aid provided, even though the project differed from the original plan.

At the level of the audited projects, the SAO did not find any shortcomings in the cost-effectiveness of spending of funds.

The selected objectives of the NeHS that had not been met by the MoH were moved to the follow-up Health 2030 strategy.

The SAO finds a significant risk in the continuous increase of delays in the digitalisation of the health sector.

- 1.4 The overall assessment is based on the following findings of the SAO’s audit:

**a) The MoH prepared the draft law on the digitalisation of the health sector late and in a modified form compared to the original intention, which did not allow the strategic objectives of the NeHS to be met in full.** Moreover, the MoH did not respect the objectives stated in the NeHS when drafting the law and omitted, inter alia, the parts regulating the emergency records, the personal health records and the health documentation index. (see paragraphs 4.1-4.4)

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<sup>1</sup> The NeHS formulates, among other things, the following global (strategic) objectives, the focus of which is the digitalisation of the health sector:

objective 2 of the NeHS – *Increasing the efficiency of the health system*,  
objective 4 of the NeHS – *eHealth infrastructure and administration*.

<sup>2</sup> The amount is made up of CZK 122 million for the project *Building eHealth, the basic infrastructure of the healthcare sector – Information and data interface* and CZK 36.6 million for the project *Strategic management of eHealth development at the MoH*.

<sup>3</sup> IROP – managing authority Ministry of Regional Development.

**b) The MoH did not manage the digitalisation of the health sector in such a way as to meet the strategic objectives of the NeHS** consisting in increasing the efficiency of the health system and ensuring guaranteed portability of health records and information. At the same time, the MoH spent CZK 36.6 million from the project *Strategic management of eHealth development at the MoH* on a number of external services and CZK 38.5 million on the activities of the Ministry's expert unit responsible, among other things, for fulfilling the tasks of the National eHealth Centre. The centre largely outsourced its activities. (see paragraphs 4.5-4.8)

**c) The MoH did not set up the key components of eHealth according to the requirements of Act No 325/2021 Coll.:** the integrated data interface of the Ministry, core health registers, trust services, activity log and central eHealth services. (see paragraphs 4.20-4.24)

**d) The MoH did not ensure the creation of a unified, secure communication environment for data sharing between health service providers** and other participants in the health care system, although the existence of such a communication environment is foreseen by Act No 325/2021 Coll. The relevant part of the Act had not been complied with by the end of the audit (May 2023). The MoH and the IHIS CR failed to complete a reliable system that could be used by health service providers to share data on specific patients within the framework of the key project *Building eHealth, the basic infrastructure of the healthcare sector – Information and data interface* (for CZK 122 million). Thus, a situation persists that more than two years after the expiry of the NeHS (meaning from the end of 2020), doctors cannot efficiently obtain all necessary and existing information about the patient in critical situations. (see paragraphs 4.9-4.15, 4.24)

**e) As a result of a substantial change in the key project IDRR (*Integrované Datové Rozhraní Resortu*, in English "Resort Integrated Data Interface"), although the IHIS CR did meet the project objectives, it did not create a system for full-scale, unified, secure data sharing between health service providers.** The output of the project *Building eHealth, the basic infrastructure of the healthcare sector – Information and data interface* was to be a new public administration information system with five new functionalities, and the system was to provide full-scale, unified, secure data sharing between health service providers. By a substantial change of the project (no 4), which was approved by the IROP managing authority, the IHIS CR changed the way of meeting the original project indicators and used the already existing *Infectious Disease Information System* (ISIN, *Informační systém infekční nemoci*) to meet the project purpose. The ISIN performed the tasks of information support for public health protection during the COVID-19 pandemic<sup>4</sup>. However, the ISIN itself, by virtue of its scope being limited to the field of infectious diseases, cannot provide full-scale services in the form required by Act No 325/2021 Coll. (see paragraphs 4.16-4.19)

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<sup>4</sup> The SAO audited the ISIN in the framework of the information support for anti-epidemic activities in Audit No 21/35, the Audit Report of which was approved in January 2022.

## II. Information on the Audited Area

- 2.1 eHealth is a set of processes and tools that span the fields of general and health informatics, public administration, public health and the business sector involved in the provision of health services.
- 2.2 The MoH is the central state administration authority responsible for, among other things, health services, public health protection and the health information system and eHealth.
- 2.3 The digitalisation of the health sector should enable data sharing and communication between health service providers (specific objective 2.1 of the NeHS). A unified environment for secure data and health documentation sharing was to be created so that information about patients and their examinations could be easily shared between different health service providers.
- 2.4 The legal framework for the digitalisation of the health sector is defined, in particular, by Act No 325/2021 Coll. The creation of a unified environment for the secure sharing of health documentation maintained in electronic form includes, in particular, the creation of an integrated healthcare sector data interface within the scope defined by Act No 325/2021 Coll.
- 2.5 The NeHS was the overarching document for the development of the digitalisation of the health sector in the Czech Republic. It was approved by the government<sup>5</sup> on 28 November 2016 and thus became a binding strategic document for the MoH. The implementing document of the strategy was the *NeHS Action Plan* approved by the Minister of Health.
- 2.6 The strategic document following the NeHS is the *Strategic framework for the development of health care in the Czech Republic until 2030*<sup>6</sup>.
- 2.7 The IHIS CR performs tasks assigned by the Ministry of Health in the field of eHealth and information and communication technologies. It provides technical administration and operation of information systems and internal development of information systems. It also provides and manages shared services of the MoH in the area of infrastructure, applications and database and transaction systems, and ensures interconnection with eGovernment systems and systems under the responsibility of other ministries and central state administration authorities.

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<sup>5</sup> Resolution of the Government of the Czech Republic No 1054 of 28 November 2016 *on the National eHealth Strategy for the period of 2016-2020*.

<sup>6</sup> Approved by Government Resolution No 743 of 13 July 2020.

### III. Scope of the Audit

- 3.1 The objective of the audit was to examine whether the healthcare sector had spent funds to implement selected objectives of the *National eHealth Strategy* in an economical and effective manner to ensure the functioning of eHealth.
- 3.2 The NeHS formulates four strategic objectives<sup>7</sup>. These are further divided into 12 specific objectives. The audit focused on examining the funds spent to meet strategic objectives 2 and 4, namely specific objectives 2.1 *Data sharing and communication between providers*, 4.2 *Standards and interoperability* and 4.3 *eHealth administration*.
- 3.3 At the MoH, the audit examined funds spent on:
- the project *Strategic management of eHealth development at the MoH* in the amount of CZK 36,596,575 (see Annex 1),
  - the organisational support for the Information and Communication Technology Unit / National eHealth Centre in the period of 2017-2022 in the amount of CZK 38,623,779 (payroll and related expenditure),
  - the study *Assessment of the feasibility of selected areas of the NeHS* in the amount of CZK 2,267,540,
  - the creation of interoperability standards for sharing health documentation in the amount of CZK 3,869,580.
- 3.4 The SAO audited whether the MoH had proceeded with the implementation of the project *Strategic management of eHealth development at the MoH* in accordance with the approved project terms and conditions. The audit also examined whether the MoH had acquired assets in accordance with the Public Procurement Act<sup>8</sup> and whether it had complied with the Act on Accounting<sup>9</sup>, the State Property Act<sup>10</sup> and the Budgetary Rules<sup>11</sup>.
- 3.5 In assessing the economy of the funds spent, the Supreme Audit Office examined whether the assets had been acquired at the lowest possible price while maintaining adequate quality.
- 3.6 In terms of effectiveness, the SAO examined the funds spent by the MoH on activities related to the management and development of eHealth.
- 3.7 At the IHIS CR, the audit examined funds spent on:
- the project *Building eHealth, the basic infrastructure of the healthcare sector – Information and data interface* in the total amount of CZK 122,200,518 (see Annex 1),

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<sup>7</sup> The NeHS formulates four strategic objectives:

1. Increasing citizens' involvement in their own health care,
2. Increasing the efficiency of the health system,
3. Improving the quality and accessibility of health services,
4. eHealth infrastructure and administration.

<sup>8</sup> Act No 134/2016 Coll., on public procurement.

<sup>9</sup> Act No 563/1991 Coll., on accounting.

<sup>10</sup> Act No 219/2000 Coll., on the property of the Czech Republic and the representation of the Czech Republic in legal relations.

<sup>11</sup> Act No 218/2000 Coll., on budgetary rules and on amendments to certain related acts (the Budgetary Rules).

- the acquisition of intangible fixed assets of the IHIS CR related to the digitalisation of the health sector from 2018 at a total cost of CZK 84,568,086,
  - the evaluation of the *Infectious Disease Information System* for a total of CZK 3,176,699.
- 3.8 The SAO audited whether the assets acquired by the IHIS CR in connection with the digitalisation of the health sector had been acquired in accordance with the requirements of the Public Procurement Act<sup>12</sup>. The audit also examined whether the IHIS CR had complied with the Act on Accounting<sup>13</sup>, the State Property Act<sup>14</sup> and the Budgetary Rules<sup>15</sup>.
- 3.9 In assessing the economy of the funds spent at the IHIS CR, the Supreme Audit Office examined whether the assets had been acquired at the lowest possible price while maintaining adequate quality.
- 3.10 In terms of effectiveness, the Supreme Audit Office assessed whether the funds spent had led to the fulfilment of the selected objectives of the NeHS, the *NeHS Action Plan* and the objectives set out in the project application (including its subsequent changes accepted by the managing authority) for the establishment of a unified communication environment for the secure sharing of health documentation in the healthcare sector.
- 3.11 The NHH was audited for funds spent on the project *Modernisation of the Na Homolce Hospital information system* (hereinafter the “HIS”) in the total amount of CZK 91,298,372 (see Annex 1) and funds spent by the NHH in the years 2020-2023 for external services related to the development, expansion and operational maintenance of the new hospital information system in the amount of CZK 30,233,542.
- 3.12 The SAO verified the effectiveness of the acquired HIS by checking a sample of selected functionalities of the system and its actual deployment in the hospital environment. In assessing economy, the audit examined whether the technological part of the project had been procured at the lowest possible price while maintaining adequate quality, and in accordance with the Public Procurement Act<sup>12</sup>. Furthermore, the SAO audited compliance with the IROP rules and whether the NHH had accounted for the acquired assets in accordance with legal regulations.
- 3.13 The audited amount of funds totalled CZK 412,834,691, of which CZK 250,095,465 related to projects.

**Note:** The legal regulations indicated in this Audit Report are applied in their wording valid and effective for the audited period.

The amounts given in this Audit Report have been rounded, which may result in an insignificant discrepancy in the reported financial figures.

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<sup>12</sup> Act No 134/2016 Coll., on public procurement.

<sup>13</sup> Act No 563/1991 Coll., on accounting.

<sup>14</sup> Act No 219/2000 Coll., on the property of the Czech Republic and the representation of the Czech Republic in legal relations.

<sup>15</sup> Act No 218/2000 Coll., on budgetary rules and on amendments to certain related acts (the Budgetary Rules).

## IV. Detailed Findings of the Audit

***The MoH prepared the draft law on the digitalisation of the health sector late and in a modified form compared to the original intention, which did not allow the strategic objectives of the NeHS to be met in full.***

- 4.1 Legislative anchoring of the basic processes, services and data handling methods is one of the prerequisites for the successful digitalisation of the health sector.
- 4.2 The NeHS defined the need to ensure the preparation of a draft law regulating the digitalisation of the health sector and the legislative anchoring of the National Centre for the Digitalisation of the Health Sector in the period of 2016-2020 and subsequently submit the draft for approval. Further, the NeHS identified the need to prepare implementation plans to execute the strategic objectives of the NeHS. However, the MoH did not prepare these plans. On 2 February 2021, it submitted to the Government a draft law on the digitalisation of the health sector. The law was promulgated in the Collection of Laws on 8 September 2021. The absence of legislation in the period of 2016-2020 thus slowed down the process of digitalisation and delayed the achievement of the strategic objectives (2 and 4) and the related specific objectives of the NeHS (see paragraphs 4.6 and 4.25).
- 4.3 Due to the delay in the entry into force of the law on the digitalisation of the health sector, projects related to the digitalisation and the implementation of the strategic objectives of the NeHS were implemented without knowledge of the provisions of Act No 325/2021 Coll. and in some cases their implementation was postponed until 2026. The MoH expects to secure the implementation of these postponed projects using funds from the *National Recovery Plan* (hereinafter the “NRP”).
- 4.4 The MoH changed the concept of the draft law on the digitalisation of the health sector compared to the original intention defined in the NeHS. The MoH deleted from the draft law the parts regulating emergency records, personal health records and the health documentation index. The MoH thus submitted to the Government a draft of a paragraph text of the law that did not aim to fulfil all the objectives of the NeHS, and thus failed to fulfil one of the basic visions of the digitalisation of the health sector defined in the NeHS, namely the vision of patient-oriented health care.

***The MoH did not manage the digitalisation of the health sector to meet the strategic objectives of the NeHS.***

- 4.5 One of the priorities of the NeHS was the establishment of the National eHealth Centre, which was to coordinate and support the development of digitalisation and maintain and develop the concept of a national eHealth system in a systematic and economical manner. The MoH formally established the National eHealth Centre on 4 April 2017, but did not provide sufficient staff capacity for its activities. For this reason, the National Centre did not fulfil its tasks under the NeHS and its Action Plan in the long term.
- 4.6 In the audited period, the National eHealth Centre did not manage any project directly implementing the digitalisation of the health sector and based on the NeHS (specific objectives 2.1 *Data sharing and communication between providers*, 4.2 *Standards and interoperability* and 4.3 *eHealth administration*). The National eHealth Centre largely outsourced its activities.



- 4.7 While the National eHealth Centre reported a number of activities, these did not primarily represent the substance of the tasks arising from the NeHS. This situation contributed to delays in the implementation of the NeHS and its projects, including the shifting of strategic objectives 2 and 4 to the NRP.
- 4.8 The specific outputs of the activities of the National eHealth Centre for the audited period were documents analysing the current state of affairs and regulating the methodological development of eHealth and standards for its management. The documents were created on the basis of the project *Strategic management of eHealth development at the MoH*, for which the MoH spent CZK 36,596,575.49 exclusive of VAT. The project was based on the NeHS and the *NeHS Action Plan* and the MoH obtained the outputs from external companies for CZK 22,618,300 exclusive of VAT.

***The MoH failed to ensure the creation of a unified, secure communication environment<sup>16</sup> for data sharing between health service providers.***

- 4.9 The intention of the NeHS was to enable health service providers to share health records through a unified and secure environment (information system) and in standardised formats. This intention was incorporated by the MoH into Act No 325/2021 Coll., but an information system that would provide a unified and secure environment for sharing health data in the healthcare sector was not created.
- 4.10 Specific objectives 2.1 and 4.1 of the NeHS were related to the creation of a unified environment for the secure sharing of health documentation. The follow-up Health 2030 strategy envisages sharing, in particular, the health documentation index, emergency health records and personal health records<sup>17</sup>.
- 4.11 As of 1 January 2023, the MoH had not ensured the implementation of the tools and services defined in Act No 325/2021 Coll., which would enable health service providers to meet the requirements of that Act. These are core health registers (Sections 16-25), trust services (Section 26), central eHealth services (Sections 27-36) and the activity log (Section 37).
- 4.12 The Na Homolce Hospital built a new HIS within the project. One of the objectives of the project was to connect the HIS to the electronic health documentation exchange systems. The hospital has developed the HIS, but due to the lack of a unified environment for secure sharing of health documentation, it cannot share health documentation through it as envisaged by Act No 325/2021 Coll.

***The IHIS CR did not build an information system for a unified environment for secure sharing of health documentation in accordance with the wording of Act No 325/2021 Coll.***

- 4.13 Within the framework of the implementation of the strategic objectives of the NeHS and the activities of the related action plan oriented towards the creation of a functional and

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<sup>16</sup> The environment was to be ensured, inter alia, by the creation of an information system the implementation of which was provided by the IHIS CR.

<sup>17</sup> The **health documentation index** is an overview of the existing available health documentation stored with HS providers. An **emergency health record** is a summary of data necessary for the performance of emergency health care. A **personal health record** is a summary of selected health data, medication records and results of selected examinations and tests. The data is to be available through the health documentation index to authorised HS providers, patients and pharmacies, but also to social service providers, and is also to be used for the purposes of the medical reporting agenda.

secure communication environment, the IHIS CR implemented the project CZ.06.3.05/0.0/0.0/16\_034/0006337 *Building eHealth, the basic infrastructure of the healthcare sector – Information and data interface*.

- 4.14 Within the IDRR project, HW for approximately CZK 124 million and SW were to be delivered and related services were to be procured. The IHIS CR assumed that, as part of these services, the total value of which amounted to CZK 172 million, the IDRR (i.e., the software part of the healthcare sector data interface) would be developed and implemented.
- 4.15 Of the planned amount of funds, the IHIS CR spent a portion related to the acquisition of hardware equipment in the total amount of CZK 122 million. On 13 December 2021, it cancelled the public contract for the software part and did not commence the tender procedure again. The purchased HW was used by the IHIS CR for securing activities and agendas related to the performance of anti-epidemic measures during the COVID-19 pandemic (*Smart Quarantine 2.0*).

***As a result of a substantial change in the key project IDRR, although the IHIS CR did meet the project objectives, it did not create a system for full-scale, unified, secure data sharing between health service providers.***

- 4.16 The IHIS CR submitted to the IROP managing authority (Ministry of Regional Development) a request for a change of the project, which modified the project by replacing the original purpose of the project, i.e., building a unified environment for secure sharing of health documentation (IDRR), defined in the feasibility study and in the aid application, with a solution that did formally meet the conditions of Call No 26, but was of a different qualitative level, which by its nature fulfilled only a narrow segment of the digitalisation of the health sector (see paragraph 4.21). The managing authority accepted these changes.
- 4.17 The definition of the indicator “number of information systems acquired” with a target value of “one” allowed the IDRR project to use an existing information system that the beneficiary had modified and configured to meet the indicator “*new functionalities*” with a minimum value of 3.
- 4.18 In project change request no 4, the IHIS CR declared a change in the way the project indicators were met so that it could use some parts and functionalities of the existing parts of the ISIN to meet them. This change request was approved by the IROP managing authority (the MoRD). The agendas for which the ISIN is used are defined by Act No 258/2000 Coll., on protection of public health and on amendments to certain related acts, and Act No 372/2011 Coll., on health services and conditions of their provision, to the extent defined by the needs of the management of sanitary and anti-epidemic activities<sup>18</sup>. Thus, according to these laws, the ISIN provides for only a partial, specific segment of health services in the field of infectious diseases and cannot be considered as a system that is fully capable of ensuring the functioning of a unified environment for

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<sup>18</sup> During the period of the COVID-19 pandemic, in the performance of anti-pandemic activities, the IHIS CR tested the ISIN in practice to ensure mutual communication between doctors, laboratories, hospitals, operating call centres, patients and hygiene stations. In order to transmit the current pandemic data, the IHIS CR also co-developed mobile applications (*eRouška, Tečka-Čtečka*), for which the ISIN data was also necessary. The ISIN can be used in full-scale mode. In the context of anti-pandemic activities, the IHIS CR declared that approximately 10.5 million identifications had been made.

the secure sharing of health documentation (IDRR) and related services as defined by Act No 325/2021 Coll. By approval of the amendment of project no 4 by the IROP managing authority, the IHIS CR was enabled to draw down IROP funds in accordance with the rules of the call.

- 4.19 Although the IHIS CR implemented the project in accordance with the rules of the call, due to the changes made in the project, conditions for sharing health documentation between individual health service providers were not created, with the exception of a narrow segment of documentation used to ensure the performance and management of hygiene and anti-epidemic activities. Therefore, the project did not create a unified, secure communication interface that would allow health service providers to follow the provisions of Act No 325/2021 Coll.

***The MoH did not establish the key components of eHealth according to the requirements of Act No 325/2021 Coll.***

- 4.20 For the successful implementation of the digitalisation of the health sector and efficient management of its development, it was necessary to anchor, in legislation, a central communication interface that would actually provide individual services and ensure the management of authorised access to them. Such a complex technical solution must meet the requirements for public administration information systems. The implementation of such a unified communication environment was arranged by the IHIS CR as the administrator of information systems and registers in the healthcare sector. This unified communication environment for the secure sharing of health documentation in the healthcare sector within the meaning of Act No 325/2021 Coll. was not created.
- 4.21 Act No 325/2021 Coll., in Section 16 et seq., provides for the creation of three core health registers that will form the backbone sources of reference data for the healthcare sector and interoperability. These core registers are to be:
- the core register of health service providers,
  - the core register of health care professionals,
  - the core register of patients.

The data that is to be the content of the core health registers in accordance with the wording of Act No 325/2021 Coll. is already available to the healthcare sector in the National Register of Health Care Providers and the National Register of Health Care Professionals. As part of its cooperation with health insurance companies, it also has data corresponding to the content of the core patient register to a certain extent.

- 4.22 In order to ensure the secure provision of services connected to a unified communication environment for the secure sharing of health documentation in the healthcare sector, it is necessary to establish secure and guaranteed identification of all entities involved. To this end, Section 26 of Act No 325/2021 Coll. defines trust services that are an integral part of eHealth, the rights and obligations of health service providers and the obligation of the MoH to keep records of signature and system certificates.
- 4.23 The unified communication environment for the secure sharing of health documentation in the healthcare sector was to be built as a highly secure structure, protected by encrypted communication, database encryption, constant monitoring of transactions and the building of a backup infrastructure with high availability. All access

to data is to be logged in an activity log, which will show who accessed what data, and when.

- 4.24 None of the eHealth components listed in the provisions of Section 7, Sections 16-25, Sections 27-36 and Section 37 of Act No 325/2021 Coll. had been created and implemented in the scope defined in that Act by the Ministry of Health as of the effective date of these provisions, i.e., as of 1 January 2023.

***The MoH postponed the fulfilment of the objectives in the area of digitalisation of the health sector until 2026.***

- 4.25 In 2020, the MoH moved the non-implemented strategic objectives of the NeHS to the new *Strategic framework for the development of health care in the Czech Republic until 2030*. The deadline for the implementation of strategic objectives 2 and 4 (specific objectives 2.1 *Data sharing and communication between providers* and 4.3 *eHealth administration*) defined in the NeHS and the project to create a unified communication environment for secure sharing of health documentation in the healthcare sector was postponed by the MoH from 2020 to 2026. The MoH expects to draw funding from the *National Recovery Plan* to implement these strategic objectives.
- 4.26 The implementation of projects to ensure interoperability and the provision of services of the healthcare sector defined by the Act was postponed by the MoH until 2026, although the relevant provisions of Act No 325/2021 Coll. have been in force since 1 January 2023.

## List of terms and abbreviations

CR	Czech Republic
VAT	value added tax
HW	hardware
IDRR	integrated data interface of the Ministry (Czech acronym for <i>Integrované Datové Rozhraní Resortu</i> )
IKEM	Institute for Clinical and Experimental Medicine (Czech acronym)
IROP	<i>Integrated Regional Operational Programme</i>
ISIN	<i>Infectious Disease Information System</i> (Czech acronym for <i>Informační systém infekční nemoci</i> )
MoRD	Ministry of Regional Development
MoH	Ministry of Health
HIS	hospital information system
SAO	Supreme Audit Office
NHH	Na Homolce Hospital
NRP	<i>National Recovery Plan</i>
NeHS	<i>National eHealth Strategy</i> for the period of 2016-2020
OPEm	<i>Operational Programme Employment 2014-2020</i>
HS providers	health service providers
SW	software
IHIS CR	Institute of Health Information and Statistics of the Czech Republic
Health 2030	<i>Strategic framework for the development of health care in the Czech Republic until 2030</i>

<b>IROP project number:</b>	<b>CZ.06.3.05/0.0/0.0/16_034/0006337</b>
Beneficiary:	Institute of Health Information and Statistics of the Czech Republic
Original project name:	<i>Building eHealth, the basic infrastructure of the healthcare sector – Information and data interface</i>
Project name after change:	<i>Building the basic healthcare sector infrastructure for eHealth – information system of the healthcare sector</i>
Original financial allocation:	CZK 296 million including VAT (CZK 239,345,600 from European Union funds, CZK 56,654,400 from national public resources)
Final financial allocation:	CZK 122,200,517.61 including VAT
Comment:	On the basis of Amendment 4 of 25 November 2021, the name of the project changed to <i>Building the basic healthcare sector infrastructure for eHealth – information system of the healthcare sector</i> , the method of achieving the planned functionalities (acquisition of hardware only) was changed, and the total project costs were reduced to CZK 122,200,517.61.
<b>Completion date:</b>	<b>31 December 2021</b>
<b>IROP project number:</b>	<b>CZ.06.3.05/0.0/0.0/16_034/0006426</b>
Beneficiary:	Na Homolce Hospital
Project name:	<i>Modernisation of the Na Homolce Hospital information system</i>
Original financial allocation:	CZK 91,745,830.00 including VAT (CZK 74,178,646.08 from European Union funds, CZK 17,555,083.92 from national public resources, CZK 12,100.00 as ineligible expenditure)
Final financial allocation:	CZK 91,298,372.00 including VAT
Comment:	Based on Amendment 3 approved on 6 February 2020, the NHH abandoned its original intention to acquire a commercial HIS solution and decided to acquire the solution used by IKEM and to adapt and further develop it on its own. With the change, the project's budget was also modified, with the funds originally intended for the purchase of a commercial solution in the amount of CZK 56,628,000 used by the NHH to increase the budget for the purchase of hardware; the solution adopted from IKEM was further modified and developed at the NHH's own expense outside the project budget.
<b>Completion date:</b>	<b>3 November 2022</b>
<b>OPEm project number:</b>	<b>CZ.03.4.74/0.0/0.0/15_025/0006212</b>
Beneficiary:	Ministry of Health
Project name:	<i>Strategic management of eHealth development at the MoH</i>
Original financial allocation:	CZK 48,275,079.76 including VAT (CZK 39,036,677.74 from European Union funds, CZK 9,238,402.02 from national public resources)
Final financial allocation:	CZK 36,596,575.49 including VAT
<b>Completion date:</b>	<b>30 April 2021</b>