

European Commission

HORIZONTE 2020

"Saúde, alterações demográficas e bem-estar"– Overview e prioridades para 2017

Jonathan Rodrigues Project Officer DG Research and Innovation

HORIZON 2020



What is Horizon 2020

- Biggest EU R&I programme ever
- A single programme
- About €80 billion
- Available funding from 2014 to 2020
- Simplified access
- More opportunities for SMEs
- Coupling research to innovation
- Focus on societal challenges



Horizon 2020 supports the Commission priorities

The 3 O's

Open Innovation,

Open Science,

Open to the World



Carlos Moedas, Commissioner for Research, Science and Innovation



Research and innovation is a growing priority for EU



Horizon 2020: Three pillars

Excellent science

Industrial leadership

Societal challenges

- SC1 Health (€7.4b)
- SC2 Food & bioeconomy
- SC3 Energy
- SC4 Transport
- SC5 Environment
- SC6 EU in the world
- SC7 Security

Health research in Horizon 2020





Health research in Horizon 2020





Health research in Horizon 2020







Collaborative research in the SC1?

- Proposals selected via competitive, peer-review process
- Funding rate: 100% in most cases
- Eligibility: Minimum 3 partners from EU or associated countries
- Time to contract: 8 months (from call deadline to contract)
- Annually ~100 new projects funded



Participations per organisation type under SC1





Timeframe of the SC1





Calls and proposals under SC1

- Greater emphasis on impact, through 'Expected impact statements'
 - Applicants asked to explain how work will bring about described impacts
- Proposals may bring together different disciplines, sectors and actors to tackle specific challenges
 - e.g. scientists, industry, SMEs, societal partners, end-users...
- More emphasis on innovation
 - Emphasis on activities operating close to end-users and the market, e.g. demonstration, piloting or proof-of-concept
 - Include support to social innovation, and support to demand-side approaches (standardisation, innovation procurement, user-centred measures ...) to help accelerate the deployment and diffusion of innovative products and services into market



Timeframe of the SC1





EN

Horizon 2020

Work Programme 2016 - 2017

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and

1. General Introduction

Important notice on the second Horizon 2020 Work Programme

This Work Programme covers 2016 and 2017. The parts of the Work Programme that relate to 2017 are provided at this stage on an indicative basis. Such Work Programme parts will be decided during 2016.

(European Commission Decision C (2015)6776 of 13 October 2015)

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- 2. Future and Emerging Technologies
- Marie Skłodowska-Curie actions
- 4. European research infrastructures (including eInfrastructures) Industrial leadership
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 - Introduction to LEITs
 - i. Information and communication technologies
 - ii. Nanotechnologies, Advanced materials, Advanced manufacturing and processing, Biotechnology
 - iii. Space

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- Access to risk finance
- 7. Innovation in small and medium-sized enterprises Societal challenges
- 8. Health, demographic change and wellbeing
- 9. Food security, sustainable agriculture and forestry, marine and maritime and inland water research and the bioeconomy
- 10. Secure, clean and efficient energy
- 11. Smart, green and integrated transport
- 12. Climate action, environment, resource efficiency and raw materials
- 13. Europe in a changing world inclusive, innovative and reflective Societies
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- 7. Innovation in small and medium-sized enterprises

Societal challenges

- Health, demographic change and wellbeing
 Food security, sustainable agriculture and forestry, marine and maritime and inland water research and the bioeconomy
 Secure, clean and efficient energy
 Smart, green and integrated transport
 Climate action, environment, resource efficiency and raw materials
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5. European registry for human embryonic stem cell lines	
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SC1 Work Programme 2016-17 in brief

Call 'Personalised Medicine'

21 topics: 11 in 2017

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

Also includes 'coordination activities' 15 topics: 3 in 2017 'SME Instrument' 2 topics: continuously open 'InnovFin Infectious Diseases' 'Horizon Prize - Birth Day' € 935 million



Main research priorities for 2016-2017



Personalised medicine

Promoting healthy ageing

Health ICT





Human biomonitoring





Infectious Diseases InnovFin

Maternal and child health



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Consumer Programme	Secure, clean and efficient	t energy	=
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Justice Programme		· · · -	
Promotion of Agricultural Products	Status 💟 Calls with forthcoming	topics 🛛 Calls with open topics	Calls with only closed topics
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	Publication date:14 October 2015	Publication date:14 October 2015	Publication date:14 October 2015
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	Publication date: 14 October 2015	Publication date: 26 February 2015	

In addition to the search facilities, the full list of H2020 Calls can be found here.

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		managing your gra	ant.						

- 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

The conditions related to this topic are provided at the end of this call and in the General Annexes.

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

<u>Specific Challenge</u>: Effective health care and prevention may be improved by additional evidence as to the most effective health interventions. Growing numbers of patients affected by chronic diseases also call for efficiently managing co-morbidities.

Scope: Proposals should compare the use of currently available preventative or therapeutic (pharmacological as well as non-pharmacological) healthcare interventions in adults¹⁹. While there is no restriction on the diseases or interventions to be the focus of proposals, preference will be given to proposals focusing on interventions with high public health relevance and socio-economic impact, i.e. interventions addressing conditions that are particularly frequent, may lead to co-morbidities, have a high negative impact on the quality of life of the individual and/or are associated with significant costs or where savings can be achieved. A cost effectiveness analysis must be included. Given the focus on existing interventions, proposals will aim to contribute to improve interventions, take decisions about the discontinuation of interventions that are less effective or less cost-effective than others, and make recommendations on the most effective and cost-effective approaches. A comprehensive array of clinical and safety parameters, as well as health and socio-economic outcomes (e.g. quality of life, patient mortality, morbidity, costs, and performance of the health systems) for chosen populations should be assessed. Agreed core outcome sets (COS) should be used as endpoints in conditions where they already exist, in other cases efforts should be made to agree on such COS. Randomised controlled trials, pragmatic trials, observational studies, large scale databases and meta-analyses may be considered for this topic. Where relevant the study population should address gender as well as socio-economic differentials in health and/or any other factors that affect health equity.

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: This topic is to provide the required evidence base for:

- more effective and safer interventions at individual and population level;
- enhanced compliance with healthcare interventions in the adult population;
- · the use of health technology assessment methodology in this target group.

In particular:

- Improvement of individual patient outcomes and health outcome predictability through tailoring of interventions.
- Improvement of guideline development for prevention or treatment of diseases and the management of comorbidities.
- · Provision of more accurate information to patients, caregivers and prescribers.

Type of Action: Research and Innovation action

The conditions related to this topic are provided at the end of this call and in the General Annexes.

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

Specific Challenge: Translating basic knowledge on regenerative medicine into the clinic is often delayed by the difficulty of undertaking "first in man" studies and carrying out the specific research needed for proving safety and efficacy of new treatments as well as reproducibility of their therapeutic effect. Moreover, financing for these steps in the new therapeutic field of regenerative medicine is particularly scarce, due to lack of established business and regulatory models. The challenge is to overcome these hurdles to in-patient research and to determine the potential of new regenerative therapies.

<u>Scope</u>: Proposals should target regenerative medicine therapies which are ready for clinical (in-patient) research and should focus on one specific clinical phase of work. Any stage of clinical work (e.g., first in man, late stage trial, observational study) may be proposed though later stages are preferred; clinical work should represent the core of the proposal. To justify the clinical work proposed, phase I proposals must present appropriate preclinical and toxicology data, and later phase proposals must present appropriate preliminary results.

Proposals should include authorization to conduct clinical trials and ethical approvals or provide evidence of regulatory engagement and that such approval is close. Preference will be given to proposals which are closest to having approvals in place for clinical work to start. Since the objective is to test new regenerative therapies, proposals may address any disease or condition but a justification for the choice must be provided. Proposers should also justify why the therapy proposed is regenerative and how it represents a new approach compared to any existing treatment. Sex and gender differences should be investigated, where relevant. To

¹⁹ Screening and / or the involvement of elderly populations are not excluded.

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		managing your gra	ant.						



ESEARCH & INNOVATION

SC1-PM-14-2016 - RIA Research and Innovation action	5,000,000		single-stage	20 October 2015	07 June 2016	1
SC1-PM-22-2016 - RIA Research and Innovation action	10,000,000		single-stage	15 March 2016	28 April 2016	
SC1-PM-08-2017 - RIA Research and Innovation action		60,000,000	two-stage	29 July 2016	04 October 2016 11 April 2017	
SC1-PM-02-2017 - RIA Research and Innovation action		40,000,000	two-stage	29 July 2016	04 October 2016 11 April 2017	
SC1-PM-10-2017 - RIA Research and Innovation action		40,000,000	two-stage	29 July 2016	04 October 2016 11 April 2017	
SC1-PM-07-2017 - RIA Research and Innovation action		20,000,000	two-stage	29 July 2016	04 October 2016 11 April 2017	
SC1-HCO-07-2017 - RIA Research and Innovation action		24,000,000	single-stage	29 July 2016	11 April 2017	
SC1-HCO-08-2017 - CSA Coordination and support action		1,000,000	single-stage	29 July 2016	11 April 2017	
SC1-PM-03-2017 - RIA Research and Innovation action		15,000,000	single-stage	29 July 2016	11 April 2017	
SC1-PM-20-2017 - RIA Research and Innovation action		9,000,000	single-stage	29 July 2016	11 April 2017	
SC1-HCO-03-2017 - ERA-NET-Cofund ERA-NET Cofund		5,000,000	single-stage	29 July 2016	11 April 2017	
SC1-PM-16-2017 - RIA Research and Innovation action		19,000,000	single-stage	08 November	14 March 2017	

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Effective health care and prevention may be improved by additional evidence as to the most effective health interventions. Growing numbers of patients affected by chronic diseases also	
Topic conditions and documents	+ More
Please read carefully all provisions below before the preparation of your application.	
Submission Service	
The submission system is planned to be opened on the date stated on the topic header.	
Get support	+ More
H2020 Online Manual your online guide on the procedures from proposal submission to managing your grant.	



How to apply to a topic?

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SC1-HCO-01-2016: Valorisation of FP7 Health and H2020 SC1 research resul	ts
SC1-HCO-02-2016: Standardisation of pre-analytical and analytical procedure	s for in vit
diagnostics in personalised medicine	
SC1-HCO-03-2017: Implementing the Strategic Research Agenda on Personal	ised
Medicine	
SC1-HCO-04-2016: Towards globalisation of the Joint Programming Initiative	
Antimicrobial resistance	
SC1-HCO-05-2016: Coordinating personalised medicine research	
SC1-HCO-06-2016: Towards an ERA-NET for building sustainable and resilie	
system models	
SC1-HCO-07-2017: Global Alliance for Chronic Diseases (GACD)	
SC1-HCO-08-2017: Actions to bridge the divide in European health research a	
innovation	
SC1-HCO-10-2016: Support for Europe's leading Health ICT SMEs	
SC1-HCO-11-2016: Coordinated action to support the recognition of Silver Ec	
opportunities arising from demographic change	
SC1-HCO-12-2016: Digital health literacy	
SC1-HCO-13-2016: Healthcare Workforce IT skills	
SC1-HCO-14-2016: EU-US interoperability roadmap	
SC1-HCO-15-2016: EU eHealth Interoperability conformity assessment	
SC1-HCO-16-2016: Standardisation needs in the field of ICT for Active and H	
Ageing	
Conditions for the Call - Personalised Medicine	
Fast Track to Innovation Pilot	
SME instrument	
Other actions	
1. Subscription fee: Human Frontier Science Programme Organisation	
2. InnovFin Infectious Diseases (InnovFin ID) Pilot	
3. First interim evaluation of the EDCTP2 programme	
4. First interim evaluation of the IMI2 programme	



How to create a consortium?

At least three legal entities. Each of the three must be established in a different EU Member State or Horizon 2020 associated country. All three legal entities must be independent

of each other.



Countries eligible for funding

- ✓ EU Member States
- ✓ Associated countries (15 countries)
- ✓ 'Developing countries' (more than 130 countries)
- ✓ The US are entitled for funding in SC1
- X Industrialised countries and emerging economies are not automatically funded

Some countries (China, Japan, Republic of Korea, Mexico, Russia, Switzerland, Taiwan) have put in place a co-funding mechanism to support their participants

http://ec.europa.eu/research/participants/docs/h2020-fundingguide/cross-cutting-issues/international-cooperation_en.htm



How to fill in the forms

The administrative forms must be filled in for each proposal using the templates available in the submission system. Some data fields in the administrative forms are pre-filled based on the previous steps in the submission wizard.



Clinical studies under Horizon 2020

A <u>clinical study</u> is ... <u>any</u> clinical research involving a substantial amount of work related to the observation of, data collection from, or diagnostic or therapeutic intervention on multiple or individual patients/subjects. It includes but is not limited to clinical trials in the sense of the EU Clinical Trials Directive (2001/20/EC).



Template for clinical studies in SC1

- Providing structured information to experts for evaluation
- Giving applicants the chance to provide detailed information about clinical studies without page limitations
- The template is not an eligibility criteria.
- Available under 'call documents' and in submission system

http://ec.europa.eu/research/participants/portal/doc/call/h2020/h2020phc-2015-single-stage_rtd/1632634essential_information_for_clinical_studies_2015callsv3_01122014_en.pdf



Cross-cutting issues integrated in the Work Programme

- Social Sciences and Humanities (SSH) should be integrated across all Horizon 2020 activities/projects (e.g. economics, statistics, psychology, anthropology and behavioural science)
- Gender dimension in the content of R&I question on the relevance of sex/gender analysis is included in proposal templates


SSH inclusion - Example

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

Scope: Proposals should develop population-oriented primary prevention¹⁵ interventions to

interventions should build on but may go beyond existing state-of-the art knowledge on biological, psychological and social determinants of mental well-being such as societal, cultural, work life, lifestyle, epidemiological, economic and environmental perspectives. The

considered. The interventions should use a holistic approach, taking gender and health inequality aspects into account, in increasing resilience and empowering the young. The interventions to be developed should reflect the diversity of the different countries and regions in Europe and beyond. The research should pay particular attention to ethical issues. The

Expected Impact: Short or medium term impact, likely during the lifetime of the project:

- Improved mental well-being in the targeted group of young people.
- The innovative interventions will create a strong evidence base for mental well-being promotion programmes in Europe, contributing to greater health equity and improved societal benefits.

Longer term impact, likely beyond the lifetime of the project:

 Improved mental well-being in youth should contribute to reducing school and college/university dropout in the short term, strengthening personal confidence and cognitive function, improving educational efforts and enhancing employability.



Gender inclusion - Example

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

<u>Scope</u>: Proposals should compare the use of currently available preventative or therapeutic (pharmacological as well as non-pharmacological) healthcare interventions in adults¹⁹. While

databases and meta-analyses may be considered for this topic. Where relevant the study population should address gender as well as socio-economic differentials in health and/or any other factors that affect health equity.

SC1-PM-09-2016: New therapies for chronic diseases

<u>Scope</u>: 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. Kare diseases and regenerative medicine are not within the scope of this topic^{17,18}.

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.

(A-Z) Sitemap About this site Contact Legal Notice Search English ▼	-
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articipant Portal	
TUNITIES HOW TO PARTICIPATE EXPERTS SUPPORT * Search PP Q	-
TOPIC : Comparing the effectiveness of existing healthcare interventions	
Topic identifier: SC1-PM-10-201	
DeadlineModel: two-stage Deadline: 04 October 2016 17:00:00	
date: 2nd stage Deadline: 11 April 2017 17:00:00	
Time Zone : (Brussels time)	
Pillar: Societal Challenges	
Work Programme Part: Health, demographic change and well-being Call : H2020-SC1-2016-2017 Call budget overview	
Topic Description + More	
Specific Challenge:	
Effective health care and prevention may be improved by additional evidence as to the most	
enective health interventions. Growing numbers of battents anected by chronic diseases also	
Topic conditions and documents + More	
Please read carefully all provisions below before the preparation of your application.	
Submission Service	
The submission system is planned to be opened on the date stated on the topic header.	
Get support + More	
H2020 Online Manual your online guide on the procedures from proposal submission to managing your grant.	
	ESEARCH & INNOVATION and a second se



Deadline Model

Single stage procedure



Two stage procedure





Deadline Model

- 2016: single stage procedure only
- 2017: mostly single stage procedure and 4 topics on two stage procedure
 - ✓ SC1-PM-02-2017
 - ✓ SC1-PM-07-2017
 - ✓ SC1-PM-08-2017
 - ✓ SC1-PM-10-2017



Evaluation process





... performed by <u>independent</u> experts working in <u>confidentiality</u> and <u>free of conflicts of interest</u>.



Join the database of independent experts for European R&I



the programmes listed in the 'Programme Selection' section.

Take a look at the most recently funded projects.

Business innovation coaches support SMEs funded via the SME instrument. An expression of interest for experts



Evaluation criteria

Excellence	 Clarity and pertinence of the objectives Soundness of the concept, and credibility of the proposed methodology Extent that proposed work is beyond the state of the art, and demonstrates innovation potential (e.g. ground-breaking objectives, novel concepts and approaches, new products, services or business and organisational models) Appropriate consideration of interdisciplinary approaches and , where relevant, use of stakeholder knowledge. 	
Impact	 The expected impacts listed in the work programme under the relevant topic Any substantial impacts not mentioned in the WP, that would enhance innovation capacity; create new market opportunities, strengthen competitiveness and growth of companies, address issues related to climate change or the environment, or bring other important benefits for society Quality of proposed measures to exploit and disseminate project results (including IPR, manage data research where relevant); communicate the project activities to different target audiences (n/a SME Phase 1) 	3
Implementation	 Quality and effectiveness of the work plan, including extent to which resources assigned in work packages are in line with objectives/deliverables Appropriateness of management structures and procedures, including risk and innovation management Complementarity of the participants which the consortium as a whole brings together expertise Appropriateness of allocation of tasks, ensuring that al participants have a valid role and adequate resources in the project to fulfill that role 	



Interpretation of the scores

The proposal fails to address the criterion or cannot be assessed due to missing or incomplete information.

0

1

2

3

4

5

Poor. The criterion is inadequately addressed, or there are serious inherent weaknesses.

Fair. The proposal broadly addresses the criterion, but there are significant weaknesses.

Good. The proposal addresses the criterion well, but a number of shortcomings are present.

Very Good. The proposal addresses the criterion very well, but a small number of *shortcomings are present.*

Excellent. The proposal successfully addresses all relevant aspects of the criterion. *Any* shortcomings are minor.



Let's summarise

1. Work programme



EN

Horizon 2020

Work Programme 2016 - 2017

8. Health, demographic change and well-being

Important notice on the second Horizon 2020 Work Programme

This Work Programme covers 2016 and 2017. The parts of the Work Programme that relate to 2017 are provided at this stage on an indicative basis. Such Work Programme parts will be decided during 2016.

2. Research topics

PHC 2 – 2015: Understanding diseases: system <u>Specific challenge:</u> The development of new improved understanding of the often very cor (bio) medicine approaches have the potential to t of a variety of biological and medical research da collaborative approach is required to assemble the biology, medicine, mathematics, computational t medicine approaches.

<u>Scopc:</u> Proposals should focus on new avenues phenotypes in multifactorial diseases and/or development/optimisation and/or application of s of biomedical and clinical data to produce or refi computational and mathematical approaches. Th validated in well-<u>phenotyped</u> patient cohorts, tak potential thoroughly investigated.

The Commission considers that proposals reques EUR 4 and 6 million would allow this speci Nonetheless, this does not preclude submission amounts.

Expected impact: This will provide:

- Leverage of existing investments in Eur
- New directions for better disease detecti
- Systems medicine tools and approaches t which represent an improvement over e

Type of action: Research and Innovation action

3. Project Proposals





Let's summarise

4. Submission ends at call deadline

5. Peer review evaluations of project proposals

6. Only the very best projects are funded!







Health research in Horizon 2020







SME Instrument

H2020:~€3 billion

- SC1 Health: ~€500m Piloted by the Health Directorate in 2012/13
- Single company support possible
- Target group: Innovative SMEs
- Only EU SMEs allowed to apply for funding
- Competitive, market-oriented, EU dimension
- Several cut-off dates i.e. submission deadlines per year



SME Instrument





SME Instrument in SC1 Work Programme 2016 -2017

2 topics continuously open in 2016 & 2017:

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

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



Stay connected

- Horizon 2020 Societal Challenge 1
 <u>website</u>
- Participant portal: <u>All H2020 calls</u> and topics
- Search topics by keywords <u>use</u> <u>the search engine of the</u> <u>Participant Portal</u>
- Find partners: register to Fit for Health
- Support & advice about Horizon 2020: <u>NCPs</u>
- Find EU-funded project: <u>Cordis</u>





HORIZON 2020

Obrigado pela vossa atenção

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HORIZON 2020