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Research across borders: assessing the transferability of data and methods

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Lower-income countries cannot always afford expensive clinical studies but still need evidence to decide which treatments represent good value for money. If they could reliably use research data and evidence from wealthier nations, it could save resources and speed up access to effective treatments.

Our research examined whether results of studies conducted using real-world health data (i.e. patient-level information collected as part of clinical registers and other studies) can help lower-income European countries make better decisions about which treatments to fund. We assessed the methods used for the analysis of real-world data in studies undertaken to determine the effectiveness and cost-effectiveness of healthcare treatments. We interviewed experts and representatives from health technology assessment (HTA) agencies in lower-income European countries to assess whether the existing academic research methods and practices matched the needs of the agencies responsible for making funding decisions for new treatments.

We also organised a "transferability workshop" in which the challenges of transferring evidence were discussed, involving HTA experts from 14 countries, along with 5 representatives of the project team.

Our research identified some major barriers to using data across borders, including:

- **Data Quality:** Records in different hospitals or countries often don't "speak the same language".
- **Expertise Gap:** Using the existing methods requires a high level of mathematical and medical skill that many agencies, particularly those from small or lower-income European countries, currently lack.
- **Inequality:** Research-rich countries have more data and resources, producing evidence and using methods not directly transferable, which can leave lower-income countries at a disadvantage when trying to use new tools and evidence.

We also found that data from richer countries may not reflect different disease patterns, healthcare systems, or treatment practices in poorer countries.

Our research has a clear message for policy makers: if we want to share health data in ways that can help to assess the costs of new treatments and potentially address health inequalities, we cannot just develop new methods and models. It is vital to also invest in the "data plumbing". This means creating shared European standards for health data and funding training for the experts who will analyse it.

For patients, these advancements would mean that decisions about their care will be based on people "like them" in the real world, not highly selected and often small groups recruited into a clinical trial. The project will be developing practical guidance and training programmes to help local health agencies, and the collaborators are calling for a more unified European approach to health data.

Read the full paper, funding sources and disclaimer in Health Science Reports.

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