

Amsterdam Cohort Hub

Connecting data, improving health

Roadmap 2026



MT & Steering Board ACH
February 2026



1. Introduction

The Roadmap 2026 outlines the next phase in the development of the Amsterdam Cohort Hub (ACH). It builds on the foundations laid in 2024-2025 and sets a clear direction toward a sustainable, collaborative, and FAIR (Findable, Accessible, Interoperable, and Reusable) data infrastructure across population-based and patient cohorts. As of 2026, ACH will be administratively and physically embedded as group within the Department of Epidemiology and Data Science of Amsterdam UMC.

This roadmap translates ACH’s mission, ‘*Connecting data, improving health*’, into concrete priorities and actions for 2026. It focuses on expanding our cohort support functions, improving data accessibility and reuse, strengthening our network, and deepening collaboration within Amsterdam UMC and with external partners. As before, the roadmap is a living document: it evolves with our collective insights, experiences, and ambitions. It is jointly maintained by the ACH Management Team (MT) and Steering Board, with active input from ACH’s members organized in communities (Appendix 1).

2. Our mission

ACH was established in September 2023 building on the ‘Sectorgelden’ (Sector plan “Accelerating health”), granted by the Dutch Ministry of Education, Culture and Science. ACH connects 24 population-based and patient cohorts in the Amsterdam region, creating a shared foundation for future-proof health research.

‘Connecting data, improving health’

Our mission: to connect data and expertise to improve public health. By building one infrastructure and creating shared procedures, we make cohort research more efficient, and more impactful. ACH supports researchers with practical tools, expert guidance, and a unified approach to data access, governance, and FAIR data stewardship.

Our vision: a collaborative and sustainable research platform where data, knowledge, and innovation are available across cohorts, disciplines, and institutions. By linking diverse populations, from youth to older adults, from patients to migrant communities, we aim to translate research data into better health for all.

Our mission and vision are also explained in our promo-video on [Youtube \(click here\)](#).



3. Looking back at 2025

Over the past year, ACH has made significant progress in strengthening collaboration, visibility, and data-driven innovation across cohort studies within Amsterdam UMC and partner institutions. Our main accomplishments, ordered in four categories, Infrastructure, Cohort support, Research, and Network, include the following:

Infrastructure

- **Growth of the network:** ACH has expanded from 16 to 24 population-based and patient cohorts. This growth strengthens ACH's role as a regional and national connector in health data research.

Figure 1. Current ACH-consortium



- **Data Catalogue:** The first version of the [ACH Data Catalogue](#), developed with Molgenis, provides an overview of key characteristics of participating cohorts.
- **OMOP modelling:** To increase data interoperability between cohort studies, a dedicated data steward started to apply the OMOP (Observational Medical Outcomes Partnership) Common Data Model in a selection of ACH cohorts. This will be rolled out to more cohorts in 2026.
- **Launch of the ACH website:** The new [ACH website](#) offers a single access point to cohort information, services and contact details. It improves visibility and accessibility for stakeholders within and beyond Amsterdam UMC.

Cohort support

- **Development of a knowledge platform:** ACH has initiated a central knowledge platform to collect and share tools, guidelines, and information among cohorts.
- **Grant pipeline:** Our dedicated Research Grant Support officer made a funding landscape and timeline for research and infrastructure calls for cohorts.
- **Biobank procedures:** One of our data stewards has started as contact person between our cohorts and the Amsterdam UMC biobank, with the aim to help cohorts with questions, to improve biobank procedures for cohort studies, and to stimulate (re)use of cohort biobank data.



Research

- **Multi-cohort studies and collaborations:** ACH facilitates several multi-cohort analyses and joint studies across themes linked to the Sector plan, such as collaboration with the Prevention sectorplan where cohort data is being used to inform practice and policy makers.
- **Impulse projects:** Four impulse projects have been funded and launched to accelerate cross-cohort collaboration (dedicated postdocs with 1-year appointments).
- **Design paper:** A design paper describing the structure, goals, and collaborative model of ACH is currently in preparation, providing a transparent foundation for external visibility and future partnerships.

Network

- **Professionalization ACH newsletter:** We upgraded and professionalized our newsletter, which we send out every month to our complete network of stakeholders.
- **ACH webinar series:** The ACH community gathered monthly for online knowledge-sharing sessions, where cohort teams present current projects and best practices.
- **Annual Conference 2025 (July 1st):** The second ACH Annual Conference (2025) successfully brought together cohort researchers, data professionals, and partner organizations. It featured sessions on AI in research, data infrastructure, participant inclusion, and federated analyses, alongside keynotes on inclusive science, data stewardship, and the ethics of AI.
- **Grant event (October 14th):** ACH organized a grant matchmaking event to connect early career researchers with funding opportunities and stimulate interdisciplinary proposals across cohorts. Two grant writing fellowships have been made available.
- **ACH Spring & Fall Catch-up meetings (March 13th & October 14th):** In 2025, ACH has organized 2 'Catch-up' events for ACH members, which offered a mix of ACH updates, knowledge sharing, and networking opportunities.
- **Partnerships:** We collaborate with national and international initiatives to align data standards and share best practices, including Cohort Hubs Netherlands (CHN), Netherlands Cohort Consortium (NCC), Health-RI, and CLOSER. We also organized two meetings with our international Advisory Board (February and November).

Figure 2. Our ACH community





4. Our focus in 2026

In 2026, ACH enters a phase of consolidation. After several years of building an infrastructure and establishing a shared identity, the focus now shifts toward embedding and expanding what has been developed. The coming year will be used to strengthen operational workflows, to ensure sustainable collaboration, to expand our cohort support functions, and to make the ACH infrastructure visible across all cohorts.

5. Our Areas of Action

Our work is organized around four areas of action we are actively building: Infrastructure, Cohort Support, Research, and Network (Appendix 2). Each addresses a key challenge, outlines focused activities, and defines the impact we aim to achieve. Key focus activities and deliverables are further specified in Appendix 3.

Note: These four areas consolidate the earlier six themes from the 2024-2025 Roadmap (active network, data infrastructure, cohort support, data reuse, lobby & PR, and partnerships).

Infrastructure

Challenge: Cohort data are fragmented, difficult to find, to use or to combine.

Activities:

- Further fill our single-entry ACH Data Catalogue with metadata, covering all ACH cohorts.
- Roll out the Common Data Model (OMOP) to more cohorts. Issue guidance to make data interoperable.
- Implement a harmonized data access policy, a central portal to request data, and explore the future development of a research data platform.
- Prospective harmonization of data collection in ACH cohorts, focused on home-based ambulatory assessments.
- Assessment of the impact of the European Health Data Space (EHDS) for cohorts.
- Making all ACH cohorts visible and connected in PURE.

Impact: The ACH infrastructure enables sustainable re-use of data across multiple cohorts, laying the foundation for high-quality research.

Cohort Support

Challenge: Cohorts repeatedly solve the same legal, ethical, ICT, and methodological issues with limited capacity.

Activities:

- Provide centralized cohort support via a “cohort bureau”.
- Deliver legal support templates for cohorts (e.g., for DTAs, DPAs and DPIAs).
- Harmonize and strengthen Biobank support and workflows.
- Make a linkage manual, overview of best practices, and explore linkage support.
- Explore the structural embedding of GECCO (environmental data) and the CBS linkage community within ACH.
- Alignment of informed consent (IC): Provide an overview of current IC-related barriers for data sharing among ACH cohorts and development of a common mitigation strategy.



- Build and finalize the ACH Knowledge platform, to share guidelines and information. **Impact:** Common problems are solved once and shared widely. Researchers can focus on science instead of reinventing procedures.

Research

Challenge: Little systematic data reuse in multi-cohort studies.

Activities:

- Stimulate coordinated multi-cohort research, based on relevant research questions or focused on methodological innovation (e.g., advanced longitudinal methods, methods to use cohort data to inform policy), amongst others through Research Impulse calls.
- Deliver cohort-expertise to harmonize methods and variables in new research.
- Integrate re-use of data of multiple cohorts in daily work of ACH funded researchers.

Impact: ACH delivers demand-driven, generalizable evidence that informs science, policy, and practice. Reuse of data becomes standard practice.

Network

Challenge: Connections between people and teams are fragmented, limiting collaboration and visibility.

Activities:

- Organize networking events such as the Catch-ups and the Annual Conference.
- Produce quarterly Knowledge sessions to connect and share expertise.
- Align with regional and national networks (e.g., CHN, NCC, Health-RI).
- Build partnerships and strengthen funding development through advocacy and active engagement.
- Identify funding opportunities and actively coordinate joint research or infrastructure grant applications.
- Present ACH research at conferences and increase visibility of ACH and cohort data within educational programs.

Impact: A strengthened internal and external network boosts visibility, trust, and collaboration.

6. Activity plan by areas of action

In 2026, we shift to agile working in all four areas of action (see Appendix 3). Activities and projects are formulated at the level of the cohort hub (i.e., activities contribute to the goals of ACH). The Steering Board selects a few focus initiatives per half year, each led by one accountable lead and a task team from relevant communities and working groups. So, current communities and working groups continue to exist and will be asked to lead or join activities and projects in 2026 - where a leading role will be expected from those with formal ACH appointments. Work runs in 6 to 12 month sprints with monthly check-ins, clear entry/exit criteria, and final deliverables.

This approach concentrates effort, reduces context-switching, and creates a predictable, sustainable workload. It strengthens accountability and output while ensuring all groups contribute to ACH's development and goals.

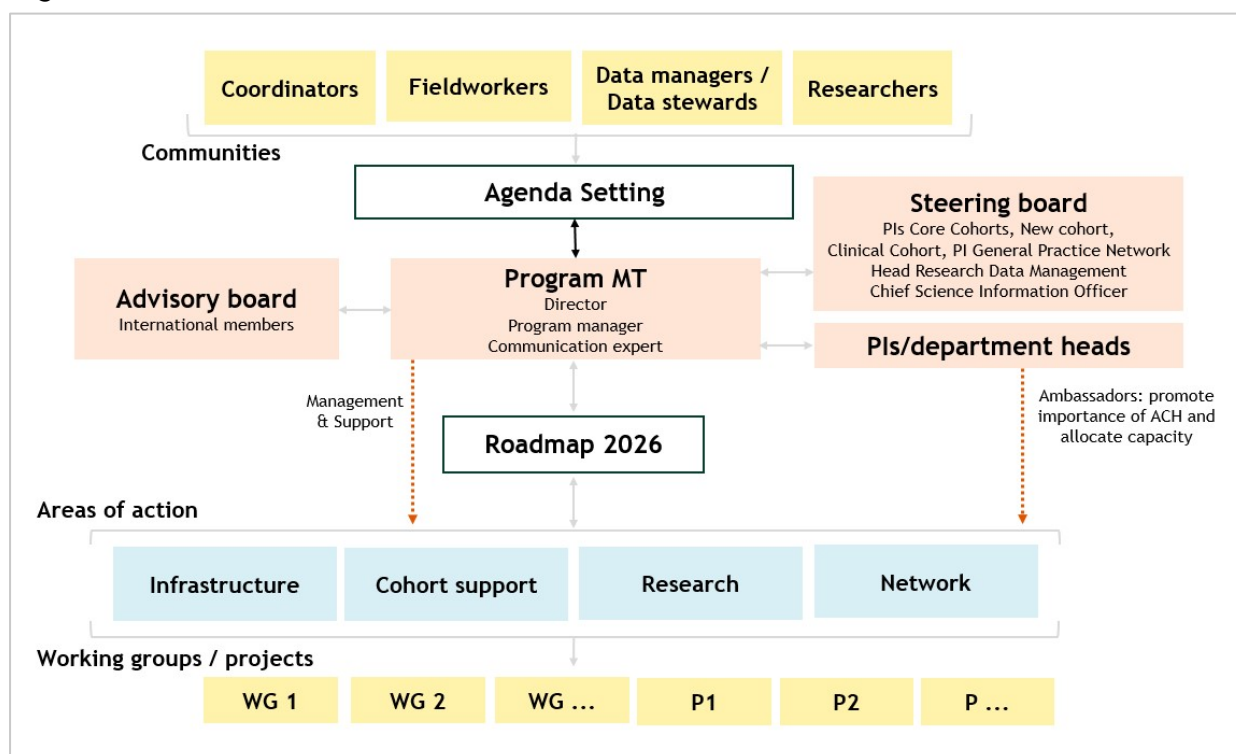


7. Governance

ACH operates as a collaborative network connecting cohort study coordinators, fieldworkers, data managers, data stewards, and researchers. The ACH MT (director, program manager, and communication expert) translates the Roadmap 2026 into coordinated actions across the four areas of action: Infrastructure, Cohort Support, Research, and Network. Executive management is the responsibility of the MT. They ensure connection to institutional priorities (such as work alignment with the goals of the Roadmap and the Sector plan). Strategic direction and alignment are provided by the Steering Board, composed of Principal Investigators (PIs) from population and patient cohorts, alongside the Head of Research Data Management and the Chief Scientific Information Officer of Amsterdam UMC. Cohort PIs and department heads act as ambassadors by promoting the importance of ACH within their units and they allocate time and capacity for ACH members to contribute to central ACH projects and cross-cohort work. This commitment allows the network to function effectively and sustainably.

The MT and the Steering Board receive input from all ACH members organized within communities (study coordinators, fieldworkers, data managers, data stewards, and researchers), which guides agenda setting. Communities meet regularly to exchange experiences and to work on projects. The Advisory Board provides independent, international expert advice to maintain scientific quality and relevance. Together, this structure ensures that ACH remains both centrally coordinated and community-driven, balancing shared governance with individual commitment.

Figure 3. Structure of ACH





Challenges in 2026

ACH depends on continued collaboration, institutional support, and available capacity within cohort teams. Securing Sector plan funding after 2028 is crucial for the continuation of our central activities. Retaining Sector plan funding requires participating institutions to keep recognizing the shared value of ACH and continue allocating time for members to contribute to our mission, action plan and to fulfill the goals of the Sector plan (in particular for those with formal ACH appointments).

In 2026, the MT will explore - in collaboration with the Steering Board - whether adaptations in the governance of ACH are needed, such as changes in the size and composition of the Steering Board. Attention will also be paid to the allocation of sufficient budget and capacity for central tasks of ACH. With the embedment of ACH at the EDS Department, we are going to work towards a central team or “cohort bureau” of data stewards and researchers, to organize cohort support within Amsterdam UMC in a more structural way - following the original idea as formulated in the Sector plan (Page 76, Sector plan ‘Accelerating Health’, [Version February 2023](#)).

8. National and local partners

ACH collaborates at a regional and national level with partners such as Cohort Hubs Netherlands (CHN), Netherlands Cohort Consortium (NCC), Health-RI, and GGD Amsterdam. The recent site visits of the evaluation committee of the Sector plan have highlighted again the importance of collaboration between Sector plan themes and between University Medical Centers (UMCs) at the national level, especially where aims and activities show overlap and where synergy can be achieved. For instance, ACH and the Prevention Sector plan could benefit from structural collaboration. In 2026, we will continue to work together with other UMCs within CHN towards a common FAIR data infrastructure for cohorts. We will study the impact of future developments, such as changing legislation (eg, European Health Data Space, EHDS) and its potential consequences for our cohorts. At a local level, we closely collaborate with the Amsterdam Public Health research institute. Broader collaborations with other research institutes and centers such as ADORE and Amsterdam Neuroscience are explored.



9. New cohorts: Admission policy

ACH welcomes new cohorts that fulfill our admission criteria. In 2025, eight new cohorts have joined ACH. The admission criteria are currently formulated as follows:

Criteria new cohorts

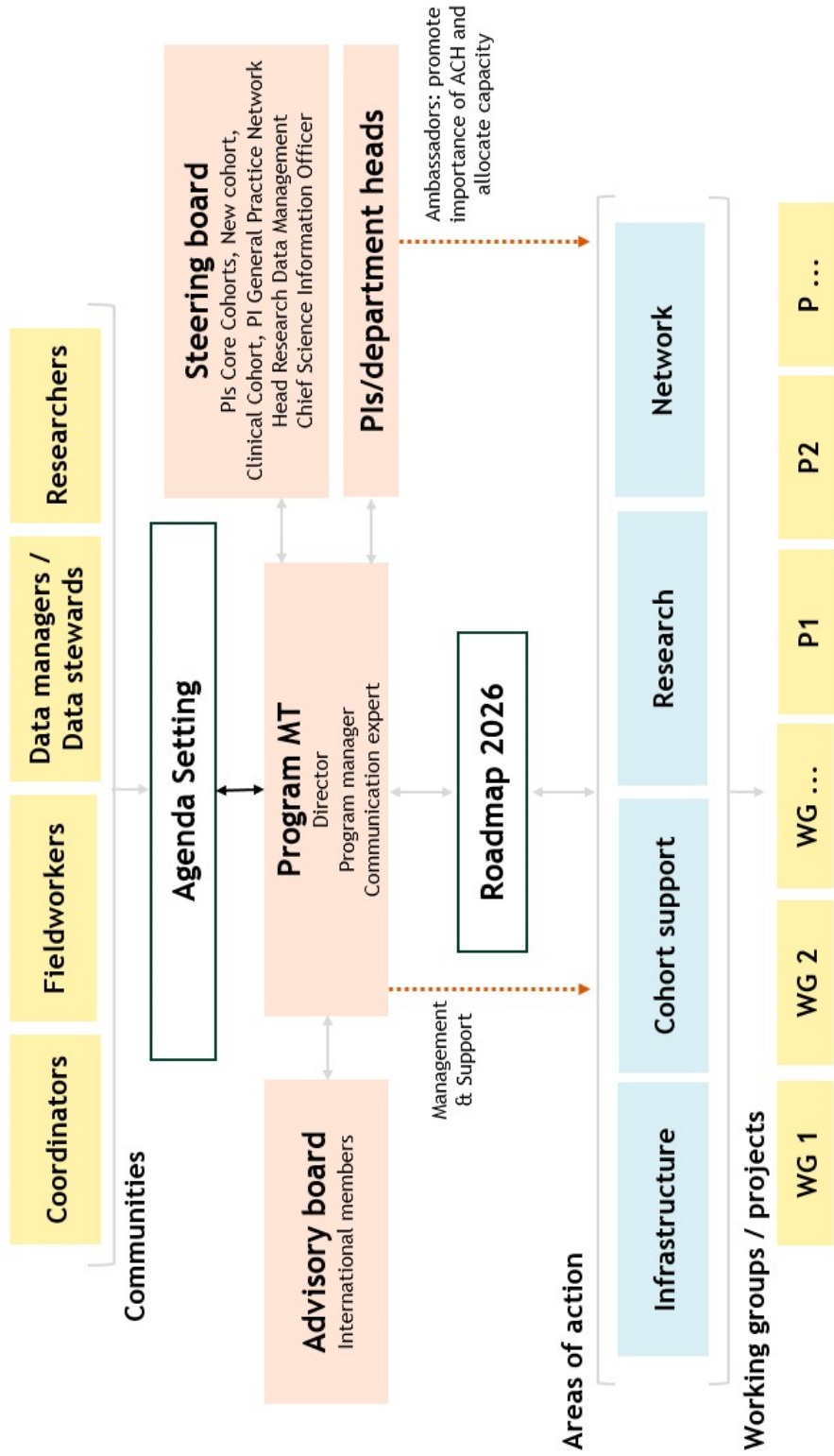
- 1. The cohort study is health-related and contains participant data that have been collected for research purposes (i.e., a cohort study involves more than just healthcare registrations).*
- 2. The cohort study is ongoing: data is still being collected or new data collections have been planned (in case of a cohort of which the data collection has been closed: please provide a motivation for participation in ACH)*
- 3. The sample size of the cohort study is large enough to fulfill the aims of the study and the sample size has been justified.*
- 4. There is informed consent from all participants to use, link and/or share data for scientific research (within the limits set by the study for which the data were collected).*
- 5. A baseline measurement and at least one follow-up measurement have been conducted or have been funded.*
- 6. The cohort study has a connection with Amsterdam or the Amsterdam region (i.e., a relevant part of the study contains participants from Amsterdam or the study is managed from Amsterdam).*
- 7. The cohort study shows commitment: cohorts agree to comply with the standards set by the ACH Steering Board for cross-cohort collaboration, data sharing and harmonization, and staff members will actively participate in our communities and working groups to work on our joint agenda.*

Note: These criteria will serve as guidelines. The ACH Steering Board reserves the right to deviate in specific cases from the above mentioned criteria and will make the final decision on the admission of a cohort to ACH.

Twice a year, in June and in December, we are open to discuss new applications. New cohorts need to fill out the application form, which will be discussed in the next ACH Steering Board meeting. The application form can be requested via the ACH Manager or by sending an email to cohorthub@amsterdamumc.nl.




Appendix 1: ACH structure



Appendix 2: ACH Areas of action



Vision	<h3>Connecting data, improving health</h3> 			
Mission	Create a robust research infrastructure that connects, supports, and empowers cohort studies so that health data are used to their full potential, advancing science and improving health for all.			
Areas of action	Infrastructure A shared infrastructure makes cohort data findable, accessible and interoperable so that they can be sustainably reused for future-proof, high-quality research.	Cohort support Dedicated support collectively resolves recurrent legal, ethical, technical, and methodological hurdles, and reduces duplicated effort.	Research Coordinated multi-cohort research turns diverse datasets into demand-driven, generalizable evidence that advances science and informs policy and practice.	Network A strengthened internal and external network boosts visibility and trust, forging partnerships and funding pathways that translate plans into deliverables and impact.
Intended impacts	Data catalogue	Linkage	Multi-cohort research	Communication
Activities	OMOP (data modelling)	Legal & Biobank	Research impulse	Knowledge sessions
	Data sharing policy	Consultancy / Cohort bureau	Cohort expertise research	Catch-up and Annual Conference
	Data platform	Knowledge platform	Re-use of data	National networks (CHN, NCC, Health-RI)
	Data collection alignment	ICT facilities		Advocacy and funding opportunities
Challenges	Fragmented, non-standardized data that are not visible at one place; difficult access policies/procedures.	Cohorts repeatedly solve the same legal/ethics/ICT/methods problems alone amid shifting regulations.	Knowledge production is separated and underpowered; too few multi-cohort, multi-perspective studies.	People do not find each other; weak partnerships and visibility, limiting participation in consortia and funding.
		Informed consent procedures		Valorization and education



Appendix 3: Key focus activities 2026

The table below summarizes the key focus projects planned for 2026. For each activity, the expected deliverable, indicative timing, and responsible teams are specified throughout the year. The document will be shared and updated in Teams/Sharepoint.

Activity / Project	Deliverable / Output	Timing
Infrastructure		
Data catalogue	Updated and searchable Molgenis catalogue covering all ACH cohorts	
Shared data access policy	Approved policy and published on ACH website	H1 Priority
OMOP	OMOP guidance document and pilot datasets	
PURE	All Amsterdam UMC cohorts visible and connected in PURE	
Alignment of data collection	Prospective harmonization showcase	
Cohort Support		
Centralized Legal, Ethics, ICT, and Methods support	Legal support and templates (e.g., DTAs, DPAs, and DPIAs)	H1 Priority
Harmonize and strengthen Biobank support	Standardized biobank procedures and templates	H1 Priority
Linkage	Embedment of GECCO and CBS Linkage support within ACH	H1 Priority
Design and build ACH Knowledge Platform	Beta version online with first shared resources	
Research		
Initiate and run coordinated multi-cohort research	Integration in papers of structurally funded ACH researchers & impulse projects	
Publish Showcase Repository	Repository in knowledge platform	
Establish central research coordination, including cohort expertise research	Research plan, with roles defined in RACI (Responsible, Accountable, Consulted, Informed)	
Network		
Organize networking events (Catch-ups, Annual Conference)	Two Catch-ups and Annual Conference held	
Knowledge Sessions	Quarterly thematic sessions held	
Align with national networks (CHN, NCC, Health-RI)	Shared agenda and representation in meetings	
Build partnerships and strengthen funding development	Development of 1-2 joint grant applications (research/infrastructure)	
Valorization and education	Present ACH at conferences and development of a plan for educational activities	