

EU4Health Programme (EU4H)

Call for proposals

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CALL FOR PROPOSALS

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0. Introduction

This is a call for proposals for EU **action grants** in the field of health promotion and disease prevention, cancer, cardiovascular and other non-communicable diseases, health systems and healthcare workforce, digital, other activities under the **EU4Health Programme (EU4H)**.

The regulatory framework for this EU Funding Programme is set out in:

- Regulation 2024/2509 (EU Financial Regulation)[1]
- the basic act (EU4H Programme Regulation 2021/522[2]).

The call is launched in accordance with the 2026 Work Programme[3] and will be managed by the **European Health and Digital Executive Agency, (HaDEA)** ('Agency').

The call covers the following **topics**:

1. **EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09**
2. **EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10**
3. **EU4H-2027-SANTE-01-PJ-03 — Call for proposals to support dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer (DG SANTE) - CR/CV&NCD-g-26-13**
4. **EU4H-2027-SANTE-01-PJ-04 — Call for proposals to support the continued implementation and sustainability of the inter-specialty cancer training programme (DG SANTE) - CR/CV&NCD-g-26-14**
5. **EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15**
6. **EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16**
7. **EU4H-2027-SANTE-01-PJ-07 — Call for proposals for European Health Data Space Readiness Package for secondary use of health data (DG SANTE) - DI-g-26-23**

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1 Regulation (EU, Euratom) 2024/2509 of the European Parliament and of the Council of 23 September 2024 on the financial rules applicable to the general budget of the Union (recast) ('EU Financial Regulation') (OJ L, 2024/2509, 26.9.2024).

2 Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027 (OJ L107 of 26 March 2021).

3 Commission Implementing Decision C(2026) 7403 final of 19 October 2026 concerning the adoption of the work programme for 2026 and the financing decision for the implementation of the EU4Health Programme.

8. **EU4H-2027-SANTE-01-PJ-08 — Call for proposals for Artificial Intelligence for smart European Health Data Space compliance support (DG SANTE) - DI-g-26-24**

9. **EU4H-2027-SANTE-01-PJ-09 — Call for proposals for advancing Artificial Intelligence in healthcare through local performance assessment (DG SANTE) - DI-g-26-25**

10. **EU4H-2027-SANTE-01-PJ-10 — Call for proposals for designing the ecosystem for multimodal Artificial Intelligence driven prevention and early detection of neurodegenerative diseases (DG SANTE) - DI-g-26-26**

11. **EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27**

Each project application under the call must address only one of these topics. Applicants wishing to apply for more than one topic, must submit a separate proposal under each topic.

We invite you to read the **call documentation** carefully, and in particular this Call document, the Model Grant Agreement, the EU Funding & Tenders Portal Online Manual and the EU Grants AGA — Annotated Grant Agreement.

These documents provide clarifications and answers to questions you may have when preparing your application:

12. the Call document outlines the:

    - background, objectives, scope, activities that can be funded and the expected results (sections 1 and 2)
    - timetable and available budget (sections 3 and 4)
    - admissibility and eligibility conditions (including mandatory documents; sections 5 and 6)
    - criteria for financial and operational capacity and exclusion (section 7)
    - evaluation and award procedure (section 8)
    - award criteria (section 9)
    - legal and financial set-up of the Grant Agreements (section 10)
    - how to submit an application (section 11)

13. the Online Manual outlines the:

    - procedures to register and submit proposals online via the EU Funding & Tenders Portal ('Portal')
    - recommendations for the preparation of the application

14. the AGA — Annotated Grant Agreement contains:

    - detailed annotations on all the provisions in the Grant Agreement you will have to sign in order to obtain the grant *(including cost eligibility, payment schedule, accessory obligations, etc)*.

1. Background

EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09

President von der Leyen's political guidelines[4] and her mission letter[5] to the Commissioner for Health and Animal Welfare call for the Commission to step up its work on preventive health, particularly for cardiovascular diseases. This echoes the firm recognition and call for action to tackle this public health challenge by the Council of the European Union[6], the European Parliament and stakeholders.

Cardiovascular diseases are the leading cause of death in the EU, claiming 1.7 million lives each year. They also contribute significantly to disability, early retirement, and absenteeism, which lowers the quality of life and reduces life expectancy. These diseases cost the EU over EUR 282 billion annually due to decreased productivity and economic output[7].

People with intellectual and developmental disabilities experience significant health inequalities that begin early in life and often persist into adulthood. A joint report by the World Health Organization and UNICEF published on 15 September 2023[8], highlights consistent evidence of poorer health outcomes, unmet healthcare needs and reduced access to quality care.

The Safe Hearts Plan addresses the key challenges across the EU related to cardiovascular-health, focusing on the special needs of vulnerable population groups, such as people with intellectual and developmental disabilities.

Health inequalities affecting people with intellectual and developmental disabilities extend into adulthood, increasing their risk of non-communicable diseases, in particular cardiovascular diseases, as well as related risk factors such as diabetes and obesity[9,10].

In this context, improving early detection, follow-up and prevention for people with intellectual and developmental disabilities is directly relevant to the objectives of the Safe Hearts Plan. Targeted action supports the cross-cutting theme of reaching every citizen by addressing the barriers that prevent this population from benefiting from cardiovascular prevention measures.

The action will build synergies with other Union programmes to enhance coherence and avoid duplication. It will complement Erasmus+, in particular Erasmus+ Sport, by building on results and good practices from projects promoting health through sport and physical activity for people with disabilities The activity should also seek synergies with relevant research and innovation projects funded by Horizon Europe addressing disabilities[11]. The action will align

[4] POLITICAL GUIDELINES FOR THE NEXT EUROPEAN COMMISSION 2024–2029.
[5] Mission Letter Commissioner-designate for Health and Animal Welfare.
[6] In December 2024 the Council adopted Council Conclusions on the improvement of cardiovascular health in the European Union.
[7] Cardiovascular health - Public Health - European Commission.
[8] Global report on children with developmental disabilities.
[9] Global report on children with developmental disabilities.
[10] High prevalence of diabetes mellitus, hypertension and obesity among persons with a recorded diagnosis of intellectual disability or autism spectrum disorder – PubMed.
[11] For example, the call under Horizon Europe Work Programme 2025: HORIZON-HLTH-2025-03-STAYHLTH-01: Improving the quality of life of persons with intellectual disabilities and their families.

with EU4Health priorities and the Safe Hearts Plan, by supporting inclusive approaches to prevention, early detection and care pathways.

This action implements the EU4Health Programme's general objective of strengthening health systems by improving their resilience and resource efficiency (Article 3, point (a) of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (a) and (g), of Regulation (EU) 2021/522.

EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10

President von der Leyen's political guidelines[12], Council Conclusions on promoting and protecting the mental health of children and adolescents in the digital era[13] and mission letters to Commissioner for Health and Animal Welfare[14] and Executive Vice-President for Tech Sovereignty, Security and Democracy[15] called for an EU-wide inquiry into the broader impacts of social media and excessive screen time on mental health and well-being, particularly for children and young people, in order to have an evidence-based debate on the issue.

The President of the European Commission, Ursula von der Leyen, also set up a Special Panel of experts to help develop a strong and practical European approach to keep children safe online. Announced in the 2025 State of the Union address, the Panel has brought together young people and experts from across the EU, including in health, neuroscience, psychology, computer science, child rights, and digital literacy.

The action will take into account the outcomes of the work of this Special Panel and will support broader EU mental health efforts, aligning with the ongoing work outlined in the Communication on a comprehensive approach to mental health[16].

This action will also ensure close alignment with ongoing Commission initiatives, for instance, that address the digital transition, youth empowerment, and safe online environments, as well as projects funded under the Horizon Europe Cluster 1[17] and Cluster 2[18].

Synergies will be developed through coordination with actions under the Digital Europe Programme, in particular the Better Internet for Kids (BIK) Strategy, the European Digital Education Hub, and broader efforts to strengthen digital awareness, online safety, and child protection in the digital sphere. The action will also contribute to the implementation of the Digital Principles Declaration.

In addition, there will be a focus on promoting youth participation, education, and wellbeing in digital environments. Links will be established with Erasmus+ and the European Education Area initiatives to disseminate findings, integrate mental health and digital wellbeing topics into educational settings, and engage young people directly through existing youth networks and dialogue platforms.

[12] Political Guidelines 2024-2029 | European Commission.
[13] Council conclusions on promoting and protecting the mental health of children and adolescents in the digital era.
[14] Mission letter to Commissioner Várhelyi.
[15] Mission letter to Executive Vice-President Virkkunen.
[16] A comprehensive approach to mental health - European Commission.
[17] Cluster 1 Health call topic on prevention of the harmful effects of using digital technologies on the mental health of children and young adults.
[18] Cluster 2 Health call topic on the impact of the use of digital tools outside school and for communication on educational outcomes and mental health.

This action implements the EU4Health Programme's general objective of strengthening health systems by improving their resilience and resource efficiency (Article 3, point (a) of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (a), (i) and (j), of Regulation (EU) 2021/522.

EU4H-2027-SANTE-01-PJ-03 — Call for proposals to support dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer (DG SANTE) - CR/CV&NCD-g-26-13

The Europe's Beating Cancer Plan aims to reduce the burden of cancer through prevention and improved health literacy, recognizing that approximately 40% of cancer cases in the EU can be prevented. By enhancing health literacy and providing accessible, understandable information on cancer prevention, the Plan seeks to reduce cancer-related disparities and promote a healthier population.

The European Code Against Cancer, first launched in 1987, provides evidence-based recommendations to help individuals reduce their risk of developing cancer. The 5th edition of the Code[19] has been updated to reflect the latest scientific evidence. The dissemination of the 5th edition of the Code is crucial to ensure that the latest scientific evidence is translated into action and that the public is aware of the steps they can take to reduce their risk of cancer. Improving knowledge of cancer risk factors among the most disadvantaged populations is important for reducing inequalities.

An EU Mobile App for Cancer Prevention has been developed as a tool to disseminate the Code's recommendations.

Many of the major risk factors for cancer are also risk factors for other non-communicable diseases (NCDs), such as cardiovascular health. The aforementioned actions thereby support a comprehensive approach to health promotion and prevention in line with the mission letter from Commission President von der Leyen to the Commissioner for Health and Animal Welfare.

There are also opportunities for synergies with corresponding prevention activities of the EU Cancer Mission[20].

This action supports the implementation of the Europe's Beating Cancer Plan flagship initiative and objective and implements the EU4Health Programme's general objective of improving and fostering health in the Union to reduce the burden of communicable and non-communicable diseases (Article 3, point (a), of Regulation (EU) 2021/522) through the specific objective defined in Article 4, point (a), of Regulation (EU) 2021/522.

EU4H-2027-SANTE-01-PJ-04 — Call for proposals to support the continued implementation and sustainability of the inter-specialty cancer training programme (DG SANTE) - CR/CV&NCD-g-26-14

Europe's Beating Cancer Plan, under the objective of ensuring high standards of care, recognises that high-quality cancer care depends on a well-trained and continuously supported workforce. To achieve this, the Plan commits to strengthening the cancer workforce through an inter-specialty cancer training programme.

[19] European Code Against Cancer | 14 ways to prevent cancer.
[20] Cancer mission objectives - Research and innovation - European Commission.

Traditionally, disciplines such as medical, surgical, and radiation oncology, pathology, and palliative care, are often trained in isolation. This siloed approach leads to fragmented care and ultimately poorer outcomes for patients. Inter-specialty oncology training addresses these gaps by fostering collaboration, upskilling healthcare professionals, and reducing regional disparities in access to high-quality cancer services.

The inter-speciality cancer training programme developed in previous projects (INTERACT-EUROPE[21] and INTERACT-EUROPE 100[22]) aims to ensure that oncologists, surgeons, radiologists, oncology nurses and related specialists can update their skills throughout their professional lives, including in situations where exceptional conditions may jeopardise the delivery of treatment and care. The programme consists of five courses (leadership, professional practice and scholarship, communication and collaboration, clinical expertise, health advocacy and survivorship) representing the expertise of different medical specialties involved in oncology care, and two add-on units (paediatric oncology and displaced persons).

The next challenge is to implement the programme in further cancer centres and ensure the sustainability of the programme. A follow up project will expand access in underserved regions where cancer care disparities remain, as well as to ensure that the skills and knowledge built during INTERACT-EUROPE 100 do not stop and a pathway for its sustainability is implemented.

By promoting cross-border training and information exchange, this action strengthens EU cancer centres and contributes to the implementation of the Cancer Plan's objective to ensure a high-quality cancer workforce and implements the EU4Health Programme's general objective of improving and fostering health in the Union to reduce the burden of communicable and non-communicable diseases (Article 3, point (a), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (a) and (i), of Regulation (EU) 2021/522. It also supports the Draghi Report on the future of European competitiveness[23] priorities of investing in workforce upskilling and increasing cohesion across Europe.

EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15

In the Union, 1.7 million lives are lost every year because of cardiovascular diseases, which are the leading cause of death in the EU[24]. They are also a significant cause of disability, premature retirement, and absenteeism, negatively impacting quality of life, shortening life expectancy and contributing to decreased productivity and economic output, costing the Union around EUR 282 billion annually[25].

Projections indicate a significant increase in cardiovascular disease prevalence and mortality by 2050, mainly due to the ageing population and other societal trends. Given this increasing impact of cardiovascular diseases on health systems

[21] INTERACT-EUROPE - Public Health - European Commission.
[22] INTERACT-EUROPE 100 - Public Health - European Commission.
[23] The future of European competitiveness, Part A | A competitiveness strategy for Europe and The future of European competitiveness, Part B | In-depth analysis and recommendations.
[24] Health at a Glance: Europe 2024 | OECD.
[25] Full Report: The State of Cardiovascular Health in the European Union | OECD.

and on individuals, a comprehensive and coordinated EU cardiovascular health plan: the Safe Hearts Plan[26] with impactful actions that have EU-added value could bring significant benefits.

President von der Leyen's political guidelines[27] and her mission letter[28] to the Commissioner for Health and Animal Welfare call for the Commission to step up its work on preventive health, particularly for cardiovascular diseases. This echoes the firm recognition and call for action to tackle this public health challenge by the Council of the European Union[29], the European Parliament[30] and stakeholders.

Building on ongoing actions under the 'Healthier together' initiative funded under the EU4Health Programme[31], and on relevant research and innovation actions funded under Horizon Europe[32] this action contributes to the EU cardiovascular health plan: the Safe Hearts Plan which aims to improve public health at both individual and societal level and to contribute to competitiveness and innovation, improving EU citizens' quality of life. The plan includes three key action areas with the most potential for EU-added value: prevention, early detection and screening, and management, care and rehabilitation. It also addresses the three horizontal themes of research and innovation, data and digitalisation, and health inequalities.

While prevention is key to reducing cardiovascular diseases, ensuring access to high-quality, coordinated, and patient-centred care is essential, especially for people living with multiple chronic conditions. Personalised treatment and care can improve quality of life and reduce costs, yet inequalities in access to effective care exist across Member States. Women face significant challenges in diagnosis and treatment, which calls for more awareness in care delivery. Moreover, digital tools can empower patients, enhance self-management, and improve care continuity, particularly in underserved areas. Therefore, supporting person-centred digital care models through EU guidance, and creating a European network of expertise would support better diagnosis, treatment, rehabilitation, and long-term management.

This action implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, point (a), (g), and (i), of Regulation (EU) 2021/522.

EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16

Primary care is crucial in supporting population health and addressing health crises. Robust primary care is a crucial component in health system reforms

[26] Cardiovascular health - Public Health - European Commission.
[27] Political guidelines for the next European Commission 2024–2029.
[28] Mission letter to the Commissioner for Health and Animal Welfare.
[29] In December 2024 the Council adopted Council Conclusions on the improvement of cardiovascular health in the European Union: https://data.consilium.europa.eu/doc/document/ST-15315-2024-INIT/en/pdf
[30] MEP Heart Group - The Members of the European Parliament Heart Group.
[31] The joint actions JACARDI and PreventNCD, and stakeholder-led projects.
[32] The European Partnership on transforming health and care systems (THCS) JTC 2026 - Access to Care EP PerMed Joint Transnational Call (JTC) 2026 - European Partnership for Personalised Medicine – EP PerMed Joint Transnational Calls of 2026, and the call HORIZON-HLTH-2026-01-DISEASE-11: Understanding of sex and/or gender-specific mechanisms of cardiovascular diseases: determinants, risk factors and pathways.

aimed at enhancing accessibility, effectiveness, and sustainability. This is particularly important in an era of increasing healthcare demand due to the rising prevalence of non-communicable diseases. Yet, most Member States experience shortages of health workers in primary care, limiting its capacity to respond to population needs.

Artificial intelligence (AI) has emerged as a pivotal means for transforming healthcare, including primary care. By streamlining documentation, aiding in diagnosis and clinical decision-making, automating routine tasks, and predicting patient needs, AI can bolster the efforts of health professionals and enhance patient outcomes. The current digital evolution provides an opportunity to support integrated care, interdisciplinary collaboration of health professionals and adapt to changing regulatory frameworks such as Regulation (EU) 2025/327 of the European Parliament and of the Council of 11 February 2025 on the European Health Data Space[33] (EHDS). The EHDS supports stronger primary care by enhancing the digital skills of health professionals and the digital literacy of patients, enabling more data-driven, efficient, and patient-centred care.

Leveraging the potential of AI to enhance the productivity of the health workforce and optimise the use of their skills is crucial to safeguarding and bolstering the role of primary care in health promotion and in prevention and management of non-communicable diseases. Despite its promising potential, the deployment of AI in primary care remains limited. There is a need for deployment-specific strategies tailored to the unique characteristics and challenges of primary care settings. This complements the work undertaken by the Apply AI Strategy[34].

This action implements the EU4Health Programme's general objective of strengthening health systems by improving their resilience and resource efficiency (Article 3, point (d), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (a), (f) and (g), of Regulation (EU) 2021/522.

EU4H-2027-SANTE-01-PJ-07 — Call for proposals for European Health Data Space Readiness Package for secondary use of health data (DG SANTE) - DI-g-26-23

One of the key pillars of Regulation (EU) 2025/327[35] of the European Parliament and of the Council ('EHDS Regulation') is to facilitate the secondary use of health data across Member States. This will be achieved through the establishment of Health Data Access Bodies ('HDABs'), connected to the HealthData@EU cross-border digital infrastructure to facilitate the secure, efficient, and cross-border access to health data for the purposes of research, innovation, health policy-making and regulatory activities. HDABs deploy minimum key digital business capabilities such as Data Access Application Management Systems ('DAAMS'), national dataset catalogues (nHDsC), Secure Processing Environments ('SPEs'), connectors to the infrastructure, cross-border gateways, opt-out mechanisms, and transparency tools.

The Commission has so far supported Member States in setting up HDABs, deploying the minimum digital business capabilities and capacity building. In parallel, the Commission is developing the HealthData@EU central platform,

[33] OJ L, 2025/327, 5.3.2025, ELI: http://data.europa.eu/eli/reg/2025/327/oj
[34] Apply AI Strategy.
[35] OJ L, 2025/327, 5.3.2025, ELI: http://data.europa.eu/eli/reg/2025/327/oj

including a suite of open-source components supporting these business capabilities. These modules — such as dataset catalogues, data quality and utility labels, or DAAMS — are now available for reuse by Member States and HDABs. The priority now is to enable their testing, adaptation, and coordinated deployment in a coherent and cost-effective manner.

Moreover, Member States had highlighted the need for a structured forum to exchange best practices on HDAB set-up and deployment, address issues early, co-create common procedures, and converge on practical solutions. To meet this need, in 2024, Member States initiated an EHDS Community of Practice ('CoP') bringing together HDABs and relevant competent authorities.

The TEHDAS2 Joint Action highlighted, in the draft guideline on a framework for collaboration[36], the relevance of the existing network of research infrastructures, collaborative initiatives, and domain-specific communities as a resource that the EHDS implementation process can draw upon and presented actionable recommendations towards a collaboration framework.

A reinforced action is therefore needed to avoid a risk of fragmentation and knowledge loss at the point when most Member States infrastructures will be coming live. The action should be directed at: supporting the testing of open-source components of the HealthData@EU platform; exchanging best practices and expertise to build capacity among Member States for technical implementation; organising training programmes, and promoting digital health literacy (Article 82, Article 83 and Article 84 of the EHDS Regulation).

This action implements the EU4Health Programme's general objective of strengthening health systems (Article 3, point (d), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (f), (h) and (i), of Regulation (EU) 2021/522.

EU4H-2027-SANTE-01-PJ-08 — Call for proposals for Artificial Intelligence for smart European Health Data Space compliance support (DG SANTE) - DI-g-26-24

Regulation (EU) 2025/327 of the European Parliament and of the Council[37] ('EHDS Regulation') aims to facilitate the secure, efficient, and cross-border access to electronic health data across Member States for primary categories of health data (such as ePrescriptions and Patient Summaries) and of secondary use of health data for research, innovation, health policy-making and regulatory activities.

Embedding the application of artificial intelligence ('AI') solutions in both clinical workflows and in the administrative processes of data holders and Health Data Access Bodies ('HDABs'), facilitates and accelerates stakeholders' compliance with the EHDS Regulation. On the one hand, AI can reduce administrative burden on health professionals and staff, freeing-up time for the provision of healthcare services and improving patient experience. On the other hand, AI solutions have the potential to improve data quality, interoperability and findability, accelerate and reinforce business processes and document flow, which also facilitate the work of data holder and HDABs.

[36] Draft guideline on a framework for collaboration.
[37] OJ L, 2025/327, 5.3.2025, ELI: http://data.europa.eu/eli/reg/2025/327/oj

As the EHDS Regulation will enter into application, a reinforced Commission action is needed to help EHDS stakeholders – health professionals, hospitals, HDABs, data users and other relevant actors – comply with their obligations under the EHDS Regulation in an efficient way, avoiding fragmentation, at the time when most Member States infrastructures will be coming live.

This action implements the EU4Health Programme's general objective of strengthening health systems (Article 3, point (d), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (f), (h) and (i), of Regulation (EU) 2021/522.

EU4H-2027-SANTE-01-PJ-09 — Call for proposals for advancing Artificial Intelligence in healthcare through local performance assessment (DG SANTE) - DI-g-26-25

Healthcare systems face unprecedented challenges, including rising demand due to an ageing population, increasing prevalence of chronic and complex conditions, rising costs, and shortages in the healthcare workforce. Following a Commission Study on the deployment of AI in healthcare[38], it is evident that European healthcare systems are and will be faced with significant challenges, raising concern over their long-term sustainability. For example, 40% of EU citizens aged 65 and above live with at least two chronic conditions. The proportion of the EU population aged 65 and above has increased from 16% in 2000 to over 21% in 2023, with projections indicating a further rise to nearly 30% by 2050.

Artificial intelligence (AI) is often seen as a transformative tool that can contribute to address these challenges. However, AI adoption in clinical practice remains limited. Regulatory and policy developments, including the framework for medical devices ('MDR')[39] and in vitro diagnostic medical devices ('IVDR')[40], the Artificial Intelligence Act ('AIA')[41], Regulation (EU) 2025/327 on European Health Data Space ('EHDS Regulation')[42] and the revised Product Liability Directive ('PLD')[43] aid in this direction, but deployment challenges persist. AI must be scaled responsibly to boost up innovation in the EU, deliver real benefits and build public and clinical trust.

In October 2025 the Commission launched the Apply AI Strategy[44] with comprehensive measures to boost the uptake of AI across strategic sectors including healthcare, and actions supporting the validation and deployment of AI in healthcare.

One of the key challenges is the variable real-world performance of AI systems across different healthcare settings. AI tools may not generalise well due to differences in patient populations, workflows, data quality, clinical guidelines and human behaviour, among others. As identified in the Commission Study on the deployment of AI in healthcare, the lack of local performance assessment protocols is a major obstacle. EU level regulatory validation performed as part of

[38] European Commission: Directorate-General for Health and Food Safety, EEIG, Open Evidence and PwC, Study on the deployment of AI in healthcare – Final report, Publications Office of the European Union, 2025, https://data.europa.eu/doi/10.2875/2169577
[39] OJ L 117, 5.5.2017, ELI: http://data.europa.eu/eli/reg/2017/745/oj
[40] OJ L 117, 5.5.2017, ELI: http://data.europa.eu/eli/reg/2017/746/oj
[41] OJ L, 2024/1689, 12.7.2024, ELI: http://data.europa.eu/eli/reg/2024/1689/oj
[42] OJ L, 2025/327, 5.3.2025, ELI: http://data.europa.eu/eli/reg/2025/327/oj
[43] OJ L, 2024/2853, 18.11.2024, ELI: http://data.europa.eu/eli/dir/2024/2853/oj
[44] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52025DC0723

the regulatory process ('AIA', 'MDR', 'IVDR' etc.) ensures baseline safety and performance that would be confirmed with localised evaluation in diverse clinical settings. Addressing this gap is essential to advance trust, innovation and effective deployment of AI in healthcare.

This action implements the EU4Health Programme's general objective of strengthening health systems (Article 3, point (d), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (f), (g) and (h), of Regulation (EU) 2021/522. Moreover, this action will build on the results, in particular the considerations on local performance assessment, from the COMPASS-AI project, co-funded under the EU4Health Programme and establish synergies with the projects funded under DIGITAL programme under DIGITAL-2026-AI-09- SOLUTIONS-CANCER-STEP and DIGITAL-2026-AI-PILOTING-10-SCREENING. in the context of the Apply AI flagship action on the European network of AI-powered advanced screening centres[45].

EU4H-2027-SANTE-01-PJ-10 — Call for proposals for designing the ecosystem for multimodal Artificial Intelligence driven prevention and early detection of neurodegenerative diseases (DG SANTE) - DI-g-26-26

Neurodegenerative diseases are among Europe's most pressing and costly health challenges. For example, as regards dementia, the number of people with the disease in Europe will almost double by 2050 increasing to 14 298 671 in the Union and 18 846 826 in the wider European region[46]. The economic impact is equally overwhelming: in 2019, the total societal cost of dementia in Europe was estimated at EUR 392 billion. In the absence of major changes advances in the risk prediction, early detection, prevention and treatment, both societal and economic costs are projected to rise sharply[47].

While artificial intelligence ('AI') holds transformative potential for identifying subtle early markers of disease, current efforts are fragmented and largely focused on application development or retrospective analysis. Critically, there are gaps in the clinical, scientific, and ethical ecosystem required to make AI-based neurogenerative risk prediction and early detection trustworthy, actionable and aligned with public health needs.

The Union is uniquely positioned to lead in this space through strategic initiatives such as the European Partnership for Brain Health ('EP BrainHealth')[48], Europe's Digital Infrastructure for Brain Research ('eBRAINS')[49], Regulation (EU) 2025/327 of the European Parliament and of the Council ('EHDS Regulation')[50], the 1+ Million Genomes Initiative ('1+MG')[51] and in complementarity with existing projects such as AI-Mind[52]. These efforts will provide unprecedented access to multimodal data, ranging from imaging and genomics to wearables and lifestyle metrics, but we need to build a unifying framework for translating AI neurogenerative risk predictions into meaningful actions. This project addresses that gap.

[45] https://digital-strategy.ec.europa.eu/en/policies/ai-screening-centres
[46] Prevalence of dementia in Europe | Alzheimer Europe.
[47] future-proofing-the-ad-healthcare-journey.pdf
[48] Strengthening brain health research - EP BrainHealth.
[49] EBRAINS RI - Europe's Digital Infrastructure for Brain Research.
[50] OJ L, 2025/327, 5.3.2025, ELI: http://data.europa.eu/eli/reg/2025/327/oj
[51] European '1+ Million Genomes' initiative | Shaping Europe's digital future.
[52] EU Funding & Tenders Portal.

This action implements the EU4Health Programme's general objective of strengthening health systems (Article 3, point (d), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (f), (g) and (h), of Regulation (EU) 2021/522.

EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27

The work programme will support the organisation of Union-wide conferences which will meet the objectives of Regulation (EU) 2021/522.

There is a need to timely identify upcoming health challenges and involve a broad range of stakeholders such as citizens, patients, practitioners, scientists, policy makers from local, regional, and Union level, in finding possible solutions and alternative ways to address such health challenges; to provide information to individuals for preventing and responding to diseases; to join efforts with the beneficiaries of the Union funds to inform and communicate about the actions implementing the EU4Health Programme and the results obtained.

One of the ways to achieve this is by reaching out to the public and all relevant stakeholders in high level science-policy-society events that provide the optimal forum to facilitate the exchange of ideas and the development of feasible solutions.

The action will support the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, points (a) to (d), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (a) to (j), of Regulation (EU) 2021/522.

2. Objectives — Themes and priorities — Activities that can be funded — Expected impact

EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09

Objectives (linked to general and specific objectives of the programme)

The objective of this action is to contribute to reducing health inequalities affecting people with intellectual and developmental disabilities by improving access to inclusive, preventive and person-centred health services, with a specific focus on the early detection and management of cardiovascular disease risk factors, in line with the Safe Hearts Plan.

The action will address gaps in prevention, early identification and follow-up of preventable and treatable conditions that disproportionately affect people with intellectual and developmental disabilities, while strengthening health system capacity to deliver inclusive care across the life course.

Activities that can be funded (scope)

The scope of the action covers children, young people and adults with intellectual and developmental disabilities, as well as healthcare professionals. Activities will be

implemented at EU level, with targeted support in selected Member States, and will be complementary to national policies and initiatives.

Key activities will include:

- the design of tools to enable free and accessible health screenings tailored to the needs of people with intellectual and developmental disabilities, with a focus on cardiovascular risk factors and related non-communicable diseases;
- the development and delivery of training activities for healthcare professionals and community health workers to strengthen skills in inclusive, person-centred and preventive care;
- targeted programmes supporting early development and inclusion of young children with intellectual and developmental disabilities;
- health system assessments in selected Member States, followed by practical inclusion plans and targeted technical support to improve access to preventive care;
- coordination with a corresponding Erasmus+ Sport action to promote physical activity and healthy lifestyles among people with intellectual and developmental disabilities.

Specific action-level indicators for reporting purposes

- Number of screening and training tools adapted to the target group
- Number of training activities delivered
- Number of health professionals and community health workers enrolled in the training activities
- Number of health assessment reports developed
- Number of targeted programmes supporting early development and the inclusion of young children with intellectual and developmental disabilities

Expected impact (including EU added value, expected outputs and results)

The action is expected to improve access to preventive health services for people with intellectual and developmental disabilities through tailored and accessible health screenings, leading to earlier identification and follow-up of cardiovascular risk factors and related non-communicable diseases. It will also strengthen the capacity of healthcare professionals and community health workers to deliver inclusive, person-centred and preventive care.

The action is expected to improve awareness among health authorities and service providers of the specific barriers faced by people with intellectual and developmental disabilities in accessing cardiovascular prevention and broader health services. Health system assessments and inclusion plans will support participating Member States in identifying gaps and opportunities for improvement within existing structures.

The action will build synergies with the Safe Hearts Plan and its related actions, including the flagship initiative on the incubator for innovation and integration of artificial intelligence and digital technologies in cardiovascular healthcare, by supporting inclusive approaches to early detection, prevention and care pathways and by helping ensure that emerging digital solutions are accessible and relevant for vulnerable population groups, including people with intellectual and developmental disabilities.

By promoting early detection, physical activity and healthier lifestyles, the action is expected to support better management of cardiovascular risk and contribute to reducing avoidable health inequalities. Overall, the action will support the implementation of the Safe Hearts Plan by advancing its objective of reaching every citizen and ensuring that cardiovascular prevention efforts better address the needs of vulnerable population groups.

Type of applicants targeted: Member States' public health authorities, academia and education establishments, research institutes, established networks in the field of public health, Civil Society Organisations, associations, foundations, NGOs, social media, press and journalist association.

EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10

Objectives (linked to general and specific objectives of the programme)

The proposed action will address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people, and taking into account the results of the Eurobarometer carried out as the first step under an EU-wide inquiry and the work of the Special Panel and other relevant EU initiatives.

Activities that can be funded (scope)

Activities:

1) **Capacity building:** Conduct workshops and training for researchers, educators/parents, health professionals, civil society actors, and health ministry representatives to enhance understanding and application of health and social media policies (this can include best and promising practices);

2) **Digital health awareness:** Co-create educational resources and community initiatives promoting safe social media use and mental well-being, with a focus on children and young people;

3) **Multi-stakeholder inquiry and collaboration:** Establish dialogue platforms connecting children and young people, academia, civil society, educators/parents, health professionals and Member States' officials to share best practices;

4) **Synergies with existing networks and projects:** Partner with existing projects and networks like the Child Participation Network to incorporate youth perspectives and align efforts with ongoing EU projects such as those funded under Horizon Europe or other EU programmes, and national initiatives.

Specific action-level indicators for reporting purposes

- Number of capacity building workshops
- Number of guides, policy briefs and toolkits developed
- Number of training modules and educational content developed
- Participation rates in the communication platform
- Number of impact and progress reports developed

Expected impact (including EU added value, expected outputs and results)

This action is expected to contribute to:

- knowledge and impacts: using insights from the action and the inquiry with stakeholders, including the work of the Special Panel;
- stronger stakeholder capacity: improved skills and collaboration to take forward health interventions linked to the impacts of social media and excessive screen time on mental health and wellbeing;
- enhanced digital health awareness: targeted and practical resources promoting safe social media use;
- ongoing collaboration: communication tools enabling continuous stakeholder dialogue;
- synergies with existing networks and projects: alignment with existing networks and projects to amplify youth engagement and impact.

Type of applicants targeted: Academia and education establishments, research institutes, established networks in the field of public health, Civil Society Organisations, in particular representing children and young people, associations, foundations, NGOs, social media, press and journalist association; health professional associations.

EU4H-2027-SANTE-01-PJ-03 — Call for proposals to support dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer (DG SANTE) - CR/CV&NCD-g-26-13

Objectives (linked to general and specific objectives of the programme)

The objective of this call is to support the dissemination of the 5th edition of the European Code Against Cancer to the general public, healthcare professionals, and other stakeholders to achieve the goal to make at least 80% of the population aware of the Code.

Activities that can be funded (scope)

The specific objectives and activities of this call are to:

- raise awareness of the European Code Against Cancer among the general public, including a social media campaign, to reach a wide audience but also focus on vulnerable and disadvantaged populations, and encourage the integration of the Code's recommendations into daily life, fostering healthy lifestyle choices;
- develop, promote and/or use educational materials (such as brochures, infographics, videos) to support the dissemination of the European Code Against Cancer and promote its adoption among the target audience;
- put into use the 'EU Mobile App for Cancer Prevention' (hosted on Azure) for dissemination of the European Code Against Cancer by putting it into production, hosting it, improving, maintaining, and disseminating it to the target audience, thereby ensuring its usability, technical functionality, and promotion among the general population;

- evaluate the level of awareness of the Code in the EU population, with the view of making at least 80% of the population aware of the Code.

Synergies with other relevant initiatives, such as the EU Cardiovascular Health Plan – the Safe Hearts Plan can be explored.

Specific action-level indicators for reporting purposes

- Educational materials produced
- Number of language versions of the educational materials produced, and number of Member States covered
- Number of dissemination actions organised, overall and targeted per vulnerable/disadvantaged populations
- Number of people reached, including vulnerable/disadvantaged populations
- Number of healthcare professionals/stakeholders reached
- Number of mobile app downloads and active users and users' satisfaction with the mobile app
- Baseline and final awareness level of the Code in the EU population

Expected impact (including EU added value, expected outputs and results)

The expected results and impact of this call include:

- increased awareness of the 5th edition of the European Code Against Cancer among the general public, healthcare professionals, and other stakeholders, with a focus on reducing inequalities in health literacy.
- development and implementation of effective dissemination strategies and contributing to a significant increase in awareness and adoption of the Code's recommendations.
- in the mid-term, contribution to the achievement of the Europe's Beating Cancer Plan's objective of making 80% of the population aware of the Code.
- in the long-term, a reduction in cancer incidence, as well as improved health outcomes for individuals at high risk of developing cancer, through the promotion of healthy lifestyle choices and the adoption of the Code's recommendations.

Type of applicants targeted: Public health authorities, international organisations, academia and education establishments, research institutes and research organisations, hospitals and healthcare providers, civil society organisations: associations, foundations, NGOs, enterprises, private entities, social media, press and journalist associations.

EU4H-2027-SANTE-01-PJ-04 — Call for proposals to support the continued implementation and sustainability of the inter-specialty cancer training programme (DG SANTE) - CR/CV&NCD-g-26-14

Objectives (linked to general and specific objectives of the programme)

The objective of this call is to scale up the implementation of the inter-specialty cancer training programme in EU cancer centres and ensure its long-term impact through the development and implementation of sustainability activities.

Activities that can be funded (scope)

The specific activities will include:

- Recruitment of 50 additional cancer centres beyond those that participated in the INTERACT-EUROPE 100 training programme, across at least 20 Member States and EU4Health associated countries, with a focus on remote areas, ultraperipheral EU regions, and those where cancer care disparities remain highest. Additional trainers and trainees should also be recruited from centres already involved in the previous project INTERACT-EUROPE 100, in order to maximise the number of healthcare professionals benefiting from the training in each centre.

- Implementation of the inter-specialty cancer training programme in these cancer centres. The training will be based on the curriculum developed in INTERACT-EUROPE and finalised in INTERACT-EUROPE 100, leveraging a combination of in-person events and a multilingual online platform, updated following participant feedback as part of the evaluation in the previous project. The programme is expected to train the cancer workforce from all the medical specialties involved in cancer care.

- Collaboration and ensuring full synergy with existing EU cancer actions, i.e. Networks of Expertise on cancer to disseminate the training programme, and the EU Network of Comprehensive Cancer Centres where the training programme can be rolled out.

- Building on results from EU4Health projects on professional education developing digital skills of oncologists, e.g. Transition, DigiCanTrain and explore synergies with the actions funded under Advanced Digital Skills (DIGITAL-2026-SKILLS-10) topic.

- Equity and inclusion dimension: prioritisation of cancer centres from regions with limited resources, as well as ensuring a gender balance in participants.

- Implementation of the sustainability recommendations of the Sustainability and Exploitation Plan from the previous project, to ensure that the benefits of the programme continue beyond the project's life cycle. This may involve a sustainability roadmap.

Specific action-level indicators for reporting purposes

- Number of participating trainers, trainees and cancer centres by country

- Number of healthcare professionals trained/who completed the training, with a breakdown for each medical specialty

- Number of persons who were trained/completed the training by gender

- Number of Member States and EU4H associated countries having participating centres

- Percentage of participating centres located in remote areas, ultraperipheral EU regions, and those where cancer care disparities remain highest
- Number of centres recruited through the Networks of Expertise on cancer or the EU Network of Comprehensive Cancer Centres
- Satisfaction rate of trainees and trainers.

Expected impact (including EU added value, expected outputs and results)

In the short term, the project will expand the programme to 50 additional cancer centres from 20+ Member States and third countries associated to the EU4Health programme, including remote, ultraperipheral, and underserved regions. This will increase the number of trainers and trainees with inter-specialty skills, strengthening collaboration between oncologists, surgeons, radiologists, pathologists, nurses, and palliative care professionals, among others, in multi- professional teams. A multilingual digital learning platform will ensure that training is inclusive and aligned with workforce needs.

In the mid-term, the action will contribute to a more skilled cancer workforce. Equity gaps will be reduced by including centres from resource-limited regions and ensuring gender balance in participation. The Train-the-Trainer model will ensure knowledge transfer by equipping trainers to implement the programme in their local hospitals. The strong focus on sustainability will ensure that results are long lasting.

The action will strengthen implementation of the Cancer Plan. The expected result is a real improvement in the quality of multidisciplinary team meetings in cancer centres. Although the call's focus is on healthcare professionals, its end goal is to improve the quality of care. Digital tools will allow for scalable and accessible training, with flexibility to reach less-resourced hospitals. This is particularly impactful where physical training opportunities may be limited or hard to access.

Type of applicants targeted: Public health authorities, international organisations, academia and education establishments, research institutes and research organisations, hospitals and healthcare providers, expert networks, incl. ERNs, established networks in the field of public health, civil society organisations, associations, foundations, NGOs.

EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15

Objectives (linked to general and specific objectives of the programme)

The proposed action addresses the need to reduce the burden of cardiovascular diseases across the EU through a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care.

This action aims to support capacity building at national level through collaboration among national authorities and stakeholders to address the burden from cardiovascular diseases, including through innovative, personalised and digital solutions. The aim is to support the development and piloting of an EU guidance on personalised, digitally enabled treatment and monitoring of cardiovascular diseases.

The action will support the implementation of the EU cardiovascular health plan: the Safe Hearts Plan with a focus on enhancing care pathways, improving health literacy,

and empowering patients, especially those in vulnerable groups and underserved areas, to take an active role in managing their health, including through digital solutions. It will support Member States in implementing the EU cardiovascular health plan – the Safe Hearts Plan with a coordinated approach for cardiovascular diseases treatment and care, integrating digital solutions to enable personalised, patient-centred solutions building on and taking into account the results of the EU4Health 2025 work programme flagship on cardiovascular health and data/AI. The action will support the creation of a network of expertise with academia, health professionals and patient associations.

Actions should be co-designed with a multidisciplinary approach, and include expertise from the academia, health professionals' guidance, and patients' lived experience. The consortium should ensure a multidisciplinary composition and include, as appropriate, public health authorities, hospitals and healthcare providers, academic institutions, research, industry and patient organisations, digital health experts and other relevant stakeholders with demonstrated expertise in cardiovascular disease prevention, treatment, rehabilitation and integrated care.

Activities that can be funded (scope)

Specific objectives:

a) to support Member States in building their capacities to prevent and manage cardiovascular diseases;

b) to support Member States in implementing the EU cardiovascular health plan: the Safe Hearts Plan with a coordinated approach for cardiovascular diseases treatment and care, integrating digital solutions to enable personalised, patient-centred solutions building on and taking into account the results of the EU4Health 2025 work programme flagship on cardiovascular health and data/AI;

c) to create a network of expertise with academia, health professionals and patient associations;

d) to empower patients, and improve health literacy in particular among vulnerable groups, such as children, young people, women and socio-economically disadvantaged groups.

Specific action-level indicators for reporting purposes

- **European network of expertise:** Number of comprehensive cardiovascular health centres participating in the network; Number of Member States represented; Number of exchanges of good practices, peer-learning activities and joint initiatives organised.
- **EU guidance and integrated care pathways**: Number of guidance documents developed; Number of Member States and healthcare organisations participating in the development and piloting of the integrated care pathway guidance.
- **Health literacy and patient empowerment:** Number of health literacy actions developed and implemented; Number of patients and citizens reached, including vulnerable population groups; Number of organisations participating.
- **Training and capacity building:** Number of multidisciplinary training programmes developed; Number of healthcare professionals trained; Number of trainees declaring changes in clinical practice following the training.

- **Innovative rehabilitation and care models:** Number of innovative rehabilitation or integrated care models developed and piloted.

- **Food processing assessment system:** Development of a comprehensive European food processing assessment system based on the opinion from the Scientific Advice Mechanism in close consultation with the Commission; Number of stakeholders consulted; Number of dissemination and awareness activities conducted.

Expected impact (including EU added value, expected outputs and results)

The expected results and impact are:

- The European network of expertise linking cardiovascular health centres will enable standardised collaboration across the EU, improving the consistency and quality of cardiovascular care. It will enhance patient outcomes through streamlined diagnosis, treatment, rehabilitation, and long-term management;

- The EU guidance on digitally personalised integrated patient pathways will promote tailored treatment plans leveraging digital tools, ensuring more precise and effective cardiovascular care. This approach will improve patient adherence and health outcomes across diverse populations;

- The health literacy actions for patient self-management will empower patients with the knowledge and skills to actively manage their cardiovascular health, leading to increased engagement and better disease control. Improved health literacy will reduce complications and healthcare costs;

- The multidisciplinary training programme for health professionals will equip healthcare providers with the latest knowledge and skills to implement the EU cardiovascular health plan: the Safe Hearts Plan effectively. This will foster integrated, patient-centred care and enhance clinical practice consistency across member states;

- The guidance on uptake of innovative care models for rehabilitation will support the adoption of novel rehabilitation approaches that address cardiovascular disease and comorbidities. It will improve recovery rates, quality of life, and reduce hospital readmissions;

- A European tool to assess the health impact of ultra processed food and to empower patients to make the healthy choice in their diets.

Type of applicants targeted: Member States' authorities (Public health authorities), academia and education establishments, research institutes and research organisations, hospitals and healthcare providers, expert networks, civil society organisations, private entities (for profit/not for profit).

EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16

Objectives (linked to general and specific objectives of the programme)

This action seeks to foster the meaningful use of AI tools in primary care and explore their implications on skills for healthcare providers. It focuses on strategies for AI integration in daily practice, optimising workflows and supporting health professionals in adapting their skills and competences in response to AI use. Emphasis is placed on applications of AI for preventing and managing non-communicable diseases that

represent significant health burdens (such as cancer, cardiovascular diseases, chronic respiratory diseases, diabetes and mental health), as well as for other areas related to public health aspects of primary care.

Consortia should include health professionals, public authorities or regulators (such as managers of primary care facilities, health or other public authorities), AI users (such as primary care providers, medical and patient organisations) and AI developers (academia, IT specialists or industry; to make their solutions available to pilot them and collect additional evidence, in view of refining and adapting existing AI tools to improve efficacy and user experience).

Activities that can be funded (scope)

Activities shall not concern any AI technology development, but rather focus on:

a) Analysis and identification of barriers and enabling factors for successful deployment of AI specifically in primary care, building on the Commission study on AI deployment[53].

b) Developing implementation strategies to guide the uptake of AI in primary care.
   - Deployment-specific strategies tailored to the unique characteristics and challenges of primary care settings, building on the deployment practices identified by COMPASS-AI[54]. The strategies should include effective mechanisms to adapt workflows and fit with local clinical guidelines and protocols.
   - The strategies could outline key elements such as successful stepwise approaches with milestones, stakeholder roles, barriers and enablers across the innovation-to-adoption pathway. Specific attention should go to tackling training and support needs, overcoming change management barriers, and ensuring interoperability with other digital health tools such as Electronic Health Records. The aim is to guide the safe, effective, equitable and inclusive adoption of AI solutions.
   - Strategies should target health authorities and primary care providers and be tailored to their needs and the needs of patients. The strategies should target the specific context of the regions or Member States which participate in the project consortium, and should also include aspects that are applicable to the wider health community.

c) Selecting, piloting and evaluating promising applications of AI in primary care settings that are adaptable to the target population and local needs. Both emerging and more established AI tools are in scope. Tools can include, for example, those used for streamlining documentation with scribes, aiding in diagnosis and clinical decision- making, automating routine tasks, and predicting patient needs. For the more established tools, activities can include the transfer of good practices which embed such AI tools, from health authorities or healthcare providers that have pioneered their use in primary care to other health authorities or healthcare providers that seek to apply them for the first time in synergy with the activities undertaken under the Apply AI strategy.

[53] European Commission: Directorate-General for Health and Food Safety, EEIG, Open Evidence and PwC, Study on the deployment of AI in healthcare – Final report, Publications Office of the European Union, 2025, https://data.europa.eu/doi/10.2875/2169577.
[54] Compass-AI.

d) Providing evidence to demonstrate benefits from the use of various types of AI tools in primary care in terms of efficient use of resources, supporting health workers to meet the needs of patient populations, or potential benefits in improved health outcomes from more effective prevention and management of non-communicable diseases. Pertinent emerging risks and drawbacks identified should also be described.

e) Building learning communities, to facilitate the exchange of knowledge, good practices, and lessons learnt; to support capacity building; and to enhance innovation in primary care settings, in synergy with the activities under the Apply AI strategy, in particular the European network of AI-powered advanced screening centres. Activities could include:

- Keeping primary care practitioners abreast of new AI tools and their application in primary care.
- Bringing together AI developers, users (health professionals and patients) and regulators to strengthen the alignment between needs and innovation, support co-creation and continuous feedback loops.
- Engaging with authorities and primary care practitioners to expand the learning community and share results in relevant fora.
- Educating and empowering primary care practitioners by facilitating participation in existing relevant continuous professional trainings. Key topics could include:
    - Technical training: Providing foundational education on AI literacy and data management.
    - Clinical integration: Offering guidance on optimising workflows with AI tools.
    - Ethical and regulatory considerations: Addressing the ethical use of AI and compliance with relevant regulations.
    - Soft skills development: Enhancing skills in patient communication, interdisciplinary collaboration, and change management.
- Key methods could include workshops and webinars with innovators and pioneers in the use of AI tools, peer learning sessions, train the trainer programmes, resources repository, and exchange visits.
- Developing working relations with the COMPASS-AI project, and make use and build upon the results of several Union funded projects that strengthen digital skills for health professionals and promote the use of digital tools and AI in health service delivery[55].

Specific action-level indicators for reporting purposes

- Number of health authorities with implementation strategies for AI adoption in primary care settings.
- Number of primary care providers[56] with implementation strategies for AI

[55] Projects listed under the EU Funding & Tenders Portal, as well as projects Transforming Health and Care Systems (THCS) partnership, BeWell, DS4Health, ADVANCED DIGITAL SKILLS: AI & HEALTH, ManagiDITH, BioNT, SUSA.

[56] The term 'primary care providers' covers both primary care organisations (group practices) and individual healthcare professionals working in primary care (solo practices).

adoption in primary care settings.

- Number of pilots launched to carry out transfer of good practices which embed AI tools in primary care and which are transferred from health authorities or healthcare providers that have pioneered their use in primary care to other health authorities or healthcare providers that seek to apply them for the first time.
- Number of health professionals participating in the implementation of the pilots.
- Number of citizens/patients participating in the implementation of the pilots.
- Number of organisations participating in learning communities, which aim to facilitate the exchange of knowledge, good practices, and lessons learnt; support capacity building; and enhance innovation in primary care settings.
- Number of health professionals participating in such learning communities.
- Number of training events or programmes to provide foundational education for primary care professionals on AI literacy and data management.

Expected impact (including EU added value, expected outputs and results)

This action is expected to:

a) Strengthen the evidence for improved policy making on AI deployment in primary care, including through indicators for evaluating AI-supported practices in primary care.

b) Create actionable, context-specific implementation strategies that facilitate the safe, equitable and effective adoption of AI solutions designed to meet the unique needs of primary care environments.

c) Successfully transfer and implement selected AI tools across different European contexts demonstrating enhanced productivity, clinical decision-making, and patient outcomes in primary care.

d) Foster a vibrant network of practitioners, developers, and regulators actively exchanging on innovative AI tools and insights on their use in primary care, fostering a culture of continuous learning and adaptation, through sharing of lessons learnt in implementing and using AI tools in daily practice.

e) Equip primary care practitioners with the latest skills and knowledge in AI tools and their applications, leading to more confident and skilled use of AI technology in primary care practice.

Type of applicants targeted: Member States' authorities, academia and education establishments, research institutes and research organisations, hospitals and healthcare providers, NGOs, private entities (for profit/not for profit).

EU4H-2027-SANTE-01-PJ-07 — Call for proposals for European Health Data Space Readiness Package for secondary use of health data (DG SANTE) - DI-g-26-23

Objectives (linked to general and specific objectives of the programme)

This action aims to foster Member State collaboration and accelerate their implementation of the EHDS for secondary use, as foreseen in the EHDS Regulation.

It will build on, by connecting and mutually reinforcing various services, documents and materials already developed, such as the EHDS Implementing Acts, TEHDAS2 joint action's[57] technical specifications and guidelines, the HealthData@EU infrastructure, training material developed by the EU4Health project on capacity building in the area of secondary use of health data, the Stakeholders Support activities, the Horizon Europe action on developing a Data Quality and Utility Label for the EHDS, and the Blueprint of digital business capabilities and workflows endorsed in the framework of the Community of Practice for health data access bodies.

The objectives are to:

a) promote efficiency, interoperability and coherence across the Union by reducing fragmentation, and ensuring that Member States can benefit from common solutions to meet the requirements of the EHDS Regulation, through EHDS2 (secondary use) Implementation Labs - where Member States and stakeholders engage and jointly test and adapt open-source components from the HealthData@EU central platform, or other emerging open source components (e.g. AI tools developed by Member States or by the Commission, solutions developed by European research and digital infrastructures, collaborative initiatives, and domain-specific communities, etc.);

b) strengthen collaboration and extend the EHDS Community of Practice for health data access bodies to exchange best practices and knowledge, anticipate, address and mitigate implementation challenges, facilitate harmonisation of processes, develop specific operational guidance (e.g. secure processing environments, data quality/metadata), foster collaborations between national HDABs, other relevant actors, e.g. European Research Infrastructure Consortia ('ERICs') and European Digital Infrastructure Consortia ('EDICs') and stakeholders (data holders, data users) and share solutions;

c) reinforce capacity of HDABs, other relevant actors and stakeholders, through customised support services, collaborative implementation pilots, training and monitoring progress.

Activities that can be funded (scope)

The scope of this action is an EU-wide targeted support to HDABs, involving and taking into account needs of data holders and data users engaged in EHDS secondary use of health data, with a view to bridge existing gaps and prepare for a smooth, coherent and harmonised operationalisation of services.

The activities within this action include:

a) the establishment of the EHDS2 Implementation Labs, where Member States taking part in the EHDS operational activities and other relevant actors will

[57] https://tehdas.eu/

jointly test, validate, adapt and deploy open-source components of the HealthData@EU central platform and other emerging solutions and AI tools

b) the facilitation of the EHDS Community of Practice for health data access bodies, including development of operational guidance, and the validation, sharing or shared acquisition of technological solutions supporting HDABs digital business capabilities where no ready-to-use open-source solution is made available at EU level (e.g. AI tools for metadata discovery, data access application screening, data preparation for secure processing, data linkage, Secure Processing Environment ('SPE') starter kit packages and related support services, ensuring compliance with EHDS and General Data Protection Regulation ('GDPR') requirements; opt-out management systems, interoperable with national eID infrastructures to allow the exercise and management of rights);

c) building broader capacity and strong operational collaboration among Member State competent authorities, HDABs and other relevant actors, e.g. ERICs and EDICs, and stakeholders (data holders and data users);

d) structured collaboration with stakeholders, collaborative benchmarking, knowledge sharing and problem resolution in setting up and operationalising HDABs;

e) the monitoring of the progress and Member States' readiness in the area of secondary use of health data and HDAB maturity in view of preparation of the Commission progress report in relation to the implementation of the EHDS Regulation (Art. 102 (4)).

Specific action-level indicators for reporting purposes

The specific **action-level indicators** to monitor the activities within this action include:

a. EHDS2 Implementation Labs

- Number of operational EHDS secondary-use implementation labs around priority digital business capabilities and end-to-end use cases, involving the relevant mix of HDABs, data holders and data users;
- Number of joint end-to-end test cycles completed using common test scenarios and acceptance criteria;
- Number of participating HDABs in project-supported interoperability and integration testing and successfully completing the agreed tests, disaggregated between consortium beneficiaries and other participating HDABs;
- Number of Commission-provided open-source components tested by consortium beneficiaries and other participating HDABs;
- Number of European-level data holders and data users involved in the testing and validation of EHDS operational activities and digital solutions;
- Number of national-level data holders and data users involved in the testing and validation of EHDS operational activities and digital solutions.

b. EHDS Community of Practice for HDABs

- Operational guidance available supporting HDABs in the development of digital business capabilities and related services;

- Number of updates of the Blueprint for Digital Business Capabilities reported and published on a platform indicated by the Commission;
- Number of technological solutions, addressing exclusively automation, acceleration and improvements of HDAB and stakeholders' operations, that are adapted, tested, validated, shared or (jointly) acquired by HDABs, where no ready-to-use open-source solution are available at EU level.

c. Capacity building and operational collaboration with relevant stakeholders and data infrastructures

- Number of operational guidance documents supporting HDABs in the coordination of services with ERICs and EDICs developed, tested, and submitted to the Commission for assessment and consideration;
- Number of operational guidance documents and training material supporting other relevant EHDS stakeholders (data users and data holders - for activities not covered by other EU-funded actions) developed or collected, validated and made publicly available for reuse on an official and publicly accessible EU platform indicated by the Commission;
- Number of updates of previously developed training material for HDAB Capacity Building on core Digital Business Capabilities (DBCs) published, to align with the most up-to-date Central Platform developments and adopted implementing acts;
- Development of additional training material for HDABs for the two new DBCs (HDAB Transparency Portal and opt-out management system). The material is to be hosted on an official and publicly accessible EU platform indicated by the Commission.

d. Peer learning exercises between Member States authorities and EHDS stakeholders

- Number of peer learning and knowledge exchange sessions conducted between Member States HDABs, other relevant actors, and stakeholders;
- Framework established for collaborative benchmarking, knowledge sharing and problem resolution among HDABs and EHDS stakeholders, building on the work of the EHDS Community of Practice of HDABs;
- Number of structured collaboration events/dialogues between HDABs and EHDS stakeholders at EU level to be hosted on an official and publicly accessible EU platform indicated by the Commission;
- Number of problems in setting up and operationalising HDABs identified and listed;
- Number of problems solved in setting up and operationalising HDABs;

e. Member States' readiness progress monitoring

- Maturity Model monitoring framework for HDABs and MSs (based on the existing and previously developed HDAB and MS Maturity Model) is developed and improved;
- Number of iterations of MM HDAB surveys and MS surveys conducted;

- Number of iteration reports corresponding to the MM HDAB survey results and MS survey results published;
- Number of Member States participating in the annual Maturity Model MS surveys;
- Number of HDABs participating in the annual Maturity Model HDAB survey;
- Percentage share of HDABs (per total number of HDABs) and Member States (per total number of Member States) participating in the annual Maturity Model HDAB and MS surveys respectively.

Expected impact (including EU added value, expected outputs and results)

This action is expected to increase the capacity of Member States and key stakeholders to ensure a well-functioning EHDS, to advance research, promote innovation and the competitiveness of European healthcare industry, and improve evidence-based policy making.

In addition, this action is expected to ensure readiness of Member States' competent authorities, HDABs, other relevant actors and stakeholders in rolling-out and taking-up the EHDS infrastructure and services, as stipulated by the EHDS Regulation. It will also enhance the resilience and efficiency of national health systems, while demonstrating the added value of European cooperation in digital health.

This action also intends to ensure that investments at EU and national level translate into coherent, future-proof infrastructures for secondary use of health data.

Type of applicants targeted: Member States' authorities (public health authorities), academia and education establishments, research institutes and research organisations, hospitals and healthcare providers, ERICs and EDICs; enterprises (incl. social enterprises and not for profit) in the field of public health, private entities (for profit/not for profit).

EU4H-2027-SANTE-01-PJ-08 — Call for proposals for Artificial Intelligence for smart European Health Data Space compliance support (DG SANTE) - DI-g-26-24

Objectives (linked to general and specific objectives of the programme)

This action aims to boost the design, development and future deployment of AI solutions that support and speed up stakeholders' compliance with the EHDS Regulation for both primary and secondary use, reducing administrative burdens and freeing up health professionals' time to focus on their core business: providing healthcare services.

The objectives are to:

a) promote and advance data holders, National Contact Points for Digital Health ('NCPDHs') and HDABs readiness and efficiency to comply with the EHDS Regulation through the integration and validation of dedicated AI solutions, including open-source tools, in administrative workflows encompassing data collection, description, preparation, and application management, with the aim to enhance data usability and integrity, data quality, and interoperability at source – both for primary and secondary use – across Member States' health systems;

b) promote the deployment of Ambient Clinical Intelligence in healthcare environments (e.g. AI scribes), that generate structured, high-quality data that feed directly into Electronic Health Records ('EHRs'), so that data,

documentation and decision-support flow seamlessly, reducing administrative burdens for healthcare professionals, medical staff and patients.

Activities that can be funded (scope)

The scope of this action is to support the design, testing, and validation of AI tools or other tools to support healthcare providers, NCPDHs, HDABs and data holders to comply with the requirements set in the EHDS Regulation for both primary and secondary use.

For primary use, the action aims to alleviate administrative burden, bridge existing gaps and improve interoperability at source to allow a smooth operationalisation of services in clinical workflows. Simultaneously, this will aim to improve data quality and usability as needed for AI-based solutions to be used by data holders and HDABs in secondary use. The action will prioritise support to the design of common, reusable, and customisable AI components that can be easily adopted by different actors in the healthcare sector. It will build on relevant European initiatives (e.g. 1+Million Genome Initiative[58], European Genomic Data Infrastructure[59], European Cancer Imaging Initiative[60], European Federation for CAncer IMages project - EUCAIM[61] and other ongoing projects funded under Horizon Europe, EU4Health and Digital Europe programmes, among others) to ensure complementarity and scalability, contributing to the competitiveness and coherence of the European digital health ecosystem.

Activities:

The action aims to support the design, piloting and testing and validation of AI tools and components that facilitate compliance with the EHDS Regulation for both the primary and secondary use of health data, through common and reusable solutions. Specifically, activities under this action aim to:

a) support EHR system manufacturers in designing, piloting and validating AI tools, including open-source models, that improve data quality at source, enhance data usability and integrity, both for primary and secondary use. Concrete examples include, among others: improving data quality at source; automating the generation of structured information such as patient summaries; assisting data holders in dataset preparation to respond to data users requests to access data via the HDABs;

b) promote the design, development and validation of AI tools, including open-source modules, to support HDABs and health data holders in managing their compliance with the EHDS Regulation, including automating dataset description and validation, data preparation, data access application management, and estimation of costs and fees;

c) support the development, iterative piloting and validation of Ambient Clinical Intelligence applications in controlled environments (e.g. AI scribes in clinical settings), ensuring that outputs align with EHDS data quality and interoperability requirements and based on collaboration and feedback from direct users and relevant stakeholders;

d) foster collaboration, knowledge sharing and alignment between EHR vendors and AI developers, standardisation bodies, data holders, HDABs, and healthcare providers to ensure alignment with EHDS interoperability, metadata, and data quality frameworks.

[58] European '1+ Million Genomes' initiative | Shaping Europe's digital future.
[59] European Genomic Data Infrastructure (GDI) project.
[60] European Cancer Imaging Initiative | Shaping Europe's digital future.
[61] Home - Cancer Image Europe.

Specific action-level indicators for reporting purposes

The **specific action-level indicators** to monitor activities of this action include:

a. Support to EHR system manufacturers

- Number of meetings, events, sessions with EHR manufacturers to support the design, piloting and validating of AI tools, including open-source models, for integration into EHR systems, aimed at improving data quality at source and enhance data usability and integrity both for primary and secondary use.

- Number of AI tools, including open-source components, customised, tested and validated to automate and accelerate functions for EHDS stakeholders in the context of primary and secondary use, for example improving data quality at source; automating the generation of structured information such as patient summaries; assisting data holders by automating the creation of datasets catalogue, or preparation of data in response to data users requests via the HDABs.

b. AI tools for HDABs and data holders: supporting their compliance with the EHDS Regulation

- Number of meetings, events, working sessions with HDABs, data holders, data users and AI developers to support the design, piloting and validation of relevant AI tools.

- Number of customised, tested and validated AI tools, including open-source components that support HDABs and health data holders including e.g.: automating dataset description and validation, data preparation, data access application management, data discovery and estimation of costs and fees.

c. Ambient Clinical Intelligence applications (e.g. AI scribes in clinical settings)

- Number of meetings, events, testing and validation clinics among healthcare providers and AI developers to support the design, piloting and validation of relevant AI tools, e.g. AI scribes that facilitate EHDS compliance.

- Number of Ambient Clinical Intelligence applications, including open-source components, customised, tested and validated in clinical settings, ensuring alignment with EHDS data quality and interoperability requirements.

d. Collaboration, knowledge sharing, and alignment

- Number of knowledge sharing events, between EHR vendors and AI developers, standardisation bodies, data holders, HDABs, and healthcare providers.

- Digital Health and AI literacy Platform online: Knowledge sharing and capacity building platform to ensure alignment with EHDS interoperability, metadata and data quality frameworks. This should be hosted within the EHDS Stakeholders Platform (currently under development) or another official and publicly accessible EU platform indicated by the Commission; with the aim to exchange knowledge on reusable AI tools and open-source components, guidelines, training material, AI deployment playbooks, to support scaling these AI

solutions across Member States.

Expected impact (including EU added value, expected outputs and results)

The action is expected to improve the readiness of relevant stakeholders to comply with the EHDS regulation. Specifically, it will result in:

- Collaborative testing environments enabling cooperation between EHR vendors, AI developers, HDABs, healthcare providers and standardisation bodies.
- Validated AI solutions and reusable components supporting EHDS compliance, including tools for improving data quality at source, automating dataset description and metadata generation, assisting data preparation, and supporting application management processes by HDABs.
- Piloted and tested AI tools integrated into clinical and administrative workflows (e.g. ambient clinical intelligence, AI-assisted documentation), demonstrating their capacity to reduce administrative burden and generate structured, high-quality data compatible with EHDS interoperability requirements.

By leveraging AI tools, this action is expected to support and accelerate stakeholders' compliance with the EHDS Regulation in an efficient way, reducing compliance costs, administrative burden for health professionals, national competent authorities, HDABs, data holders and data users, and advancing cross-border health services, as well as research, innovation and the competitiveness of European healthcare industry.

Moreover, this action intends to position EHDS as a key catalyst that triggers modernisation and digitisation of European health systems.

Type of applicants targeted: Member States' authorities (public health authorities) international organisations, academia and education establishments, research institutes and research organisations, hospitals and healthcare providers ERICs and EDICs, civil society organisations: associations, foundations, NGOs; enterprises (incl. social enterprises and not for profit) in the field of public health, private entities (for profit/not for profit).

EU4H-2027-SANTE-01-PJ-09 — Call for proposals for advancing Artificial Intelligence in healthcare through local performance assessment (DG SANTE) - DI-g-26-25

Objectives (linked to general and specific objectives of the programme)

This action aims to:

a) prototype a European framework for local AI performance assessment;

b) demonstrate feasibility and value by piloting the approach in selected clinical settings, e.g. cancer;

c) build trust and safety evidence by capturing local variations in patient populations, workflows and data quality;

d) prepare for scale-up by producing standards, methodologies and demonstrators that can be integrated into future EU actions;

e) accelerate innovation and competitiveness by providing developers with EU-wide feedback loops and trusted performance benchmarks.

Activities that can be funded (scope)

The scope of this action is to design and test a prototype framework for local AI performance assessment, complementing EU-level regulatory validation. With a limited but high-impact scope, the action will:

a) focus on 1–2 Clinical AI Testbeds ('CATs') in hospitals, testing AI systems in real- world settings (e.g. radiology and neurology);

b) establish a core AI Expert Group to develop draft validation standards and playbooks;

c) build a light Digital Performance Prototype ('DPP') that connects testbeds and developers, offering dashboards and initial benchmarking tools;

d) produce evidence from pilot studies that can guide a larger-scale European roll-out.

The activities include:

1) AI Expert Group:

a. assemble a focused group of 10–15 experts (technical, clinical, legal);

b. develop draft local validation standards, playbooks and KPIs for performance testing.

2) Develop Prototype Validation Methodologies:

a. design evidence-based protocols for testing AI tools in real-world hospital workflows;

b. document performance-impacting elements (data variation, workflow, explainability).

3) Pilot 1–2 Clinical AI Testbeds (CATs):

a. partner with 1–2 hospitals in diverse Member States;

b. test selected AI tools in real-world scenarios, capturing local determinants of performance;

c. provide structured feedback to developers.

4) Digital Performance Prototype (DPP):

a. build a minimal viable platform connecting testbeds and developers;

b. provide basic dashboards and benchmarking functions;

c. prepare technical specifications for a full-scale platform in the future.

5) Pilot Demonstration and Evaluation:

a. run pilot studies on 2–3 AI tools; building on the knowledge from Activity 4);

b. demonstrate the added value of local testing (e.g. improved accuracy, trust impacts, reduced clinical risk);

c. publish a scalability and policy roadmap; in this context also show how

data, tools and services from EHDS and other EU frameworks/infrastructures could be integrated to aid local performance testing and post-deployment monitoring.

Specific action-level indicators for reporting purposes

a. **Establishment and operationality of Governance structures:** AI Expert Group formally established; Number of Expert Group members appointed; Number of countries represented; Number of stakeholder categories represented (e.g. clinicians, hospital management, patients/public interest, AI developers, notified body/regulatory experts, HTA/procurement experts, legal/ethics experts, interoperability/data experts); Number of governance meetings held.

b. **Stakeholder engagement breadth and depth:** Number of hospitals/Clinical AI Testbeds (CATs) actively engaged; Number of AI developers engaged; Number of regulatory/policy bodies consulted; Number of workshops, co-design sessions, and bilateral consultations held; Participation rate by stakeholder group; Number of patient/public-facing consultations where relevant.

c. **Development and demonstration of Digital Performance Prototype (DPP)**: Number of core functions implemented (e.g. data ingestion, KPI calculation, dashboarding, audit logging, reporting, user access control, site comparison, developer feedback export);Number of demonstration sessions conducted and appropriate targeted audience selected; Number of CATs where DPP is deployed/tested.

d. **Number of pilot studies completed and evidence generated from local AI performance assessment:** Number of AI tools selected for pilot assessment; Methodology and list of parameters used to ensure the pilots are valid, meaningful and ethically sound; Number of use cases covered and methodology followed to identify those cases that will help assessing scalability and replication in other settings; Number of tools assessed per CAT; Percentage (%) of planned pilot studies initiated/completed; Number of AI tools for which local performance metrics are computed; Number of sites generating site-specific performance results; Number of performance dimensions measured (e.g. accuracy, sensitivity, specificity, calibration, false positives/negatives, subgroup variation, workflow turnaround, override rates); Number of contextual variables examined (e.g. patient mix, workflow design, equipment, data quality); Frequency and magnitude of performance variation observed across sites/settings.

e. **Publication of Scalability and policy roadmap:** Number of draft protocols produced; Number of common KPIs measured across CATs; Percentage of pilot studies using a common core measurement set; Number of scalability scenarios developed (e.g. single hospital, regional network, national programme, EU-level network); Number of external organisations expressing interest in reuse; Number of potential host/owner models assessed for post-project continuation; Number of organisations engaged in sustainability discussions; Number of funding or continuation pathways identified.

Expected impact (including EU added value, expected outputs and results)

This action is expected to:

a) deliver a prototype European framework for local performance assessment of AI in healthcare, validated through pilot use cases;

b) demonstrate trustworthy deployment by showing how local variations (data, workflows, populations) can be systematically captured;

c) provide draft tools and playbooks for healthcare providers to evaluate and select AI solutions adapted to their context;

d) test a feedback loop for innovation, allowing AI developers to refine models based on hospital data and real-world interactions;

e) produce first evidence of cross-border collaboration, through 1–2 testbeds sharing insights and methodologies;

f) publish a roadmap for scale-up, outlining how the prototype can evolve into a full EU-wide framework (compliant with EHDS Regulation, AIA etc.);

g) create visibility and momentum for Europe's leadership in trustworthy AI in healthcare.

Type of applicants targeted: Member States' authorities (public health authorities), international organisations, academia and education establishments, research institutes and research organisations, hospitals and healthcare providers, civil society organisations: associations, foundations, NGOs; enterprises (incl. social enterprises and not for profit) in the field of public health, private entities (for profit/not for profit).

EU4H-2027-SANTE-01-PJ-10 — Call for proposals for designing the ecosystem for multimodal Artificial Intelligence driven prevention and early detection of neurodegenerative diseases (DG SANTE) - DI-g-26-26

Objectives (linked to general and specific objectives of the programme)

This action aims to design a prototype scientific, clinical and ethical ecosystem that enables multimodal AI-driven early prediction and detection of neurodegenerative diseases. These foundations will support current and future AI solutions in this domain. The results will be valuable for the multidisciplinary community developing and scaling AI tools, and in particular in the field of neurodegenerative diseases, from AI developers to end users (healthcare professionals).

Activities that can be funded (scope)

The activities conducted under this action will focus on:

1) **Mapping scientifically valid data inputs + developing a multimodal AI prototype platform:**

    a. identify and validate the most relevant data types (e.g. Metadata Radiological Image ('MRI'), biomarkers, speech, genomics, cognitive scores, lifestyle, socio-demographic factors) for early AI-driven prediction of neurodegenerative disease risk;

    b. provide evidence-based guidance on which combinations of data are most predictive and feasible to collect across EU Member States;

    c. develop a modular, research-oriented AI prototype platform capable of ingesting and analysing multimodal data;

    d. as part of this platform, the consortium will engage in the training, validation and testing as well as piloting in real clinical settings an

exploratory predictive AI model, using anonymised data from research cohorts. This model will simulate early risk prediction and enable meaningful testing of clinical response protocols and guidelines;

e. the platform and model are non-commercial reference tools, designed to support ecosystem development and future responsible innovation.

2) **Foster collaboration between experts:**

a. assemble a high-level, interdisciplinary network of AI developers, clinicians, neuroscientists, ethicists, patient advocates, and data specialists;

b. create the foundation for a European Brain Health AI Community that can shape future EU actions and standard-setting. This Community may later merge with other established community(ies) at EU level.

3) **Design the clinical follow-up plan post-prediction, including ethical aspects:**

a. provide evidence for defining pathways managing the aftermath of a person receiving an AI-based risk assessment;

b. develop a structured care pathway combining lifestyle advice, pharmaceutical options, close monitoring (e.g. MRI frequency), and cognitive support.

4) **Developing evidence-based guidelines:**

a. translate insights into clinical evidence-based guidelines (with possible involvement of relevant medical societies) for managing AI-predicted neurodegenerative risk;

b. align with existing clinical protocols where possible and inform updates to public health guidance.

5) **Small-scale pilot to test the pathway:**

a. pilot the end-to-end process using (synthetic) existing risk prediction models.

b. focus on process testing:

i. is the data feasible to collect?

ii. do clinicians feel equipped to act on AI outputs?

iii. how do patients respond to early preventive advice?

c. extract lessons learnt from the pilot that could help finetuning the project deliverables.

Specific action-level indicators for reporting purposes

a. **Scientific map of prioritised multimodal data inputs for early neurodegenerative disease prediction published:** Number of multimodal data domains systematically reviewed and mapped, with explicit relevance to early neurodegenerative disease prediction (e.g. imaging, fluid biomarkers, genetics/omics, digital biomarkers, neuropsychology, electrophysiology, electronic health records, lifestyle/environmental data); Number of candidate

variables/features identified and categorised by predictive value, feasibility, invasiveness, cost, and maturity for clinical use; Proportion of prioritised modalities with documented metadata standards and data quality requirements; Number of expert stakeholder groups contributing to the prioritisation process (e.g. clinicians, data scientists, ethicists, patients/public representatives, regulatory experts, health system actors).

b. **Multimodal AI prototype platform developed:** Number of multimodal data streams successfully integrated into the platform; Number of interoperable data connectors or ingestion pipelines implemented for relevant data sources; Ability of the platform to harmonise heterogeneous datasets using agreed standards, ontologies, or common data models; Number of explainability or interpretability functions available for clinical/research users (e.g. feature importance, modality contribution, confidence scores, uncertainty estimates).

c. **Exploratory predictive AI model trained, validated and tested:** Number of predictive modelling approaches developed and compared (e.g. multimodal fusion strategies, baseline unimodal models, clinically informed hybrid models); Model trained on multimodal datasets reflecting at least the prioritised modalities; Performance assessed for prediction of early or preclinical risk states, rather than only established disease; Comparison of multimodal model performance versus unimodal baselines to demonstrate added value of integration; Clinical interpretability analysis conducted, including identification of the most influential modalities/features; Documented model limitations and intended-use boundaries produced.

d. **Interdisciplinary EU expert network established:** Number of participating organisations formally engaged in the network; Number of EU countries represented, with attention to geographic diversity and different health system contexts; Disciplinary diversity of members (e.g. neurology/geriatrics/psychiatry, radiology/imaging, biomarker science, AI/data science, ethics, law/regulation, health economics/implementation, patient/public involvement); Number of expert meetings, workshops, or co-creation sessions held; Number of joint outputs produced by the network, such as consensus notes, recommendations, data standards proposals, and guideline drafts; Number of patient/public or caregiver representatives actively involved in network activities.

e. **Clinician-informed response protocol and draft clinical guidelines developed:** Response protocol drafted and reviewed by clinicians from relevant specialties; Number of clinical use scenarios covered; Draft guidelines include criteria for clinical applicability, such as minimum model performance, acceptable uncertainty, and human oversight requirements; Number of professional groups contributing to protocol development (e.g. neurologists, GPs, psychologists, specialist nurses, ethicists, legal experts, patient representatives); Alignment check completed against relevant EU and national regulatory/ethical frameworks Depending on the proposed work plan and its potential ethics implications, additional specific ethics deliverables may be requested during grant agreement preparation; Usability assessment conducted with clinicians, including perceived clarity, feasibility, and trustworthiness; Decision-support flowchart or care pathway produced for operational use.

f. **Small-scale pilot completed and lessons learnt documented:** Number and type of sites selected that could enable scale up and reproducibility (minimum 2); Pilots conducted in the planned number of sites/settings; Number of participants recruited, enrolled, and completed, with breakdown by relevant characteristics; Proportion of eligible participants successfully

undergoing multimodal data collection; Completeness and quality of multimodal datasets obtained during the pilot; Number of clinician users involved and proportion reporting acceptable usability; Number and type of technical, clinical, ethical, or organisational issues identified during the pilot; Number of modifications proposed following pilot findings for the platform, model, protocol, or guidelines; Pilot reports produced, including implementation barriers, facilitators, and recommendations for scale-up; Evidence generated on transferability across sites or contexts, where more than one setting is included.

Expected impact (including EU added value, expected outputs and results)

This action is expected to deliver the following results:

a) publish a scientific map including prioritised multimodal data inputs for early neurodegenerative disease prediction and the relevance for specific types of neurodegenerative diseases;

b) develop a multimodal AI prototype platform;

c) train, validate and test an exploratory predictive AI model;

d) provide a clinician-informed response protocol for acting on AI-based risk outputs;

e) draft clinical guidelines and practical recommendations for integration into health systems, including the ethics dimension;

f) provide an interdisciplinary EU expert network ready to scale up into a possible permanent reference group;

g) provide insights from a real-world pilot testing of the practical and ethical implications of acting on early risk signals.

The expected impacts are:

a) to create the clinical, scientific, and ethical backbone needed to deploy AI responsibly in brain health, e.g. in AI neurodegenerative risk prediction;

b) to support the EHDS, 1+MG, and EP Brain Health by clarifying use cases and priorities for preventive neurology;

c) to avoid duplication of commercial efforts while enabling trustworthy public-private innovation;

d) to lay the groundwork for a future public-private partnerships grounded in validated data needs, actionable guidelines and stakeholder trust.

Type of applicants targeted: Member States' authorities (public health authorities), international organisations, academia and education establishments, research institutes and research organisations, hospitals and healthcare providers, ERICs and EDICs, civil society organisations: associations, foundations, NGOs; enterprises (incl. social enterprises and not for profit) in the field of public health, private entities (for profit/not for profit) with expertise in neurodegenerative diseases and other relevant areas.

EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27

Objectives (linked to general and specific objectives of the programme)

The objective of this action is to support the organisation of not-for-profit, Union-wide high- level science-policy-society conferences that bring together all interested parties such as citizens, patients, practitioners, scientists, industry, policy makers from local, regional, and Union level.

The conferences will cover important health topics that are related to the Union's health priorities and thereby contribute to the development and implementation of the European Health Union.

The Commission considers that proposals requesting an EU contribution of EUR 200 000 would allow this specific challenge to be addressed appropriately.

These conferences are an opportunity for discussion on how to work better together at Union level on one or more EU public health-related topics and will allow Member States, third countries associated to the EU4Health Programme and relevant stakeholders to exchange information and good practices on relevant topics in the field of public health policy.

Grants may be awarded to support the organisation of conferences that correspond to the objectives and the priorities of the EU4Health Programme, and which have a Union-wide dimension.

Activities that can be funded (scope)

The proposal should cover several Commission priorities addressed by the 2026 EU4Health annual work programme.

Applicants are encouraged to address several of the priorities listed below, as proposals that span multiple or all areas will be considered more relevant:

i. Cancer, cardiovascular and other non-communicable diseases including prevention, early detection, diagnosis, treatment, personalised medicine, and long-term care.

ii. Health system resilience, sustainability, efficiency and preparedness, including in response to growing pressures, including the demographic change, fiscal constraints, workforce shortages, potential armed conflicts, climate change, need for fast digitalisation and evolving healthcare needs.

iii. Health promotion and disease prevention, including vaccination, screening and early intervention, determinants of health, lifestyle and environmental risk factors, health literacy, addressing misinformation, mental health, social media and digital wellbeing.

iv. One health approach, strengthening the integration of human, animal and environmental health, with particular emphasis on climate change and health, including prevention, preparedness and responses to extreme heat, zoonosis and vector-borne diseases, as well as the prevention and control of antimicrobial resistance.

v. Health security, including pandemic preparedness and response, surveillance and early warning systems, cross-border health threats, international cooperation, biosecurity, civil-military cooperation, and resilience of critical infrastructure and supply chains.

vi. Pharmaceuticals, medical devices and biotechnology, including research and development, clinical trials, access to innovative diagnosis and treatments, industrial competitiveness and strategic autonomy, resilient supply chains, and the development of regulatory approaches and tools to support and finance innovation.

vii. Digital transition across health challenges, including use and governance of artificial intelligence in health, primary and secondary use of health data, cybersecurity and data protection, and digital health literacy.

viii. Global Health, including international cooperation and partnerships, global health architecture, development assistance, governance, public health diplomacy, and coordinated responses to global health challenges.

Conferences organised by the Presidencies of the European Union fall outside the scope of the present call.

The activities included in the proposals should address as many as possible of the following aspects:

a. undertake an effective mobilisation of a broad and diverse audience with participation of policymakers (EU, national, regional and where necessary global levels), academia, industry, civil society (including patients' organisations and other relevant representatives) and an expected significant reach (i.e., at least 500 in-person participants and demonstrated by previous similar experience (e.g. in conference reports).

b. provide a platform for the Commission to engage with stakeholders on relevant health initiatives and health societal challenges. This should include a dedicated digital platform where to find reference documents, descriptions of the sessions, bio of the main speakers;

c. provide a dedicated physical area (e.g. a stand) for DG SANTE to present health priorities;

d. include sustainable outreach activities before, during and post event with multiplier effect including on social media;

e. facilitate high-level policy dialogues attracting relevant health actors from different key sectors including at least one high-level session dedicated to DG SANTE priorities;

f. use of innovative approaches in running the event are a plus.

Applicants are advised to address as many of the above aspects as possible, as proposals that encompass a broad range of these elements will be deemed more relevant.

Specific action-level indicators for reporting purposes

- Number of Commission priorities included in the 2026 EU4Health annual work programme addressed by the conference
- Number of sessions (plenaries, workshops, etc.) addressing the priorities listed in the above section "Activities that can be funded (scope)"
- Total number of participants (disaggregated by in-person and online participation)

- Number of participants by sector, type of organisation (academia, civil society, industry, etc.) and type of audience, Member State, and level of responsibility of the participant (director, expert, trainee, etc.)
- The duration of the social media dissemination before, during and post event

Expected impact (including EU added value, expected outputs and results)

As a result of this action, conferences will be delivered by entities with proven expertise in organising public health events, ensuring a professional standard of execution and a well-defined, representative participant base (from Member States and countries associated to the EU4Health Programme), diverse organisations, and areas of expertise. This representativeness will strengthen the legitimacy and relevance of the discussions, ensuring that outcomes reflect the full range of perspectives needed to address the challenges at stake.

The presence of high-level speakers together with a substantial base of participants from all relevant organisation types will generate authoritative, cross-sectoral dialogue, producing concrete input and recommendations that inform EU health policy development.

Targeted communication activities reaching the general public, national and regional policymakers, specific population groups, and health professionals will increase awareness, understanding, and ownership of the European Health Union and its initiatives. This will significantly extend the impact of the conferences well beyond participants to the wider public.

By preserving a Union-wide dimension and a focus on cross-cutting policy issues rather than a specific condition or disease, the action will drive greater coherence and cooperation between Member States on shared health priorities. This will directly contribute to building a stronger, more integrated European Health Union.

Type of applicants targeted: Public or non-profit entities with expertise in organising events in the public health domain.

3. Available budget

The estimated available call budget is **EUR 49 340 000.**

Specific budget information per topic can be found in the table below:

Topic	Topic budget
EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09	**EUR 450 000**
EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10	**EUR 1 000 000**
EU4H-2027-SANTE-01-PJ-03 — Call for proposals to support dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer (DG SANTE) - CR/CV&NCD-g-26-13	**EUR 3 000 000**
EU4H-2027-SANTE-01-PJ-04 — Call for proposals to support the continued implementation and sustainability of the inter-specialty cancer training programme (DG SANTE) - CR/CV&NCD-g-26-14	**EUR 2 440 000**
EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15	**EUR 20 000 000**
EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16	**EUR 2 500 000**
EU4H-2027-SANTE-01-PJ-07 — Call for proposals for European Health Data Space Readiness Package for secondary use of health data (DG SANTE) - DI-g-26-23	**EUR 14 350 000**
EU4H-2027-SANTE-01-PJ-08 — Call for proposals for Artificial Intelligence for smart European Health Data Space compliance support (DG SANTE) - DI-g-26-24	**EUR 3 000 000**
EU4H-2027-SANTE-01-PJ-09 — Call for proposals for advancing Artificial Intelligence in healthcare through local performance assessment (DG SANTE) - DI-g-26-25	**EUR 1 000 000**
EU4H-2027-SANTE-01-PJ-10 — Call for proposals for designing the ecosystem for multimodal Artificial Intelligence driven prevention and early detection of neurodegenerative diseases (DG SANTE) - DI-g-26-26	**EUR 1 000 000**
EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27	**EUR 600 000**

We expect to sign 13 grant agreements.

Topic	Expected number of GAs to be signed
EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09	**1**
EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10	**1**
EU4H-2027-SANTE-01-PJ-03 — Call for proposals to support dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer (DG SANTE) - CR/CV&NCD-g-26-13	**1**
EU4H-2027-SANTE-01-PJ-04 — Call for proposals to support the continued implementation and sustainability of the inter-specialty cancer training programme (DG SANTE) - CR/CV&NCD-g-26-14	**1**
EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15	**1**
EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16	**1**
EU4H-2027-SANTE-01-PJ-07 — Call for proposals for European Health Data Space Readiness Package for secondary use of health data (DG SANTE) - DI-g-26-23	**1**
EU4H-2027-SANTE-01-PJ-08 — Call for proposals for Artificial Intelligence for smart European Health Data Space compliance support (DG SANTE) - DI-g-26-24	**1**
EU4H-2027-SANTE-01-PJ-09 — Call for proposals for advancing Artificial Intelligence in healthcare through local performance assessment (DG SANTE) - DI-g-26-25	**1**
EU4H-2027-SANTE-01-PJ-10 — Call for proposals for designing the ecosystem for multimodal Artificial Intelligence driven prevention and early detection of neurodegenerative diseases (DG SANTE) - DI-g-26-26	**1**
EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27	**3**

We reserve the right not to award all available funds or to redistribute them between the call priorities, depending on the proposals received and the results of the evaluation.

4. Timetable and deadlines

Timetable and deadlines (indicative)	
Call opening:	26 November 2026
Deadline for submission:	24 February 2027 – 17:00:00 CET (Brussels)
Evaluation:	March-May 2027
Information on evaluation results:	June 2027
GA signature:	November 2027

5. Admissibility and documents

Proposals must be submitted before the **call deadline** *(see timetable section 4)*.

Proposals must be submitted **electronically** via the Funding & Tenders Portal Electronic Submission System (accessible via the Topic page in the Calls for proposals section). Paper submissions are NOT possible.

Proposals (including annexes and supporting documents) must be submitted using the forms provided *inside* the Submission System (⚠ NOT the documents available on the Topic page — they are only for information).

Proposals must be **complete** and contain all the requested information and all required annexes and supporting documents:

- Application Form Part A — contains administrative information about the participants (future coordinator, beneficiaries and affiliated entities) and the summarised budget for the project *(to be filled in directly online)*
- Application Form Part B — contains the technical description of the project *(template to be downloaded from the Portal Submission System, completed, assembled and re-uploaded)*
- **mandatory annexes and supporting documents** *(templates to be downloaded from the Portal Submission System, completed, assembled and re-uploaded)*:
  - detailed budget table/calculator
  - CVs (standard) of core project team
  - activity reports of last year: not applicable
  - list of previous projects (key projects for the last 4 years) *(template available in Part B)*
  - **other mandatory annexes**:

    for topic EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27

    - Summary report of the previous conferences;
    - Draft programme of the conference to be held including of the proposed draft high-level session dedicated to DG SANTE priorities.

Please note that the amounts entered into the summarised budget table (filled in directly online) must correspond to the amounts calculated in the detailed budget table. In case of discrepancies, the amounts in the online summarised budget table will prevail.

At proposal submission, you will have to confirm that you have the **mandate to act** for all applicants. Moreover, you will have to confirm that the information in the application is correct and complete and that all participants comply with the conditions for receiving EU funding *(especially eligibility, financial and operational capacity, exclusion, etc)*. Before signing the grant, each beneficiary and affiliated entity will have to confirm this again by signing a declaration of honour (DoH). Proposals without full support will be rejected.

Your application must be **readable**, **accessible and printable** (please check carefully the layout of the documents uploaded).

Proposals are limited to maximum **70 pages** (Part B). Evaluators will not consider any additional pages.

You may be asked at a later stage for further documents *(for legal entity validation, financial capacity check, bank account validation, etc)*.

For more information about the submission process (including IT aspects), consult the Online Manual.

6. Eligibility

Eligible participants (eligible countries)

In order to be eligible, the applicants (beneficiaries and affiliated entities) must:

- be legal entities (public or private bodies)
- be established in one of the eligible countries, i.e.:
  - EU Member States (including overseas countries and territories (OCTs))
  - eligible non-EU countries:
    - listed EEA countries and countries associated to the EU4Health Programme (list of participating countries)

Beneficiaries and affiliated entities must register in the Participant Register — before submitting the proposal — and will have to be validated by the Central Validation Service (REA Validation). For the validation, they will be requested to upload documents showing legal status and origin.

Other entities may participate in other consortium roles, such as associated partners, subcontractors, third parties giving in-kind contributions, etc *(see section 13)*.

For the participation of associated partners, the rules on eligible countries apply as laid down in the present section, subsection 'eligible participants' of this call.

Specific cases and definitions

Natural persons — Natural persons are NOT eligible (with the exception of self-employed persons, i.e. sole traders, where the company does not have legal personality separate from that of the natural person).

International organisations — International organisations are eligible. The rules on eligible countries do not apply to them.

Entities without legal personality — Entities which do not have legal personality under their national law may exceptionally participate, provided that their representatives have the capacity to undertake legal obligations on their behalf, and offer guarantees for the protection of the EU financial interests equivalent to that offered by legal persons[62].

EU bodies — EU bodies (with the exception of the European Commission Joint Research Centre) can NOT be part of the consortium.

Associations and interest groupings — Entities composed of members may participate as 'sole beneficiaries' or 'beneficiaries without legal personality'[63]. ⚠ Please note that if the action will be implemented by the members, they should also participate (either as beneficiaries or as affiliated entities, otherwise their costs will NOT be eligible).

European Reference Networks (ERNs) — These cover networks between healthcare providers and centres of expertise in the Member States to reinforce healthcare cooperation, in particular in the area of rare diseases, in line with the objectives set out in Article 12 of Directive 2011/24.

Countries currently negotiating association agreements — Beneficiaries from countries with ongoing negotiations for participation in the programme *(see list of participating countries above)* may participate in the call and can sign grants if the negotiations are concluded before grant signature and if the association covers the call (i.e. is retroactive and covers both the part of the programme and the year when the call was launched).

EU restrictive measures — Special rules apply for entities subject to EU restrictive measures under Article 29 of the Treaty on the European Union (TEU) and Article 215 of the Treaty on the Functioning of the EU (TFEU)[64]. Such entities are not eligible to participate in any capacity, including as beneficiaries, affiliated entities, associated partners, subcontractors or recipients of financial support to third parties (if any).

EU conditionality measures — Special rules apply for entities subject to measures adopted on the basis of EU Regulation 2020/2092[65]. Such entities are not eligible to participate in any funded role (beneficiaries, affiliated entities, subcontractors, recipients of financial support to third parties, etc).

ℹ For more information, *see Rules for Legal Entity Validation, LEAR Appointment and Financial Capacity Assessment*.

62 See Article 200(2)(c) EU Financial Regulation 2024/2509.

63 For the definitions, see Articles 190(2) and 200(2)(c) EU Financial Regulation 2024/2509.

64 Please note that the EU Official Journal contains the official list and, in case of conflict, its content prevails over that of the EU Sanctions Map.

65 Regulation (EU, Euratom) 2020/2092 of the European Parliament and of the Council of 16 December 2020 on a general regime of conditionality for the protection of the Union budget (OJ L 325, 20.12.2022, p. 94).

Consortium composition

Topic	Consortium composition requirements
EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09	Proposals must be submitted by a consortium of **at least 3 applicants (beneficiaries; not affiliated entities) from 3 different eligible countries.**
EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10	Proposals must be submitted by a consortium of **at least 5 applicants (beneficiaries; not affiliated entities) from 5 different eligible countries.**
EU4H-2027-SANTE-01-PJ-03 — Call for proposals to support dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer (DG SANTE) - CR/CV&NCD-g-26-13	Proposals must be submitted by a consortium of **at least 10 applicants (beneficiaries; not affiliated entities) from 10 different eligible countries.**
EU4H-2027-SANTE-01-PJ-04 — Call for proposals to support the continued implementation and sustainability of the inter-specialty cancer training programme (DG SANTE) - CR/CV&NCD-g-26-14	Proposals must be submitted by a consortium of **at least 20 applicants (beneficiaries; not affiliated entities) from 15 different eligible countries.**
EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15	Proposals must be submitted by a consortium of **at least 10 applicants (beneficiaries; not affiliated entities) from 10 different eligible countries.**
EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16	Proposals must be submitted by a consortium of **at least 3 applicants (beneficiaries; not affiliated entities) from 3 different eligible countries.**
EU4H-2027-SANTE-01-PJ-07 — Call for proposals for European Health Data Space Readiness Package for secondary use of health data (DG SANTE) - DI-g-26-23	Proposals must be submitted by a consortium of **at least 10 applicants (beneficiaries; not affiliated entities) from 8 different eligible countries.**
EU4H-2027-SANTE-01-PJ-08 — Call for proposals for Artificial Intelligence for smart European Health Data Space compliance support (DG SANTE) - DI-g-26-24	Proposals must be submitted by a consortium of **at least 3 applicants (beneficiaries; not affiliated entities) from 3 different eligible countries**.
EU4H-2027-SANTE-01-PJ-09 — Call for proposals for advancing Artificial Intelligence in healthcare through local performance assessment (DG SANTE) - DI-g-26-25	Proposals must be submitted by a consortium of **at least 3 applicants (beneficiaries; not affiliated entities) from 3 different eligible countries.**
EU4H-2027-SANTE-01-PJ-10 — Call for proposals for designing the ecosystem for multimodal Artificial Intelligence driven prevention and early detection of neurodegenerative diseases (DG SANTE) - DI-g-26-26	Proposals must be submitted by a consortium of **at least 3 applicants (beneficiaries; not affiliated entities) from 3 different eligible countries**.
EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27	Proposals may be submitted either by a **single applicant or by a consortium** (no minimum requirement).

Eligible activities

Applications will only be considered eligible if their content corresponds wholly (or at least in part) to the topic description for which they are submitted.

Eligible activities are the ones set out in section 2 above.

The following activities are not considered as eligible for funding under this call:

- **For topic EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09:** basic research activities; standalone infrastructure investments or procurement of medical equipment not necessary for piloting or validation activities; clinical trials; activities that duplicate existing EU-funded actions without demonstrating clear added value.

- **For topic EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10:** basic research activities; standalone infrastructure investments or procurement of medical equipment not necessary for piloting or validation activities; clinical trials; activities that duplicate existing EU-funded actions without demonstrating clear added value.

- **For topic EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15:** basic research activities; standalone infrastructure investments or procurement of medical equipment not necessary for piloting or validation activities; clinical trials; activities that duplicate existing EU-funded actions without demonstrating clear added value.

- **For topic EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16:** Activities which concern development of AI technologies or AI tools.

Projects should take into account the results of projects supported by other EU funding programmes. The complementarities must be described in the project proposals (Part B of the Application Form).

Projects must comply with EU policy interests and priorities *(such as environment, social, security, industrial and trade policy, etc)*. Projects must also respect EU values and European Commission policy regarding reputational matters (*e.g. activities involving capacity building, policy support, awareness raising, communication, dissemination, etc*)[66].

With regard to third countries associated to the EU4Health Programme[67], their participation in activities under this call will be subject to compliance with the Union legislation relevant to the specific action such as Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of

[66] See, for instance, Guidance on funding for activities related to the development, implementation, monitoring and enforcement of Union legislation and policy.

[67] EU4Health programme 2021-2027 – a vision for a healthier European Union - European Commission.

such data, and repealing Directive 95/46/EC (the 'General Data Protection Regulation')[68] when treatment of personal data is involved.

Financial support to third parties is not allowed.

Geographic location (target countries)

Proposals must relate to activities taking place in the eligible countries *(see above)*.

[68] OJ L 119, 4.5.2016, ELI: http://data.europa.eu/eli/reg/2016/679/oj

Duration

Topic	Project duration
EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09	Projects should normally be maximum 24 months.
EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10	Projects should normally be maximum 24 months.
EU4H-2027-SANTE-01-PJ-03 — Call for proposals to support dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer (DG SANTE) - CR/CV&NCD-g-26-13	Projects should normally be maximum 36 months.
EU4H-2027-SANTE-01-PJ-04 — Call for proposals to support the continued implementation and sustainability of the inter-specialty cancer training programme (DG SANTE) - CR/CV&NCD-g-26-14	Projects should normally be maximum 24 months.
EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15	Projects should normally be maximum 48 months.
EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16	Projects should range between 24 and 36 months.
EU4H-2027-SANTE-01-PJ-07 — Call for proposals for European Health Data Space Readiness Package for secondary use of health data (DG SANTE) - DI-g-26-23	Projects should normally be maximum 36 months.
EU4H-2027-SANTE-01-PJ-08 — Call for proposals for Artificial Intelligence for smart European Health Data Space compliance support (DG SANTE) - DI-g-26-24	Projects should normally be maximum 18 months.
EU4H-2027-SANTE-01-PJ-09 — Call for proposals for advancing Artificial Intelligence in healthcare through local performance assessment (DG SANTE) - DI-g-26-25	Projects should normally be maximum 30 months.
EU4H-2027-SANTE-01-PJ-10 — Call for proposals for designing the ecosystem for multimodal Artificial Intelligence driven prevention and early detection of neurodegenerative diseases (DG SANTE) - DI-g-26-26	Projects should normally be maximum 30 months.
EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27	Projects should normally be maximum 12 months. The duration of the conference is up to 5 calendar days.

Extensions are possible, if duly justified and through an amendment.

Project budget

Project budgets (requested grant amount) are expected to be as described in the table below:

Topic	Project budgets (requested grant amount)
EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09	**EUR 450 000**
EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10	**EUR 1 000 000**
EU4H-2027-SANTE-01-PJ-03 — Call for proposals to support dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer (DG SANTE) - CR/CV&NCD-g-26-13	**EUR 3 000 000**
EU4H-2027-SANTE-01-PJ-04 — Call for proposals to support the continued implementation and sustainability of the inter-specialty cancer training programme (DG SANTE) - CR/CV&NCD-g-26-14	**EUR 2 440 000**
EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15	**EUR 20 000 000**
EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16	**EUR 2 500 000**
EU4H-2027-SANTE-01-PJ-07 — Call for proposals for European Health Data Space Readiness Package for secondary use of health data (DG SANTE) - DI-g-26-23	**EUR 14 350 000**
EU4H-2027-SANTE-01-PJ-08 — Call for proposals for Artificial Intelligence for smart European Health Data Space compliance support (DG SANTE) - DI-g-26-24	**EUR 3 000 000**
EU4H-2027-SANTE-01-PJ-09 — Call for proposals for advancing Artificial Intelligence in healthcare through local performance assessment (DG SANTE) - DI-g-26-25	**EUR 1 000 000**
EU4H-2027-SANTE-01-PJ-10 — Call for proposals for designing the ecosystem for multimodal Artificial Intelligence driven prevention and early detection of neurodegenerative diseases (DG SANTE) - DI-g-26-26	**EUR 1 000 000**
EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27	**EUR 200 000**

This does not however preclude the submission/selection of proposals requesting other amounts. The grant awarded may be lower than the amount requested.

Ethics

Projects must comply with:

- highest ethical standards and
- applicable EU, international and national law (including Directive 2005/28 on investigational medicinal products for human use[69] and Regulation 536/2014 on clinical trials on medicinal products for human use[70]).

Projects involving ethics issues may be made subject to specific ethics rules.

Security

Projects involving EU classified information must undergo security scrutiny to authorise funding and may be made subject to specific security rules (detailed in a security aspects letter (SAL) which is annexed to the Grant Agreement).

These rules (governed by Decision 2015/444[71] and its implementing rules and/or national rules) provide for instance that:

- projects involving information classified TRES SECRET UE/EU TOP SECRET (or equivalent) can NOT be funded
- classified information must be marked in accordance with the applicable security instructions in the SAL
- information with classification levels CONFIDENTIEL UE/EU CONFIDENTIAL or above (and RESTREINT UE/ EU RESTRICTED, if required by national rules) may be:
  - created or accessed only on premises with facility security clearance (FSC) from the competent national security authority (NSA), in accordance with the national rules
  - handled only in a secured area accredited by the competent NSA
  - accessed and handled only by persons with valid personnel security clearance (PSC) and a need-to-know
- at the end of the grant, the classified information must either be returned or continue to be protected in accordance with the applicable rules
- action tasks involving EU classified information (EUCI) may be subcontracted only with prior written approval from the granting authority and only to entities established in an EU Member State or in a non-EU country with a security of information agreement with the EU (or an administrative arrangement with the Commission)
- disclosure of EUCI to third parties is subject to prior written approval from the granting authority.

[69] Commission Directive 2005/28/EC of 8 April 2005 laying down principles and detailed guidelines for good clinical practice as regards investigational medicinal products for human use, as well as the requirements for authorisation of the manufacturing or importation of such products (OJ L 91, 9.4.2005, p. 13).

[70] Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC (OJ L 158, 27.5.2014, p. 1).

[71] See Commission Decision 2015/444/EU,Euratom of 13 March 2015 on the security rules for protecting EU classified information (OJ L 72, 17.3.2015, p. 53).

Please note that, depending on the type of activity, facility security clearance may have to be provided before grant signature. The granting authority will assess the need for clearance in each case and will establish their delivery date during grant preparation. Please note that in no circumstances can we sign any grant agreement until at least one of the beneficiaries in a consortium has facility security clearance.

Further security recommendations may be added to the Grant Agreement in the form of security deliverables *(e.g. create security advisory group, limit level of detail, use fake scenario, exclude use of classified information, etc)*.

Beneficiaries must ensure that their projects are not subject to national/third-country security requirements that could affect implementation or put into question the award of the grant *(e.g. technology restrictions, national security classification, etc)*. The granting authority must be notified immediately of any potential security issues.

7. Financial and operational capacity and exclusion

Financial capacity

Applicants must have **stable and sufficient resources** to successfully implement the projects and contribute their share. Organisations participating in several projects must have sufficient capacity to implement all projects.

The financial capacity check will be carried out on the basis of the documents you will be requested to upload in the Participant Register during grant preparation *(e.g. profit and loss account and balance sheet, business plan, audit report produced by an approved external auditor, certifying the accounts for the last closed financial year, etc)*. The analysis will be based on neutral financial indicators, but will also take into account other aspects, such as dependency on EU funding and deficit and revenue in previous years.

Where the application concerns a grant for which the amount exceeds EUR 750 000 per beneficiary, an audit report that is produced by an approved external auditor, where it is available, and always in cases where a statutory audit is required by Union or national law, certifying the accounts for the last two available financial years, must be part of the application. In all other cases, the applicant shall provide a self-declaration signed by its authorised representative certifying the validity of its accounts for the last two available financial years.

The check will normally be done for all beneficiaries, except:

- public bodies (entities established as public body under national law, including local, regional or national authorities) or international organisations
- if the individual requested grant amount is not more than EUR 60 000.

If needed, it may also be done for affiliated entities.

If we consider that your financial capacity is not satisfactory, we may require:

- further information
- an enhanced financial responsibility regime, i.e. joint and several responsibility for all beneficiaries or joint and several liability of affiliated entities *(see below, section* 10)
- prefinancing paid in instalments
- (one or more) prefinancing guarantees (see below, section 10)

or

- propose no prefinancing
- request that you are replaced or, if needed, reject the entire proposal.

For more information, *see* *Rules for Legal Entity Validation, LEAR Appointment and Financial Capacity Assessment*.

Operational capacity

Applicants must have the **know-how, qualifications** and **resources** to successfully implement the projects and contribute their share (including sufficient experience in projects of comparable size and nature).

This capacity will be assessed together with the 'Quality' award criterion, on the basis of the competence and experience of the applicants and their project teams, including operational resources (human, technical and other) or, exceptionally, the measures proposed to obtain it by the time the task implementation starts.

If the evaluation of the award criterion is positive, the applicants are considered to have sufficient operational capacity.

Applicants will have to show their capacity via the following information:

- general profiles (qualifications and experiences) of the staff responsible for managing and implementing the project
- description of the consortium participants
- list of previous projects (key projects for the last 4 years) *(template available in Part B)*.

Additional supporting documents may be requested, if needed to confirm the operational capacity of any applicant.

Public bodies, Member State organisations and international organisations are exempted from the operational capacity check

Exclusion

Applicants which are subject to an **EU exclusion decision** or in one of the following **exclusion situations** that bar them from receiving EU funding can NOT participate[72]:

- bankruptcy, winding up, affairs administered by the courts, arrangement with creditors, suspended business activities or other similar procedures (including procedures for persons with unlimited liability for the applicant's debts)
- in breach of social security or tax obligations (including if done by persons with unlimited liability for the applicant's debts)
- guilty of grave professional misconduct[73] (including if done by persons having powers of representation, decision-making or control, beneficial owners or persons who are essential for the award/implementation of the grant)

[72] See Articles 138 and 143 of EU Financial Regulation 2024/2509.

[73] 'Professional misconduct' includes, in particular, the following: violation of ethical standards of the profession; wrongful conduct with impact on professional credibility; breach of generally accepted professional ethical standards; false declarations/misrepresentation of information; participation in a cartel or other agreement distorting competition; violation of IPR; attempting to influence decision-making processes by taking advantage, through misrepresentation, of a conflict of interests, or to obtain confidential information from public authorities to gain an advantage; incitement to discrimination, hatred or violence or similar activities contrary to the EU values where negatively affecting or risking to affect the performance of a legal commitment.

- committed fraud, corruption, links to a criminal organisation, money laundering, terrorism-related crimes (including terrorism financing), child labour or human trafficking (including if done by persons having powers of representation, decision-making or control, beneficial owners or persons who are essential for the award/implementation of the grant)
- shown significant deficiencies in complying with main obligations under an EU procurement contract, grant agreement, prize, expert contract, or similar (including if done by persons having powers of representation, decision-making or control, beneficial owners or persons who are essential for the award/implementation of the grant)
- guilty of irregularities within the meaning of Article 1(2) of EU Regulation 2988/95 (including if done by persons having powers of representation, decision-making or control, beneficial owners or persons who are essential for the award/implementation of the grant)
- created under a different jurisdiction with the intent to circumvent fiscal, social or other legal obligations in the country of origin or created another entity with this purpose (including if done by persons having powers of representation, decision-making or control, beneficial owners or persons who are essential for the award/implementation of the grant)
- intentionally and without proper justification resisted[74] an investigation, check or audit carried out by an EU authorising officer (or their representative or auditor), OLAF, the EPPO, or the European Court of Auditors.

Applicants will also be rejected if it turns out that[75]:

- during the award procedure they misrepresented information required as a condition for participating or failed to supply that information
- they were previously involved in the preparation of the call and this entails a distortion of competition that cannot be remedied otherwise (conflict of interest).

8. Evaluation and award procedure

The proposals will have to follow the **standard submission and evaluation procedure** (one-stage submission + one-step evaluation)

An **evaluation committee** (potentially assisted by independent outside experts) will assess all applications. Proposals will first be checked for formal requirements (admissibility, and eligibility, *see sections 5 and 6*). Proposals found admissible and eligible will be evaluated (for each topic) against the operational capacity and award criteria *(see sections 7 and 9)* and then ranked according to their scores.

For proposals with the same score (within a topic or budget envelope) a **priority order** will be determined according to the following approach:

Successively for every group of *ex aequo* proposals, starting with the highest scored group, and continuing in descending order:

[74] 'Resisting an investigation, check or audit' means carrying out actions with the goal or effect of preventing, hindering or delaying the conduct of any of the activities needed to perform the investigation, check or audit, such as refusing to grant the necessary access to its premises or any other areas used for business purposes, concealing or refusing to disclose information or providing false information.

[75] See Article 143 EU Financial Regulation 2024/2509.

1) The *ex aequo* proposals within the same topic will be prioritised according to the scores they have been awarded for the award criterion 'Relevance'. When these scores are equal, priority will be based on their scores for the criterion 'Impact'. When these scores are equal, priority will be based on their scores for the criterion 'Quality — Project design and implementation' and then for the criterion 'Quality — Project team and cooperation arrangements'.

2) If this does not allow to determine the priority, a further prioritisation can be done by considering the overall project portfolio and the creation of positive synergies between projects, or other factors related to the objectives of the call. These factors will be documented in the panel report.

3) After that, the remainder of the available call budget will be used to fund projects across the different topics in order to ensure a balanced spread of the geographical and thematic coverage and while respecting to the maximum possible extent the order of merit based on the evaluation of the award criteria.

All proposals will be informed about the evaluation result (**evaluation result letter**). Successful proposals will be invited for grant preparation; the other ones will be put on the reserve list or rejected.

⚠ No commitment for funding — Invitation to grant preparation does NOT constitute a formal commitment for funding. We will still need to make various legal checks before grant award: *legal entity validation, financial capacity, exclusion check, etc*.

Grant preparation will involve a dialogue in order to fine-tune technical or financial aspects of the project and may require extra information from your side. It may also include adjustments to the proposal to address recommendations of the evaluation committee or other concerns. Full compliance will be a pre-condition for signing the grant.

If you believe that the evaluation procedure was flawed, you can submit a **complaint** (following the deadlines and procedures set out in the evaluation result letter). Please note that notifications which have not been opened within 10 days after sending will be considered to have been accessed and that deadlines will be counted from opening/access *(see also Funding & Tenders Portal Terms and Conditions)*. Please also be aware that for complaints submitted electronically, there may be character limitations.

9. Award criteria

The **award criteria** for this call are as follows:

1. **Relevance:** clarity and consistency of project, objectives and activities; extent to which the proposal matches the priorities and objectives of the call/topic; contribution to the EU strategic and legislative context; European/trans-national dimension; interest for a number of countries (EU or eligible non-EU countries); possibility to use the results in other countries; potential to develop mutual trust/cross-border cooperation (30 points)

2. **Quality:**

   - **Project design and implementation:** technical quality; logical links between the identified problems, needs and solutions proposed (logical frame concept); methodology for implementing the project (concept and methodology, timetable, risks' identification and mitigation, monitoring and evaluation); feasibility of the project within the

proposed time frame; cost effectiveness and financial management (sufficient/appropriate budget for proper implementation;) (30 points)

- **Project team and cooperation arrangements:** quality and complementarity of the consortium and project teams; appropriate management procedures and problem-solving mechanisms for cooperating within the project teams and consortium (30 points)

3. **Impact:** ambition and expected impact of results on target groups/general public; appropriate communication and dissemination strategy for ensuring sustainability and maximise impact; sustainability of results after EU funding ends (10 points).

Award criteria	Minimum pass score	Maximum score
Relevance	21	30
Quality — Project design and implementation	21	30
Quality — Project team and cooperation arrangements	21	30
Impact	7	10
Overall (pass) scores	**70**	**100**

Maximum points: 100 points.

Individual thresholds per criterion: 21/30, 21/30, 21/30 and 7/10 points.

Overall threshold: 70 points.

Proposals that pass the individual thresholds AND the overall threshold will be considered for funding — within the limits of the available budget (i.e. up to the budget ceiling). Other proposals will be rejected.

10. Legal and financial set-up of the Grant Agreements

If you pass evaluation, your project will be invited for grant preparation, where you will be asked to prepare the Grant Agreement together with the EU Project Officer.

This Grant Agreement will set the framework for your grant and its terms and conditions, in particular concerning deliverables, reporting and payments.

The Model Grant Agreement that will be used (and all other relevant templates and guidance documents) can be found on Portal Reference Documents.

Starting date and project duration

The project starting date and duration will be fixed in the Grant Agreement *(Data Sheet, point 1)*. Normally the starting date will be after grant signature. A retroactive starting date can be granted exceptionally for duly justified reasons — but never earlier than the proposal submission date.

Project duration: *see section 6 above*.

Milestones and deliverables

The milestones and deliverables for each project will be managed through the Portal Grant Management System and will be reflected in Annex 1 of the Grant Agreement.

The following deliverables will be mandatory for all projects:

- project webpage (presentation of the project on the participants' websites, informing on the objectives and results of the project)
- project leaflet (informing on the objectives and results of the project)
- dissemination report
- evaluation report

Specific mandatory deliverables and/or milestones per topic:

For topic EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09

Mandatory deliverables

a) Screening and training tools for health professionals adapted to the target group

b) Assessment reports and inclusion plans for participating Member States and a final implementation report summarising results

c) Lessons learned and policy implications

For topic EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10

Mandatory deliverables

a) **Capacity building workshops:** A number of workshops/webinars involving all stakeholder groups, with detailed reports documenting outcomes and best practices;

b) **Repository of knowledge tools**: accessible and practical guides, policy briefs, and toolkits tailored for children and young people, academia, educators/parents, health professionals and civil society;

c) **Digital health awareness resources**: Training modules and educational content co-developed with stakeholders;

d) **Communication platform:** An interactive platform to facilitate ongoing stakeholder dialogue and collaboration, including your people, to provide a space where national authorities can also benefit from shared resources and insights;

e) **Progress and impact reports**: Regular updates on the project's implementation, capacity building results, and collaboration effectiveness, including lessons learned.

For topic EU4H-2027-SANTE-01-PJ-03 — Call for proposals to support dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer (DG SANTE) - CR/CV&NCD-g-26-13

Mandatory deliverables

a) EU-wide dissemination and stakeholder engagement plan, including targeted outreach for vulnerable/disadvantaged populations

b) Baseline awareness survey/report

c) Package of educational materials (brochures, infographics, videos and other tools, with language versions and Member States coverage clearly reported)

d) EU Mobile App deployment and maintenance report, including dissemination monitoring covering number of actions organised, audiences reached, stakeholders reached, app downloads/active users, and initial lessons learnt

e) Final awareness evaluation report including baseline/final awareness levels and assessment of progress towards the 80% objective

Mandatory milestones

a) Establishment of an EU-wide dissemination strategy, including specific approaches for vulnerable/disadvantaged populations

b) Completion of the baseline awareness evaluation for the 5th edition of the European Code Against Cancer in the EU population

c) Launch of the EU-wide dissemination activities and implementation of targeted dissemination actions addressing vulnerable and disadvantaged populations

d) Entry into production and public availability of the 'EU Mobile App for Cancer Prevention', monitoring of dissemination performance

e) Final awareness evaluation demonstrating the change from baseline and progress towards the objective of at least 80% population awareness of the Code

For topic EU4H-2027-SANTE-01-PJ-04 — Call for proposals to support the continued implementation and sustainability of the inter-specialty cancer training programme (DG SANTE) - CR/CV&NCD-g-26-14

Mandatory deliverables

a) Mapping and selection of 50 additional participating cancer centres, including centres from remote areas, ultraperipheral EU regions, and those where cancer care disparities remain highest

b) Organisation of in person and online training activities for trainers and trainees across the participating centres

c) A network of trained trainers capable of cascading the training within their institutions and national or regional systems

d) A set of recommendations and a sustainability plan for the long-term integration of the training programme into hospital practice and professional development structures

e) Monitoring and evaluation reports assessing participation, learning outcomes, outreach to underserved regions, and progress towards gender balance

f) A repository of good practices for working in peripheral or underserved regions, and case studies on multidisciplinary collaboration in cancer care, made available through the digital platform

g) A final evaluation report on the project's contribution to improving multidisciplinary team functioning in participating cancer centres

h) Policy and operational recommendations to support replication and scale-up across the European Union and countries associated to the EU4Health Programme

For topic EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15

Mandatory deliverables

a) European network of expertise operational with governance structure and collaboration mechanisms.

b) EU guidance on personalised digitally enabled integrated patient pathways for cardiovascular diseases.

c) Health literacy toolkit to empower patients and vulnerable population groups.

d) Multidisciplinary training programme and training materials for healthcare professionals.

e) Guidance on innovative rehabilitation and integrated care models for cardiovascular diseases and related comorbidities.

f) A comprehensive European food processing assessment system based on input provided from the Scientific Advice Mechanism opinion in close consultation with the Commission, intended to provide consumers with science-based information on food processing in order to encourage shifts towards healthier diets.

g) Final implementation roadmap and practical guidance to support uptake by Member States.

Mandatory milestones

a) Establishment of the European network of expertise linking comprehensive cardiovascular health centres.

b) Agreement on the common framework for the development of EU guidance on personalised digitally enabled integrated patient pathways.

c) Selection and validation of innovative rehabilitation models and digital solutions to be piloted.

d) Selection of options for the development of a comprehensive European food processing assessment system based on input provided by the Scientific Advice Mechanism opinion, relevant stakeholders and Commission services.

e) Agreement on and integration of the elements to be provided in support of the development of a comprehensive European food processing assessment system, intended to provide consumers with science-based information on food processing in order to encourage shifts towards healthier diets.

For topic EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16

Mandatory deliverables

a) Analysis report: A report identifying barriers and success factors in the deployment of AI in primary care, supported by case studies, targeted interviews and data, building on the Commission study on AI deployment[76]. This should include evidence on the impact of AI on resource efficiency, support to healthcare workers, and enhanced health outcomes in primary care, especially in the context of non-communicable diseases.

b) Implementation strategies for AI adoption in primary care settings, including workflow adaptation and integration of clinical guidelines. These may also include guidelines or toolboxes for transferring and implementing established AI practices from experienced to new adopters, supported by learning community exchanges.

c) Policy briefs summarising core implementation strategies adaptable to regional contexts, and distilling widely applicable elements which can be used by stakeholders beyond the project consortium.

d) Pilot evaluation reports: Documentation of pilot studies, including evaluation of pilot outcomes with qualitative and quantitative indicators, and scalability analyses for the piloted AI tools in primary care.

e) Learning community reports: Overview of scheduled and conducted educational events and activities featuring AI innovators and pioneers in the use of AI in primary care, promoting knowledge exchange and skill development.

For topic EU4H-2027-SANTE-01-PJ-07 — Call for proposals for European Health Data Space Readiness Package for secondary use of health data (DG SANTE) - DI-g-26-23

Mandatory deliverables

a) A report on the frequency, activities and operation of the EHDS2 Implementation Labs;

[76] European Commission: Directorate-General for Health and Food Safety, EEIG, Open Evidence and PwC, *Study on the deployment of AI in healthcare – Final report*, Publications Office of the European Union, 2025, https://data.europa.eu/doi/10.2875/2169577.

b) A toolbox with open-source technological solutions that support the implementation of the secondary use under the EHDS Regulation, including open-source modules, blueprints and workflows covering the main EHDS business capabilities for secondary use (e.g. data access application management, dataset descriptions, HealthData@EU connectors, Secure Processing Environment (SPE), opt-out mechanism and transparency, fees and IP rights);

c) A consolidated peer-learning and benchmarking package (report with peer-learning events, material exchange, knowledge platform, and a problem resolution log);

d) A package with training materials for specific stakeholder groups (e.g. healthcare providers, industry, research organisations, domain specific health professionals, public authorities) to be channelled through adequate EU platforms including relevant EHDS stakeholder platforms;

e) A maturity monitoring framework (leveraging the existing HDAB maturity model) and annual reports.

Mandatory milestones

a) Successful completion of interoperability and integration testing for all Member States;

b) Common functional and operational implementation specifications validated by participating HDABs and accepted by the Commission, without prejudice to implementing acts, guidelines and technical specifications adopted under the EHDS Regulation;

c) Validation of Toolbox Package by pilot users completed;

d) Toolbox package available to EHDS HDAB, data users, data holders and other relevant stakeholders, building upon and integrating the results of on-going stakeholder support actions;

e) Establishment of peer-learning framework and benchmarking baseline;

f) Yearly updates of the training curriculum and materials for specific stakeholder groups validated by the Commission;

g) Publication and hosting of training material per stakeholder group on an official and publicly accessible EU platform indicated by the Commission;

h) Consolidation of a framework for continuous update of Maturity Model HDAB survey and MS survey;

i) Completion of the Maturity Model Annual Reports.

For topic EU4H-2027-SANTE-01-PJ-08 — Call for proposals for Artificial Intelligence for smart European Health Data Space compliance support (DG SANTE) - DI-g-26-24

Mandatory deliverables

a) EHDS Alignment Framework for AI tools: comprehensive framework detailing common interoperability and data quality specifications. This includes blueprints and guidelines for reusable, open-source AI components to ensure full alignment with the EHDS Regulation.

b) EHR-Integrated AI Tool Repository: A collection of validated, open-source AI modules (such as automated Patient Summary generators and data-quality-at-source validation checkers) hosted in an official and publicly

accessible EU repository/platform indicated by the Commission. It must include documentation on how to integrate these modules into existing EHR workflows.

c) HDAB and Data Holder Compliance Toolkit: Operational software tools designed to automate and simplify compliance of HDABs and health data holders with EHDS.

d) Ambient Clinical Intelligence (ACI) Validation Report: A detailed report compiling the results of clinical pilots. It must evaluate the real-world impact of AI scribes on reducing administrative burden, improving structured data entry, and integrating with EHR systems, supported by direct user feedback.

e) European Digital Health and AI literacy Platform: An interactive platform, hosted as part of the EHDS Stakeholders Platform (currently under development) or an official and publicly accessible EU platform indicated by the Commission; hosting reusable AI tools and open-source components, guidelines, training material, AI deployment playbooks, to support scaling these AI solutions across Member States.

Mandatory milestones

a) Release of Alpha Prototypes of AI Tools: First-working prototypes of EHR modules, HDAB compliance tools, and Ambient Clinical Intelligence (AI scribe) algorithms ready for testing in controlled sandbox environments. (month 7-8)

b) Launch of Piloting & Clinical Testing (month 10-11)

c) Completion of Validation & Impact Evaluation (month 15)

d) Launch of Final Open-Source Release & Platform (month 18)

For topic EU4H-2027-SANTE-01-PJ-09 — Call for proposals for advancing Artificial Intelligence in healthcare through local performance assessment (DG SANTE) - DI-g-26-25

Mandatory deliverables

a) Draft local AI performance assessment standards, validation methodologies, playbooks and KPIs developed by the AI Expert Group.

b) Report on Pilot evidence from 1–2 Clinical AI Testbeds demonstrating local AI performance assessment in real-world clinical settings.

c) Report on Prototype Digital Performance Platform (DPP) connecting Clinical AI Testbeds and developers, including basic dashboards and benchmarking functionalities.

d) Scalability and policy roadmap outlining how the prototype framework could evolve into a future EU-wide framework, including integration with the EHDS and other relevant EU frameworks and infrastructures.

e) Depending on the proposed work plan and its potential ethics implications, additional specific ethics deliverables may be requested during grant agreement preparation.

Mandatory milestones

a) Establishment of AI Expert Group.

b) Completion of Prototype validation methodologies and local performance assessment protocols, allowing pilot implementation to commence.

c) Initiation of Clinical AI Testbeds operational and pilot testing.

d) Completion of Pilot demonstrations and generation of evidence for the scalability roadmap.

For topic EU4H-2027-SANTE-01-PJ-10 — Call for proposals for designing the ecosystem for multimodal Artificial Intelligence driven prevention and early detection of neurodegenerative diseases (DG SANTE) - DI-g-26-26

Mandatory deliverables

a) Scientific map identifying and prioritising multimodal data inputs for early neurodegenerative disease prediction.

b) Terms and specifications for the creation of an interdisciplinary EU expert network

c) Operational multimodal AI prototype platform and corresponding operational report.

d) Report on the results of the training, validation, and testing of the exploratory predictive AI model.

e) Clinician-informed response protocol and structured care pathway guidelines.

f) Draft evidence-based clinical guidelines and practical recommendations for integration of tools into health systems, including ethics dimension.

g) Scaling Strategy: A proposal for expanding the project's scope, also exploring the necessity of a centralized framework like a European Brain Health AI Community Foundation to drive further this work.

h) Pilot report including lessons learnt and recommendations.

i) Depending on the proposed work plan and its potential ethics implications, additional specific ethics deliverables may be requested during grant agreement preparation (e.g. Ethics assessment and ethics implications report).

Mandatory milestones

a) Establishment of an Interdisciplinary EU expert network.

b) Development of a Multimodal AI prototype platform.

c) Implementation of an Exploratory predictive AI model.

d) Development of clinically-informed response protocol for acting on AI-based risk outputs.

e) Development of Clinical guidelines and practical recommendations for integration into health systems, including the ethics dimension.

f) Completion of a small-scale pilot to test the pathway.

g) Development of Final recommendations and lessons learnt.

h) Publication of the Strategic Expansion Framework & Foundation Launch Plan.

For topic EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27

Mandatory deliverables

a) Relevant online, electronic and limited printed materials during and post conference

b) Summary report of the feedback survey from a broad audience participating on-site and online to the event

c) Report on the live streaming services (at least for some parts of the event e.g. plenary sessions), recordings (in line with GDPR)

d) Report on relevant social media activity such as Twitter, LinkedIn, and other relevant social media

Form of grant, funding rate and maximum grant amount

The grant parameters *(maximum grant amount, funding rate, total eligible costs, etc)* will be fixed in the Grant Agreement *(Data Sheet, point 3 and art 5)*.

Requested budget (maximum grant amount): *see section 6 above*.

The grant will be a budget-based mixed actual cost grant (actual costs, with unit cost and flat-rate elements). This means that it will reimburse ONLY certain types of costs (eligible costs) and costs that were *actually* incurred for your project (NOT the *budgeted* costs). For unit costs and flat-rates, you can charge the amounts calculated as explained in the Grant Agreement *(see art 6 and Annex 2 and 2a)*.

The costs will be reimbursed at the funding rate fixed in the Grant Agreement (**60%**). You can apply for a higher project funding rate (**80%**) if your project is of 'exceptional utility', i.e. concerns:

- actions where at least 30 % of the budget is allocated to Member States (or EU4H associated countries) whose GNI per inhabitant[77] is less than 90% of the EU average or

- actions with bodies from at least 14 Member States (or EU4H associated countries) and where at least four are from Member States (or EU4H associated countries) whose GNI per inhabitant is less than 90% of the EU average.

Grants may NOT produce a profit (i.e. surplus of revenues + EU grant over costs). For-profit organisations must declare their revenues and, if there is a profit, we will deduct it from the final grant amount *(see art 22.3)*.

Moreover, please be aware that the final grant amount may be reduced in case of non-compliance with the Grant Agreement *(e.g. improper implementation, breach of obligations, etc)*.

[77] Reference table for the determination of the exceptional utility.

Budget categories and cost eligibility rules

The budget categories and cost eligibility rules are fixed in the Grant Agreement *(Data Sheet, point 3, art 6 and Annex 2)*.

Budget categories for this call:

- A. Personnel costs
  - A.1 Employees, A.2 Natural persons under direct contract, A.3 Seconded persons
  - A.4 SME owners and natural person beneficiaries
- B. Subcontracting costs
- C. Purchase costs
  - C.1 Travel and subsistence
  - C.2 Equipment
  - C.3 Other goods, works and services
- E. Indirect costs

Specific cost eligibility conditions for this call:

- personnel costs:
  - SME owner/natural person unit cost[78] : Yes
- travel and subsistence unit cost[79]: Yes[80]
- equipment costs: depreciation
- other cost categories:
  - costs for financial support to third parties: not allowed
- indirect cost flat-rate: 7% of the eligible direct costs (categories A-D, except volunteers costs and exempted specific cost categories, if any)
- VAT: non-deductible/non-refundable VAT is eligible (but please note that since 2013 VAT paid by beneficiaries that are public bodies acting as public authority is NOT eligible)
- other:
  - in-kind contributions for free are allowed, but cost-neutral, i.e. they cannot be declared as cost
  - project webpage: communication costs for presenting the project on the participants' websites or social media accounts are eligible *(e.g. personal costs for feeding and maintaining the webpage during the project, etc)*; costs for *separate* project websites are not eligible

[78] Commission Decision of 20 October 2020 authorising the use of unit costs for the personnel costs of the owners of small and medium-sized enterprises and beneficiaries that are natural persons not receiving a salary for the work carried out by themselves under an action or work programme (C(2020)7115).

[79] Commission Decision of 12 January 2021 authorising the use of unit costs for travel, accommodation and subsistence costs under an action or work programme under the 2021-2027 multi-annual financial framework (C(2021)35).

[80] See EU Grants AGA — Annotated Grant Agreement, art 6 on eligible costs: travel and subsistence costs must be declared using the unit cost according to Annex 2a of the grant agreement. If a particular instance of travel, accommodation or subsistence in the action is not covered by one of the unit costs mentioned in Decision C(2021)35 the actual costs may be used.

- EU Synergies call: No
- other ineligible costs: Yes, costs for infrastructure and land purchase.

Reporting and payment arrangements

The reporting and payment arrangements are fixed in the Grant Agreement *(Data Sheet, point 4 and art 21 and 22)*.

After grant signature, you will normally receive a **prefinancing** to start working on the project (float of normally **50%** of the maximum grant amount; exceptionally less or no prefinancing). The prefinancing will be paid 30 days from entry into force/10 days before starting date/financial guarantee (if required) — whichever is the latest.

For topics:

- **EU4H-2027-SANTE-01-PJ-01 — Call for proposals to support action for addressing health inequalities in people with intellectual and developmental disabilities across the EU, focusing on cardiovascular health (DG SANTE) - DP-g-26-09**
- **EU4H-2027-SANTE-01-PJ-02 — Call for proposals to address the broader impacts of social media on health and well-being, focusing on the mental health of children and young people (DG SANTE) - DP-g-26-10**
- **EU4H-2027-SANTE-01-PJ-03 — Call for proposals to support dissemination and evaluating the awareness level of the 5th edition of the European Code Against Cancer (DG SANTE) - CR/CV&NCD-g-26-13**
- **EU4H-2027-SANTE-01-PJ-04 — Call for proposals to support the continued implementation and sustainability of the inter-specialty cancer training programme (DG SANTE) - CR/CV&NCD-g-26-14**
- **EU4H-2027-SANTE-01-PJ-05 — Call for proposals to support an EU flagship programme on cardiovascular diseases: a multidisciplinary and patient-centred approach to prevention, early detection, treatment and care (DG SANTE) - CR/CV&NCD-g-26-15**
- **EU4H-2027-SANTE-01-PJ-06 — Call for proposals to facilitate the use of emerging AI tools in primary care and the required health workforce skills (DG SANTE) - HS-g-26-16**
- **EU4H-2027-SANTE-01-PJ-07 — Call for proposals for European Health Data Space Readiness Package for secondary use of health data (DG SANTE) - DI-g-26-23**
- **EU4H-2027-SANTE-01-PJ-09 — Call for proposals for advancing Artificial Intelligence in healthcare through local performance assessment (DG SANTE) - DI-g-26-25**
- **EU4H-2027-SANTE-01-PJ-10 — Call for proposals for designing the ecosystem for multimodal Artificial Intelligence driven prevention and early detection of neurodegenerative diseases (DG SANTE) - DI-g-26-26**

There will be one or more **interim payments** (with detailed cost reporting). However, in case the duration of some actions is of 24 months or less than 24 months, there will be no interim payment.

For topics:

- **EU4H-2027-SANTE-01-PJ-08 — Call for proposals for Artificial Intelligence for smart European Health Data Space compliance support (DG SANTE) - DI-g-26-24**
- **EU4H-2027-SANTE-01-PJ-11 — Call for proposals to contribute to the organisation of conferences (DG SANTE) - OA-g-26-27**

There will be no interim payments.

Payment of the balance: At the end of the project, we will calculate your final grant amount. If the total of earlier payments is higher than the final grant amount, we will ask you (your coordinator) to pay back the difference (recovery).

All payments will be made to the coordinator.

⚠ Please be aware that payments will be automatically lowered if you or one of your consortium members has outstanding debts towards the EU (granting authority or other EU bodies). Such debts will be offset by us — in line with the conditions set out in the Grant Agreement *(see art 22)*.

Please also note that you are responsible for **keeping records** on all the work done and the costs declared.

Prefinancing guarantees

If a prefinancing guarantee is required, it will be fixed in the Grant Agreement *(Data Sheet, point 4)*. The amount will be set during grant preparation and it will normally be equal or lower than the prefinancing for your grant.

The guarantee should be in euro and issued by an approved bank/financial institution established in an EU Member State. If you are established in a non-EU country and would like to provide a guarantee from a bank/financial institution in your country, please contact us (this may be exceptionally accepted, if it offers equivalent security).

Amounts blocked in bank accounts will NOT be accepted as financial guarantees.

Prefinancing guarantees are normally requested from the coordinator, for the consortium. They must be provided during grant preparation, in time to make the prefinancing (scanned copy via Portal AND original by post).

If agreed with us, the bank guarantee may be replaced by a guarantee from a third party.

The guarantee will be released at the end of the grant, in accordance with the conditions laid down in the Grant Agreement *(art 23)*.

Certificates

Depending on the type of action, size of grant amount and type of beneficiaries, you may be requested to submit different certificates. The types, schedules and

thresholds for each certificate are fixed in the Grant Agreement *(Data Sheet, point 4 and art 24)*.

Liability regime for recoveries

The liability regime for recoveries will be fixed in the Grant Agreement *(Data Sheet, point 4.4 and art 22).*

For beneficiaries, it is one of the following:

- limited joint and several liability with individual ceilings — *each beneficiary up* to their maximum grant amount
- unconditional joint and several liability — *each beneficiary up to the maximum grant amount for the action*

or

- individual financial responsibility — *each beneficiary only for their own debts*.

In addition, the granting authority may require joint and several liability of affiliated entities (with their beneficiary).

Provisions concerning the project implementation

Ethics rules: *see Model Grant Agreement (art 14 and Annex 5)*

IPR rules: *see Model Grant Agreement (art 16 and Annex 5):*

- list of background: Yes
- rights of use on results: Yes
- access to results for policy purposes: Yes
- access rights to ensure continuity and interoperability obligations: Yes

Communication, dissemination and visibility of funding: *see Model Grant Agreement (art 17 and Annex 5):*

- communication and dissemination plan: Yes
- additional communication and dissemination activities: Yes

Specific rules for carrying out the action: *see Model Grant Agreement (art 18 and Annex 5):*

- durability: No
- specific rules for blending operations: No

Other specificities

Consortium agreement: Yes

Non-compliance and breach of contract

The Grant Agreement (chapter 5) provides for the measures we may take in case of breach of contract (and other non-compliance issues).

- For more information, *see* AGA — Annotated Grant Agreement.

11. How to submit an application

All proposals must be submitted directly online via the Funding & Tenders Portal Electronic Submission System. Paper applications are NOT accepted.

Submission is a **2-step process**:

a) **create a user account and register your organisation**

To use the Submission System (the only way to apply), all participants need to create an EU Login user account.

Once you have an EULogin account, you can register your organisation in the Participant Register. When your registration is finalised, you will receive a 9-digit participant identification code (PIC).

b) **submit the proposal**

Access the Electronic Submission System via the Topic page in the Calls for proposals section (or, for calls sent by invitation to submit a proposal, through the link provided in the invitation letter).

Submit your proposal in 3 parts, as follows:

- Part A includes administrative information about the applicant organisations (future coordinator, beneficiaries, affiliated entities and associated partners) and the summarised budget for the proposal. Fill it in directly online
- Part B (description of the action) covers the technical content of the proposal. Download the mandatory word template from the Submission System, fill it in and upload it as a PDF file
- Annexes (*see section 5*). Upload them as PDF file (single or multiple depending on the slots). Excel upload is sometimes possible, depending on the file type.

The proposal must keep to the **page limits** *(see section 5)*; excess pages will be disregarded.

Documents must be uploaded to the **right category** in the Submission System, otherwise the proposal may be considered incomplete and thus inadmissible.

The proposal must be submitted **before the call deadline** (*see section 4*). After this deadline, the system is closed and proposals can no longer be submitted.

Once the proposal is submitted, you will receive a **confirmation e-mail** (with date and time of your application). If you do not receive this confirmation e-mail, it means your proposal has NOT been submitted. If you believe this is due to a fault in the Submission System, you should immediately file a complaint via the IT Helpdesk webform, explaining the circumstances and attaching a copy of the proposal (and, if possible, screenshots to show what happened).

Details on processes and procedures are described in the Online Manual. The Online Manual also contains the links to FAQs and detailed instructions regarding the Portal Electronic Exchange System.

12. Help

As far as possible, ***please try to find the answers you need yourself***, in this and the other documentation (we have limited resources for handling direct enquiries):

- Online Manual
- Portal FAQ (for general questions).

Please also consult the Topic page regularly, since we will use it to publish call updates. (For invitations, we will contact you directly in case of a call update).

Contact

For individual questions on the Portal Submission System, please contact the IT Helpdesk.

Non-IT related questions should be sent to the following email address: HADEA-HP-CALLS@ec.europa.eu.

Please indicate clearly the reference of the call and topic to which your question relates *(see cover page)*.

13. Important

IMPORTANT

- **Don't wait until the end —** Complete your application sufficiently in advance of the deadline to avoid any last minute **technical problems**. Problems due to last minute submissions *(e.g. congestion, etc)* will be entirely at your risk. Call deadlines can NOT be extended.
- **Consult** the Portal Topic page regularly. We will use it to publish updates and additional information on the call (call and topic updates).
- **Funding & Tenders Portal Electronic Exchange System —** By submitting the application, all participants **accept** to use the electronic exchange system in accordance with the Portal Terms & Conditions.
- **Registration —** Before submitting the application, all beneficiaries, affiliated entities and associated partners must be registered in the Participant Register. The participant identification code (PIC) (one per participant) is mandatory for the Application Form.
- **Consortium roles —** When setting up your consortium, you should think of organisations that help you reach objectives and solve problems.

  The roles should be attributed according to the level of participation in the project. Main participants should participate as **beneficiaries** or **affiliated entities**; other entities can participate as associated partners, subcontractors, third parties giving in-kind contributions. **Associated partners** and third parties giving in-kind contributions should bear their own costs (they will not become formal recipients of EU funding). **Subcontracting** should normally constitute a limited part and must be performed by third parties (not by one of the beneficiaries/affiliated entities). Subcontracting going beyond 30% of the total eligible costs must be justified in the application.
- **Coordinator —** In multi-beneficiary grants, the beneficiaries participate as consortium (group of beneficiaries). They will have to choose a coordinator, who will take care of the project management and coordination and will represent the consortium towards the granting authority. In mono-beneficiary grants, the single beneficiary will automatically be coordinator.
- **Affiliated entities** — Applicants may participate with affiliated entities (i.e. entities linked to a beneficiary which participate in the action with similar rights and obligations as the beneficiaries, but do not sign the grant and therefore do not become beneficiaries themselves). They will get a part of the grant money and must therefore comply with all the call conditions and be validated (just like beneficiaries); but they do not count towards the minimum eligibility criteria for consortium composition (if any). If affiliated entities participate in your project, please do not forget to provide documents demonstrating their affiliation link to your organisation as part of your application.
- **Associated partners** — Applicants may participate with associated partners (i.e. partner organisations which participate in the action but without the right to get grant money). They participate without funding and therefore do not need to be validated.
- **Consortium agreement** — For practical and legal reasons it is recommended to set up internal arrangements that allow you to deal with exceptional or unforeseen circumstances (in all cases, even if not mandatory under the Grant Agreement). The consortium agreement also gives you the possibility to redistribute the grant money according to your own consortium-internal principles and parameters (for instance, one beneficiary can reattribute its grant money to another beneficiary). The consortium agreement thus allows you to customise the EU grant to the needs inside your consortium and can also help to protect you in case of disputes.

- **Balanced project budget —** Grant applications must ensure a balanced project budget and sufficient other resources to implement the project successfully *(e.g. own contributions, income generated by the action, financial contributions from third parties, etc)*. You may be requested to lower your estimated costs, if they are ineligible (including excessive).

- **Completed/ongoing projects —** Proposals for projects that have already been completed will be rejected; proposals for projects that have already started will be assessed on a case-by-case basis (in this case, no costs can be reimbursed for activities that took place before the project starting date/proposal submission).

- **No-profit rule —** Grants may NOT give a profit (i.e. surplus of revenues + EU grant over costs). This will be checked by us at the end of the project.

- **No cumulation of funding/no double funding —** It is strictly prohibited to cumulate funding from the EU budget (except under 'EU Synergies actions'). Outside such Synergies actions, any given action may receive only ONE grant from the EU budget and cost items may under NO circumstances be declared under two EU grants; projects must be designed as different actions, clearly delineated and separated for each grant (without overlaps).

- **Combination with EU operating grants —** Combination with EU operating grants is possible, if the project remains outside the operating grant work programme and you make sure that cost items are clearly separated in your accounting and NOT declared twice *(see AGA — Annotated Grant Agreement, art 6.2.E).*

- **Multiple proposals —** Applicants may submit more than one proposal for *different* projects under the same call (and be awarded funding for them).

  Organisations may participate in several proposals.

  BUT: if there are several proposals for *very similar* projects, only one application will be accepted and evaluated; the applicants will be asked to withdraw the others (or they will be rejected).

- **Resubmission —** Proposals may be changed and re-submitted until the deadline for submission.

- **Rejection —** By submitting the application, all applicants accept the call conditions set out in this this Call document (and the documents it refers to). Proposals that do not comply with all the call conditions will be rejected. This applies also to applicants: All applicants need to fulfil the criteria; if any one of them doesn't, they must be replaced or the entire proposal will be rejected.

- **Cancellation —** There may be circumstances which may require the cancellation of the call. In this case, you will be informed via a call or topic update. Please note that cancellations are without entitlement to compensation.

- **Language —** You can submit your proposal in any official EU language (project abstract/summary should however always be in English). For reasons of efficiency, we strongly advise you to use English for the entire application. If you need the call documentation in another official EU language, please submit a request within 10 days after call publication (for the contact information, *see section 12*).

- **Transparency —** In accordance with Article 38 of the EU Financial Regulation, information about EU grants awarded is published each year on the Europa website.

  This includes:
  - beneficiary names
  - beneficiary addresses
  - the purpose for which the grant was awarded
  - the maximum amount awarded.

  The publication can exceptionally be waived (on reasoned and duly substantiated request), if there is a risk that the disclosure could jeopardise your rights and freedoms under the EU Charter of Fundamental Rights or harm your commercial interests.

- **Data protection —** The submission of a proposal under this call involves the collection, use and processing of personal data. This data will be processed in accordance with the applicable legal framework. It will be processed solely for the purpose of evaluating your proposal, subsequent management of your grant and, if needed, programme monitoring, evaluation and communication. Details are explained in the Funding & Tenders Portal Privacy Statement.