



Biography

Catherine Holliday is Chief Executive of the International Centre for Community-Driven Research (CCDR), a non-profit organisation driving a more person-centred health sector. Catherine's professional work has focused on developing solutions to health system challenges and she has been actively involved in developing more equitable and systematic approaches to community engagement across the health system.

Catherine has significant experience working with government, industry, not-for-profit organisations as well as research and international organisations including ten years working in Geneva, Switzerland with the Australian Department of Foreign Affairs and Trade, the International Organisation for Migration, UNICEF and the GAVI Alliance. She has also worked as a nurse and researcher in Australia and the USA with roles including Head of Research at Cancer Council NSW Australia and Head of Policy and Strategy at the Kinghorn Cancer Centre (Sydney, Australia).

Catherine holds a Bachelor of Nursing degree, a graduate diploma in nutrition, a Masters in Health Promotion, a Masters in Health Science and her PhD thesis investigated the relationship between the global, social and economic drivers of research and how to translate results into policy, practice and population health.

Catherine founded CCDR in 2012 with the vision of creating a more person-driven health sector. CCDR's mission is to build capacity to support people in the community, patients and their families, and facilitate meaningful connection between service providers, research organisations, the non-profit sector, practitioners, industry, government and the communities for which they provide a service or aim to benefit – all while giving communities and patients a voice in decision-making (www.cc-dr.org).

In a short time, Catherine has grown CCDR who currently have offices in Australia, Switzerland (headquarters) and the United Kingdom and aim to reach our goal of a more person-centric health sector globally through core programs; the Patient (Personal) Experience Expectations and Knowledge Program (PEEK), the National Patient Organisation Network program, the National Patient Organisation Standing Committee (NPOSC) program, and the Social Innovation Program (Leadership in Community Engagement & Real-World Evidence). In Geneva, CCDR are developing a program of work with the World Health Organisation (WHO) in relation to the NPOSC and Social Innovation Program. In 2019 CCDR will also open an office in North America.

CCDR work across all disease areas and Catherine's core work is to strengthen health systems through community engagement. A core program developed by Catherine is Patient Experience, Expectations & Knowledge (PEEK). The aim of PEEK is to conduct patient experience studies across several disease areas using a protocol that will allow for comparisons over time (both quantitative and qualitative components). PEEK studies give us a clear picture and historical record of what it is like to be a patient at a given point in time, and by asking patients about their expectations, PEEK studies give us a way forward to support patients with treatments, information and care. This program started in Australia and will be implemented in other countries so that we can not only compare experience across disease areas but also across health systems and use this information to inform decisions about health technology assessment, research, care, information, support and service provision.



CENTRE FOR COMMUNITY-DRIVEN RESEARCH

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RE: Personal Statement

I started my career as a registered nurse and continued on to work in research and public health at a national and global level. I have worked in non-profit (community-based organisations), government organisations and international organisations within the United Nations system. Throughout my career I observed a gap or mis-match between the way decisions are made in public health and the needs of those in the community. The way that people experience health systems and access health services needed to be driven by the way they live their lives and what is most important to them in relation to holistic care, personal values and quality of life.

This observation led me to develop a civil society organisation called the Centre for Community-Driven Research (CCDR). CCDR was established in 2012 in Australia as a platform for people in the community to talk about their experience in the health system, and for the sector – whether researchers, government, health services, patient organisations – could use this information to drive and inform their future work. In 2017, CCDR expanded to become a global health initiative with its headquarters in Geneva, Switzerland and a second country office in Bristol, United Kingdom. Other country offices will open over time.

Universal health coverage and access to treatment and services is obviously a particular focus of my work with CCDR which is cross-sectoral. We work with the pharmaceutical industry in relation to the regulation and reimbursement of medicines. We work with government to inform decisions and in Australia were recently assigned the role by the Federal Minister of Health of conducting a community-based pilot project to deliver telehealth services to patients across ten disease areas. We work with local patient organisations to help them have their voice heard and also, support their strategic planning and advocacy efforts. We work with health service providers and researchers to help them understand what is important to patients, so that they can adapt their work to reflect those needs.

Monitoring and evaluation of programs has been a constant part of my career in public health and I greatly value these efforts as part of good and transparent governance. My professional career crosses all disease areas without discrimination. I therefore have a broad knowledge of the challenges that are faced across health systems and also, can provide insights into what has worked and not worked in community-engagement in various disease areas.

I have a bachelor of Nursing degree, a graduate diploma in nutrition, a Masters in Health Promotion, a Masters in Health Science and my PhD thesis investigated the relationship between the global, social and economic drivers of research and how to translate results into policy, practice and population health. The thesis for my Masters in Public Health was also particularly relevant as it investigated the impact of public-private partnerships in public health. I currently also work as a telehealth nurse with pancreatic cancer patients.

Headquarters

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My motivation in being a Director on the HTAi Board is one of service. My position at CCDR and experience to date is unique and I sincerely wish to contribute and support HTAi in their remit to advance health technology assessment through collaboration. Collaboration to address health system challenges is an approach that I genuinely value. CCDR itself are also in a position to support community-based initiatives aligned with the goals of HTAi and I am personally dedicated to ensuring that patients and the community are equitable partners in this process.

With kind regards,

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