

Swiss Personalized Health Network

Rules of Procedure 2025-2028

(08.05.2025; update 11.12.2025)

Preamble

The Swiss Personalized Health Network (SPHN) was established in the course of the national initiative “Personalized Medicine” by the Federal Council in its ERI Dispatches 2017-2020, and 2021-2024. With the ERI Dispatch 2025-2028, the network shall be maintained and the Data Coordination Center (DCC) of SPHN consolidated as the national coordination and competence center for health-related data.

The long-term goal is to consolidate a data research infrastructure for clinical and other health-related data, including omics data. Over the next four years, the tasks and function of the DCC will be specified and further developed with the State Secretariat for Education, Research, and Innovation (SERI)’s mandated working group and with the federal agencies responsible for the ‘health’ policy area, in particular the Federal Office of Public Health (FOPH) and the Federal Statistical Office (FSO) and the relevant federal projects (in particular the DigiSanté program). This should lay the best possible foundations for realizing the goal of a long-term solution for data coordination in the area of clinical data, omics data and potentially other health-related data for research and similar secondary uses from 2029 onward.

SPHN aims to integrate all relevant Swiss research institutions (e.g., university hospitals and other research hospitals, universities, ETH Domain institutions, SIB Swiss Institute of Bioinformatics, Swiss National Science Foundation [SNSF]) and research organizations (e.g., Swiss School of Public Health [SSPH+], Swiss Clinical Trial Organisation [SCTO], Swiss Cancer Institute [SCI], Swiss Biobanking Platform [SBP], Health 2030 Genome Center, Switch), as well as ongoing related projects and infrastructures (e.g., Swiss Data Science Center [SDSC] and Personalized Health and Related Technologies [PHRT] of the ETH Domain, Human Biomonitoring/Cohort Project, medical registries).

The DCC operates the necessary central data infrastructures and services, enabling personalized health research, and coordinates and strengthens the required decentralized infrastructures throughout the country, to enable researchers and other stakeholders to utilize health-related data for personalized health research and other secondary uses.

The ERI Dispatch 2025-2028 allocates max. CHF 20.7 million for the DCC. Rules on how, and according to which criteria, these funds are to be invested were elaborated in 2017 and revised in 2021 and 2025 (see “Funding Regulations” and “Funding Principles”).

Article 1

Purpose

The Swiss Personalized Health Network (SPHN) is a joint effort with the following objectives:

- a. Coordinate the national and international collaboration of the institutions for the secondary use of health data and facilitation of its further reuse in alignment with Open Research Data strategies especially in the field of data-driven and personalized health research.

- b. Maintain and further develop a national Data Coordination Center, in combination with various central and federated components of sustainable data infrastructures, for instance, data/technology platforms, Trusted Research Environments (BioMedIT), and National Data Streams (NDS).
- c. Coordinate the implementation and maintenance of semantic and technical standards and of harmonized processes to promote interoperability of clinical and health-related data across institutions.
- d. Identify and clarify the ethical and legal issues linked to the use and sharing of clinical and health-related data for research and related activities. Establish and promote respective best practices and templates regarding patient safeguards and data protection, validity and reproducibility.
- e. Foster communication, as well as patient and public involvement and engagement in data-driven and personalized health.
- f. Foster research and innovation in the field of data-driven and personalized health, and establish public-private partnerships under an adequate legal and ethical framework.
- g. Coordinate the financial contributions for research infrastructures, including the national Data Coordination Center, in the field of data-driven and personalized health.
- h. Coordinate and intensify the cooperation and interfaces between research institutions, public and private health institutions and organizations, politics and public administration.

Article 2

Governing Bodies

SPHN has the following governing bodies:

- a. Steering Board (SB)
- b. Executive Board (EB)
- c. Sounding Board (SoB)
- d. Hospital IT Strategy Alignment Group (HIT-STAG)
- e. Ethical Legal Social Issues Advisory Group (ELSIag)
- f. Data Governance Working Group (DGWG)
- g. BioMedIT Board
- h. National Data Streams Board.

The SPHN Data Coordination Center (DCC) operationalizes and executes the decisions of the governing bodies.

As a rule, the members of the bodies provide their services in an honorary capacity. They are entitled to compensation for out-of-pocket expenses. Self-employed members may be compensated according to the SPHN Compensation Regulations. Assignments executed by members of SPHN bodies that exceed the work directly associated with the mandate of the bodies may also be compensated accordingly. The SPHN managing director must approve such assignments. Members of SPHN bodies are expected to attend at least 75% of the meetings of their respective board. If a board member's presence is below this threshold, the chairperson will discuss the viability of their involvement on the board with them and notify the respective delegating organization accordingly.

(a) Steering Board

Article 3

Duties and Powers of the Steering Board

1. The SB is the highest governing body of SPHN. It has overall strategic responsibility for the whole network and the DCC.
2. The SB reports to the State Secretariat for Education, Research and Innovation (SERI), the contracting authority. It also communicates with other political authorities (e.g., cantonal public health ministers). It has a direct link with the Swiss Academy of Medical Sciences (SAMS), who appoints the chairperson, is responsible for the overall governance of SPHN and elects the Steering Board members. The SB furthermore collaborates with partners such as the SNSF and FOPH.
3. In particular, the SB exercises the following duties and powers:
 - a. Within the framework of the mandate given by the political authorities, determine SPHN's strategic focus (incl. requirements of data infrastructure, data semantic, scope of coordination, etc.), consolidate the network, and guide the transfer of the DCC in a long-term, regular structure.
 - b. Decide on the allocation of resources (from SERI, matching funds, additional mandates and project-related funds), based on the SPHN Funding Principles and according to the SPHN Funding Regulations.
 - c. Appoint and dismiss the vice-chairperson of the SB (the SB chairperson is appointed and dismissed by SAMS).
 - d. Approve and dismiss the members of the bodies listed in Article 2, the respective chairpersons, as well as prescribing the bodies' tasks and powers in a separate mandate, should they exceed these Rules of Procedure. Oversee the mandates of the bodies and approve their output.
 - e. Approve and dismiss the SPHN managing director after consulting the SAMS. The managing director is employed by the SAMS.
 - f. Approve the SPHN Rules of Procedure, Funding Principles, Funding Regulations, Compensation Regulations, and Call documents.
 - g. Approve the SPHN frameworks and guidelines (e.g., interoperability frameworks, data sharing/governance frameworks, BioMedIT frameworks for Trusted Research Environments).
 - h. Decide on partnerships with public and private parties, approve collaboration agreements.
 - i. Decide on strategic directions with regards to interfaces with national stakeholders and programs such as DigiSanté, Open Research Data, and the ETH Domain.
 - j. Approve the general conditions according to which internal and external projects must operate.
 - k. Approve the annual business plan and budget of the DCC.
 - l. Approve the yearly management report (including accounting) from DCC, university hospitals, BioMedIT nodes and FEAGA.
 - m. Report annually to the political authorities.
 - n. Represent the SPHN towards the member organizations and externally.

- o. Determine who shall be entitled to sign on SPHN's behalf.

Article 4

Composition | Appointment | Term of Office

1. The SB has 8 full members: 1 delegate of unimedsuisse (representing the university hospitals), 1 delegate of swissuniversities (representing the higher education institutions), 1 delegate of the ETH Domain, 1 delegate of SNSF, 1 delegate of a national patient organization, 1 delegate of SSPH+, 1 delegate of SIB, and the chairperson delegated by SAMS. The federal administration is represented with 1 observer from the FOPH, 1 observer from FSO and an ex-officio observer from SERI. Additional members in a consultative role and without a right to vote are the SPHN managing director (SAMS) and SPHN technical director (SIB).
2. The aforementioned institutions are requested to nominate delegates to the SB. SB Members are elected by the SAMS for a term of four years. SAMS appoints the SB chairperson who shall be a SAMS Executive Board member. The SB appoints its vice chairperson;
3. Each SB member may designate one person (with a similar strategy level position at the respective institution) as permanent proxy with the right to vote. SB members (or their proxies) shall not participate at the same time in strategic boards and operative working groups, unless explicitly requested by the SB.
4. The SB can invite to SB meetings the chairpersons of the SPHN bodies (ex officio) and other experts as permanent or non-permanent guests without a right to vote (see Article 19). A member of the SAMS General Secretariat shall be invited as a permanent guest to the Steering Board meetings in order to facilitate the coordination with the Coordination Platform Clinical Research (CPCR) and the Open Research Data Strategy Council's activities in health and life sciences.
5. The chairperson and vice-chairperson of the Steering Board are appointed for four years.

Article 5

Meetings

1. The SB meets at least two times per year.
2. The meetings are convened by the chairperson or the vice-chairperson in writing and specifying the agenda at least 10 days before the meeting.
3. Policies, guidelines and framework documents elaborated by SPHN boards or working groups mandated by the SB shall be submitted to the SB for a minimum of two readings and be sent 4 weeks before the meeting to allow each member to collect and consolidate feedback from stakeholders within their institution. The SB can decide on an expedited process if all members agree to this.
4. Any member of the SB may request an additional meeting by giving written notice to the chairperson specifying the agenda and the motions to be considered. The meeting shall be convened following the same procedure as for the other meetings.
5. Minutes shall be kept of each meeting. A member may request that their motions, including a statement of justification, or their rejection of a resolution be recorded in the minutes. The minutes are shared with the SERI and all SB members.

Article 6

Resolutions

1. Each full member (or their permanent proxy, see Art. 4.3) has one vote per resolution. In case of a tie, the chairperson has the deciding vote.
2. Quorum is reached if at least half of all full members cast their votes.
3. Resolutions with the majority of votes in favor shall be adopted.
4. Votes shall be cast by a show of hands or electronically. Any member may request a secret ballot.
5. Resolutions may also be adopted by circular letter (email) following the same rules, provided no member requests an oral discussion.

(b) Executive Board (EB)

Article 7

Duties, powers and composition of the EB

1. The EB meets regularly by invitation of the SB chairperson or vice-chairperson, to supervise the implementation of the SB's strategy and decisions, monitor progress, prepare and advance activities, and enable a more effective management of the SPHN as a whole.
2. The EB examines and approves internal and external projects that fulfill the SB's set conditions and budgets. The SB can delegate to the EB the power of releasing milestone payments according to approved collaboration agreements and project plans. The EB furthermore prepares the SB meetings.
3. The EB is composed of the SB chairperson and vice-chairperson, the SoB chairperson, the HIT-STAG chairperson, the ELSlag chairperson, the DGWG chairperson, the BioMedIT board chairperson, the NDS Board chairperson, the SPHN Managing Director, and the SPHN Technical Director.
4. The EB decides by a majority of votes. Each SB-A member has one vote. In case of a tie, the chairperson has the deciding vote. Guests may be invited by the EB to join the discussion in an advisory role without a right to vote. Minutes shall be kept of each meeting.

c) Sounding Board (SoB)

Article 8

Duties, powers and composition of the SoB

1. The SoB advises the SB and DCC on the needs of the stakeholders and the feasibility of the strategy guidelines, and implementation plans. It further ensures the embedding of SPHN in the national health research landscape with interfaces to the relevant partners.
2. Particular duties and powers of the SoB are:
 - a. Reflect the strategy, guidelines, and implementation plans of SPHN.
 - b. Propose and endorse projects and working groups.

- c. Support acquisition of collaborations, mandates, external projects.
 - d. Advise on a fair distribution of costs and benefits within the network.
 - e. Improve conditions for the implementation of frameworks and partnerships.
3. The Sounding Board is meant to comprise the full breadth of relevant stakeholders, including: 5 university hospitals, a selection of 3 other hospitals onboarded to SPHN or a representative of H+, Swissuniversities Kammer Universitäre Hochschulen, Kammer Fachhochschulen, Collège des Doyens, ETHZ, EPFL, SDSC, H2030 Genome Center, Coordination Platform Clinical Research (CPCR), Open Research Data Strategy Council (ORD StraCo), SNSF, Innosuisse, SCTO, SBP, SAKK, SSPH+, 2 patient partners, SAMS, SIB, Interpharma, Swiss MedTech, 4 National Data Streams (NDS), FOPH, FSO, and SERI. The members of the SoB are nominated by their institution (1 person per institution) and confirmed by the SB for a term of four years.
 4. The members of the EB can participate in the SoB meetings in a consultative role and without a right to vote.
 5. The SoB nominates its chairperson and vice-chairperson, to be confirmed by the SB for a term of four years.
 6. The SoB meets at least two times per year, by invitation of the chairperson or the vice-chairperson. Proposals by the SoB are submitted to the SB after a vote, with each SoB member having one vote. In case of a tie, the chairperson has the deciding vote. Guests may be invited by the SoB to join the discussion in an advisory role without a right to vote. Minutes shall be kept of each meeting.

(d) Hospital IT Strategy Alignment Working Group (HIT-STAG)

Article 9

Duties and Powers of the HIT-STAG

1. The HIT-STAG is responsible towards the SB for the overall implementation of the IT-related deliverables of the collaboration agreements with the university hospitals. It furthermore acts as an advisory body to the entire SPHN on an aligned hospital IT architecture for sharing data. The HIT-STAG is not an executive decision-making body, unless the SB mandates the HIT-STAG decision power on specific questions.
2. In particular, the HIT-STAG has the following duties:
 - a. **Oversight of implementation:** Monitor jointly with DCC the implementation of the agreed IT-related deliverables of the collaboration agreements with university hospitals. Align between university hospitals and, where needed, escalate issues to university hospital management or/and the SB;
 - b. **Infrastructure roadmap:** Provide advice on the SPHN IT infrastructure architecture, services and roadmap impacting university hospitals, in close collaboration with the DCC Validate that the roadmap provides realistic goals, measures, milestones, and deliverables for hospital information systems;
 - c. **SPHN funded projects:** Align priorities of SPHN-funded IT projects between university hospitals, considering feasibility and resources, in close collaboration with the SPHN DCC and other concerned boards and partners;
 - d. **External projects, mandates and collaborations:** Align on feasibility and execution of hospital IT-related matters for external projects, mandates and collaborations.

Article 10

Composition and meetings

1. The HIT-STAG is composed of 5 members: one senior representative of each university hospital IT management staff (USZ, Insel Group, HUG, CHUV, USB). One of the HIT-STAG members is appointed chairperson. The HIT-STAG shall coopt about 1-2 representatives of the DCC without a right to vote.
2. The members of the HIT-STAG are nominated by their hospital's management and confirmed by the SB for a term of four years. The HIT-STAG proposes its chairperson, to be confirmed by the SB.
3. The HIT-STAG decides by a majority of votes. Each HIT-STAG member has one vote. In case of a tie, the chairperson has the deciding vote. Guests may be invited by the HIT-STAG to join the discussion in an advisory role without a right to vote. Minutes shall be kept of each meeting.

Article 11

Meetings | Working Principles

1. The HIT-STAG shall meet as often as business may require, but no less than 3 times a year.
2. The meetings shall be called by the chairperson of the HIT-STAG or by the representative of the DCC. In addition, every member of the HIT-STAG may request the convocation of a meeting by the chairperson by submitting a written agenda for the meeting to be called.
3. The principle of "ad personam participation" is desired to ensure alignment at the strategic level. Proxy participation of senior hospital IT members is possible as an exception.

(e) Ethical Legal Social Implications Advisory Group (ELSIag)

Article 12

Duties, Powers and Composition of the ELSIag

1. The ELSIag advises the Steering Board and other SPHN governing bodies on ethico-legal challenges that SPHN will face related to ethical, legal and social implications. It supports adherence to the Human Research Act (HRA) and the Federal Act on Data Protection;
2. By mandate of the SB the ELSIag furthermore develops robust ethical policies addressing current and emerging challenges of sharing health data. It thereby coordinates with other groups/initiatives that pursue similar goals;
3. Based on its important and multiform significance, the composition of the ELSIag must be diverse consisting of about 7-10 members and should include representatives of the following fields/organizations: bioethics, data protection, SAMS, swissethics, life sciences law, research with patients, patient partner and others. The members of the ELSIag and its chairperson are elected *ad personam* by the SB for a term of four years. The DCC ELSI Team Lead participates ex-officio in the ELSIag. Guests may be invited by the ELSIag to join the meetings in an advisory function. Minutes shall be kept of each meeting.

(f) Data Governance Working Group (DGWG)

Article 13

Duties, Powers and Composition of the DGWG

1. The DGWG's mission is to promote harmonized governance frameworks for data access, enabling equitable and trustworthy further use of health-related data throughout its entire lifecycle. The goal of a harmonized health data governance is to drive collaboration across the Swiss research landscape to create lasting value for both science and society.
2. By mandate of the SB, the DGWG documents data access governance at university hospitals and promotes common respective policies. It furthermore develops effective data governance models including comprehensive legal agreement templates for equitable access and multiple use of health data.
3. The following institutions are represented in the DGWG: Insel Group, HUG, CHUV, USZ, USB, UniBas, ETHZ, EPFL, UNIL, UNIGE, UZH, UniBe, SIB. Each institution may delegate 1-2 representatives with legal or data governance expertise, such as legal professionals, data protection officers, data governance managers or members of an institutional data governance board. The DGWG elects the co-chairs of the DGWG based on internal nominations and simple majority principle. The DCC ELSI Team participates ex officio in the DGWG and leads the overall coordination.
4. To foster engagement and alignment with the broader research community, observing stakeholders shall be regularly informed and consulted about the activities of the DGWG. Observing stakeholders include swissethics, Interpharma, SAKK, patient partners/patient advocacy groups, SCTO, SBP.
5. The DGWG meets as often as business may require, but at least 2 times a year. The meetings shall be called by the chairperson of the DGWG or by the DCC ELSI Team. Minutes shall be kept of each meeting.

(g) BioMedIT Board

Article 14

Duties and Powers of the BioMedIT Board

1. The BioMedIT board is responsible towards the SB for the development and implementation of the strategy for a federated Trusted Research Environment (TRE). The BioMedIT board is not an executive decision-making body, unless the SB mandates the BioMedIT board decision power on specific questions.
2. In particular, the BioMedIT board has the following duties:
 - a. **Strategy development:** Propose to the SB, in close collaboration with DCC, a sustainable model for a federated TRE in line with the SPHN mandate. Regularly review and adapt the model according to national and international developments;
 - b. **Oversight of implementation:** Monitor jointly with DCC the implementation of the agreed deliverables of the agreements with BioMedIT nodes (including evaluating budgets). Align between nodes and, where needed, escalate issues to nodes' host institutions' management or/and the SB.
 - c. **Infrastructure roadmap:** Provide advice on the BioMedIT architecture, services and roadmap, in close collaboration with the DCC. Validate that the roadmap provides realistic goals, measures, milestones, and deliverables;
 - d. **SPHN-funded projects:** Align priorities of SPHN-funded projects between BioMedIT nodes, considering feasibility and resources, in close collaboration with the SPHN DCC and other concerned boards and partners.

- e. **External projects, mandates and collaborations:** Align on feasibility and execution of BioMedIT-related matters for external projects, mandates and collaborations. Ensure a fair balance of respective costs and contributions.

Article 15

Composition and meetings

1. The BioMedIT board has about 10 members, which represent SIB (2 SIB group leaders), the BioMedIT node host institutions (currently, 2 ETH Zurich, 2 University of Lausanne, 2 University of Basel), and the DCC (2, incl. the SPHN Technical Director serving as chair of the BioMedIT board). The Heads of BioMedIT nodes are permanent guests. Permanent and non-permanent guests can be invited to BioMedIT board meetings but do not have a right to vote.
2. The members of the BioMedIT board are nominated by their institution and confirmed by the SB.
3. The BioMedIT board meets at least 2 times per year, invited by the chairperson. In addition, every member of the BioMedIT board may request the convocation of a meeting by the chairperson by submitting a written agenda for the meeting to be called.
4. The BioMedIT board decides by a majority of votes. Each BioMedIT board member has one vote. In case of a tie, the chairperson has the deciding vote. Guests may be invited by the BioMedIT board to join the discussion in an advisory role without a right to vote. Minutes shall be kept of each meeting.

(h) National Data Streams (NDS) Board

Article 16

Duties and Powers of the NDS Board

1. The NDS Board represents within SPHN the four National Data Streams IICU, LUCID, SPO-NDS and SwissPedHealth.
2. The NDS Board shall optimize collaboration between NDS consortia and the SPHN infrastructures (DCC, university hospitals, BioMedIT) by identifying common challenges and opportunities for mutual support; aligning on strategic priorities; and elaborating solutions for shared problems.
3. In addition, the NDS Board acts in an advisory role to the SB and the entire SPHN on researchers' needs.
4. The NDS Board shall ensure cross-NDS alignment and agreement on the following themes (non-exhaustive list):
 - a. Sustainable operation of the NDS enabling data-driven multicenter research and a learning health system;
 - b. End-to-end processes for reuse of NDS data by third parties (incl. governance and development of pricing models);
 - c. Defining the value of the four NDS for data-providing institutions as well as for society;
 - d. Financing opportunities for NDS research, infrastructures, and other activities;
 - e. Monitoring and reporting to the SB on the mutual contributions as jointly agreed.

Article 17

Composition and meetings

1. The NDS Board is composed of five members: one senior representative of each NDS consortium (IICU, LUCID, SPO-NDS, SwissPedHealth) and one patient partner. One of these members is appointed chairperson. The NDS Board shall coopt 1-2 representatives of the DCC, the HIT-STAG, and BioMedIT as permanent guests without a right to vote.
2. The members of the NDS Board are nominated by the main PIs of each NDS consortium and confirmed by the SB for four years. The NDS Board proposes its chairperson, who is to be confirmed by the SB.
3. The NDS Board decides by a majority of votes. Each NDS has one vote.
4. Guests (permanent or ad hoc) may be invited to the NDS Board meetings to join the discussions in an advisory role without a right to vote.

Article 18

Meetings | Working Principles

1. The NDS Board shall meet as often as business may require, but no less than 3 times a year.
2. The meetings shall be called by the chairperson of the NDS Board or by the representative of the DCC. In addition, every member of the NDS may request the convocation of a meeting by the chairperson by submitting a written agenda for the meeting to be called.
3. Ad personam participation is desired to ensure alignment at the strategic level.

(i) Data Coordination Center (DCC)

Article 19

Duties and Powers of the DCC

1. The DCC is the central coordination and service unit of SPHN. The DCC is responsible for the management and administration of SPHN and manages the necessary central data infrastructures and services according to the strategic directions, mandates and tasks issued by the SB.

In particular, the DCC has the following duties, mandated by the SB:

- a. Management of SPHN, including:
 - Responsible for the daily operations of SPHN.
 - Advise and support the SB and other governing bodies.
 - Support the implementation of the resolutions by the SB and other governing bodies.
 - Present an annual business plan and budget to the SB and provide regular updates.
 - Ensure timely and effective communication and information flow between the DCC, SPHN governing bodies, partners, and stakeholders.
 - National and international representation and point of contact of SPHN.
- b. Administration of SPHN, including:
 - Support the meetings of the SB and other governing bodies (incl. agenda and minutes).
 - Organize, direct, and control the daily operations of SPHN.
 - Financial administration and controlling of SPHN.
 - Supervision/controlling of SPHN-supported projects and infrastructures.

- Reporting to the SB, SAMS, and SERI.
- c. Acting as national competence and coordination center for FAIR health data for research and other secondary uses:
- Facilitate data exchanges between SPHN partners and external stakeholders by supporting streamlined governance processes and technical guidance.
 - Define common standards at the semantic, technical, security and, in compliance with Swiss legislation, at the governance level.
 - Facilitate and monitor the implementation of such standards in SPHN.
 - Educate, advise and consult stakeholders on data interoperability, security and governance.
 - Coordinate and manage technical working groups/task forces of SPHN.
 - Manage the interfaces of SPHN to other networks, programs and stakeholders, including ORD, DigiSanté, industry, international initiatives, etc.
- d. Operation and maintenance of central SPHN services and infrastructures, such as:
- SPHN Interoperability Framework (incl. standards, tool stack, support services).
 - (Meta)data catalogs and exploration systems (federated and/or centralized).
 - Legal and ethical frameworks for efficient and compliant data sharing in line with Open Research Data practices.
 - BioMedIT information security policy and central services (incl. portal, tool stack).
 - Central support for National Data Streams.
 - FAIR data repositories or/and related services.
 - Service desk for data interoperability, security and governance.
 - Further development of such services and infrastructures as mandated by the SB.
- e. Coordination of federated SPHN services and infrastructures, such as:
- Interfaces to and interoperability of clinical data platforms of hospitals.
 - Federated data exploration and analysis platforms.
 - Trusted Research Environment/BioMedIT (incl. BioMedIT nodes, interoperability, roadmaps).
 - Interfaces to National Data Streams.
 - Interfaces to FAIR repositories for sensitive data (incl. Swiss FEGA).

Article 20

Organization of the DCC

1. The DCC is directed by a Managing Director, employed by SAMS, who reports directly to the chairperson of the SB.
2. While the ERI Dispatch 2025-2028 assigns overall operational responsibility for the DCC to the SAMS, SAMS is continuing the collaboration with SIB to jointly operate the DCC with offices in Bern (managed by the SAMS) and in Basel (managed by SIB). A separate service agreement governs the distribution of roles and responsibilities between SAMS and SIB. A technical director, employed by SIB, is responsible towards the SPHN managing director and the SB for the work, management and finances of the DCC operated by SIB.
3. Salaries and running costs for the DCC are financed through federal funds.

Article 21

Specialized Bodies, SPHN Working Groups and Task Forces

1. The Steering Board can mandate groups of experts with specific tasks and work packages.
2. The mandates of SPHN working groups and task forces shall be clearly formulated with regard to tasks, timelines, budget and deliverables. The monitoring of the progress on the mandate shall be assigned to one of the SPHN governing bodies.
3. Efforts by mandated working groups and task forces can be financially supported by SPHN according to the SPHN Compensation Regulation. The Steering Board can furthermore provide a budget for administrative support by a scientific collaborator. Working groups and task forces can apply for further funding to the Steering Board.

Article

22

Participation of Third Parties

1. Bodies of SPHN (SB, EB, SoB, HIT-STAG, ELSIag, DGWG, BioMedIT Board, FEGA Board, DCC) may invite third parties, such as representatives of authorities, health sector, industry, politics or international research institutions, but also employees of the individual partners, as permanent or non-permanent guests to the meetings. By decision of the respective body, invited third parties may be excluded from the discussion and voting procedures concerning certain issues. Third parties shall be bound to confidentiality.
2. Permanent and non-permanent guests do not have the right to vote or make a motion.

Governance

Article 23

Business Year

The business year of SPHN is the calendar year.

Article 24

Financing

1. SPHN's financing shall be ensured by the yearly contributions of the Confederation, service fees, and third-party funds from public and private sources to SAMS and SIB.
2. SPHN funds can be transferred to partner institutions according to the SPHN Funding Regulations and based on the decisions by the SB.

Article 25

Power to Sign

Binding documents on behalf of SPHN require double signature: The chairperson and vice-chairperson of the SB are authorized to sign such documents jointly or each of them alone together with another member of the

SB or the managing director. The SB is responsible for appointing additional persons with authority to sign on behalf of SPHN and specifying the details of the authority. Documents that are not legally binding can be signed by the chairperson, the vice-chairperson or the managing director alone.

Article 26

Accounting Records, Reporting and Audit

1. SPHN shall have its own accounting records.
2. The accounting and annual reporting of SPHN federal funds shall be administrated by the SAMS
3. The audit shall be carried out by a third-party company.
4. The DCC, via its managing director, reports to the SB. The SB must approve any report sent to external bodies, such as SERI and FOPH.

Final Provisions

Article 27

Amendments

1. To put an amendment to the Rules of Procedure to the vote, a Steering Board member must submit a motion proposing such amendment in writing to the Steering Board chairperson at least 30 (thirty) days prior to a Steering Board meeting.
2. To amend the Rules of Procedure, a resolution passed by the majority of the full members present at a meeting or confirmed by a vote by circular is required (**Article 6** applies).

These Rules of Procedure were approved by the Steering Board on 11.12.2025 and by SERI on 05.02.2026 and replace the previous version approved by the National Steering Board on 08.05.2025 with immediate entry into force.