DHCF
DIGITAL HEALTH COMMONS FORUM

PUBLICATION 1

Defining the Open Digital Health Commons

Foreward

The Digital Health Commons Forum was founded on a simple conviction: our digital health infrastructure can do better, and we already know how. Experience shaped that conviction into a thesis. **This paper sets out the structure for action.**

Our journey has involved standing alongside people as they navigate health and care systems, witnessing both the transformative potential of well-designed digital services and the real barriers that prevent them from reaching those who need them most. Equally formative has been the **experience of designing, delivering, operating digital health systems** that proved deeply informative in understanding the real issues at play.

Working with partners across Europe facing daily challenges, a consistent picture emerged: the same patterns of fragmentation, misaligned incentives, and stalled pilots appear from one country to another; **the problems are rarely unique,** and neither are the solutions.

In 2018, An Open Digital Approach to the NHS explored the landscape of issues and opportunities facing digital health. A central finding was clear: sufficient funding flows through the sector, yet too little reaches the right places. Key functions such as procurement remain undersupported, while **fragmentation persists despite good intentions.** Working alongside NHS organisations and Innovate UK, and observing the EU's parallel efforts—now crystallised in the European Health Data Space—one truth has become unavoidable: **technology is not the limiting factor.** Many solutions are remarkably simple. What they require is coordinated action and appropriate governance. Openness is not optional, but mandatory in this domain.

The Digital Health Commons Forum exists to **help pilots, projects, and initiatives across Europe move beyond the prototype stage and become real, reliable and sustainable services.** We offer practical tools, reusable patterns, and shared governance models that address the full value chain: funding, procurement, implementation, operations, and evaluation. Only by addressing the whole chain can we build services that last.

This document, the first in a planned series, matters not simply because it brings structure to open source approaches, but because it **invites a change in thinking about the digital landscape** itself. Subsequent publications will provide breadth and depth across key topics, building toward a comprehensive pathway for a commons-based digital health sector.

Above all, this work addresses the persistent gap between intent and implementation; we have the knowledge, now **we offer the coordination to act** on it.

We invite you to join us: **https://dhcf.eu**

Bert Verdonck
Co-founder
Data Governance Leader, Luxembourg

Jaana Sinipuro
Co-founder
Data-Driven Health Innovator, Finland

Stuart Mackintosh
Co-founder
Business and Technology Executive, France

DHCF
DIGITAL HEALTH COMMONS FORUM

Abstract and How to Use this Document

This is the first publication in the **Digital Health Commons Forum** (DHCF) foundational suite. It defines the **Digital Health Commons** ("the Commons") and sets out the role of the **Digital Health Commons Forum** as a **European, not-for-profit organisation** that enables alignment across standards, governance, and implementation. Together, they provide a practical framework to make digital health **scalable, sustainable, and sovereign**.

The Commons is **not** a product, platform, or new standard. It is a **shared approach** to digital health infrastructure that promotes **open licensing, open governance, and reuse**. It guides systems, organisations, and countries toward building digital ecosystems that are **aligned, sustainable, and interoperable**. The Commons does not replace existing tools or structures. It **connects and strengthens** them so they can work together in service of the public good.

It responds to a **structural problem** that continues to undermine progress. Data, technology, and procurement strategies remain siloed and short-term. Openness in itself is not enough. Without governance, coordination, and stewardship, fragmentation simply repeats itself.

At the heart of this model is the **custodian**: a trusted organisation that holds and maintains open digital health assets on behalf of the system. Custodians make the Commons real. DHCF exists to support them by acting as a **custodian of custodians**, providing the frameworks, alignment tools, and conformance scaffolding needed to turn strategy into long-term impact.

The approach aligns with broader **European digital strategies**, including the **European Health Data Space (EHDS)**, **Gaia-X**, and the **Open Internet Stack (OIS)** initiative, which together demonstrate Europe's move toward open, modular, and trustworthy digital infrastructure. The Commons applies these same principles to health.

This document is for **policymakers, funders, planners, implementers, and standards bodies**. It should be read before funding decisions are fixed, before governance models are set, and before new solutions are developed in isolation. It provides the essential framing to understand **how open digital health must work**, and what it takes to make it succeed.

The Commons and DHCF are distinct but interdependent. The Commons refers to the shared pool of openly governed digital assets, standards, and frameworks that enable reuse across health systems. DHCF is the organisation that sustains and aligns that ecosystem by supporting custodians, coordinating governance, and maintaining shared scaffolding. Section 4 explains this distinction in detail, outlining how DHCF's operational role supports the wider Commons model.

It also introduces the wider **DHCF publication suite**. Publication 2 diagnoses what is broken and why. Publication 3 explains the role of custodians and how they form. The remaining documents offer **practical guidance** for building a coherent, aligned, and durable digital health ecosystem.

"The Digital Health Commons is not another system to adopt. It is the reason you will not need one."

1. Context and Purpose

The term "Commons" is widely used in digital policy, but often without precision. In healthcare, where billions are spent on digital infrastructure that struggles to scale, integrate, or sustain itself, greater clarity is urgently needed. This document defines what we mean by a Digital Health Commons, clearly, concisely, and with a view to practical application.

> The Commons is not a product or a platform. It is a shared approach, openly licensed, openly governed and designed to guide systems towards reuse, alignment and sustainability.

Open source is often seen as a solution to digital health's challenges. It promises to reduce vendor, data, and technology lock-in, giving systems more control over what they use, how it evolves, and who benefits. At its best, open source shifts power back to users, enabling adaptability, transparency, and shared ownership.

Yet open source is not enough.

While it improves access and removes licensing costs, it does not automatically deliver integration, sustainability, or safety. Too often, it is introduced without the structures needed to govern, support, and maintain it.

> Proprietary solutions are seen as less risky, not because they are better, but because they come with wrap-around support and the illusion of delegated risk.

In reality, that risk is rarely eliminated. It is simply deferred, obscured, or locked in. Open solutions have the potential to offer the real stability and support, in a way that remains accountable to the public, but without trusted stewardship they will remain niche..

This is where the role of the custodian is essential.

Custodians are not vendors in the traditional sense. They are **independent, trusted organisations** that govern open digital infrastructure on behalf of the system. They provide continuity, assurance, and stewardship, turning openness into a credible strategic option rather than a philosophical preference. This publication defines how a Commons approach, supported by custodianship, enables **scalable, resilient, and sovereign** digital health systems.
This section does not introduce DHCF as an organisation or describe its full portfolio. That work is addressed elsewhere. Here, DHCF is presented in its intended role as the **European, not-for-profit body** that enables and aligns the Commons approach. It provides the frameworks, guidance, and investment scaffolding required for custodians to form and for open digital health to succeed.

The Commons aligns with broader **European digital initiatives**, including the **European Health Data Space (EHDS)**, **Gaia-X**, and the **Open Internet Stack (OIS)**. These frameworks share a commitment to **modular, federated, and trustworthy** digital infrastructure. The Commons extends these same principles into healthcare, offering a path to make health data spaces operational and sustainable.

It is written for senior planners, policymakers, funders, and system leaders who are navigating the limitations of closed delivery models, fragmented standards efforts, and short-term pilot funding. It is designed to support more strategic, long-term decisions about how digital systems are built, bought, governed, and sustained. Today, most health systems operate as fragmented supply chains. Investment flows into isolated vendors, short-lived pilots, or narrowly scoped standards bodies. There is often no mandate, or method, for alignment. The result is duplication, reinvention, and poor return on public value. The Digital Health Commons reframes this challenge.

The Digital Health Commons reframes this challenge.

It offers a structured, federated value chain model, where digital infrastructure can be developed once, reused widely, governed transparently, and adapted locally. It does not require centralisation. But it does require coordination, credibility, and sustained stewardship.

We are not here to replace what exists. We are here to make it usable together.

DHCF exists to support this shift. It provides strategic scaffolding, guidance, governance frameworks, investment tools and alignment services that help credible custodians emerge and connect system-wide efforts. These custodians are the connective tissue between standards, systems, and delivery. They make reuse real, and risk manageable.
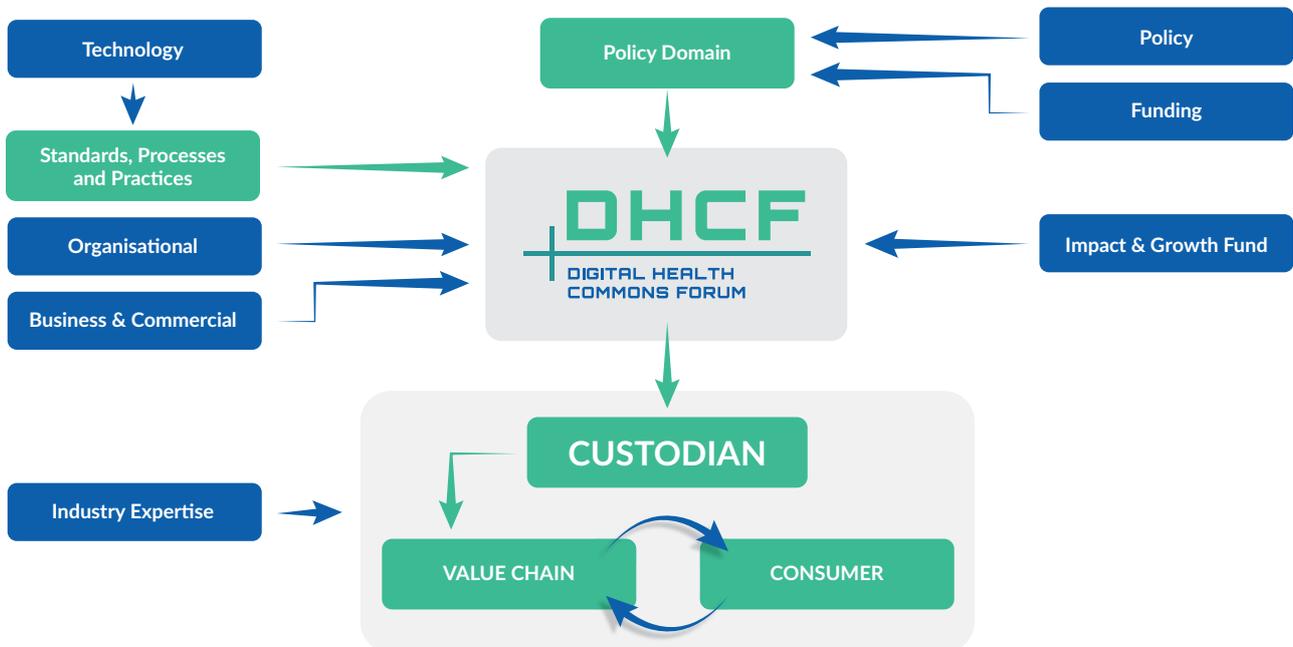

Figure 1. Innovation through governance, collaboration and openness

This publication introduces the Commons at a strategic level. Practical guidance on forming custodians, aligning procurement, and sustaining delivery, follows in later publications.

2. What is the Digital Health Commons

The Digital Health Commons is not a new system to adopt or a standard to enforce. It is a shared approach that organises digital health infrastructure so that it can be reused, adapted, and governed in the public interest. The Commons is not defined by any single vendor, platform, or tool. It is defined by how systems work together, how governance is shared, and how public investment translates into lasting value.

The Commons is the invisible layer that makes alignment possible. It connects software, standards, governance, and delivery into something coherent and sustainable.

This approach exists to prevent the recurring failures seen across digital health. Even when open data or open source tools are introduced, systems often remain fragmented. Without shared incentives and coordinated governance, openness alone does not lead to integration. Fragmentation simply shifts to a new layer.

If you are reading this document, you likely recognise those patterns. Publication 2 examines their causes in detail. This section defines the structural response; a model that enables alignment, reuse, and resilience by design.

The Digital Health Commons enables a transition from the current fragmented supply chain model to a federated value chain. In the old model, systems are procured and built in isolation. They cannot be reused, cannot be adapted by others, and are often tied to a single vendor or short-term project. In the Commons model, core components, software, specifications, frameworks, and governance structures, are developed once, made openly available, and sustained through aligned, domain-specific custodians.

An early example of this approach can be seen in the work of the Apperta Foundation in the United Kingdom. Apperta operates as a national custodian for open digital health assets such as OpenEyes and openOutcomes, stewarding shared components, clinical models, and conformance frameworks for reuse across health systems. It demonstrates how custodians can hold open assets on behalf of the system while remaining independent, transparent, and aligned with the public good.

DHCF does not design, develop or manage these organisations or their systems directly. Instead, it provides the scaffolding: shared governance templates, conformance models, licensing frameworks, and investment tools. DHCF is intentionally lightweight, transparent, and designed to be sustainable beyond individual people or projects. Its purpose is to support the formation of credible, local custodians who can operationalise the approach within their own systems, standards, and priorities.

This custodianship model already exists in several national contexts. DHCF's role is to extend and align these practices across Europe, ensuring that open, federated infrastructure evolves consistently with continental initiatives such as the European Health Data Space (EHDS), Gaia-X, and the Open Internet Stack (OIS). Together, they represent Europe's commitment to modular, trustworthy, and sovereign digital foundations, which the Commons applies directly to health.

In the sections that follow, we set out:
- a concise definition of the Commons
- what the Commons is not
- the core functions it enables
- and how it is already being applied across the DHCF portfolio

2.1 The Definition

The Digital Health Commons is a shared approach to digital infrastructure. It promotes open licensing, transparent governance, and strategic reuse in service of public value. It enables alignment across systems without requiring centralised ownership or control.

At its core, the Commons is made up of:

- Openly licensed digital artefacts such as software, specifications, implementation guides, and knowledge assets
- Commons-aligned organisations that create, maintain, or govern those artefacts in ways that reinforce openness, reusability, and sustainability

To be considered part of the Commons, a digital health product or asset must:

- Be openly licensed for reuse, adaptation, and redistribution
- Be designed for interoperability and sustainability, not just standalone implementation
- Be documented and structured in a way that supports clear, trustworthy adoption by others

To be considered Commons-aligned, an organisation must:

- Operate with transparent governance and accountability
- Maintain a clear commitment to open collaboration, non-extractive licensing, and reinvestment in shared assets
- Contribute to the growth and health of the Commons rather than duplicating or fragmenting it

> The Commons is not defined by its components alone. It is defined by how those components are governed, maintained, and made available to others.

This practical definition supports funders, implementers, and policymakers in evaluating both what they are building and who is responsible for it. It separates reusable infrastructure from closed delivery, and distinguishes credible, stewarding organisations from transactional or proprietary ones.

This definition forms the basis for DHCF's broader work to evaluate and strengthen openness and maturity across both organisational and technical dimensions.

2.2 What the Commons is Not

The Digital Health Commons is not a product. It is not a platform. It is not a single vendor solution, a new standard, or a centralised repository.

It does not seek to replace existing applications, standards, or organisations. It exists to make them usable together.

It recognises that legacy and proprietary systems will continue to play a vital role, and focuses on creating the conditions for them to interoperate effectively within open, federated infrastructure.

It is not:

- a government-owned infrastructure programme
- a commercial marketplace
- a data lake or an open data catalogue
- a licensing authority or regulator
- a single delivery model

The Digital Health Commons does not enforce control. It enables coordination. Its goal is to provide structure without introducing another layer of bureaucracy, supporting systems to align through shared governance rather than top-down mandates.

It does not dictate architecture. It provides clarity, incentives, frameworks, and design principles to support alignment. This includes guidance that can be applied consistently across different contexts, from national infrastructure projects to regional implementations, in line with European frameworks such as the European Health Data Space and Gaia-X.

It does not centralise ownership. It supports stewardship through credible, independent custodians. Each custodian operates autonomously but within a shared model that ensures coherence, quality, and accountability across domains and borders.

It does not compete with existing standards or applications. It connects and sustains them. By promoting reuse and interoperability, the Commons strengthens the value of established standards such as openEHR, FHIR, IHE, and others already in use across Europe and globally

> **The Commons does not tell you what to buy. It gives you the power to shape what is built, how it is governed, and who it serves.**

The role of DHCF is to keep that structure lean, repeatable, and sovereign by design. It does not replace what works. It makes what works reusable. DHCF's role is to help systems build on what already exists, reducing duplication and ensuring that public investment delivers cumulative rather than fragmented value.

2.3 Core Functions of the Commons

The Digital Health Commons provides structure without imposing uniformity.

Its role is not to deliver systems, but to shape the conditions under which they can be built well, reused confidently, and governed over time.

In practice, the Commons enables:

- Reusable digital artefacts, such as software components, configurations, and specifications, designed for implementation in different contexts
- Governance structures and practical frameworks, including licensing models, delegation patterns, design principles, industry guidelines, and collaborative decision-making templates
- Blueprints and reference models that show what good looks like, while remaining neutral to specific products, vendors, or architectures.
- Shared language and scaffolding across funders, implementers, and standards bodies, reducing duplication and increasing alignment. These shared structures ensure that investments in one domain, region, or project can be reused in another, creating a compounding effect across national and international health ecosystems.

> The Commons acts as the architect, not the builder, enabling others to construct durable, interoperable systems using proven, openly licensed foundations.

Like roads, electricity, or the postal system, the Commons is boring by design, invisible when it works, but essential to everything else. It underpins the operational fabric of digital health in the same way that data spaces and open internet stacks provide shared infrastructure across other sectors.

It also plays a catalytic role. By shaping both the demand side (procurement, governance, policy) and the supply side (vendors, custodians, implementers), the Commons helps create the conditions for a healthy, open ecosystem. It improves the capacity of buyers to become intelligent customers, and of suppliers to meet public value requirements. This dynamic alignment between public and private actors mirrors the wider European effort to strengthen digital sovereignty through openness and collaboration. Custodians are central to this balance, operating as trusted intermediaries that translate the principles of the Commons into practical delivery and stewardship at every level.

The Digital Health Commons Forum (DHCF) exists to support this shift by enabling the organisations that turn this model into reality. It does so through shared guidance, investment frameworks, and practical collaboration models that reinforce the Commons as a living system rather than a static framework.

2.4 The Commons in Action

The Commons approach is not theoretical. It is designed to support real-world challenges and is already shaping how open digital infrastructure is governed in practice. Across Europe and globally, similar principles are taking root in initiatives that link public investment, open standards, and long-term governance to create sustainable, reusable digital foundations.

The Apperta Foundation CIC (apperta.org) offers a working example of Commons-aligned custodianship. Through initiatives like OpenEyes, a specialist ophthalmic electronic patient record, and openOutcomes, a platform designed for wider reuse in patient-reported outcomes collection, Apperta demonstrates how an open approach (open licensing, independent governance, and public value alignment) can be embedded into digital health delivery. Comparable models can also be seen across Europe and globally. Finland's openEHR-based national architecture provides a strong example of custodianship in action, while Denmark's MedCom framework demonstrates the long-term value of independent standards governance. At a policy level, WHO's Digital Public Infrastructure initiative reflects the same principles of openness and stewardship applied at global scale.

These projects are not presented as "Commons" initiatives, but they reflect the same principles; they are among the first systems that inspired the creation of DHCF, demonstrating what is possible when an open approach, is not just open in name, but sustained in practice.

The products illustrate how open source, open governance, and aligned delivery can work together, especially when stewardship is embedded in an accountable, independent organisation.

The role of the Digital Health Commons Forum is not to replicate or take over such efforts. It is to support more organisations in adopting similar models, with shared frameworks, guidance, and investment strategies that make them sustainable and scalable.

DHCF's purpose is to create the connective tissue between these efforts, allowing them to operate as part of a broader federated ecosystem rather than as isolated exemplars.

Forthcoming DHCF publications in this series will explore:

- How to establish and sustain domain-specific custodians
- How vendors can work within shared governance and conformance models
- How governments and funders can invest in reusable, openly licensed infrastructure
- How delivery teams can avoid duplication by reusing artefacts and governance patterns

Each entry point may differ; some start with tools, others with governance, but all are grounded in the Commons approach. Together, they demonstrate that openness is not a single act of publication but an ongoing process of alignment, stewardship, and shared accountability.

The Commons does not prescribe what to build. It ensures that what is built, is aimed at improving patient outcomes and can be trusted, reused, and sustained.

2.5 Why it Matters

The Digital Health Commons is not a theoretical model. It is a direct response to the ongoing structural failure of digital health systems to scale, integrate, and sustain. As outlined in Publication 2: The Digital Health Landscape: What's Broken and Why, these failures are not the result of poor intent or lack of funding, they are the product of a missing blueprint for community coordination and collective responsibility.

Health systems cannot continue to treat digital health products as a series of disconnected projects or proprietary purchases. That approach has led to fragmentation, duplication, and waste. More critically, it has created fragile systems that cannot adapt to new demands, align with modern data strategies, or deliver equitable outcomes at scale. This pattern is visible across both national and international health systems, where siloed procurement, short funding cycles, and proprietary infrastructure have made digital transformation costly, inconsistent, and difficult to sustain.

Continuing to invest in isolated systems is no longer just wasteful, it is indefensible.

The Commons provides an alternative. It gives governments and funders a credible model for building long-term public digital health assets: scalable, sovereign, and aligned to the public interest. It complements and reinforces wider European initiatives such as the European Health Data Space (EHDS), Gaia-X, and the Open Internet Stack, demonstrating how health can embody the same principles of modular, federated, and open digital infrastructure.

It matters because:

- Sustainability: Commons-based systems are not reliant on a single vendor, grant, or institution. They are designed for reuse, governed for evolution, and built to last.
- Sovereignty: Open, shared infrastructure strengthens national control over core capabilities, enabling health systems to shape their own futures, not outsource them.
- Alignment: Custodians make coordination possible across institutions, vendors, and programmes. This allows standards, data, and delivery efforts to reinforce one another, rather than compete.
- Intelligent Investment: By creating shared foundations, the Commons allows funding to shift from short-term duplication to long-term value. It supports capability growth, not just code delivery.
- Local Control with Global Compatibility: The Commons model enables systems to be tailored to national needs while remaining interoperable across borders, partners, and platforms. For governments, it reduces dependency and strengthens sovereignty. For vendors, it opens access to fairer, more predictable markets. For funders, it ensures that public money produces shared, reusable value rather than fragmented outputs.

The Digital Health Commons matters because it gives planners, policymakers, and funders a way to move from tactical fixes to a strategic approach that enables a paradigm shift. It enables openness to deliver on its promise, not as a licence type or a branding exercise, but as a durable, coordinated approach to system-wide change. This publication defines the model; the next explains the problem it solves. Together, they form the bridge between aspiration and action across the DHCF suite.

3. Principles and Values of the Commons

The Digital Health Commons is built on a clear foundation of principles and values. These are not just preferences. They are structural and ethical commitments that distinguish the Commons from other digital health approaches. They define how shared digital infrastructure should function in service of the public good, regardless of geography, technology, or organisation.

The principles define how the Commons operates: openly, collaboratively and in service of public value. The values define what the Commons stands for: integrity, neutrality and long-term stewardship. Together, they ensure the model is not only technically sound but also strategically credible and socially accountable.

These commitments give diverse actors such as funders, implementers, standards bodies, vendors and policymakers a way to coordinate without relying on central control. This is what makes the Commons repeatable, governable and relevant to real-world needs. They also provide the ethical and operational foundation that allows DHCF to act as a facilitator and enabler rather than a controller of the ecosystem.

3.1 Core Principles

These principles define the essential characteristics of the Digital Health Commons. They are not abstract ideals. They are practical design constraints that govern how the Commons is implemented, evaluated, and sustained across systems, products, and organisations.

Openness and Reuse
Everything within the Commons, including software, data models, governance frameworks, investment tools and knowledge assets, must be openly licensed and published in a way that enables practical reuse. Openness alone is not enough. Materials must be clear, complete and accompanied by the context needed for confident adoption by others. This ensures transparency across both public and private contributors, creating a culture of shared responsibility for the assets the Commons maintains.

Federated Governance
The Commons is designed for distributed control. It does not require a central authority. Instead, it enables independently governed custodians to work together through shared rules, frameworks and alignment tools. Each custodian is accountable to its own community, while remaining interoperable with the wider ecosystem; this principle reflects the European preference for subsidiarity and federated collaboration, ensuring that local autonomy and cross-border coherence can coexist.

Composable and Referenceable Architecture
Every component must be composable, inspectable and independently referenceable. This includes software artefacts, decision models, technical specifications and governance patterns. Each part should work on its own or as part of a broader structure, with no hidden dependencies or undocumented assumptions. By making every artefact transparent and traceable, the Commons supports verifiable quality and responsible innovation.

Conformance Through Clarity
The Commons does not impose compliance through mandate. It supports alignment by making its patterns, definitions and assurance tools clear and available to all. This clarity allows vendors, implementers and governments to assess what they are using and demonstrate how it fits into broader strategies. This lowers barriers to entry for new contributors while ensuring accountability and consistency across implementations.

Transparency by Default

Decisions, contributions and funding flows must be visible. The Commons builds confidence through documented process, open attribution and auditability. This strengthens both ethical accountability and operational governance. Transparency also ensures that DHCF and custodians remain trusted stewards of public investment and knowledge.

3.2 Foundational Values

These values guide how the Commons is governed, sustained and trusted. They set expectations for conduct, not just structure. They set expectations for conduct and explain what gives the Commons legitimacy and public backing.

Public Good

Every part of the Commons must contribute to long-term public value. This includes better health outcomes, stronger digital sovereignty and a shift from short-term delivery to shared, reusable infrastructure. Public good is the measure of success, not institutional ownership or market share.

Integrity

The Commons must remain free from conflict of interest. Contributors and custodians are expected to disclose affiliations, explain decisions and operate transparently. Evidence, not expedience, should guide strategic choices. This integrity also applies to DHCF itself, ensuring its role as a neutral facilitator remains credible and independent.

Neutrality

The Commons does not promote specific vendors, platforms or standards. Its role is to support fair comparison, informed selection and confident alignment. This neutrality is what enables cooperation across institutional, national and commercial boundaries. Neutrality ensures that collaboration is driven by shared outcomes rather than competitive positioning.

Stewardship

Custodians are not owners. They are maintainers, facilitators and long-term protectors of public digital infrastructure. DHCF follows this same pattern at the ecosystem level, supporting custodianship without controlling it. Stewardship reflects the long-term responsibility to maintain both the assets and the trust that make the Commons viable.

Ethics and Accountability

Trust is built through action. That includes open governance, visible decision-making and meaningful community involvement. Ethical conduct must be a core feature of the Commons, not an optional layer. Every custodian and participant shares in this duty, ensuring that openness is accompanied by responsibility.

4. The Role of the DHCF

The Digital Health Commons Forum (DHCF) exists to make the Commons operational. It does not run implementations or build digital tools. Its purpose is to enable alignment, governance and sustainability across open digital health systems.

Where the Commons defines the shared model, DHCF is the organisation that sustains it, it is the facilitator that creates, supports and connects custodians, funders and implementers through practical structures and shared governance.

DHCF holds a defined mandate. Its scope is strategic, not operational. It provides structure that others implement. It supports alignment without centralisation, and sustainability without dependency.

Specifically, DHCF is responsible for:

- Maintaining the integrity of the Commons model, including its principles, conformance structures and documentation standards
- Publishing reusable frameworks, licensing models and governance templates
- Enabling the formation of custodians by providing clear patterns for legal form, accountability and funding
- Coordinating efforts across actors and systems without taking control
- Managing investment structures that channel resources toward long-term public value

DHCF acts as a strategic enabler. Its role is to make openness workable, not theoretical, by supporting the actors who deliver digital health products in the public interest.

> **DHCF's role is to make openness workable, not theoretical**

This distinction between the Commons and DHCF ensures that governance remains distributed while coherence is maintained. DHCF provides coordination, not control; enablement, not enforcement.

> **The Commons defines the method; DHCF makes it work**

The following sections explain how this is achieved in practice. They cover enabling sustainable custodianship, providing publications, tools and funding models, and operating as a neutral, federated entity.

4.1 DHCF Messaging Pillars

The Digital Health Commons Forum is not a standards body, a vendor, or a central authority. It is a strategic enabler. These messaging pillars help explain DHCF's role clearly and consistently. They are designed to help decision-makers communicate its purpose and boundaries with confidence.

"DHCF exists to enable the creation of Custodians, the legal vehicles that manage and maintain open digital health products"

DHCF does not build products or set up organisations. It provides the blueprint, frameworks and expertise needed to help others create custodians that are fit for purpose and accountable to the public good.

"We are not here to replace what exists. We are here to make it usable together."

DHCF does not build competing tools or platforms. It strengthens the structures needed to align what already works.

"DHCF sets no standards. We help you navigate, combine and operationalise them."

The Commons does not create another specification. It helps implementers understand what is already available, how to use it well and how to make it interoperable.

"We offer glue, not gravity. Our role is to align, not dominate."

DHCF supports coordination without centralisation. It connects systems without pulling them into a single model or organisation.

> **We offer glue, not gravity. Our role is to align, not dominate.**

"We don't want to be Standard #15. We want to be the reason you don't need one."

The Commons exists to reduce duplication. It makes existing efforts more effective, so fewer new standards are needed in the first place.

These pillars are not just positioning statements; they express the practical reality that openness without stewardship leads to fragmentation. DHCF provides the coordination and long-term governance that make openness work in practice.

> **We don't want to be Standard #15. We want to be the reason you don't need one.**

4.2 Enabling Sustainable Custodianship

Custodians are at the heart of the Commons model. They are the organisations that take long-term responsibility for maintaining open digital health products and frameworks.
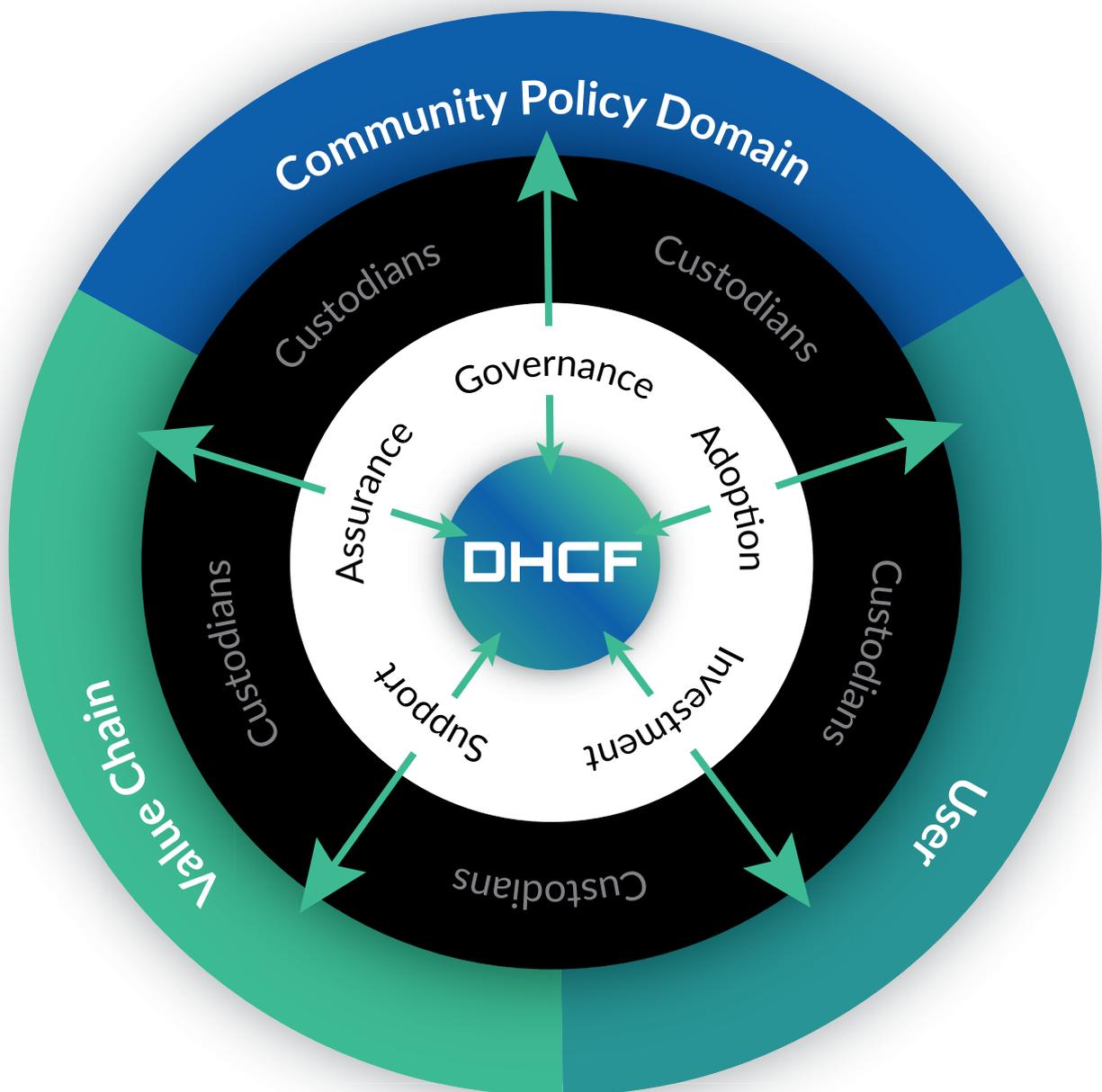

Figure 2. The Commons Governance Ecosystem

Without custodianship, even the best tools remain isolated projects, dependent on individuals or short-term funding. With it, those tools become part of a resilient public infrastructure.

Custodians turn openness into infrastructure.

DHCF does not create custodians directly. It enables others to do so by providing repeatable models, structural patterns and strategic support.

This includes:

- Legal and organisational blueprints for forming credible, accountable entities that can manage their assets in perpetuity and transfer them to similarly community-focused organisations if they cease to exist
- Governance templates that define design principles, decision-making, transparency and oversight, while enabling custodians to generate and shape an open, sustainable, demand-aligned value chain around the product
- Conformance and assurance models that custodians can adopt and maintain
- Investment structures that offer custodians access to aligned capital
- Peer environments where custodians share challenges, evidence, and methods. These spaces foster collaboration, neutral brokerage, and shared responsibility across domains, while allowing custodians to influence emerging practice and policy.

Diverse custodianship models are recognised and supported within these environments, reflecting the range of backgrounds, expertise, and institutional forms that contribute to success, from public bodies and research alliances to professional networks and technical foundations.

These elements are explored from a strategic perspective in **Publication 3: The Role of the Custodians**, and developed into practical guidance in **Publication 4: Custodian Governance Playbook**.

Simply managing an open-source tool does not make an organisation a custodian.

DHCF also defines and protects the integrity of custodianship. Simply managing an open source tool does not make an organisation a custodian. The Commons sets clear expectations around transparency, accountability, reuse and contribution. DHCF provides the scaffolding to uphold those expectations, without acting as a regulator or certifier.
Custodianship is not a fixed form. It may be national, regional or domain-specific. It may be embedded within an existing public institution or formed as a new independent entity. What matters is not the legal wrapper, but the function: long-term stewardship of digital health infrastructure in the public interest.

Custodians are the connective tissue of digital health.

DHCF exists to make that function visible, supported and repeatable; in doing so, it transforms isolated innovation into sustainable, shared infrastructure that continues to serve systems long after initial funding has ended.

4.3 Publications, Tools and Funding Models

This section outlines how DHCF delivers tangible assets that make the Commons approach usable in practice. Each asset is openly licensed, designed for reuse, and maintained collaboratively.

> **Every DHCF output is a reusable public asset.**

DHCF delivers a practical suite of outputs that make the Commons approach real. These are not abstract recommendations or policy papers. They are working assets, designed to be reused, adapted and applied by custodians, funders, policymakers and implementers.

> **Openness is not policy, it's practice.**

Together, these assets exist to reduce fragmentation, strengthen alignment and enable digital infrastructure that supports better services and health outcomes over time.

Publications
The DHCF publication suite provides clear guidance across strategic, operational and technical domains. Each document is openly licensed and maintained for reuse. This includes:

- Strategic framing papers such as Defining the Digital Health Commons, The Role of the Custodians and The Digital Health Landscape: What's Broken and Why
- Operational playbooks on procurement, governance, sustainability and workforce capability
- Technical coordination papers on standards, interoperability and conformance
- Evidence and investment papers that show what works, why it works and how to fund it

These publications form a coherent library of reference material, designed to support implementation across different contexts and maturity levels.

Tools and Frameworks
DHCF also maintains a set of reusable tools to support alignment and reuse. These include:

- Conformance and assurance models to support testing, validation and safe adoption
- Governance templates covering accountability, participation, decision rights and stewardship
- Commons licensing frameworks to clarify usage rights and obligations
- Design principles and documentation patterns to support consistent implementation
- Reference libraries of commodity and enabling tools to support successful digital health deployments, such as open authentication services, consent management modules, integration middleware, terminology servers, shared messaging components and other reusable building blocks

All tools are designed for modular use and maintained in an openly licensed, version-controlled repository.

Funding Models

DHCF manages two investment structures that support the growth and sustainability of the Commons:

- The Impact Fund, offering grants and micro-investments for early-stage work on open infrastructure
- The Commercial Fund, supporting scale-up through values-aligned investment, with support for investment readiness and mentoring

These funds are not directed toward individual vendors, but toward custodians and Commons-aligned initiatives. Their purpose is to ensure that open infrastructure can attract sustained investment without compromising public value.

4.4 Operating Model: Federated, Neutral, Scalable

DHCF is designed to be a central point of coordination without becoming a central point of control. It provides shared governance and alignment frameworks, while leaving delivery, ownership, and accountability distributed across independent custodians.

> **DHCF is a central point of coordination, not control.**

To remain credible and scalable, DHCF follows three core operating principles:

Federated
DHCF does not operate as a hub with spokes. It works with and through autonomous custodians, national bodies and domain-specific actors. Its frameworks are modular and adaptable, allowing each participant to implement the Commons in ways that reflect local governance, technical maturity and regulatory context.

Neutral
DHCF does not compete with vendors, standards bodies or delivery programmes. It maintains independence from commercial interests and avoids becoming a gatekeeper. Neutrality is maintained through open governance, transparent funding and clear boundaries of responsibility.

Scalable
DHCF's structure is intentionally lean. It does not grow by accumulating projects or expanding its remit. It scales by enabling others to take on responsibility, reuse its assets and align with a shared approach. Its outputs are designed for broad adoption without requiring direct involvement.

This operating model allows DHCF to maintain long-term relevance without drift, scope creep or institutional lock-in. It provides just enough coordination to make openness work, without becoming a new point of control.

Federated, neutral, and scalable; DHCF's design keeps power distributed and governance and responsibility shared.

5. What the Commons Makes Possible

The Digital Health Commons does not merely adjust the status quo. It fundamentally reshapes the entire digital health systems are designed, governed and sustained.

For decades, proprietary vendor models have dominated, not because they worked, but because they appeared safer. Experience proves they were not safer; they merely felt safer through familiarity and perceived lower risk. They consistently delivered fragmentation, duplication, vendor lock-in, data silos, technological inflexibility, and lost strategic control.

The Commons replaces this broken paradigm. It positions openness not as an alternative, but as the only practical foundation for digital health. Openness becomes the default, empowering organisations with genuine control, predictable sustainability, and shared accountability.

> **Openness is not an alternative. It is the foundation of digital health.**

This transformation is profound. It moves digital health from perpetual uncertainty and fragmented responsibility to structured governance, collaborative control, and sustainable innovation. The Commons defines the method; DHCF enables its delivery by providing frameworks, funding models, and coordination across custodians and systems.

5.1 Strategic Planning

Strategic planning in digital health has historically isolated, short-lived, and vendor-dependent. Plans were isolated, short-lived, and vendor-dependent. The Commons model makes strategic planning purposeful, powerful, and permanent.

DHCF curates emerging digital-health practices and demonstrates how they can be operationalised through repeatable, openly licensed frameworks that custodians can adopt, adapt, and maintain.

DHCF also manages dedicated funding streams such as the Impact Stimulus Fund, which supports the creation of reusable open assets, and the Growth Investment Fund, which strengthens the ecosystem around custodians by supporting values-aligned professional-service partners. These partners extend custodians' delivery capacity while remaining accountable to the Commons principles of openness and public value.

The Commons provides the model; DHCF provides the scaffolding and investment mechanisms that allow it to function at scale.

Neutrality as strategic leverage:
Neutral custodians provide strategic planners with genuine independence and clarity of vision, unclouded by commercial bias.

Proven frameworks over perpetual pilots:
Strategic decisions are informed by proven, openly licensed assets. Planners no longer rebuild from zero; they assemble solutions from an established toolkit of reusable frameworks.

Strategic certainty:

Transparent governance and sustained funding, convert temporary plans into enduring strategic capabilities.

5.2 Better Procurement

Traditional procurement often fails to deliver sustained control. The Commons transforms procurement from merely transactional to fundamentally strategic, permanently shifting the balance of power from vendors to buyers.

> **The Commons transforms procurement from transactional to strategic.**

End of vendor lock-in:

Custodianship and open governance eliminate proprietary lock-in by ensuring systems remain available in perpetuity and have interoperable design principles. Procurement decisions reinforce long-term openness.

Strategic clarity:

Every procurement decision reinforces interoperability, openness, and enduring public value, rather than short-term convenience.

Transparency & Strategic Power:

Open licensing and transparent governance return control to buyers. Procurement under the Commons framework removes hidden risks and ensures every purchase contributes to a sustainable public asset base.

5.3 Faster Delivery

Historically, faster digital health delivery meant cutting corners. The Commons model makes speed compatible with safety and sustainability.

Immediate, reusable assets:

Custodians maintain openly licensed tools ready for immediate deployment, dramatically reducing barriers and accelerating successful implementation.

Simplified compliance:

Open governance standards and clear conformance frameworks remove complexity, turning compliance from a burden into a clear, simple task.

Adaptive velocity:

Rapid local adaptation of global standards (such as openEHR) ensures faster delivery without sacrificing quality or reliability. Custodians adopt global standards as part of their design principles and implementation models, ensuring faster, safer adaptation without sacrificing quality or interoperability.

5.4 Stakeholder Alignment and Shared Responsibility

Historically, stakeholders competed rather than collaborated, inherently limiting long-term success. The Commons provides explicit structures that make collaboration practical, accountable, and mutually beneficial.

DHCF supports this alignment through openly available publications, consultancy, structured mentoring programmes, and transparent assurance frameworks. DHCF is also developing a structured assessment model to help organisations evaluate their openness, governance, and alignment maturity. This system will provide a consistent way to measure and improve conformance with Commons principles. These mechanisms will enable stakeholders to confidently adopt and sustain the Commons approach while maintaining alignment with DHCF's principles of openness, accountability, and shared value.

Defined roles, clear accountability:
Custodians allocate responsibilities explicitly, ensuring clarity, reducing conflict, and providing clear accountability among stakeholders.

Aligned incentives for mutual benefit:
Shared goals and incentives tie success to collaboration, encouraging long-term benefit over short-term competition.

Transparent resource allocation:
Within the Commons ecosystem, required investments are transparent, predictable, and proportionate to shared benefit.

5.5 Sustainable National Governance

Governance of digital health systems typically fluctuates with funding or political cycles, undermining long-term stability. The Commons approach enables enduring governance structures that remain stable across funding and political cycles.

> **Openness turns governance from a cycle into a system.**

A critical function of DHCF is to develop, incubate and strengthen custodians. It actively supports these entities with governance structures, sustainable operational models, and practical market-building resources, ensuring custodians are resilient and self-sustaining.

Stable governance beyond cycles:
Custodians guarantee continuity and stability independent of short-term politics or funding.

Balancing local needs with global interoperability:
Custodians empower countries to tailor systems locally while maintaining compatibility internationally.

Predictable, perpetual stability:
By embedding openness and custodianship at its core, the Commons approach ensures governance and the products produced by it, becomes a durable public utility rather than a transient project.

6. Using This Model: A Call to Discernment

The Digital Health Commons is not another system to adopt. It is a blueprint and a strategic approach, a fundamental shift in how digital health infrastructure is planned, procured, delivered, and sustained. You cannot merely implement it; you must carefully evaluate it and consciously choose to work within it.

> **You cannot implement the Commons; you must choose to work within it.**

This publication is the first in a set of framing documents from the Digital Health Commons Forum:

- **Publication 2: The Digital Health Landscape: What's Broken and Why** offers a frank diagnosis of the structural issues that continue to undermine progress.
- **Publication 3: The Role of the Custodian** describes the local and domain-level organisations that make the Commons real, turning openness into continuity and control.

Together, these documents form the strategic core of the DHCF publication suite. They are designed to be read together, discussed, and applied, not in isolation, but as a coherent frame for long-term decision-making.

Later publications expand this framework into practical roadmaps, playbooks, and reference models that guide policymakers, funders, and implementers through every stage of adopting the Commons approach.

Choosing to work within the Commons approach demands discernment. It requires that decision-makers critically assess existing strategies and procurement methods. It demands a clear-eyed evaluation of openness against proprietary solutions, long-term sustainability against short-term expediency, and genuine control against perceived convenience.

In the face of continual digital health failures, fragmented vendor relationships, duplicated efforts, and unsustainable spending, the Commons offers clarity. But clarity alone isn't enough. Decision-makers must ask themselves tough questions:

- Are current investments delivering strategic value or perpetuating dependency?
- Do existing governance models truly serve public interests, or merely vendor interests?
- Are stakeholders incentivised to collaborate or compete?
- Is digital health planning future-proof, resilient, and sustainable, or reactionary, fragile, and short-term?

> **Openness is the only credible pathway to resilience, sustainability, and sovereignty.**

The Commons model provides answers to these questions, openly, explicitly, and practically. It ensures digital health is no longer at the mercy of proprietary lock-in, short-term funding cycles, or fragmented governance.
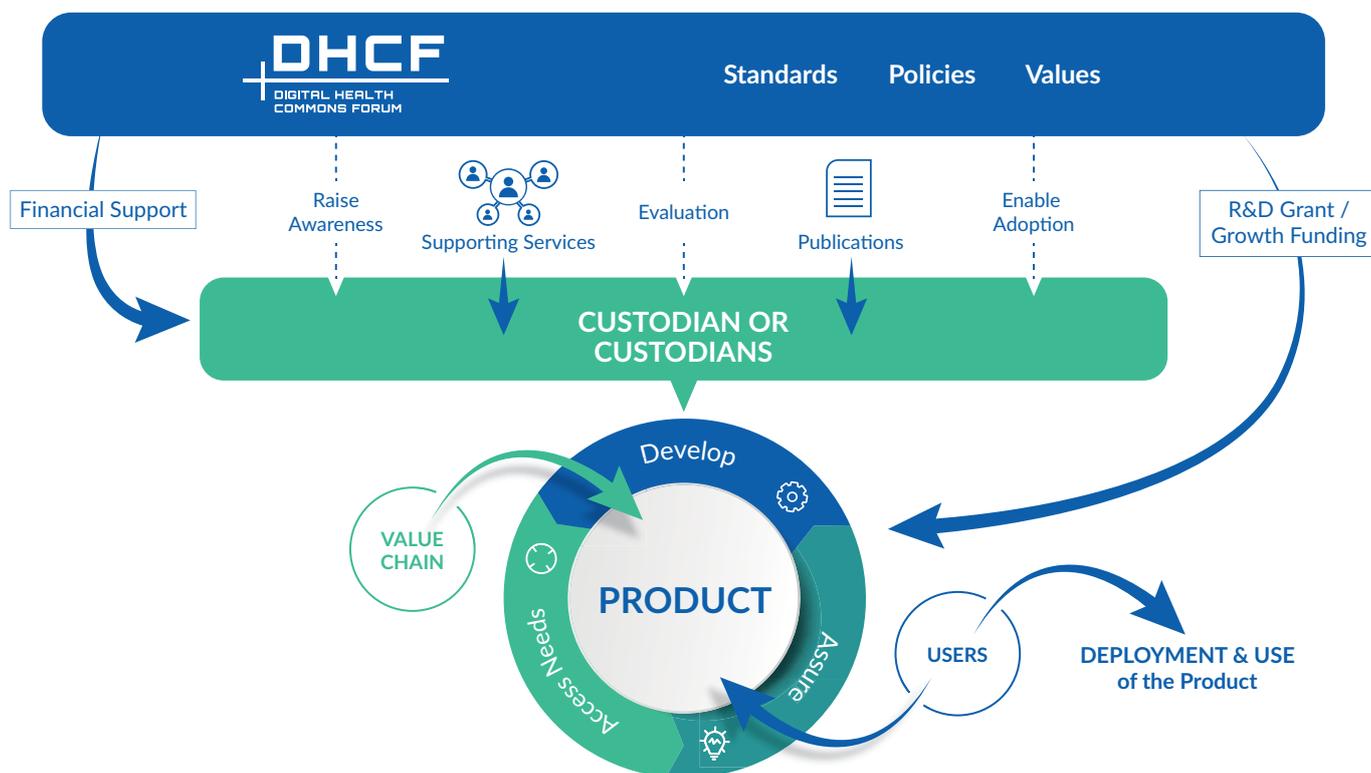
Figure 3. The Commons Adoption Pathway:

Yet, embracing the Commons demands genuine commitment. It requires accepting shared responsibility, transparent resource allocation, and open accountability. Discernment means understanding these demands clearly and committing to them deliberately.

Ultimately, the Digital Health Commons challenges decision-makers to fundamentally rethink digital health strategy and governance. It asks them to see openness not as a secondary option, but as the only credible pathway to resilience, sustainability, and sovereignty.

This is not a leap of faith. It is an opportunity to apply structure where there was uncertainty, to replace fragmentation with coordination, and to design for longevity from the outset.

The Commons is not an abstract ideal; it is a pathway with a clear roadmap. DHCF and its publications provide the milestones, patterns, and governance models to move from concept to implementation with confidence.

The Commons and the framework DHCF provide to implement it, replaces uncertainty with structure, and turns alignment from aspiration into action.

We encourage you to take part in shaping the Digital Health Commons. Your ideas, expertise, and collaboration are essential to this work. To get involved, contact us at **commons@dhcf.eu**

Company Details

Digital Health Commons Forum
6, avenue des Hauts-Fourneaux, L-4362 Esch-sur-Alzette
+352 2033 8030