



Gabinete de Promoção dos
Programa Quadro ID&I

Próximos concursos H2020 Saúde

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Better health for all

- 1 *Understanding health, wellbeing and disease*
- 2 *Preventing disease*
- 3 *Treating and managing disease*
- 4 *Active ageing and self-management of health*
- 5 *Methods and data*
- 6 *Health care provision and integrated care*



Orçamento (2014-2020): EUR 7.257 M

(9,7% do orçamento H2020)

PROGRAMA DE TRABALHOS DS1 2017

- Personalised Medicine (European Commission Policy)
- ~16 tópicos a concurso
- 320 M€
- ICT for Health
- Clinical studies
- Active and healthy ageing
- Big data and computer modelling
- and more....

TÓPICOS DA SAÚDE - CARACTERÍSTICAS

- Tópicos mais **abertos**
- Foco na **inovação** e no **impacto**
- Ênfase nos **consumidores finais**
- Mais **estudos clínicos** e proximidade do mercado
- Grande investimento nas **ferramentas de ICT**
- Questões transversais (**SSH, gender aspects, ética, etc**)
- **Sinergias** com outros financiamentos (fundos estruturais, AAL, EDCTP, EU Health Programme, etc).
- Forte envolvimento das **PMEs** e das **entidades dos sistemas de saúde**

TÓPICOS NO PROGRAMA DE TRABALHOS

Specific challenge: apresenta o contexto, o problema a resolver e explica a intervenção necessária.

Scope: delinea o problema, especifica o foco e os limites da potencial ação (não descreve ou limita a abordagem específica).

Expected impact: descreve os elementos chave do que é esperado conseguir em relação ao desafio.

SCI-PM-09–2016: New therapies for chronic diseases

Specific Challenge: Chronic diseases represent a significant burden on individuals and healthcare systems in the European Union and beyond. Innovative and effective therapeutic approaches are required to provide the best quality of care when prevention strategies fail. While considerable basic knowledge has been generated by biomedical research in recent years, the development of new therapies is stagnating, in part due to a lack of clinical validation.

Scope: Proposals should focus on clinical trial(s), supporting proof of concept of clinical safety and efficacy in humans¹⁶ of novel therapies (pharmacological as well as non-pharmacological) or the optimisation of available therapies (e.g. repurposing) for chronic non-communicable or chronic infectious diseases. Preclinical research should be completed before the start of the project. Proposals should provide a sound feasibility assessment, justified by available publications or provided preliminary results. Gender and age must be considered whenever relevant. Due consideration should also be paid to involve patients and take their views into account wherever relevant. Rare diseases and regenerative medicine are not within the scope of this topic^{17, 18}.

The Commission considers that proposals requesting a contribution from the EU of between EUR 4 and 6 million would allow this specific challenge to be addressed appropriately. Nonetheless, this does not preclude submission and selection of proposals requesting other amounts.

Expected Impact:

- New or optimised therapeutic strategies, adapted where relevant to the different needs of men, women, children and the elderly, with the highest potential to generate advances in clinical practice and care for chronic non-communicable or chronic infectious diseases.
- Improve the therapeutic outcome of major chronic health issues with significant impact on disease burden of individual patients and health care systems.

Type of Action: Research and Innovation action

TIPO DE ACÇÕES

Tipos de ação	Financiamento	Objectivo
Research & Innovation Action (RIA)	100%	I&D com o objectivo de gerar novos conhecimentos ou explorar a viabilidade de novas tecnologias
Coordination & Support Action (CSA)	100%	Medidas de standardização, disseminação, sensibilização, comunicação, networking, coordenação, suporte e diálogo

PERSONALISED MEDICINE (PM)

SC1-PM-02–2017: New concepts in patient stratification

- Integrate **multidimensional** and **longitudinal data** and harness the power of **big data** including pharmacogenomics, systems biomedicine approaches, network medicine and **computational modelling**.
- New concepts of stratification should be validated in **pre-clinical** and **clinical studies**.
- Focus on **complex diseases** having high **prevalence** and high **economic impact**.

RIA
04-10-16
(1st stage)
4-6 M€

BIG DATA / COMPUTER MODELLING FOR PM

SC1-PM-16-2017: In-silico trials for developing and assessing biomedical products

- Innovative **in-silico** trials for designing, developing and assessing **drugs, rare diseases, biomedical and bioactive products**.
- Build on comprehensive **biological and biomedical knowledge management** and advanced **modelling paradigms** in order to be able to simulate the **individual** human physiology and physiopathology and the **interaction** with the product, thus taking into account the **variability** among individuals.
- **Virtual populations** of **individual patients** will be built for simple or composite diseases and will allow **simulating** the action of the products and **predicting** the treatments outcomes in order to develop a **personalised medicine approach**.

RIA
14-03-17
4-6 M€

SC1-PM-17-2017: Personalised computer models and in-silico systems for well-being

- New integrative **computer-models and simulation systems** build on **open data** and systems with application in well-being, health and disease.
- Computer modelling and simulations able to **aggregate various information** (genetic, molecular, biochemical, medical imaging, social, lifestyle, economic, occupational, micro-environmental, etc) into robust **predictors for resilience** in coping with and overcoming challenges and stresses and for recovery after challenges and illness.
- Predictive capability **validated** by state-of-the-art **clinical and/or laboratorial studies** and/or against **large health registries**.

RIA
14-03-17
4-6 M€

MENTAL HEALTH

SC1-PM-07–2017: Promoting mental health and well-being in the young

- Develop population-oriented **primary prevention** interventions to **promote well-being** of **young people** and assess them for their **effectiveness**.
- Increasing **resilience** and mitigating the impact of biological, psychosocial and environmental risk factors.
- **Multidisciplinary** approach and involve the young themselves and other relevant stakeholders.

RIA
04-10-16
(1st stage)
2-4 M€

SC1-HCO-07-2017: Global Alliance for Chronic Diseases (GACD) prevention and management of mental disorder

RIA
11-04-17
1-3 M€

RARE DISEASES

SC1-PM-03-2017: Diagnostic characterisation of rare diseases

- Apply **genomics** and/or other **-omics** and/or other **high-throughput** approaches for **molecular characterisation** of rare diseases in view of developing **molecular** tests for a large number of undiagnosed rare diseases
- Promote **common standards and terminologies** for rare disease classification and support appropriate **bioinformatics** tools and incentives to facilitate **data sharing**.
- Contribute to the objectives of, and follow the guidelines and policies of **IRDIRC**.

RIA
11-04-17
15 M€

SC1-PM-08–2017: New therapies for rare diseases

- Clinical trials on substances where **orphan designation** has been **granted**
- May focus on a **range of interventions**, from small molecule to gene or cell therapy. May include novel interventions and/or repurposing of existing and known interventions
- Must include plans to engage with **patient organisations**, **health authorities**, considerations of **efficacy**/potential **clinical benefit** and early indication on **health economics**.

RIA
04-10-16
(1st stage)
4-6 M€

REGENERATIVE DISEASES

SC1-PM-11–2016-2017: Clinical research on regenerative medicine

- Target regenerative medicine therapies ready for **clinical research** and for **clinical phase** of work (**late phases preferred**).
- **Preference** given to proposals which are closest to having **approvals in place** for clinical work to start.
- **Any disease or condition** can be addressed but a **justification** for the choice must be provided.

RIA
11-04-17
4-6 M€

OTHER CLINICAL STUDIES

SC1-PM-10–2017: Comparing the effectiveness of existing healthcare interventions in the adult population

- **Compare** the use of **currently available** preventative or therapeutic (pharmacological as well as non-pharmacological) **healthcare interventions** in **adults**.
- Preference given to interventions with high **public health relevance** and **socio-economic impact**.
- **Cost effectiveness** analysis must be included.
- Randomised controlled trials, pragmatic trials, observational studies, large scale databases and meta-analyses may be considered for this topic.

RIA
04-10-16
(1st stage)
4-6 M€

ACTIVE AGEING AND SELF-MANAGEMENT OF HEALTH

SC1-PM-15-2017: Personalised coaching for well-being and care of people as th

- **Proof of concept** of **radically new** solutions for a personalised "**virtual co** upon intelligent ICT environments, access to relevant physiological and b open platforms-and emotional computing.
- "Coach" should provide personalised advice, guidance and follow-up for key age related issues in daily life which impact the **person's ability to remain active and independent**.
- **Users** must be **involved** and drive the innovation **at all stages** of design and development.

RIA
31-01-17
3-6 M€

SC1-HCO-17-2017: Support for large scale uptake of Digital Innovation for Acti

Healthy Ageing

CSA
31-01-17
2 M€

SC1-PM-20-2017: Methods research for improved health economic evaluation

RIA
11-04-17
2-3 M€

SME Instrument

SMEInst-05-2016-2017 - Supporting innovative SMEs in the healthcare biotechnology sector

a) Cell technologies in medical applications

Addressing considerations such as **scale-up/scale-out**, **automation**, **logistics pathways** and **business models**. Dialogue with **regulators** and compliance with **regulatory requirements**.

Phase 1/2
Several cut-off
0.5-5 M€

b) Clinical research for the validation of biomarkers and/or diagnostic medical devices

Provide evidence for high **analytical value**, appropriate **sensitivity** and **specificity**, and **clinical validity**. Validation of biomarkers with potential for **rapid uptake into clinical practice**. Both **in vivo and in vitro** potential biomarkers are eligible.

SMEInst-06-2016-2017 - Accelerating market introduction of ICT solutions for Health, Well-Being and Ageing Well

Interoperable and **secure eHealth solutions** for **consumers** and **institutional health** delivery building on **standards** and **new ICT solutions and innovation ecosystems** well building on **open software platforms**.

Phase 1/2
Several cut-off
0.5-2.5 M€



TENHA A ATITUDE CERTA



**Não encare os projectos Europeus como uma fonte de dinheiro
Pense na perspectiva do co-investimento**

COMECE PELA CALL E ACABE NUMA (GRANDE) IDEIA



Não tente “encaixar” a sua grande ideia no texto da call!

NÃO TENHA COMPLEXOS DE INFERIORIDADE



Sim, entidades de menor dimensão e PMEs podem participar com sucesso

NÃO SEJA PUXADO, PUXE!



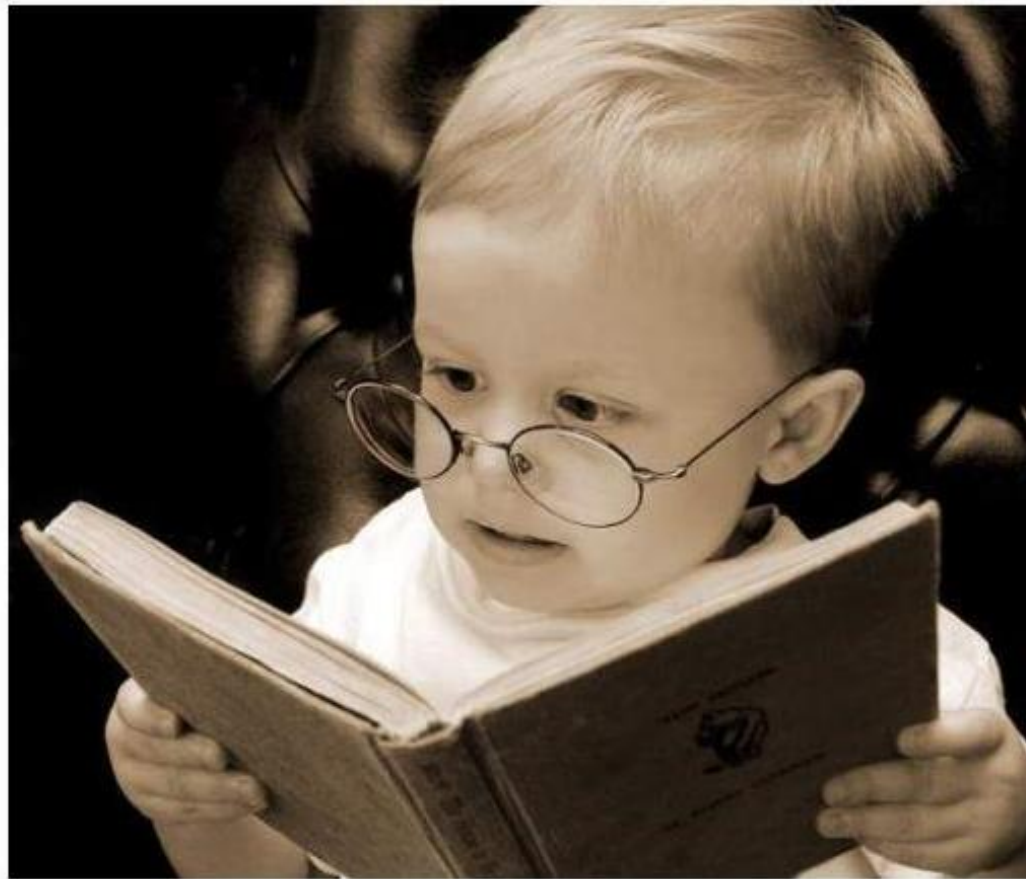
Provavelmente, a oportunidade não lhe vai bater à porta, seja proativo!

DEFINA E SIGA O SEU ROADMAP DE I&D



**Os projetos Europeus têm que ir de encontro ao seu roadmap
Não ajuste a sua estratégia aos projetos Europeus**

PREPARE-SE COM ANTEDEDÊNCIA



Estude o programa de trabalhos
Garanta que conhece todas as regras (custos, etc)
Esteja pronto: PIC, LEAR
Obtenha templates para recolher dados

SEJA MUITO CRÍTICO COM A SUA CANDIDATURA



Faça de advogado do diabo com a sua proposta
Considere a importância da secção “Impacto”
Pense como um avaliador (com base nos critérios conhecidos)
Lembre-se que “vai a exame” com a sua proposta!

FAÇA ALGUMA “ENGENHARIA REVERSA”



**Encontre documentos de background relevantes para o objetivo do seu trabalho
(ex, políticas e estratégias Europeias)**

NO CONSÓRCIO SÓ HÁ LUGAR PARA PARCEIROS



Saiba dizer “não” aos seus amigos!

NÃO SUBESTIME O QUE FICA ESCRITO NA PROPOSTA



Será o seu futuro contrato!

SUGESTÕES PARA CRIAÇÃO DO CONSÓRCIO

- Envolver os parceiros técnicos definindo claramente “quem faz o quê”
- Potencie a participação dos *end-users* e das PMEs
- Crie *clusters* de proximidade geográfica:
 - Hospital / centro de saúde (i.e., o “cliente”)
 - SME local (i.e., o “suporte técnico”)
 - Unidade de I&D (opcional)
- Envolver parceiros que assegurem atividades de *go-to-market* e transferência de inovação
- Envolver parceiros que assegurem as atividades de standardização



**KEEP
CALM
AND
GOOD
LUCK**

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