

Swiss Personalized Health Network

Funding Regulations 2025-2028

(08.05.2025)

The Steering Board of the Swiss Personalized Health Network based on:

- the Dispatch ERI 2017-2020 (BFI-Botschaft 2017-2020)
- the Dispatch ERI 2021-2024 (BFI-Botschaft 2021-2024)
- the Dispatch ERI 2025-2028 (BFI-Botschaft 2025-2028)
- the published report “The SPHN Data Coordination Center (SPHN DCC); Consolidating the SPHN infrastructure beyond 2024” (September 2023)
- the report from the SPHN National Steering Board to SERI “Consolidating the SPHN-DCC as a national coordination and competence center in the area of health data 2025-2028” (16.05.2024)
- the «Zusatzprotokoll zur Leistungsvereinbarung 2025-2028 zwischen der Schweizerischen Eidgenossenschaft und der Schweizerischen Akademie der Medizinischen Wissenschaften SAMW im Rahmen des Swiss Personalized Health Network (SPHN) (03.07.2025)
- the SPHN Rules of Procedure of the Swiss Personalized Health Network (08.05.2025)
- the SPHN Funding Principles (08.05.2025)

issues the following Regulations:

1 Scope of SPHN funding

The long-term goal of the Swiss Personalized Health Network (SPHN) is to consolidate research data infrastructures for hosting and managing clinical and other health-related data, including -omics data. All relevant biomedical research institutions, university (and other) hospitals, research funding organisations, public health institutions/authorities (e.g., FOPH, FSO) and patient/citizen organisations shall be included.

During the SPHN initiative 2017-2024, funding priority was given to the development of a nationally coordinated data infrastructure ensuring data interoperability of local and regional information systems, a federated Trusted Research Environment (TRE) operating under a harmonized information security policy (the BioMedIT network), and harmonized data governance frameworks for the responsible sharing of health data compliant with Swiss ethical and legal requirements. Four lighthouse research platforms (“National Data Streams”, NDS) in collaboration with the ETH Domain initiative PHRT established the use of health-related data and integration with omics data.

In 2025-2028, funding priority is given to consolidating infrastructures that have been built up in the period 2017-2024 and establishing a scalable service portfolio for all stakeholders, including researchers, clinicians, hospitals, industry partners, research funders, etcetera. This will allow further clarifications to be made regarding the consolidation and positioning of SPHN and the Data Coordination Center (DCC) after 2028, also taking

into account other federal processes, such as the federal data strategy and DigiSanté program. Financial contributions by SPHN from SERI funds 2025-2028 to projects are no longer foreseen. Instead, SPHN will transition into a service provider for data-driven research with real-world data.

To further support the long-term maintenance and to enable further development and scaling of the SPHN central services as well as the services by hospitals, BioMedIT nodes and the Swiss FEGA, additional income will be sought. This can be achieved through acquisition of additional mandates, third-party funding, collaborations, service fees, and public-private partnerships.

The core services and infrastructures to be ensured by the SPHN network and the DCC during 2025-2028 are:

- National coordination for FAIR health data for research (and interfaces, including ORD, DigiSanté, industry, international initiatives, etc.)
- SPHN Semantic Interoperability Framework (standards, tool stack, support services)
- Federated Data Exploration System (entire SPHN Dataset over at least 5 UHs)
- Legal and ethical frameworks for efficient and compliant data sharing ('open access')
- Training and education on SPHN-related aspects
- Trusted Research Environment (BioMedIT nodes, security policy, tool stack, services, interoperability)
- Provisioning of standardized real-world data to the 4 National Data Streams and to approved research projects ('open access')
- FAIR data repositories, including Swiss federated EGA

SPHN will finance from the SERI funds 2025-2028 the operations of the DCC and the core contributions to the national, but decentralized, infrastructure components at hospitals (clinical data platforms), higher education institutions (BioMedIT nodes), and national data repositories (e.g., Swiss FEGA). The four National Data Streams (NDS) shall be supported by SPHN with in-kind services for the maintenance of the joint data infrastructures, but not with direct financial contributions from SERI funds.

2 Types of funding and funding schemes

2.1 Funding principles (see White Paper “Funding Principles”; the Funding Regulations take precedent over the Funding Principles)

2.1.1 The SPHN mandate 2025-2028 focuses on the consolidation of the SPHN DCC as the national competence and coordination/service center for FAIR health data for research, in alignment with the activities of the ETH Domain, the national Open Research Data Strategy and with the activities of the FOPH and FSO (DigiSanté). Also, SPHN is mandated to further develop the goals and governance of SPHN and the DCC in view of a new structure in 2029-2032.

2.1.2 SPHN's core financing 2025-2028 only covers its essential core services and infrastructures; all additional costs (hosting of projects, upscaling of the network, or further development of central services and services at hospitals, BioMedIT nodes, and the Swiss FEGA) will need to be financed by additional income from attributable service-related costs and additional mandates and other collaborations.

- 2.1.3 SPHN, its DCC, and BioMedIT should not be considered a single central structure but a network with nodes and interfaces to the hospitals. The university hospitals (UHs) have committed to maintaining their clinical data platforms—under certain conditions. Notwithstanding this highly valued matching contribution by UHs, an additional layer of decentralized SPHN DCC infrastructures and services at hospitals, dedicated to national interoperability and interfaces, needs to be maintained and further financed by the SPHN DCC. The same is true for the BioMedIT nodes, who also invest institutional resources in TRE infrastructure. This requires a distributed financing concept via the SPHN DCC.
- 2.1.4 The SPHN Steering Board is responsible for the allocation and oversight of SERI funds 2025-2028. Service agreements with the relevant partners shall specify the respective responsibilities.
- 2.1.5 All supported institutions must adhere to the current valid version of the SPHN Ethical Framework for Responsible Data Processing, the SPHN Semantic Interoperability Framework and the SPHN Information Security Policy, and commit to data sharing principles and third-party reuse of data. Access to pseudonymized and anonymized data shall be guaranteed for all SPHN partners and granted, without profit, at cost (remuneration of costs related to data recruitment) by partner institutions. These conditions must be abided to by SPHN partner institutions to receive funding from SPHN.
- 2.1.6 The modus for the matching funds principle for the SPHN DCC follows the same modus as for the SPHN initiative: Federal funds received by hospitals and BioMedIT nodes for local infrastructures that synergize with national services must be earmarked for well-specified national purposes and must be matched with own contributions in the same amount. These own contributions can be provided in the form of hospital- or higher education institution (HEI)-employed personnel dedicated to support the mission of SPHN and hospital/HEI infrastructure used for this purpose. The matching funds principle does not apply if a host institution provides a national service for SPHN that does not benefit the respective host institution in particular (e.g., operating a national data repository service).

2.2 Types of funding

Contributions from the Swiss Confederation according to the ERI Dispatch 2025-2028 can be used according to the «Zusatzprotokoll zur Leistungsvereinbarung 2025-2028 zwischen der Schweizerischen Eidgenossenschaft und der Schweizerischen Akademie der Medizinischen Wissenschaften SAMW im Rahmen des Swiss Personalized Health Network (SPHN)». For the period 2025-2028 the ERI Dispatch has foreseen a maximum total amount of CHF 20.7 million for the SPHN DCC, subject to the annual budget decisions of Parliament. These funds will be allocated as shown in Table 1. The indicative funds allocated to the categories can be adjusted upon justified request to SERI by the SPHN Steering Board.

Table 1: Indicative allocation of federal funds 2025-2028 as defined in the «Zusatzprotokoll»: * Matching funds are required for contributions in categories 2 and 3.

Category and purpose	Recipient	Financial resources (Mio. CHF)
1. Central Data Coordination Center (DCC)	SAMS	11.7
2. Decentralized infrastructure components at hospitals (clinical data platforms) *	SAMS, to be used according to the Funding Regulations	6
3. Decentralized infrastructure components at higher education institutions (BioMedIT nodes) *	SAMS, to be used according to the Funding Regulations	1.8

4. National data repositories	SAMS, to be used according to the Funding Regulations	1.2
Total		20.7

2.2.1 The operational costs of the DCC (category 1) are paid from the annual DCC budget, to be approved by the SPHN Steering Board. They do not fall under these Funding Regulations and the matching funds principle does not apply. A service agreement between SAMS and SIB specifies the respective roles and responsibilities for managing the DCC.

2.2.2 Contributions by SPHN to the decentralized infrastructure components at hospitals (clinical data platforms) and at higher education institutions (BioMedIT nodes) are supporting the operations, maintenance and evolution of a progressive shareable data ecosystem (categories 2 and 3). Contributions received from SPHN for local infrastructures that synergize with national services must be earmarked for well-specified national purposes. The matching funds principle applies. A collaboration or service agreement between SPHN and the institution, to be approved by the SPHN Steering Board, defines the services and infrastructures to be provided by the partners for the common mission with a clear description of the deliverables and financing to be guaranteed.

2.2.3 Contributions by SPHN to national data repositories (category 4), foremost a Swiss national node for the federated European Genome-Phenome Archive (FEGA), are supporting the operations, maintenance and evolution of such repositories as part of the progressive shareable data ecosystem. The matching funds principle does not apply where a host institution provides a national service for SPHN that does not benefit the respective institution in particular. A collaboration/service agreement between SPHN and the (lead) institution(s), to be approved by the SPHN Steering Board, defines the services and infrastructures to be provided by the partners for the common mission with a clear description of the deliverables and financing to be guaranteed.

2.2.4 The four NDS established during the SPHN initiative in 2021-2024 shall be supported by SPHN in kind (not with contributions from federal funds), as follows:

- Maintenance of the SPHN DCC service and infrastructure portfolio as the technical basis for NDS.
- Support by the DCC for the maintenance of joint data infrastructures for the NDSs. Project-related support by DCC may require contribution from project funds.
- Provision of data deliveries by SPHN-supported hospitals to the NDS according to the agreed NDS Project Schema and cohort definitions.
- Hosting of the NDS main B-space (but not additional B-spaces, e.g. for lighthouse or nested projects) covering at least the base package services.

In return, NDS have to make their data accessible to third parties and describe it with detailed metadata in the SPHN Metadata Catalog.

The SPHN Steering Board defines and approves the requirements for NDS to be eligible for the in-kind services from SPHN. Respective provisions shall be made in the DCC budget and collaboration/service agreements with partners to ensure required services are provided.

2.2.5 Similarly to NDS, the SPHN Steering Board can designate other projects to be eligible for in-kind SPHN services, as listed above. The SPHN Steering Board defines and approves the requirements for projects to be eligible for the in-kind services from SPHN and makes respective provisions in the DCC budget and collaboration/service agreements with partners to ensure required services are provided. Financial contributions from SERI funds 2025-2028 to new projects are currently not foreseen.

2.2.6 Additional income from new mandates, third-party funding, collaboration agreements, service fees or public-private partnerships shall further support the long-term maintenance and enable further development and scaling of SPHN and the DCC. All additional income generated in relationship to SPHN is overseen by the SPHN Steering Board, which is responsible for the allocation of respective funds to tasks and partners. This can be done to either category depicted in Table 1 or in another way benefiting the SPHN mission outside these Funding Regulations. In all cases shall the use of such additional funds respect the SPHN Funding Principles and follow best practices of good governance and transparency. The matching funds principle is not mandatory for the use of additional funds.

2.3 Funding schemes

Financial contributions from SPHN

- 2.3.1.1 All contributions made by SPHN to hospitals, HEIs, and national data repositories (beneficiaries) must be governed by a collaboration/service agreement between SPHN and the recipient institution(s), comprising clear deliverables and a milestone-based payment mechanism.
- 2.3.1.2 The SPHN Steering Board decides about and approves the financial contributions, scope, deliverables, timeframe, beneficiaries, and other conditions of collaboration/service agreements.
- 2.3.1.3 Achievement of the defined milestones will be evaluated by the DCC on, at least, a yearly basis.
- 2.3.1.4 The next payment will be released only if the planned milestones have been reached to a sufficient degree and the Steering Board declares acceptance with respect to the deliverables according to the SPHN Rules of Procedures.
- 2.3.1.5 Financial obligations by SPHN from SERI contributions to third parties can be made until July 31, 2028 at the latest.
- 2.3.1.6 No overheads shall be paid for SPHN contributions.

In-kind support from SPHN to NDS and projects

- 2.3.1.7 All in-kind support made by SPHN to NDS and projects must be specified in writing between SPHN and the recipient consortium or investigator, comprising clear conditions and description of the eligibility requirements and services provided.
- 2.3.1.8 The SPHN Steering Board decides about and approves the planned in-kind support services and the respective eligibility criteria. It selects the beneficiaries based on feasibility, alignment with SPHN's goals, and available resources.

- 2.3.1.9 Fulfilment of the eligibility criteria will be evaluated by the DCC on, at least, a yearly basis.
- 2.3.1.10 In-kind support to NDS and projects will only be continued if the eligibility criteria have been maintained to a sufficient degree and the Steering Board declares acceptance with respect to the continued eligibility, according to the SPHN Rules of Procedures.

Financial contributions from SPHN made with additional funds.

- 2.3.1.11 All financial contributions made by SPHN must be governed by a collaboration/service agreement between SPHN and the recipient institution, comprising clear deliverables and a milestone-based payment mechanism.

3 Eligibility criteria

3.1 Beneficiaries of SPHN receiving SERI funds through collaboration/service agreements

- 3.1.1 Beneficiaries should be Swiss higher education institutions (ETH Domain, universities, universities of applied sciences), university hospitals, other public hospitals (e.g., cantonal hospitals), research facilities of national importance¹ or backed by higher education institutions, or established research consortia.
- 3.1.2 International collaborators and private sector institutions (e.g., private hospitals, pharmaceutical or technology companies) may associate with an SPHN beneficiary for partnering, but must cover their efforts with their own resources. Conversely, without a formal partnership, SPHN beneficiaries may use SPHN funds to buy products and services from private sector entities according to the deliverables of the respective collaboration/service agreement.

3.2 Beneficiaries of SPHN receiving in-kind support

- 3.2.1 Beneficiaries should be established research consortia or investigators employed at Swiss higher education institutions (ETH Domain, universities, universities of applied sciences), university hospitals, other public hospitals (e.g., cantonal hospitals), research institutions as defined by SERI¹ or backed by higher education institution.
- 3.2.2 International collaborators and private sector institutions (e.g., private hospitals, pharma, IT industry) may associate with an SPHN beneficiary for partnering, but must cover their efforts with their own resources. Service fees may be charged for SPHN services benefiting international or private sector partners.

¹ According to Art. 15 of the Federal Act on the Promotion of Research and Innovation. For a list of institutions: <https://www.sbf.admin.ch/sbf/de/home/themen/forschung-und-innovation-in-der-schweiz/foerderinstrumente/forschungseinrichtungen-von-nationaler-bedeutung.html>

4 Matching funds

- 4.1 Beneficiaries of SPHN receiving SERI funds principally must match the amount received with own contributions (matching funds) in the same amount.
- 4.2 The matching funds principle does not apply where a host institution provides a national service for SPHN that does not benefit the respective institution in particular.
- 4.3 Matching funds can be provided as in-kind and/or in-cash contributions. In-kind matching funds can be provided in the form of hospital- or higher education institution-employed personnel dedicated to implement the deliverables of the collaboration/service agreement and hospital/higher education institution infrastructure used for this purpose. In-cash matching funds are expenses made by hospitals/higher education institutions (e.g., hardware, software, licenses, external personnel and services) directly related to SPHN infrastructure and services as specified in the deliverables of the collaboration/service agreement.
- 4.4 Matching funds have to be specified in the collaboration/service agreement and reported accordingly

5 Reporting and monitoring

5.1 Activity report

- 5.1.1 All beneficiaries of SPHN financial contributions or in-kind support must submit an annual activity report to the DCC. A final report is due not later than 3 months after the end of the activity or project.
- 5.1.2 Beneficiaries of SPHN financial contributions need to specify the work undertaken with SPHN contributions and matching funds, deliverables and milestones achieved, remaining gaps, outlook on further activities and sustainability.
- 5.1.3 Beneficiaries of SPHN in-kind support need to describe the activities undertaken, output generated, and outlook on further activities and sustainability. NDS furthermore need to describe the fulfilment of eligibility criteria for further support.

5.2 Financial report

- 5.2.1 All beneficiaries of SPHN financial contributions must submit an annual financial report to the DCC, disclosing the below. A final report is due not later than 3 months after the end of the activity or project.:
 - Use of SPHN contributions
 - Use of own contributions in-kind and in-cash
- 5.2.2 Financial reports must be signed by the beneficiary institution and sufficient documentation provided to the DCC to validate the use of SPHN contributions and matching funds.

5.3 Continuation of SPHN contributions and in-kind support

- 5.3.1 The activity and financial reports will be reviewed by the DCC. Where necessary, additional experts may be involved by the DCC (e.g. in the form of a monitoring board).

5.3.2 Based on the progress made, the DCC submits a recommendation to the Steering Board, which will decide about the release of the next payment or continuation of in-kind support according to the SPHN Rules of Procedure.

6 Closing provisions

These funding regulations were adopted by the SPHN Steering Board on 08.05.2025 and approved by SERI on 26.05.2025 and apply to the use of SERI funds 2025-2028.

For the remaining use of funds committed during the SPHN initiative 2017-2024, the respective Funding Regulations of 22 September 2022 apply.