

# Building genomics

genomDE :  
National and  
European initiatives

30th November 2020  
DIGITAL EVENT

**Building genomics**

genomDE : National and European initiatives  
30TH NOVEMBER 2020



Supported by the European Union's Structural Reform Support Programme (SRSP) and implemented in cooperation with the European Commission's Directorate-General for Structural Reform Support (DG REFORM)



# The 1+Million Genome Initiative

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Portugal Representative to the 1+Million Genome Initiative

Head, Department of Health Promotion and NCD Prevention  
Instituto Nacional de Saúde Doutor Ricardo Jorge  
Lisbon, Portugal

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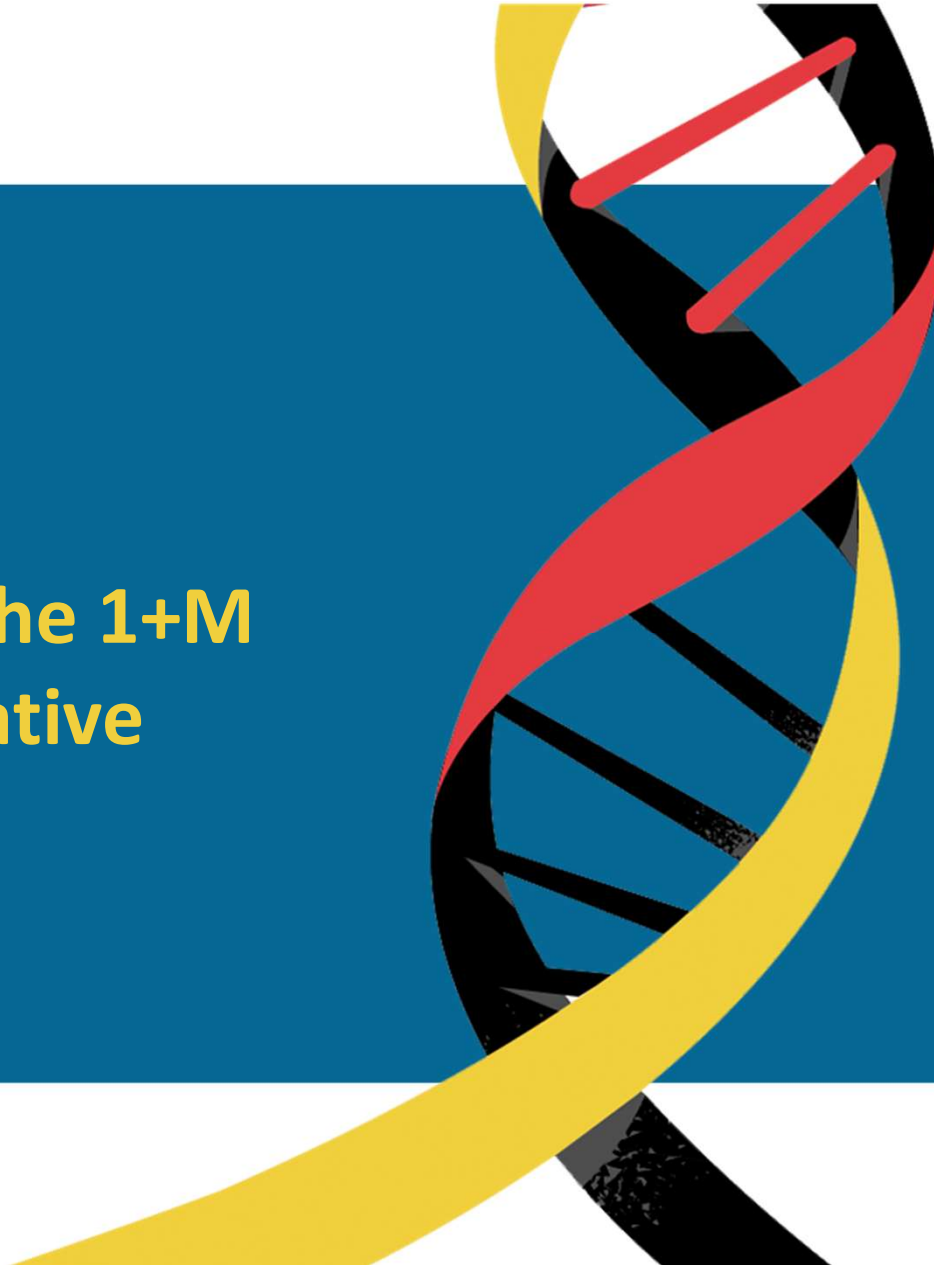


# Content

1. Overview of the 1+Million Genome (1+MG) Initiative
2. Organisational Structure
3. Beyond One Million Genomes – the B1MG project
4. 1+MG and B1MG – ongoing activities

# 01

## Overview of the 1+M Genome Initiative

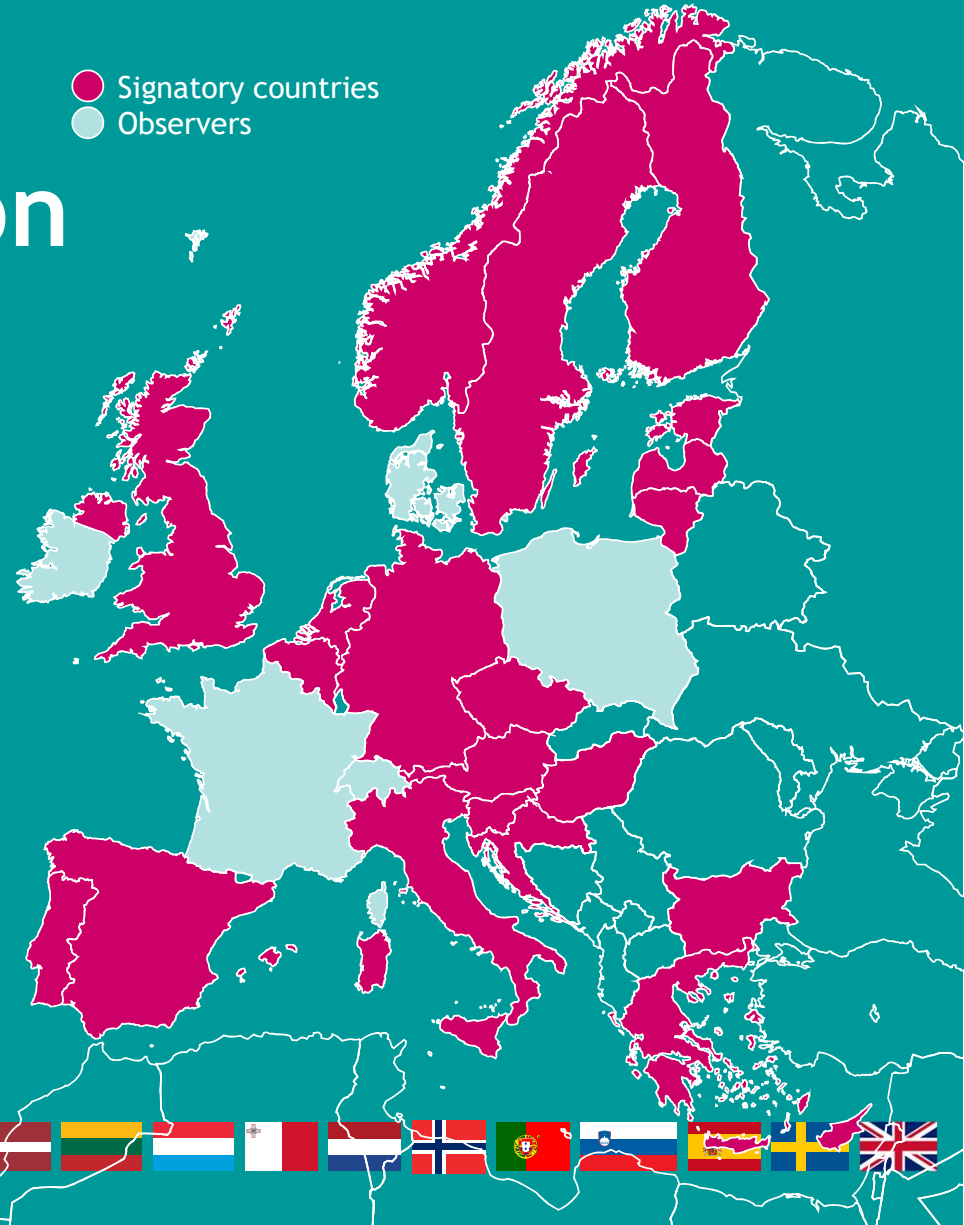


# 1+Million Genomes Declaration of cooperation



- Signatory countries
- Observers

23 countries and 5 observers



## Declaration for delivering cross-border access to **genomic databases**



1 million **genomes accessible** in the EU by 2022



**Linking access** to existing and future genomic databases across the EU



Providing **proper scale** for research with clinical impact

# 1+MG Working Groups

1. Organisation and governance

Coordination

2. ELSI aspects

3. Clinical data

4. Quality

5. Infrastructure

6. Health economics

7. **Industry involvement**

Technical Working Groups

8. Rare diseases

9. Cancer

10. Common Complex diseases

11. **Infectious diseases (COVID-19)**

Use cases Working Groups

# 1+MG Roadmap

## Timeline & Objectives

Adopted in February 2020

2020

**ENGAGE**  
Governance,  
cooperation and  
collaboration

Engage local, regional, national and European stakeholders to define the requirements for cross-border access to genomics and linked clinical data



1+ Million  
accessible  
genomes



# 1+MG Roadmap

## Timeline & Objectives

Adopted in February 2020

2020

**ENGAGE**  
Governance,  
cooperation and  
collaboration



2021

**TRANSLATE**  
Infrastructure,  
guidelines and  
pilots



Translate requirements for data quality, standards, technical infrastructure, and ethical, legal and social issues (ELSI) into technical specifications and implementation guidelines that capture European best practice

1+ Million  
accessible  
genomes

# 1+MG Roadmap

## Timeline & Objectives

Adopted in February 2020

2020

### ENGAGE

Governance,  
cooperation and  
collaboration



2021

### TRANSLATE

Infrastructure,  
guidelines and  
pilots



2022

### DRIVE

Sharing, scaling  
and sustaining



Drive adoption  
and support  
long-term  
operations via a  
maturity model  
and a  
methodology  
for economic  
evaluation

1+ Million  
accessible  
genomes

# 1+MG Roadmap

## Timeline & Objectives

Adopted in February 2020

2020

### ENGAGE

Governance,  
cooperation and  
collaboration



2021

### TRANSLATE

Infrastructure,  
guidelines and  
pilots



2022

### DRIVE

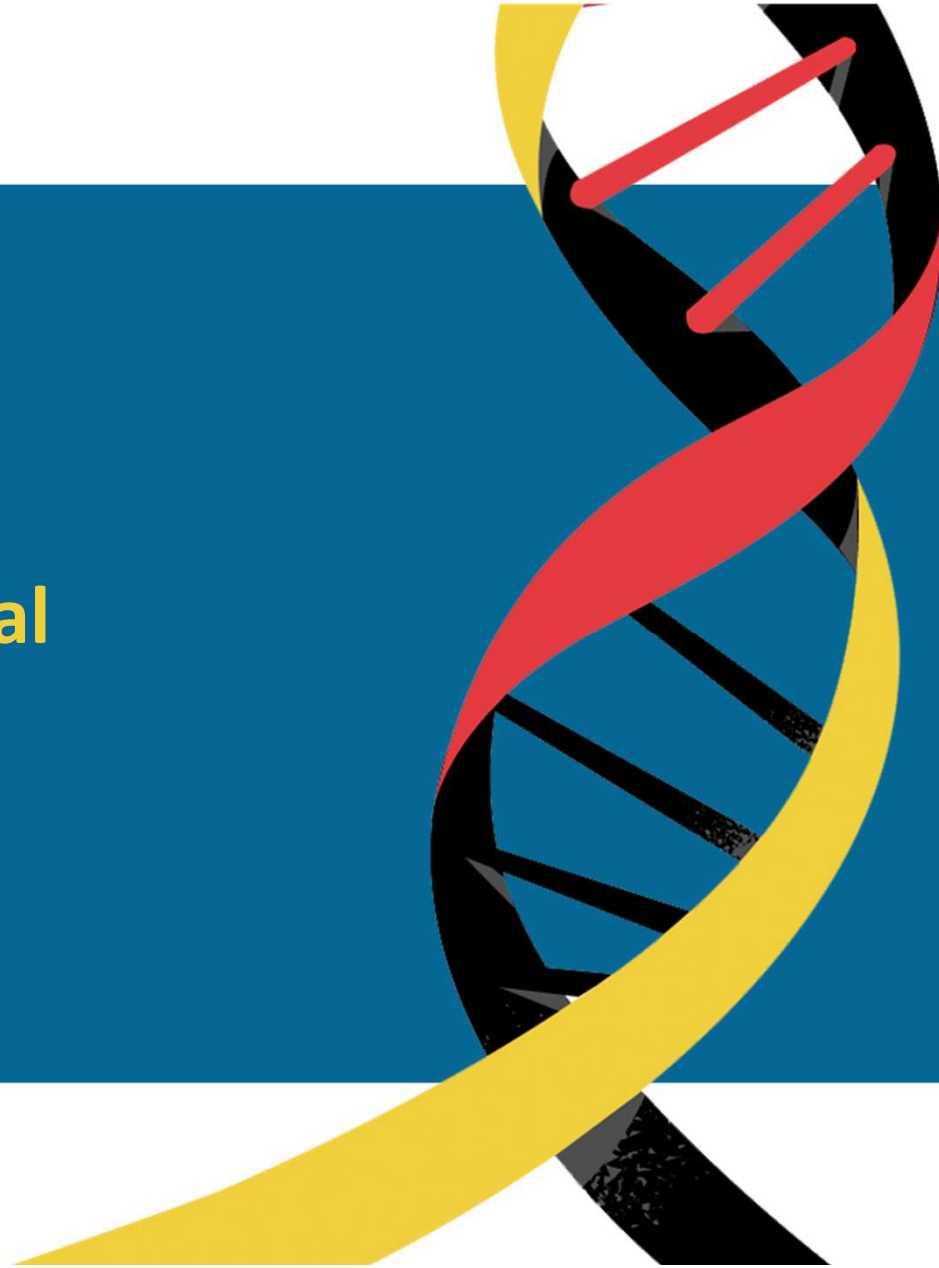
Sharing, scaling  
and sustaining



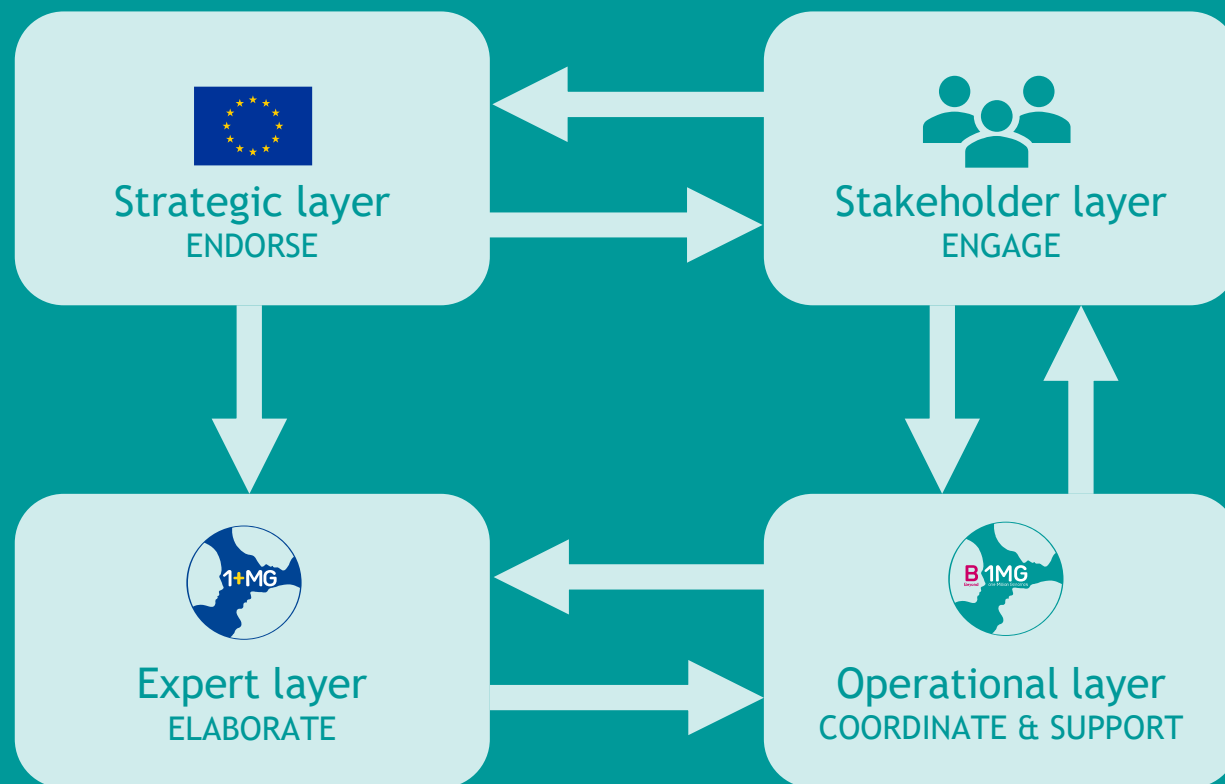
1+ Million  
accessible  
genomes

# 02

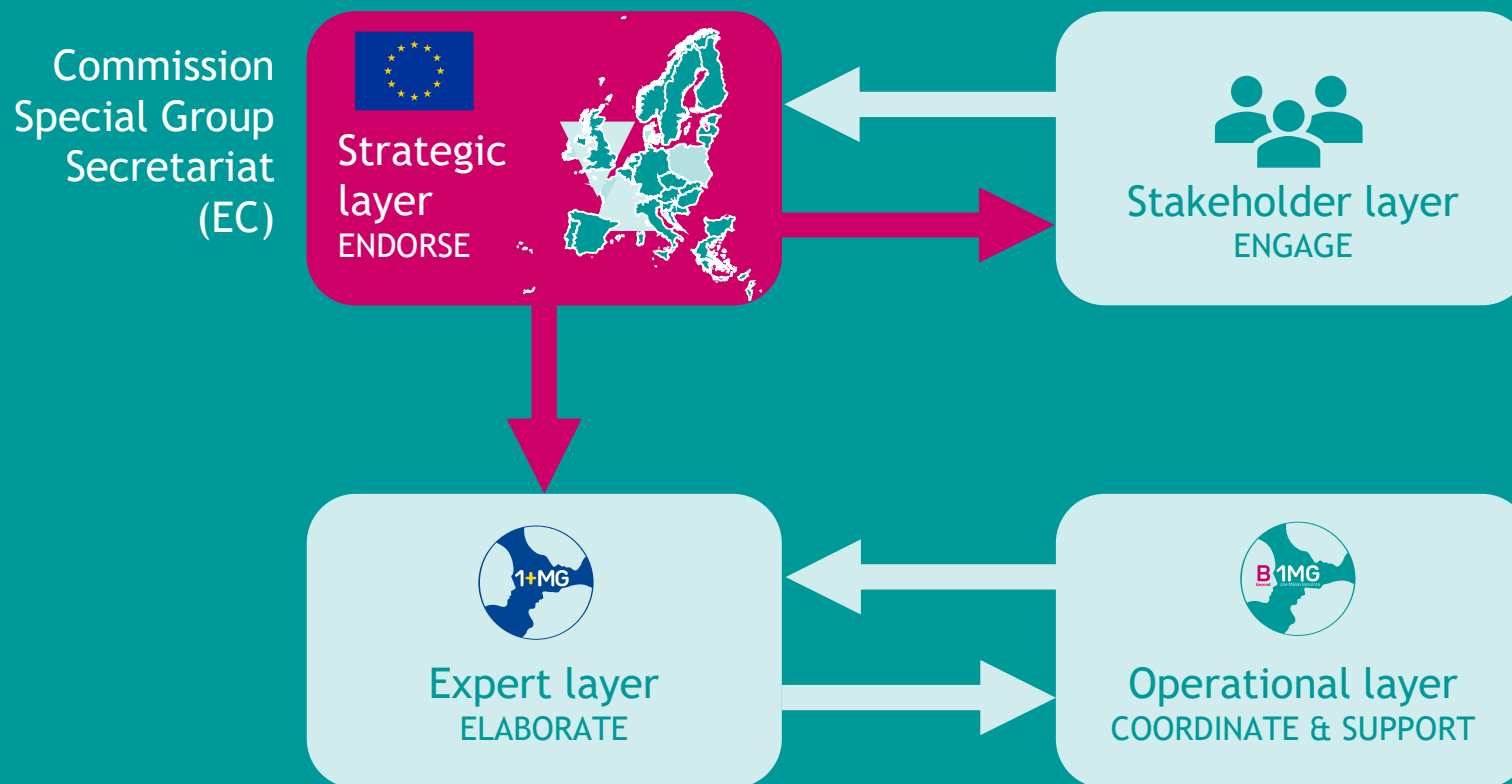
## Organisational Structure



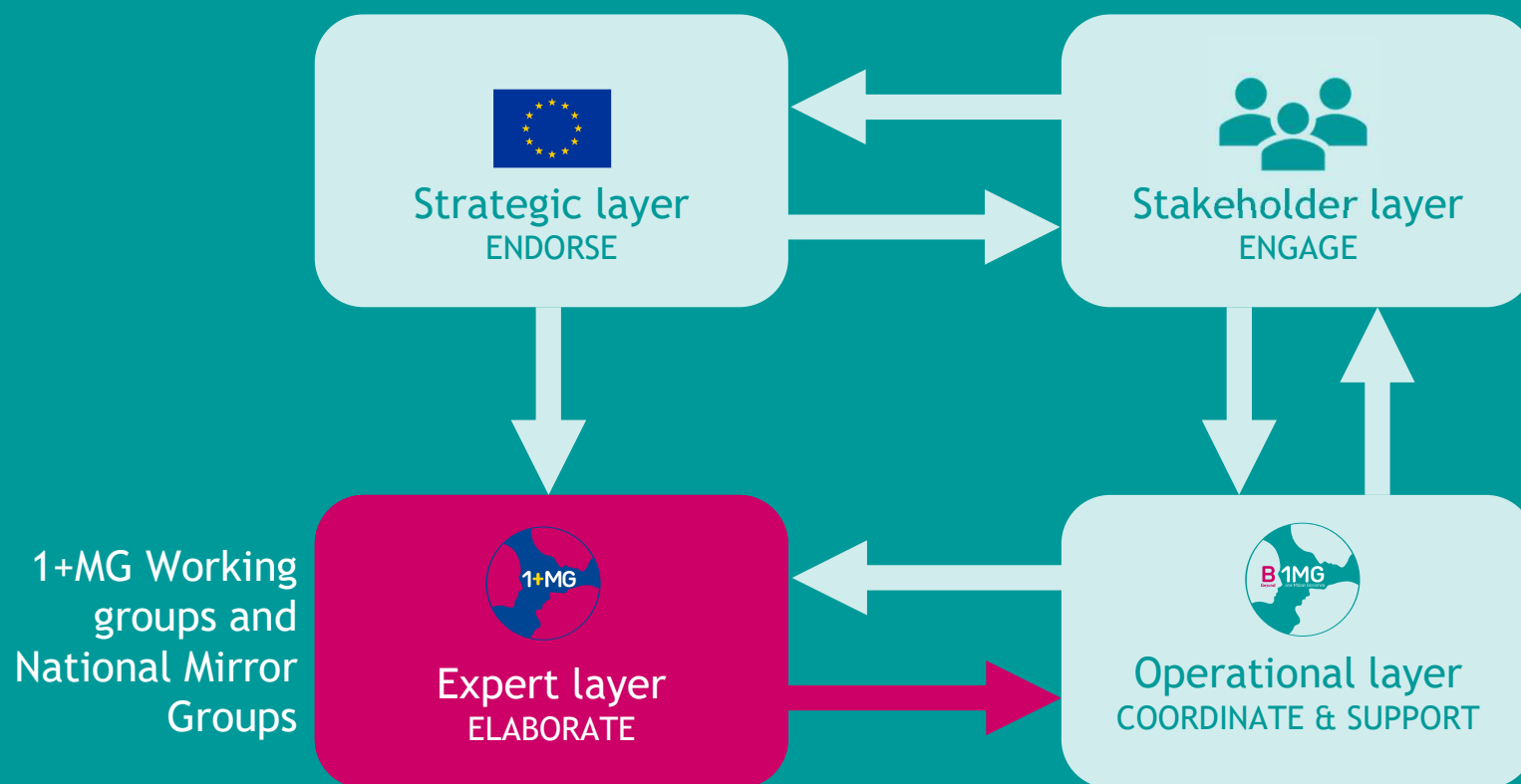
# Organisational structure



# Organisational structure



# Organisational structure



# Organisational structure

## National Mirror Groups – NMG

Establishing a European learning framework



1 Scientific Coordinator



1 National Contact Point (NCP)

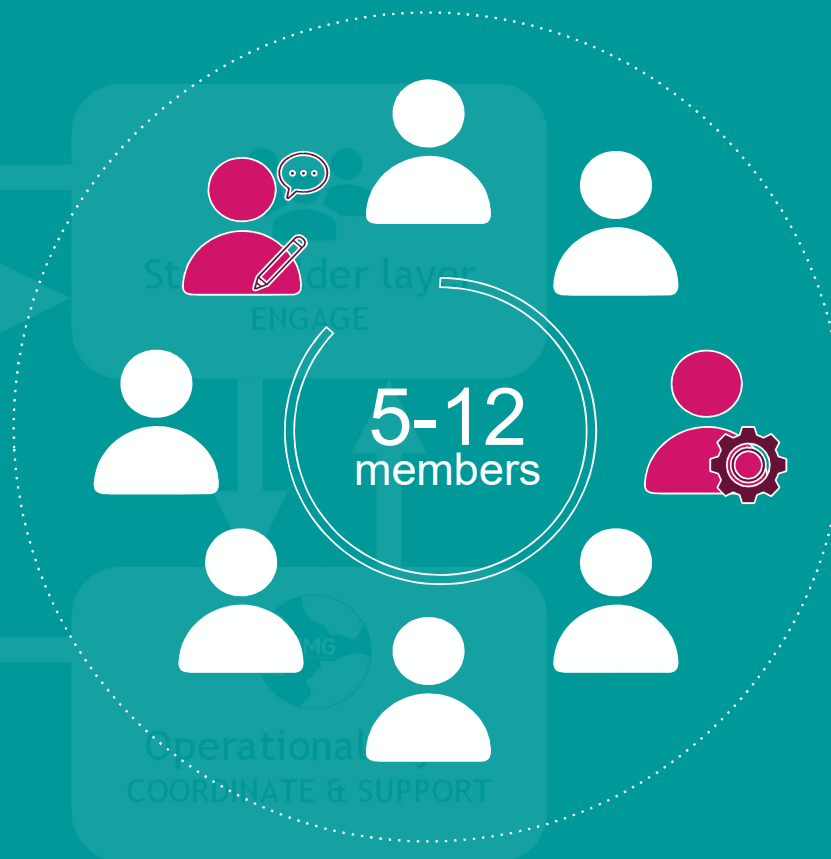


5-12 members

1+MG Working groups and National Mirror Groups

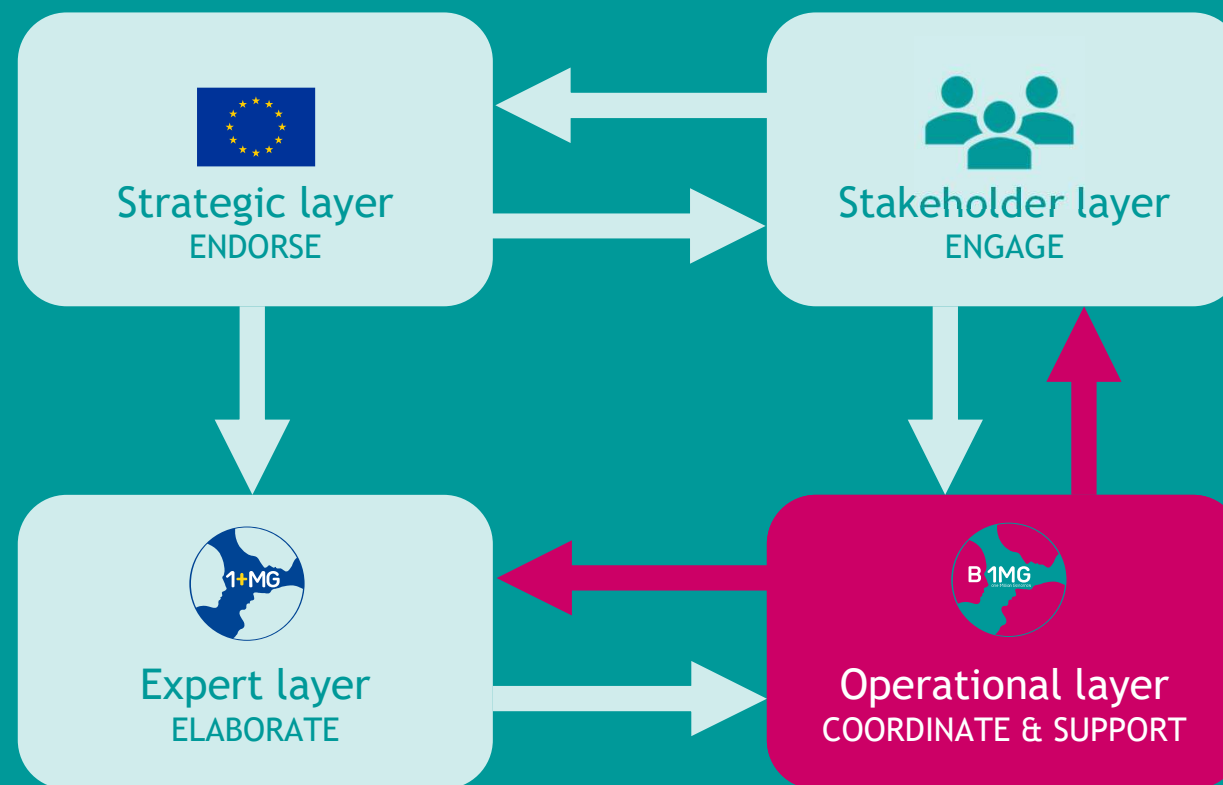


Expert layer  
ELABORATE

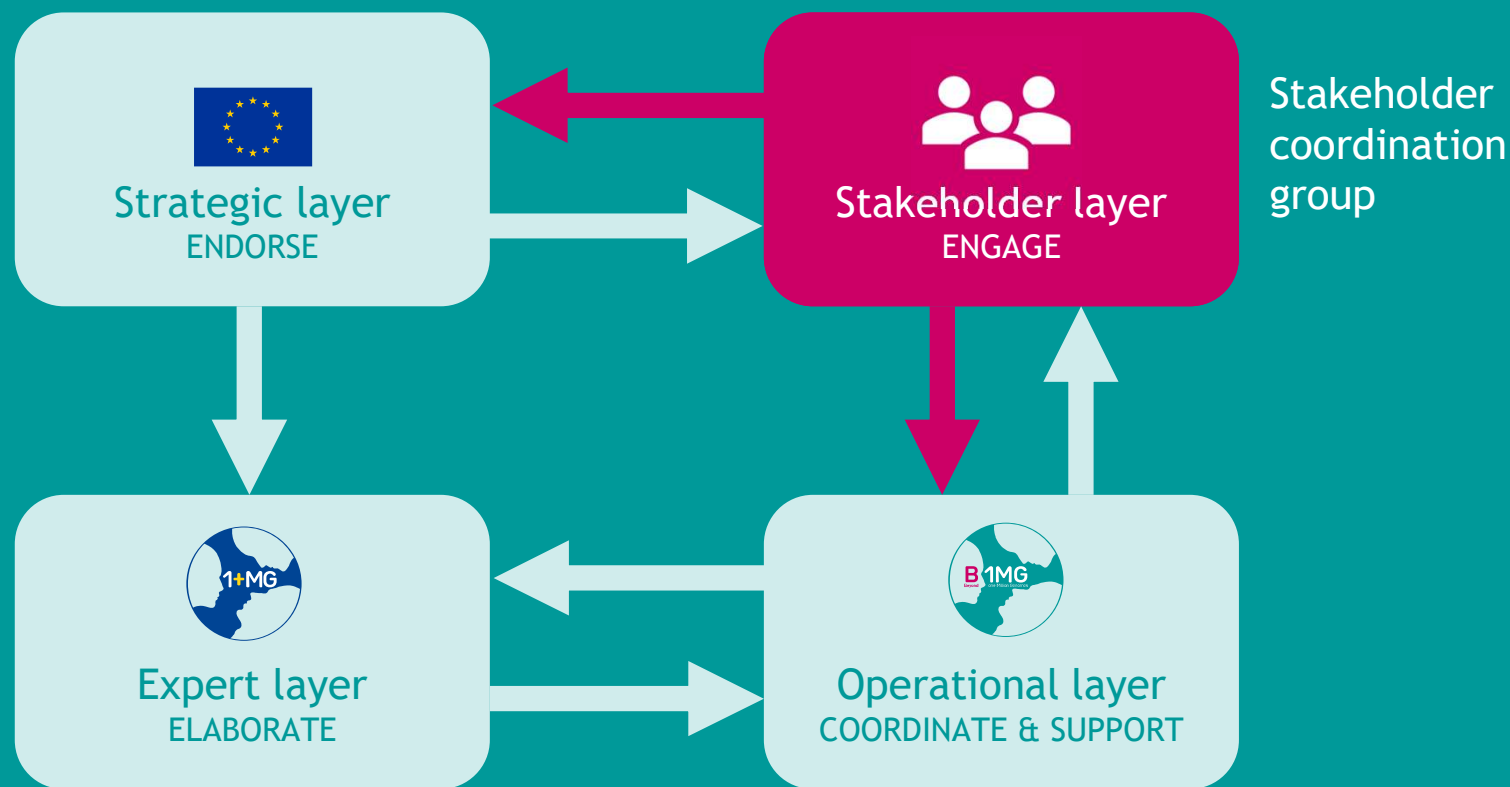




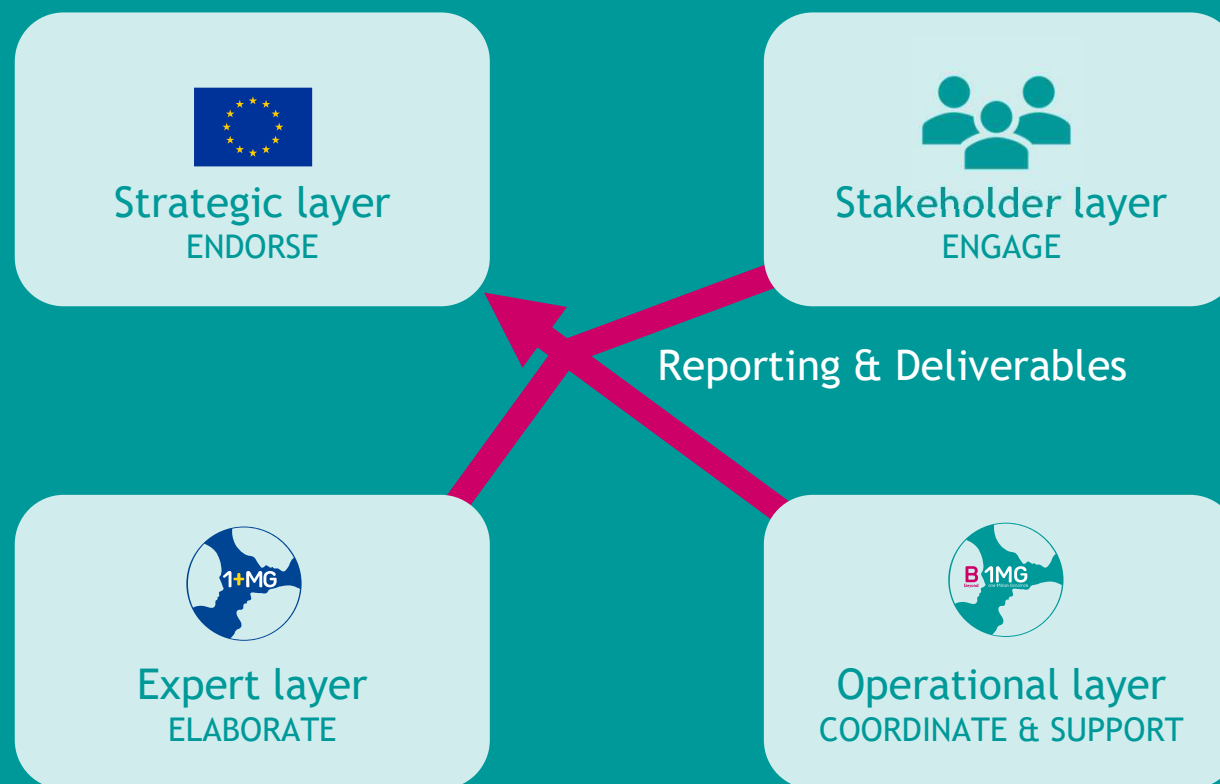
# Organisational structure



# Organisational structure

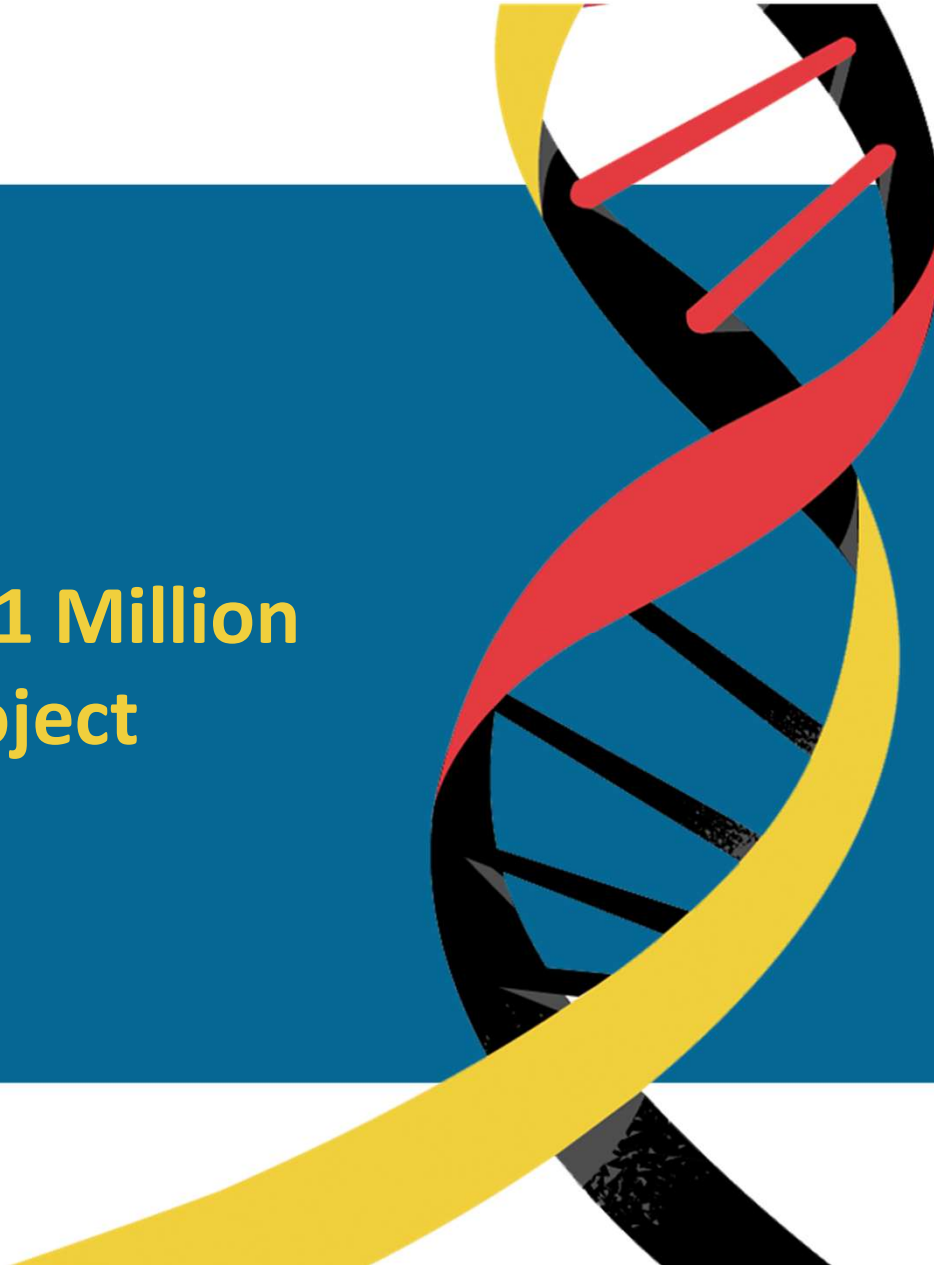


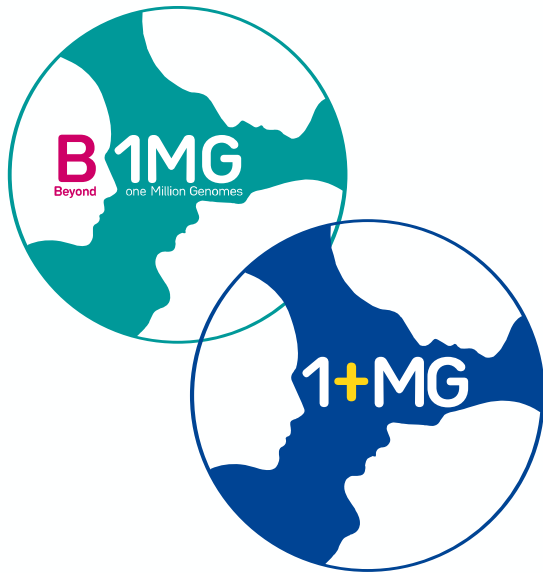
# Organisational structure



# 03

## The Beyond 1 Million Genomes Project B1MG





- + Beyond One Million Genomes (B1MG) aims to create legal guidance, best practices and recommendations to create infrastructure to enable the commitment of 22 European Member States and Norway to give cross-border access to one million sequenced genomes by 2022 (**1+ Million Genomes Initiative**)

# The B1MG project

Coordination and support action of the 1+MG

Started 1 June 2020

29

Partners

€4 M

Budget

3

Years

25

EU countries



# B1MG objectives

Aligned to the 1+MG roadmap



2020

**Engaging** local, regional, national and European stakeholders

... to define requirements for accessing genomics and personalised medicine data.

2021

**Translating** requirements for data quality, standards, technical infrastructure, and ELSI

... into technical specifications and implementation guidelines.

2022

**Driving** adoption and supporting long-term operations

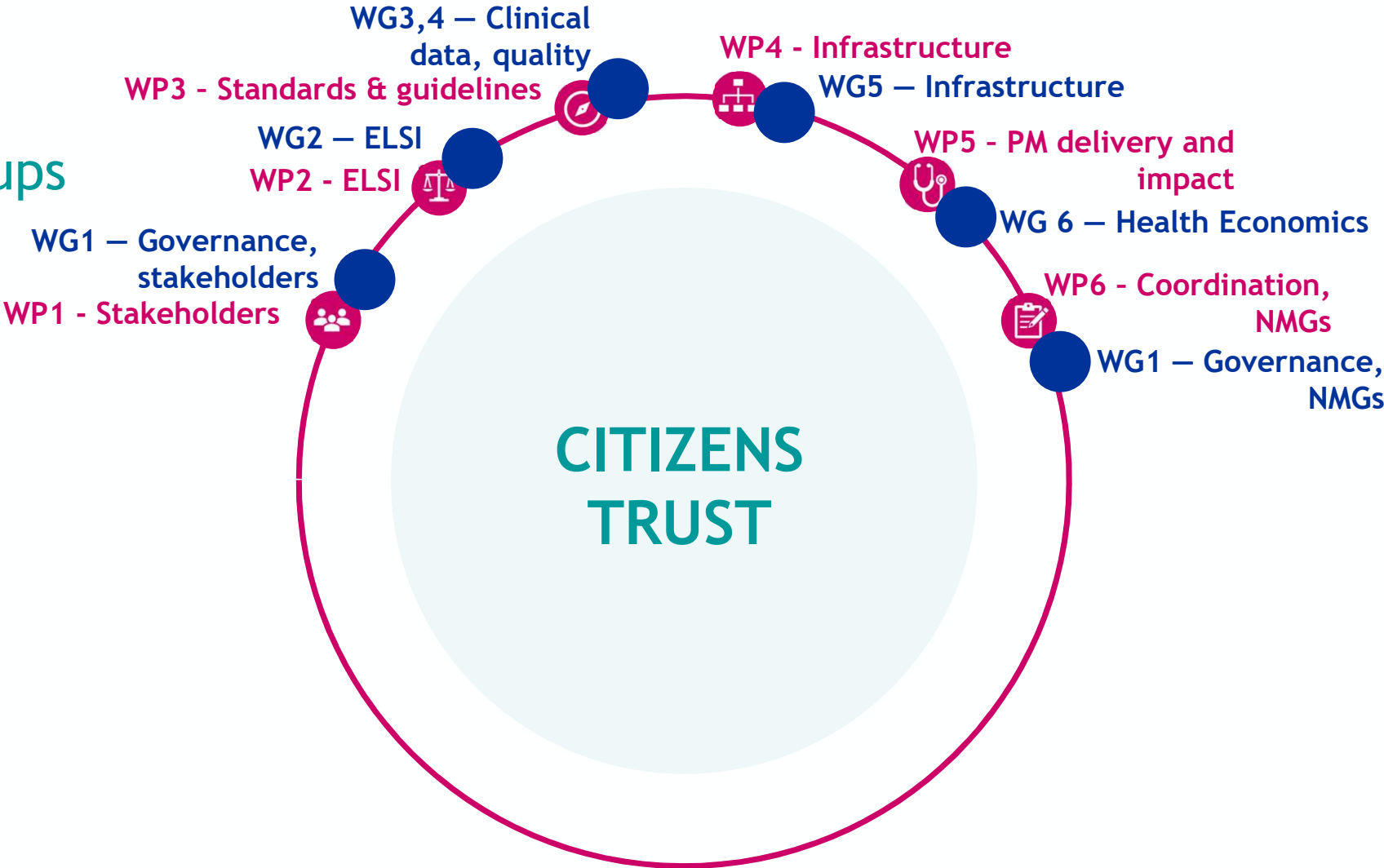
... via the B1MG maturity level model and a methodology for economic evaluation.



# B1MG WPs / 1+MG WGs alignment



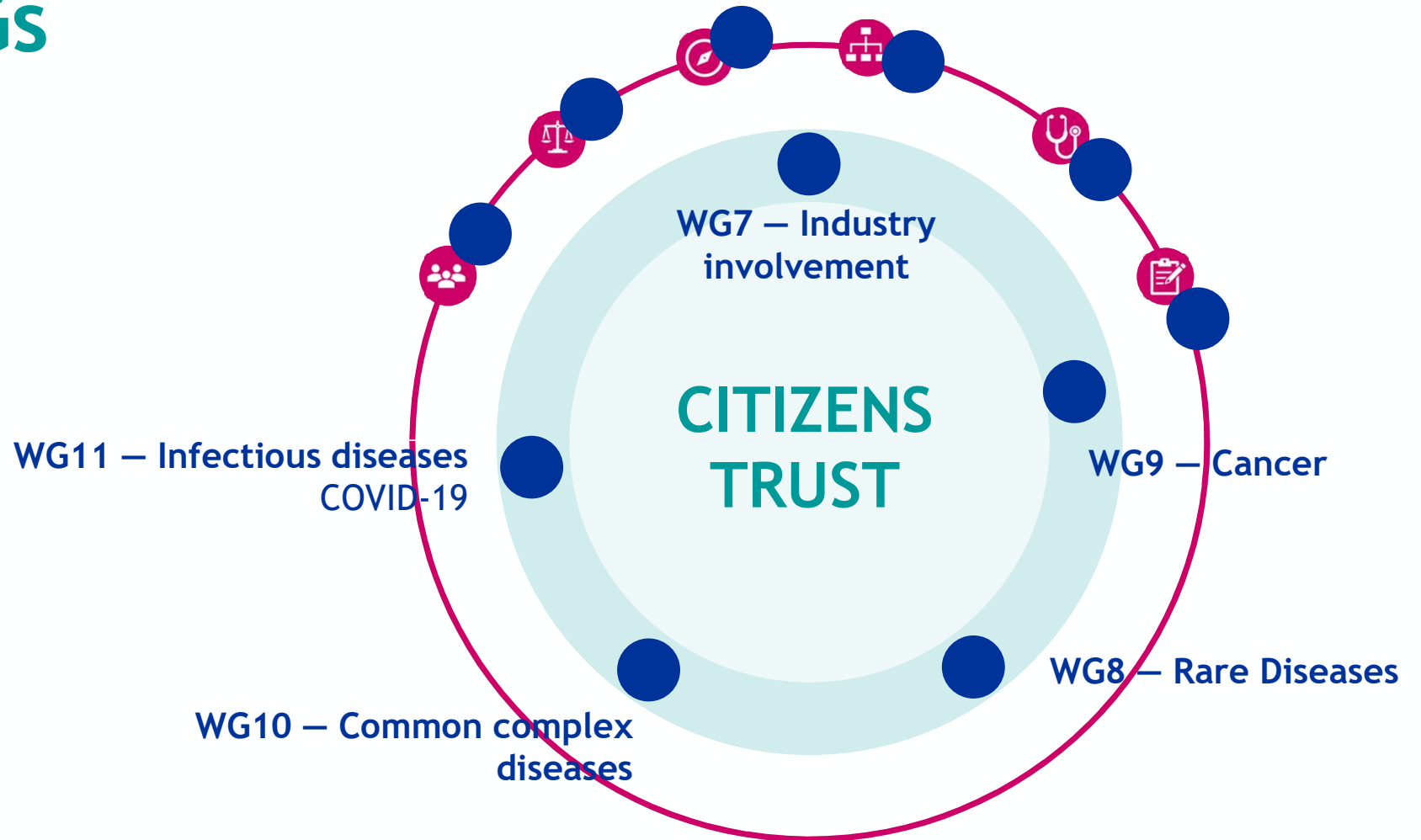
## Technical Groups



# B1MG WPs / 1+MG WGs



Use cases



# 04

## 1+MG & B1MG Ongoing activities



**Building genomics**

genomDE : National and European initiatives  
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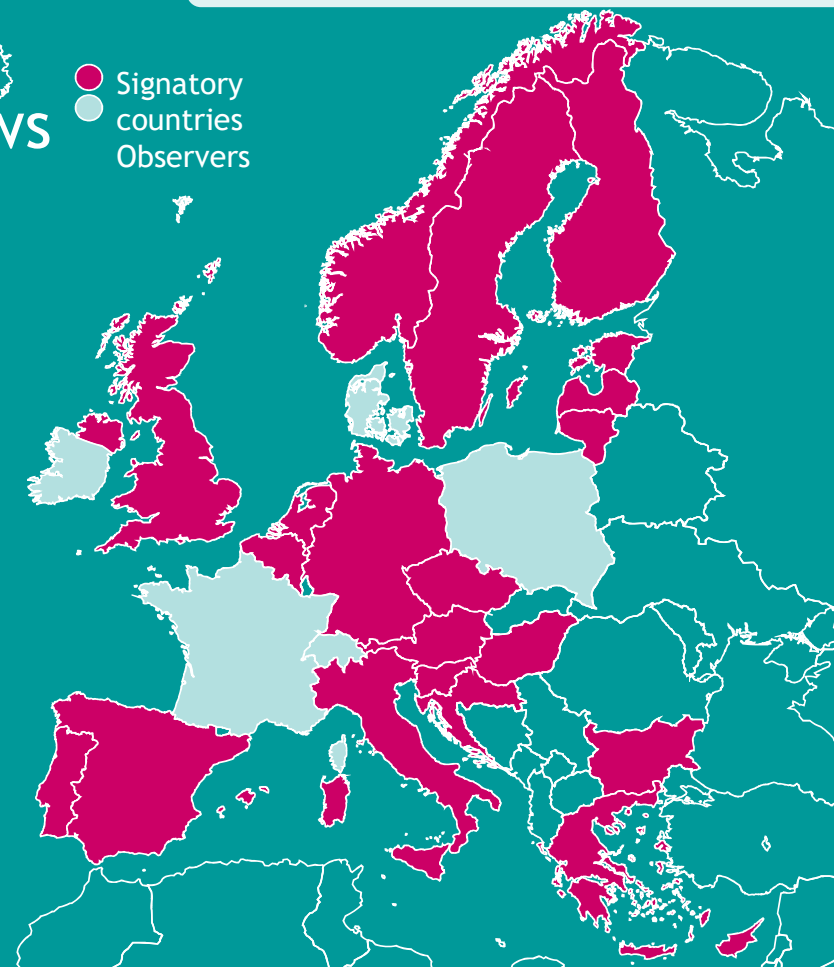
# General Developments

- Alliance of 1+MG signatory countries grows
  - Belgium recently signed the declaration



● Signatory countries  
● Observers

WG1 - Coordination Group



# 1+MG Roadmap summary publication

- Translated the 1+MG Roadmap adopted February 2020 into a public brochure for the (educated) general public
- Editorial team with input from EC, 1+MG CG and WG/WP leads
- Supported through a Digital Health Europe Grant
- Published late Sept 2020

<https://ec.europa.eu/digital-single-market/en/news/roadmap-1million-genomes-initiative-now-clearly-illustrated-new-brochure>



# 1+MillionGenomes

Roadmap 2020-2022

# 1+MillionGenomes

Roadmap 2020-2022



LOUISE

## IMPROVING CANCER TREATMENT

### BREAST CANCER

Louise has a long family history of breast cancer. One day, she heard on TV that mutations in the Breast Cancer genes *BRCA1* and *BRCA2* increase the risk of breast cancer by up to 80%. Although it turned out that she doesn't have mutations in these genes, her risk of developing the condition is still high due to her family history.



### CANCER SCREENING

In order to detect early potential breast cancer, she started breast cancer screening at age 35, much earlier than the usual recommended routine screening. A few years later, Louise indeed developed breast cancer. To determine the most suitable type of treatment, she underwent a genomic test assessing the utility of chemotherapy versus other treatments in her case.



### TREATMENT

Test results showed that Louise would not benefit much from chemotherapy, so doctors opted for a more effective personalised treatment, which also prevented her from experiencing the unpleasant side effects of chemotherapy.



Developments in the sequencing of cancer genomes are rapidly improving insights and predictive power of genomic tests on risk, prognosis and treatment of cancer. The 1+MG network will greatly increase the availability of this knowledge to oncologists, improving the choices for patients and the reducing over-treatment.



MARTIN

## IMPROVING PROGNOSIS FOR RARE DISEASES

### MICROCEPHALY

In 2015 Martin was born in Dublin, Ireland. Doctors recorded an abnormally small head and face, as well as a slow development rate. Genome sequencing identified many possible candidates for the genes that were causing his slow development. However, a precise diagnosis would be needed to start treatment.

### EUROPEAN PLATFORM ON RARE DISEASES REGISTRATION



Launching a query through an EU federated platform that facilitates matching of cases with similar phenotypic and genotypic profiles allowed his doctors to find a second case in Spain with similar symptoms. Comparison of the sequencing results of the Irish and Spanish patients highlighted one mutation both had in common, which pointed to a defect that could be counteracted by supplying a specific metabolite.



Matching of cases with similar phenotypic and genotypic characteristics through an EU federated platform facilitates reaching an accurate diagnosis and treatment for rare disease patients with different backgrounds in separate countries. In this case this worked not only for Martin's condition but also for the Spanish patient.



JUSTYNA

## PREVENTING COMMON AND COMPLEX DISEASES

### POLYGENIC RISK SCORE

Justyna heard about the ongoing biobanking project in her country in the media, so she read more about the genetic risks of certain diseases.



Her healthcare provider recommended a genomic analysis to estimate her Polygenic Risk Score (PRS), a test for most common diseases which was just introduced as a new clinical trial in the university hospital.



### CORONARY ARTERY DISEASE

This genomic analysis showed that she has a PRS in the top 5% for Coronary Heart Disease (CAD). Drugs such as statins and other preventive measures lower the cholesterol levels in the blood and reduce the CAD risk, so her doctor suggested to initiate statin treatment and make some lifestyle changes.

### PREVENTION



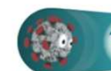
Now Justyna has to take statins. The genomic analysis also showed that one specific statin could increase her risk of muscle inflammation and should be avoided. Justyna is now more aware of how to prevent CAD and make adjustments in her lifestyle, as well as receive the right treatment and regular check-ups, if needed.

Europe is currently developing PRS tests for early identification of risks factors for common diseases. The 1+MG project will yield genome sequences for many European citizens, in combination with phenotypic information, all collected with informed consent in biobanks across Europe. This will further the implementation of PRS testing in regular health care and will boost the availability of cheap prevention throughout Europe and elsewhere.



PABLO & PEDRO

## TACKLING HIGH SENSITIVITIES TO INFECTIOUS DISEASES



### COVID-19

Pablo (27 years old) develops severe COVID-19 symptoms. Shortly after, his brother Pedro (30 years old) is also tested positive. Both need to be treated in intensive care. The two brothers do not belong to any of the known risk groups, but their close family relationship suggests a genetic risk factor.

### INFLUENCES

Genetic profiling of the brothers is undertaken and compared to other disease cohorts and population biobank resources. It turns out that Pablo and Pedro are carriers of a rare genetic mutation in TLR7 (Toll-Like Receptor 7). This gene on the X chromosome regulates the interferon level as a defensive response to viruses. Based on this finding, Pablo and Pedro receive a specific treatment to restore the natural capacity of their immune system to fight the virus.

### DATABANK



### NETWORK

Imagine we would have the EU federated genomic data network of 1+MG in place offering European clinicians the possibility to receive alerts when they encounter patients with similar characteristics. Patients' increased susceptibility to life-threatening conditions caused by an infectious disease such as COVID-19 could be rapidly discovered and the necessary treatment adapted and personalised.



## Which are the main areas of cooperation?

To create this framework with its focus on more than one million genomes, new ways of collaborating are needed. This is why the 1+ Million Genomes initiative was founded. The signatory countries are keen to move forward on accelerating developments in genomic science into enhanced healthcare. Various areas of activity are at the core of the initiative's work: organisation, implementing personalised healthcare in health systems in cost-effective and efficient ways; ethical, legal, and social issues; health and phenotypic data; good genomic practice and standards; and infrastructure and interoperability.

### Organisation of work

**Strong coordination and collaboration** of all the initiative's efforts have been put in place. This is happening through cooperation among the signatory countries, supported by expert working groups. One expert group focuses on governance and ensures overall coordination. It covers several aspects of activity, including stakeholder engagement, industry engagement, a learning framework, and education and communication.



### Ethical, legal, and social issues

A number of **ethical, legal, and social issues** need to be brought into focus and resolved. Examples include the values and ethics underpinning this pan-European framework, the underlying legal framework and challenges of finding ways to process genomic data across borders despite legal differences; the contractual arrangements related to data use and data inclusion; and the societal implications, transparency, policies, and processes to govern data access.

### An important priority

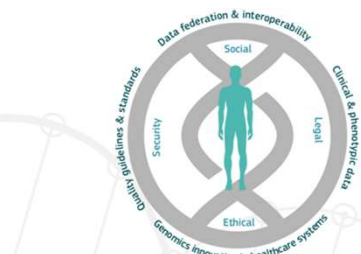
is to address the implications of the 2018 **General Data Protection Regulation (GDPR)** in relation to questions about consent, privacy, and research uses of genomic data in Europe.

### Genomics innovation in national healthcare systems

**Embedding genomics expertise and research outcomes into personalised healthcare** will lead to greater efficiencies and, thus, cost savings. Accelerating the transfer of research knowledge into improved and cost-effective healthcare is key (including improving disease prediction rates, diagnosis, and the tailoring of therapies and treatments to individuals). This requires innovation in healthcare systems across Europe: the 1+MG initiative will help the countries involved to learn from each other in this respect. Analysing the potential costs and benefits of the adoption of genomics in healthcare will be part of these steps. The 1+MG framework will thus assist in the analysis of economic viability, and in the harmonisation of cost assessment and economic evaluation models. This will help towards generating comparable evidence across European healthcare systems and facilitate countries to make informed policy choices about the implementation of genomics-based personalised medicine.

### Clinical and phenotypic data

**Agreeing on a minimal set** of phenotypic and clinical data to be collected in each genomics study is crucial. This agreement will enable comparative studies across data collections that may have different backgrounds. The initiative will build consensus to implement this minimal dataset across European



### Good genomic practice and standards

**When sequencing genomic data**, it is important to draw on good practice. As a result, guidelines and appropriate standards and forms of accreditation will need to be drawn up. Genome sequencing standards, benchmarking and metrics, as well as good quality control of data, are needed.

### Infrastructure and interoperability

**The initiative's proposed infrastructure uses a federated approach.** Each country in Europe is invited to contribute to the endeavour, by bringing to the enterprise the strengths and qualities of its own national programme. The initiative is not centralised and will not pool genomic data in one place. Rather, through interoperability, it will bring data warehouses up to agreed standards and link them with a secure infrastructure. Users, like accredited research institutions, healthcare professionals, and health policy agencies, will be able to access this secure network to execute approved algorithms and analyse available data remotely.

## What is the timeline and next steps?

The 1+ Million Genomes initiative has set up an intensive agenda of activities to reach its goals by 2022. Its signatory countries and expert groups are working together on many stepwise, concrete actions. By aligning the investments and advances expected in 2020-2022, the aim of creating a cohort of at least 1 million sequenced genomes can be achieved.

### Laying out the 1+MG Roadmap 2020-2022

Between 2020-2022, three phases of activity will concentrate on engaging, translating, and driving the 1+MG initiative forward.

#### 2020 - Engage - Engaging countries and other stakeholders in governance and collaboration

- Assemble **national, regional, and local public authorities** as well as a broad range of international stakeholders in the initiative. They will link together different genomic medicine resources in line with the initiative's declaration.
- Define a **governance model of coordination and cooperation**. The cooperation model will cover the terms and conditions needed for secure access to genomic data and associated health data across borders, and the use of national and regional data collections for research and improving healthcare.

#### 2021 - Translate - Translating the mission into concrete infrastructure, guidelines, and pilots

- Pilot the technical infrastructure for **distributed, authorised and secure access** to national and regional genetic data, and facilitate the **interoperability of registries and databases**.
- Support the development of an **ethical and legal framework** for cross-border access to genomic datasets to advance research across Europe while taking appropriate measures to **protect the privacy of individuals**.

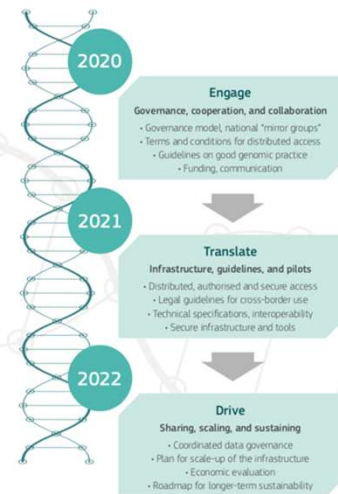
- Test-run the secure infrastructure and legal framework to enable **cross-border sharing and analysis of genetic data and associated health datasets**, anonymised as appropriate. The datasets will come from multiple European countries, build on existing **initiatives in genomics and personalised medicine**, and focus on **four use cases**.

#### 2022 - Drive - Moving forward on sharing, scaling, and sustaining the initiative

- Embed the coordinated data governance framework and infrastructure for **Europe-wide large-scale processing of genome and health data in national and regional science and healthcare systems**.
- Scale activities to enable **distributed and secure access to research cohorts of at least 1 million sequenced genomes**.

The underpinning aim of this three-year initiative will be to support a **European data strategy** that reinforces the creation of data spaces in key strategic sectors and domains of public interest. In the health sector, this will translate into a **European health data space**, essential for making advances in **preventing, detecting, and curing diseases** and for making informed decisions that will improve the **accessibility, effectiveness, and sustainability of healthcare systems**.

A Horizon 2020 project "**Beyond 1 Million Genomes**" (B1MG) will provide support and coordination to the implementation of the roadmap.



# Survey on accessible genomes



EU Survey Login | Help ▾

Save a backup on your local computer (disable if you are using a public/shared computer)


## 1+MG - Survey on accessible genomes - July 2020

Fields marked with \* are mandatory.

You are invited to participate in this survey because according to our information or your indication of interest, your dataset may be eligible for participation in the European 1+ Million Genomes initiative (1+MG).

The 1+MG is based upon the commitment of 20 European Union Member States and Norway to establish a cross-border federated network of national genome collections associated with phenotypic data, consented for advancing health and medicine practice and research across Europe.

To prepare the framework for the 1+MG we have developed the questionnaire below. Our goal is to understand what existing genomic datasets and corresponding phenotypic/clinical information are effectively available for participation in the 1+MG. Also, we would like to know what are the challenges and bottlenecks for sharing, and how they may be overcome by development of technical or policy solutions. We will use your answers to make recommendations for design of a European framework for sharing genomic and associated clinical data, develop solutions to overcome challenges, and also to provide guidance for participation in the 1+MG initiative.



**Views**  
Standard [Accessibility Mode](#)

**Languages**  
[EN] English ▾

**Background Documents**  
[EC privacy statement](#)

[https://ec.europa.eu/eusurvey/runner/1plusMG\\_Survey2020](https://ec.europa.eu/eusurvey/runner/1plusMG_Survey2020)



# Detailed questionnaire to deepen our view on what can progressively be included in 1+MG

## B1. SPECIFICALLY REGARDING RARE DISEASES

- \* 1. What was the main purpose for data collection?
- Clinical
  - Research
  - Another purpose (e.g. biobanking, epidemiology, surveillance)

- \* 2. What type of genetic data was collected?

(Please select all that apply.)

- Whole Genome Sequencing (WGS)
- Whole Exome Sequencing (WES)
- Clinical exome
- Arrays

- \* 3. What phenotypic/clinical data is available?

(Please select all that apply.)

- Clinical information
- Treatment
- Treatment response
- Lifestyle (questionnaires)
- Social-economic status information
- None of the above

- \* Clinical information:

(Please describe key content)

## C1. CLINICAL AND PHENOTYPIC DATA (Rare diseases)

- \* 1. Is the clinical/phenotypic data:

- Centralised (collected and stored at a central location)
- Federated in local systems like Electronic Health Record systems

- \* 2. Please specify how each subject or participant in the project is identified:

(Include the variable(s) or methods used to uniquely identify each subject/participant)

- \* 3. Is the phenotypic data linked to:

(Please select all that apply)

- WGS data
- WES data
- Clinical exome data
- Array data
- Other

- \* 4. Data structure and format:

(Please select all that apply)

- Free text
- Structured data
- Date fields

## 5. Reporting data quality

## D1. ETHICAL AND LEGAL ISSUES (Rare diseases)

For your data collection, we need to know for how many subjects you observe the following:

- \* 1. General Data Protection Regulation (GDPR) Authorisation: Under the GDPR, does the data collection have a consensual basis (i.e. specific consent following Art. 6(1)a with 9(2)a) or non-consensual basis (e.g. statutory basis such as public interest based on Art. 6(1)e with Art. 9(2)g,h,i or j), as implemented in your country, that would allow to contribute this data in a cross-border genome initiative like the 1+MG?

- No
- No, but re-consenting is possible
- Yes
- Don't know

2. Ethical and legal legitimacy. Can the data be used for the following purposes? (Please note that, typically, ethical clearance comprises either informed consent or a waiver of informed consent and approval by an ethics committee.)

- \* a) The use in future (not yet defined) research projects?

(Respective of conditional restrictions)

- No
- Yes
- Don't know

- \* b) The use in healthcare for the benefit of other patients?

(E.g. the data would be used by doctors of independent hospitals to find the most appropriate therapy for their patients)

- Yes
- No
- Don't know

# B1MG Work Packages / 1+MG Work Groups activities

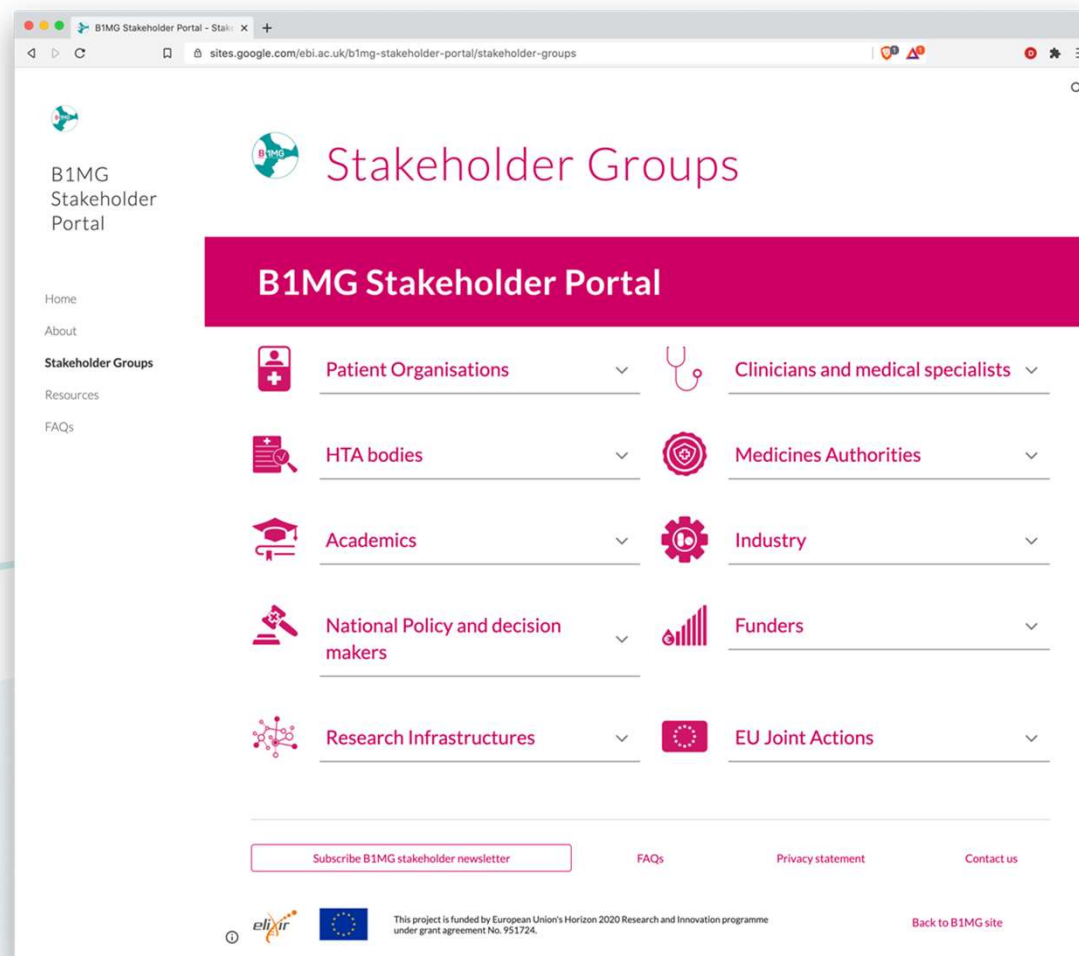


# Workstreams

## WP1 - Stakeholder

To contribute and shape outcomes

WP1 – Stakeholder Engagement



B1MG Stakeholder Portal

### Stakeholder Groups

#### B1MG Stakeholder Portal

- Patient Organisations
- HTA bodies
- Academics
- National Policy and decision makers
- Research Infrastructures
- Clinicians and medical specialists
- Medicines Authorities
- Industry
- Funders
- EU Joint Actions

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This project is funded by European Union's Horizon 2020 Research and Innovation programme under grant agreement No. 951724.

Back to B1MG site

# B1MG Stakeholder Portal



Stakeholder Groups

Resources

## B1MG Stakeholder Portal

**Patient Organisations** ^

Three disease areas organise this cluster: oncology, rare disease and neurology. Each area will have a lead to tackle disease-specific questions.

**Clinicians and medical specialists** ^

This cluster comprises two subgroups, clinicians and medical specialists, from the oncology, rare disease and neurology areas.

**HTA bodies** ^

Health technology assessment (HTA) refers to the systematic evaluation of properties, effects, and the impact of health technology. This multidisciplinary process evaluates the social, economic, organisational and ethical issues of a health intervention or technology.

A EUnetHTA representative will lead this cluster.

**Medicines Authorities** v

**Academics** ^

This cluster includes academics and researchers involved in oncology, rare disease, neurology and data science.

**Industry** v

Subscribe B1MG stakeholder news

elixir This project is funded by the European Union

- Stakeholder portal now live, creating an interface between external stakeholders and project partners, to facilitate community participation and engagement, communication and collaboration
  - 21 registered so far ([link to register](#))  
**Registration**



# Workstreams

## WG2 & WP2 - ELSI

### Provide ELSI Toolkit to:

- Consolidate national requirements, policies and recommendations
- Build upon good practice developed in EU projects and national genomic initiatives



## Relevance of ELSI to 1+MG

- 1+MG aims to ensure “distributed, authorised and secure access ... while taking appropriate measures to **protect the privacy** of individual data donors”. (Declaration, 2018)
- The Declaration places **notable emphasis** on addressing ethical, legal and societal issues (ELSI).
- The ELSI Working Group (ELSI WG) develops **recommendations** on how to responsibly provide cross-border access to genomic and related health data.
- **Ultimate decisions** rest with the 1+MG signatories.

# Roadmap

WG2 & WP2 - ELSI

- Collect existing **governance best practices**
- Review applicable **ethical guidelines and literature**
- Review **applicable EU and exemplar national laws** to define legal requirements
- Organise **use case workshops** to better understand ELSI challenges
- Engage with relevant **stakeholders** and related **initiatives**
- Prioritise aspects that are necessary **input of the work of other WGs**
- **Recommendations** relevant for **Signatory Member States**

# Workstreams

WG3, WG4, WP3- Clinical & Data Quality

WP3 – Standards and  
Quality Guidelines

WP2

WP1

WP4

WP6

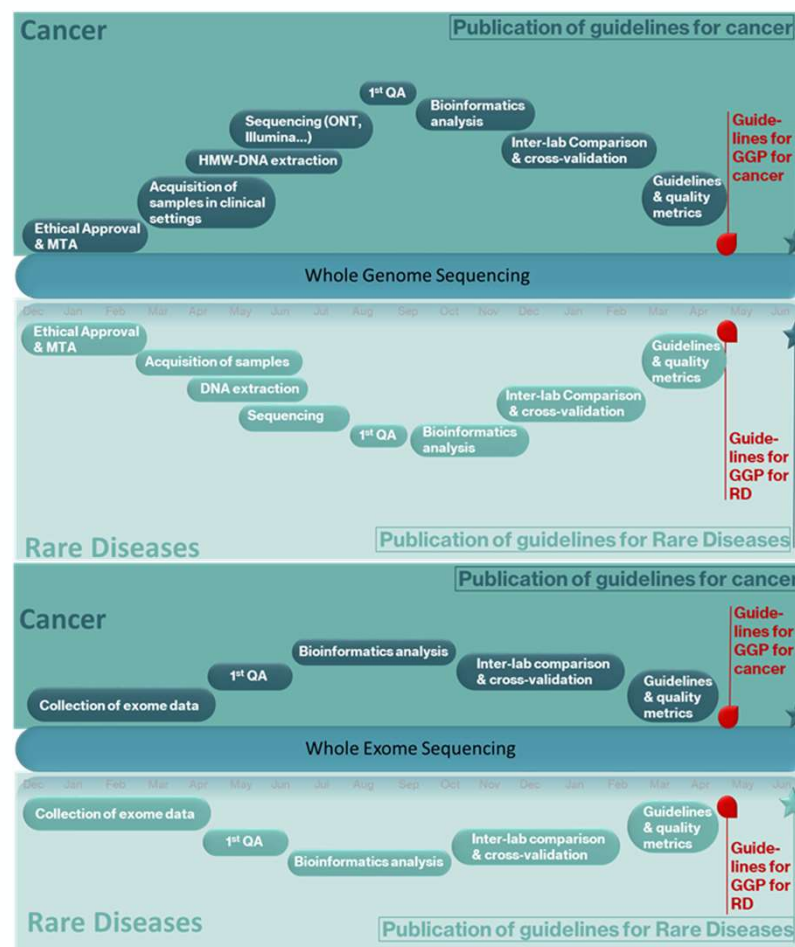
Provide minimal requirements for:

- Sample source
- Bioinformatics analysis
- the description of patient-specific phenotype and clinical data

Consider national particularities, such as clinical systems and languages



# WP3 - WG4 - Good Genomic Practice



# Workstreams

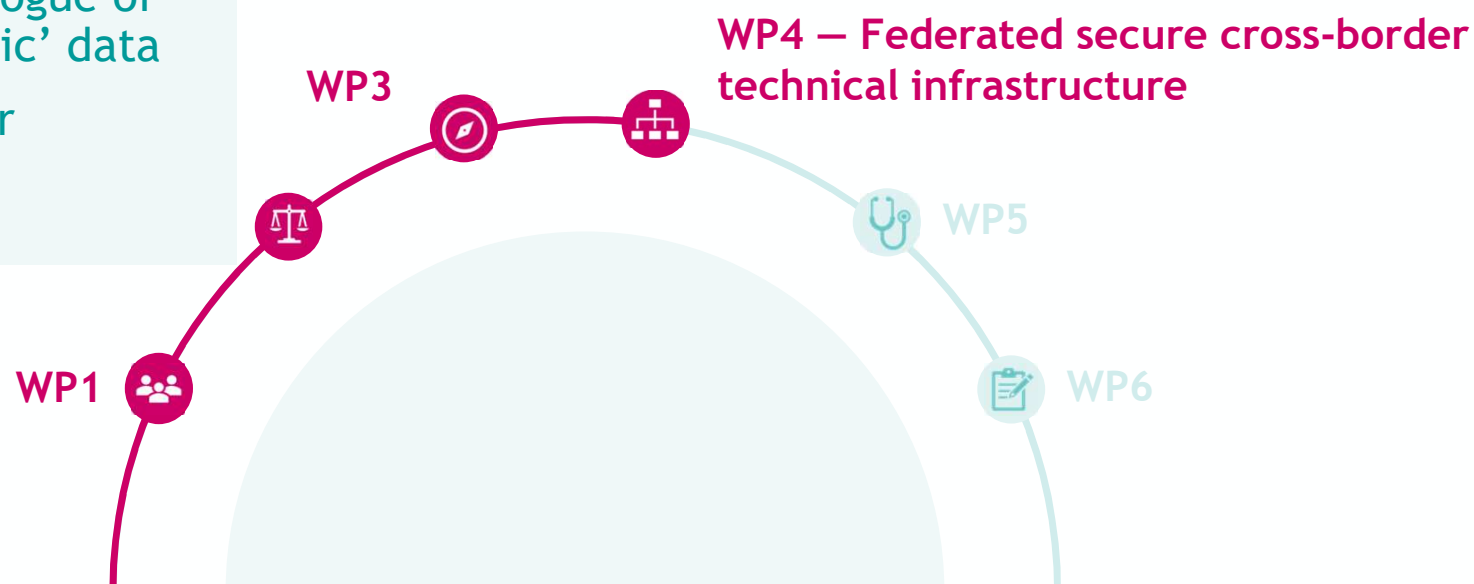
WG5/WP4 - Infrastructure

Provide infrastructure requirements for:

- Security and privacy
- Interoperability standards

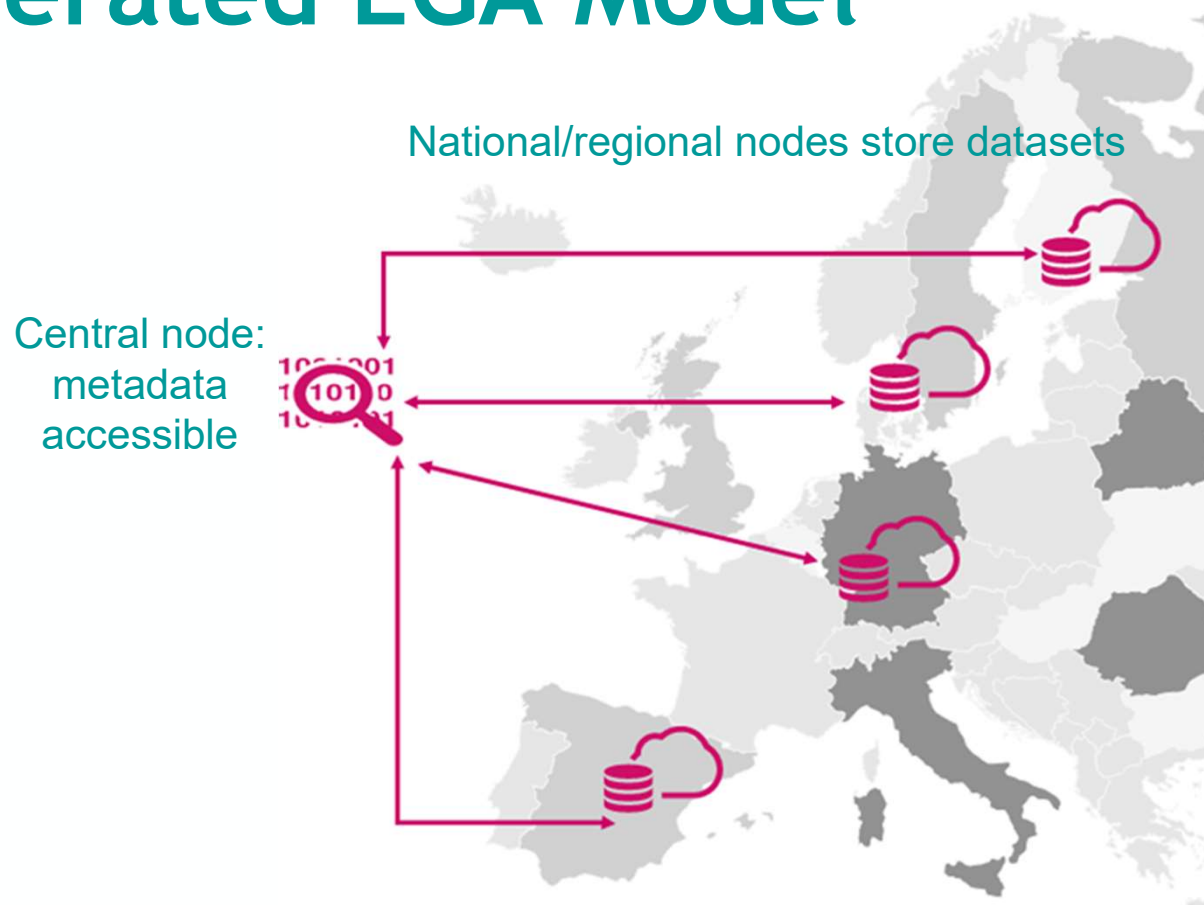
Coordinate catalogue of existing 'synthetic' data

Test cross-border interoperability



# Federated EGA Model

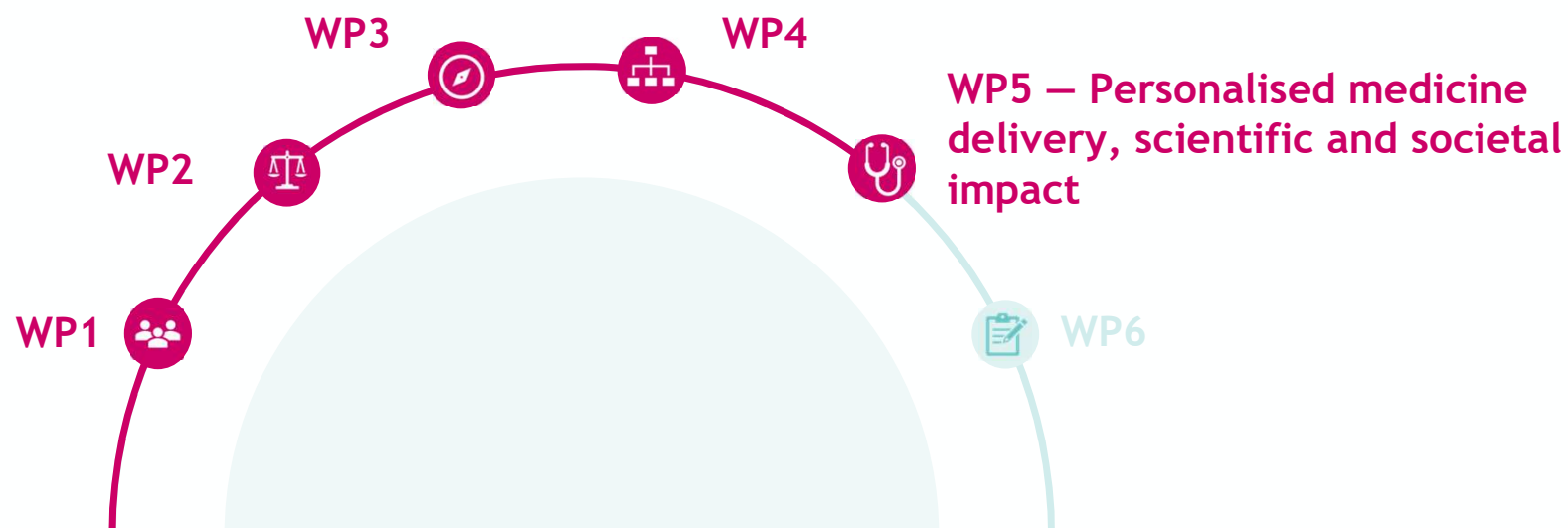
WG5/WP4 - Infrastructure



# Workstreams

## Implementation of:

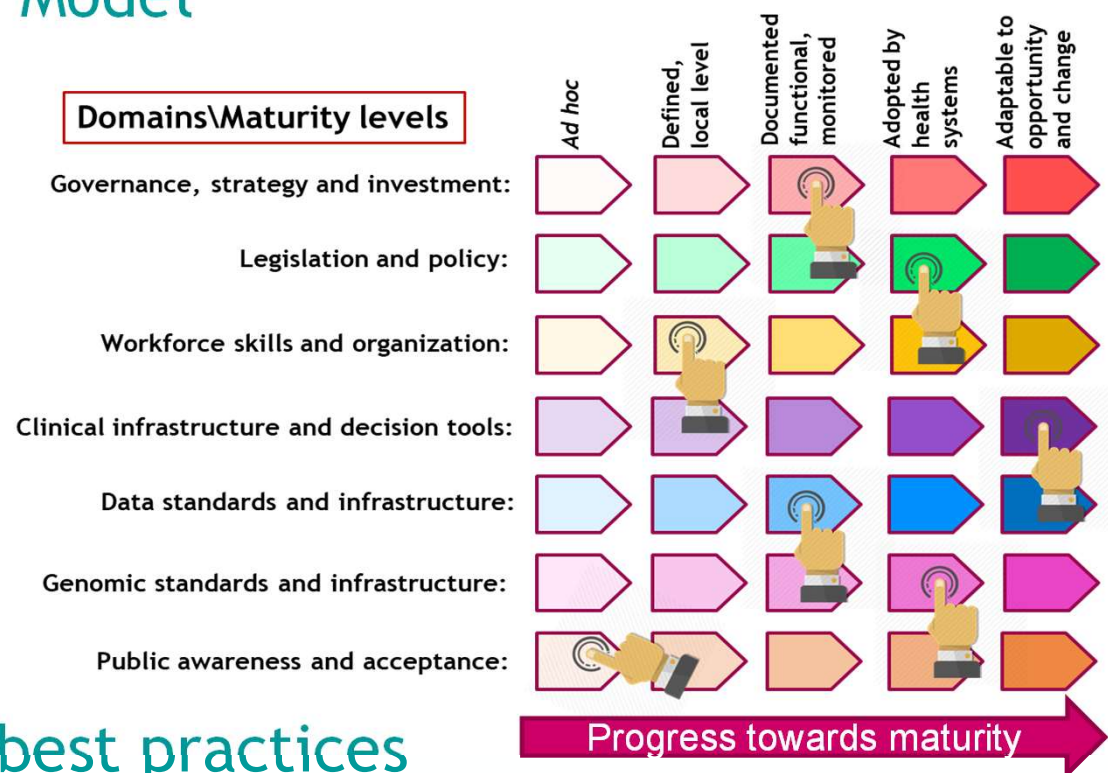
- Maturity level model
- Country visits for knowledge exchange
- Economic model for evaluating personalised medicine approaches



# Tools

WG6/WP5 - Healthcare Implementation and impact

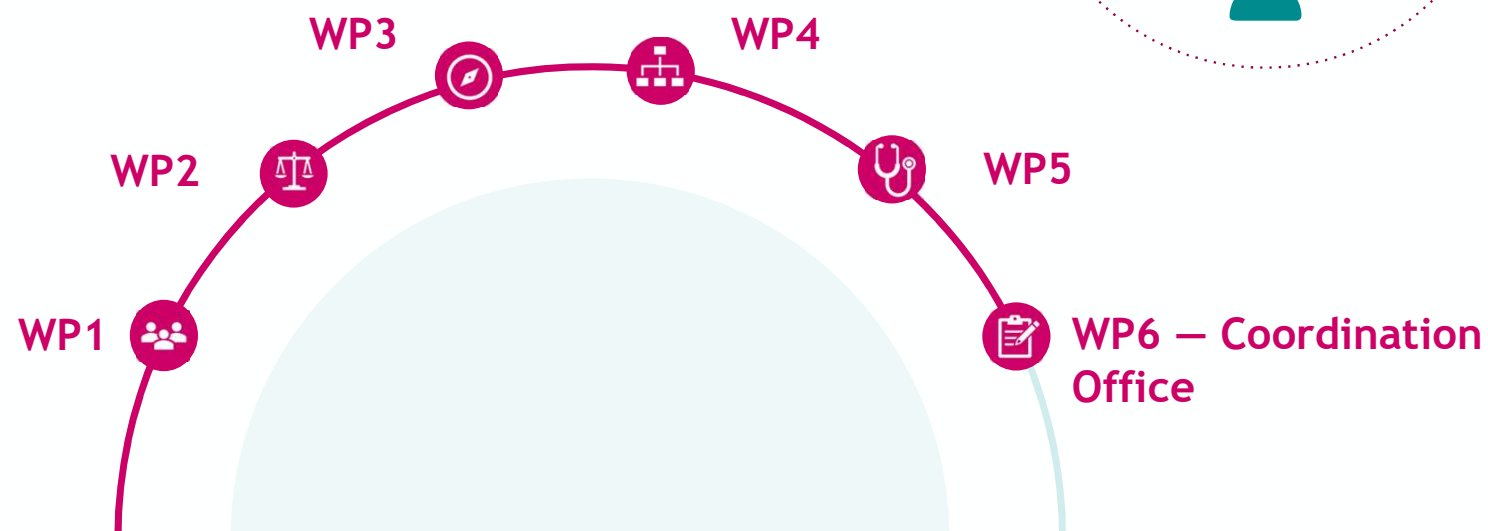
- Harmonised Health Economic Model
- B1MG Maturity Level Model



- Country Visits - exchange on best practices
  - UK, Estonia, Finland

# Workstreams

- Project management
- Communication
- Governance
- Sustainability



WP6 - Coordination Office

**1+MG  
CG**

Weekly and  
ad- hoc  
meetings

**B1MG  
WP1**

Stakeholders  
Portal

**NMGs**

Factsheet,  
Onboarding  
support,  
NMG  
meetings

**Cross  
WPs  
Meetings**

Synthetic  
Genome  
Workshop  
(Dec 7th)

**Cross  
WPs &  
WGs**

WG & WPs  
meetings

**External  
Projects**

External  
projects and  
stakeholders

**B1MG  
Coordination  
Office**

**General support:** [b1mg-coordination@elixir-europe.org](mailto:b1mg-coordination@elixir-europe.org)  
**NMG support** : [b1mg-nmg-coordinator@elixir-europe.org](mailto:b1mg-nmg-coordinator@elixir-europe.org)

# 1+MG NATIONAL MIRROR GROUPS

## NMGs at glance

### COMPOSITION & PROFILE



- 1 Scientific Coordinator
- 1 National Contact Point (NCP)  
Nominated by each NMG, they work as interlocutors between the EC and their group.
- 5-12 members  
Depending on the configuration at the national level.
- Adequate gender balance
- Wide geographical representation in each country
- A diverse representation of stakeholders  
Research/university/clinical/IT/data communities, ministry/agency/executive/policy maker, industry/private sector, ELSI, funding agencies, patient organisations.

The 1+MG National Mirror Groups (NMGs) feed their national experience into the 1+ Million Genomes Initiative.  
These national instances will ensure the effective implementation of the roadmap at a national and local level by 2022.

### MISSION

#### Improve quality of life

*To improve EU citizens quality transnational access to genomics data*

**Facilitate access to the initiative's information**  
For national experts and policymakers to ensure the alignment of Member States with the initiative's objectives.

**Promote national adoption and sustainability**  
To ensure synergistic implementation in each National Health System and provide recommendations to local and European funders.

### ROLE

#### National contributors

The NMG experts will provide advice on implementing the initiative's objectives.

\*It is expected that a representative designated by the Member States, participate in the initiative's annual meetings and provide the outcomes of the B1MG project that...

#### Initiative multipliers

As national representatives, their role is to receive and transmit information from the initiative to encourage adoption.

### TASKS

NMGs, alongside stakeholders, will engage in dialogue to:

**Build a decision-making framework**  
For public-private participation and literacy among stakeholders.

**Envision a future framework**  
For integrating emerging health technologies.

**Identify prospective mechanisms**  
For stakeholder cooperation – inside and outside the initiative.



**About B1MG**  
Beyond One Million Genomes (B1MG) aims to create a platform for sharing genomic and clinical data across Europe by coordinating the implementation of the 1+MG Initiative. This initiative is a commitment of 21 European Member States and Norway to give cross-border access to one million sequenced genomes by 2022.

B1MG has received funding from the European Union's Horizon 2020 Research and Innovation Programme under grant agreement No 951724

#### About this fact sheet

This fact sheet will evolve at the same rate as the initiative itself and the development of the NMGs.

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These national instances will ensure the effective implementation of the roadmap at a national and local level by 2022.

### MISSION

#### Improve quality of life

*To improve EU citizens quality of life by enabling transnational access to genomics data*

#### Facilitate access to the initiative's information

For national experts and policymakers to ensure the alignment of Member States with the initiative's objectives.

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To ensure synergistic implementation in each National Health System and provide recommendations to local and European funders.



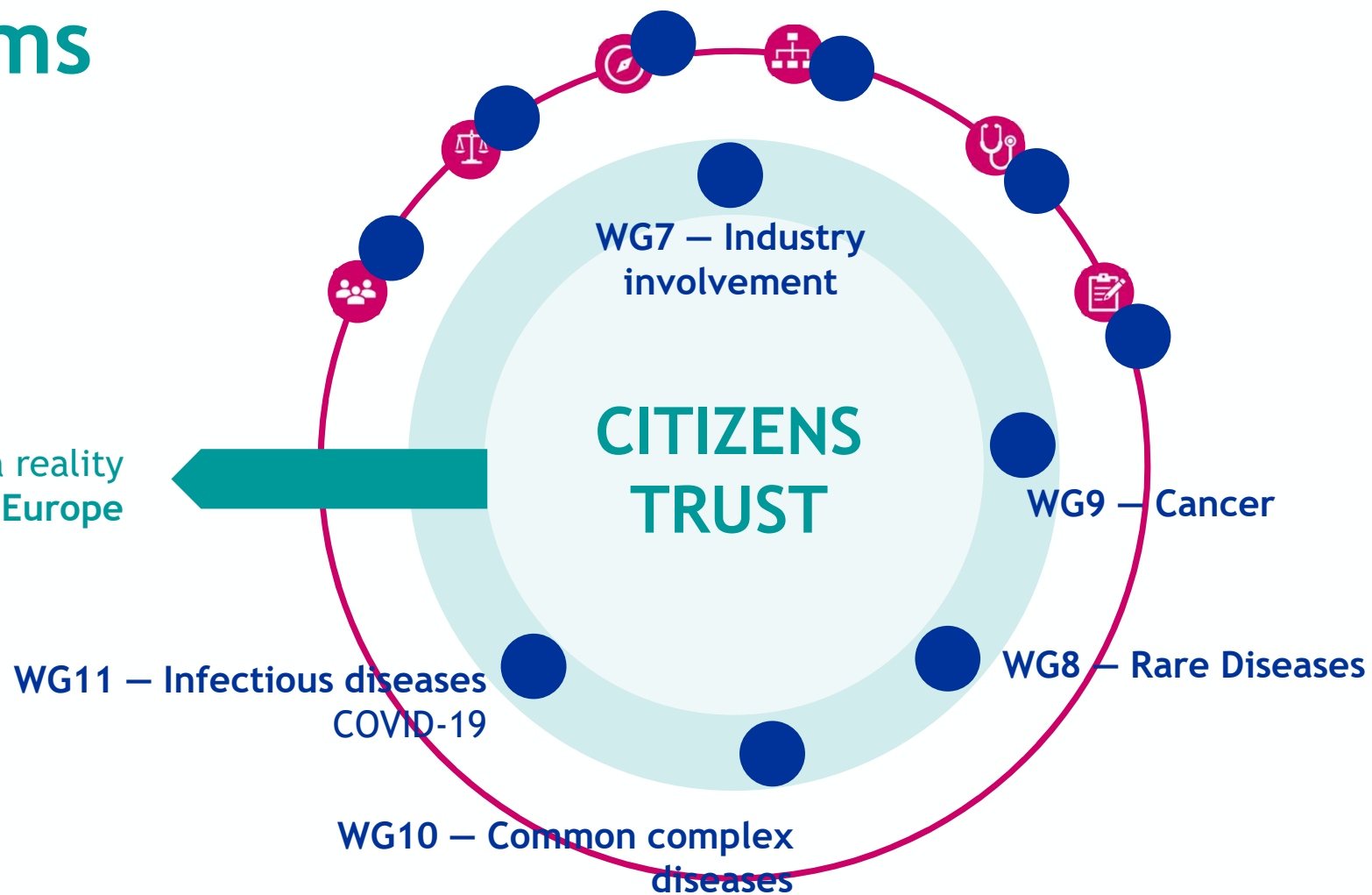
Download



# Workstreams



Personalised medicine a reality across Europe



# Develop Europe's future health data landscape

3 years



**Maturity Model**

**ELSI toolkits**

**Technical recommendations and guidelines**

European Health Data Space



**Long-term strategy — Use Cases working groups**  
Cancer, infectious diseases, rare diseases, common complex disease

# Thank you



Supported by the European Union's Structural Reform Support Programme (SRSP) and implemented in cooperation with the European Commission's Directorate-General for Structural Reform Support (DG REFORM)

