WHY IS HEALTH DATA efficiency of the second of the second



Leads to the development of **new medicines and vaccines**.

Drives **population health studies** that compare health nationwide to identify problems and plan additional services.

Identifies individual and community trends in order to target and **develop**

personalized medicine, better treatment plans or predict at-risk patients.



Enhances monitoring and tracking of diseases to target therapies where they are most needed.

Health data is the fuel driving the research and innovation engine of healthcare



Allows for greater application of **digital health technologies like Al** which has the potential to revolutionise healthcare.

Leads to a better **understanding of disease biology** which led to the development of innovative treatments such as cell and gene therapies, RNA therapeutics.

Some Examples of the Benefits of Collaborative Research using Health Data:

During the pandemic, the sharing of:





13,612 protein structures⁽¹⁾

Over 13.5 million

Over **356,000** papers on COVID-19⁽³⁾

Led to the rapid development of:

genomic

sequences⁽²⁾

33 vaccines and **32 therapeutics** which received regulatory approval (and **521 vaccines and 1,630 therapeutics** are currently being researched) for COVID-19 over the course of **3 years** instead of the average development time of 10 years⁽⁵⁾.

Advances in healthcare are fueled by data:



of the 15 million European Hepatitis C patients can now be cured $^{\rm (4)}$

reduction in mortality

rates from all cancers

between 1991 and 2016⁽⁴⁾



reduction in age-standardised death rates for patients living with HIV in France, between 1991 and 2016⁽⁴⁾

5/% reduction in the death rate from cardiovascular disease in the EU5, between 2000 and 2012⁽⁴⁾

(1) https://www.rcsb.org (2) https://gisaid.org/

(3)https://outbreak.info/resources/search?q8/filte=%40hype%304bilication8page=08aize=108aort=8dateMin=2020-03-028dateMax (4) https://www.tipia.au/about-medicines/searce-frandicines/value-of-medicines/ Filtmrc/lefuia.au/mediar603989/efbia vaccines-europe_covid-194assons-learned_may-2022.pdf

However, significant barriers hinder data-availability and the development of a digital health ecosystem in the EU.



For data to drive better health outcomes, Europe must seek to have a harmonisation of rules, the clarification of standards, and a legal framework for data transfers that is based on the accountability of data controllers rather than unrealistic restrictions.

THE PHARMACEUTICAL INDUSTRY IS ALREADY SHARING ITS CLINICAL DATA IN MANY WAYS

Clinical Study Data Request is a voluntary data-sharing platform that allows researchers to request, access and analyse clinical trial data from multiple organisations.

Voluntary data sharing with academics and researchers is already possible via global clinical research data sharing platforms such as "Vivli" or "YODA" which enable access to anonymised patient-level clinical trial data.

> Aggregated data is shared and publicly listed on the **EMA's website** in line with existing EU regulations and policies.

Academics and researchers and within public-private partnerships such as the IMI/IHI. Regulators & public sector already gain access through regulatory science initiatives.

> EFPIA has published their **Principles for Responsible Clinical Trial Data Sharing** to enhance research and scientific knowledge, advance patient care and improve public health. EFPIA has a **Clinical Trial Data Portal Gateway** which lists companies' online portals for voluntary clinical trial data sharing data⁽²⁾.

2) https://gisaid.org/

Through these data-sharing practices, the innovative pharmaceutical industry is supporting scientific and health innovation throughout Europe and beyond.

EFPIA supports digital transformation of healthcare. Supporting the advancement Engaging with **EMA** to Helping to **develop Codes** Working with patient and application of a **common** drive broader acceptance of Conduct for Data to organisations, healthcare data model through the IMI of the RWE in decision harmonise the rules and professionals, and **EHDEN** (European Health Data making. rights across Europe and Member States as they Evidence Network) project⁽¹⁾ reduce the complexity of develop their roadmaps for and amplifying patient voice in cross-border projects. digital health⁽¹⁾. their own healthcare and in healthcare systems more broadly in the IMI H2O (Health

The innovative pharmaceutical industry, together with regulators and researchers, have established a robust clinical data-sharing ecosystem, which should be regarded as the basis for the data-sharing system in Europe. By complementing this system with other health datasets like RWD and EHRs, the European Health Data Space could drive research into new treatments and ultimately improve health outcomes.



European Federation of Pharmaceutical Industries and Associations

outcomes observatory) project.

HOW HEALTH DATA ACCESS CAN TRANSFORM HEALTHCARE





Support of **Member States**, including investing in their digital healthcare infrastructure.

Strong **privacy frameworks** and data literacy to build trust amongst citizens.

Legal harmonisation to address alignment between EHDS and GDPR and to foster uniform interpretation of GDPR.

Standardised data which includes ensuring data is high quality and that relevant data has been collected.



Framework that provides **clear rules for stakeholders** to access data to conduct research.

Coordination of all of **other existing digital legislative** frameworks (such as the GDPR, DGA, Data Act, AIA act, Cyber resilience Act).

Foster innovation by **respecting and preserving** existing IP protection.

The majority of health data in Europe is held unconnected. This data could complement the small amounts of structured data already generated through clinical trials. Together this may bring new insights ultimately leading to better health outcomes.

