OPPORTUNITES DE FINANCEMENTS EUROPEENS | HORIZON EUROPE – IPLESP– 18/03/2026

Accompagnement personnalisé vers la réussite de vos projets européens

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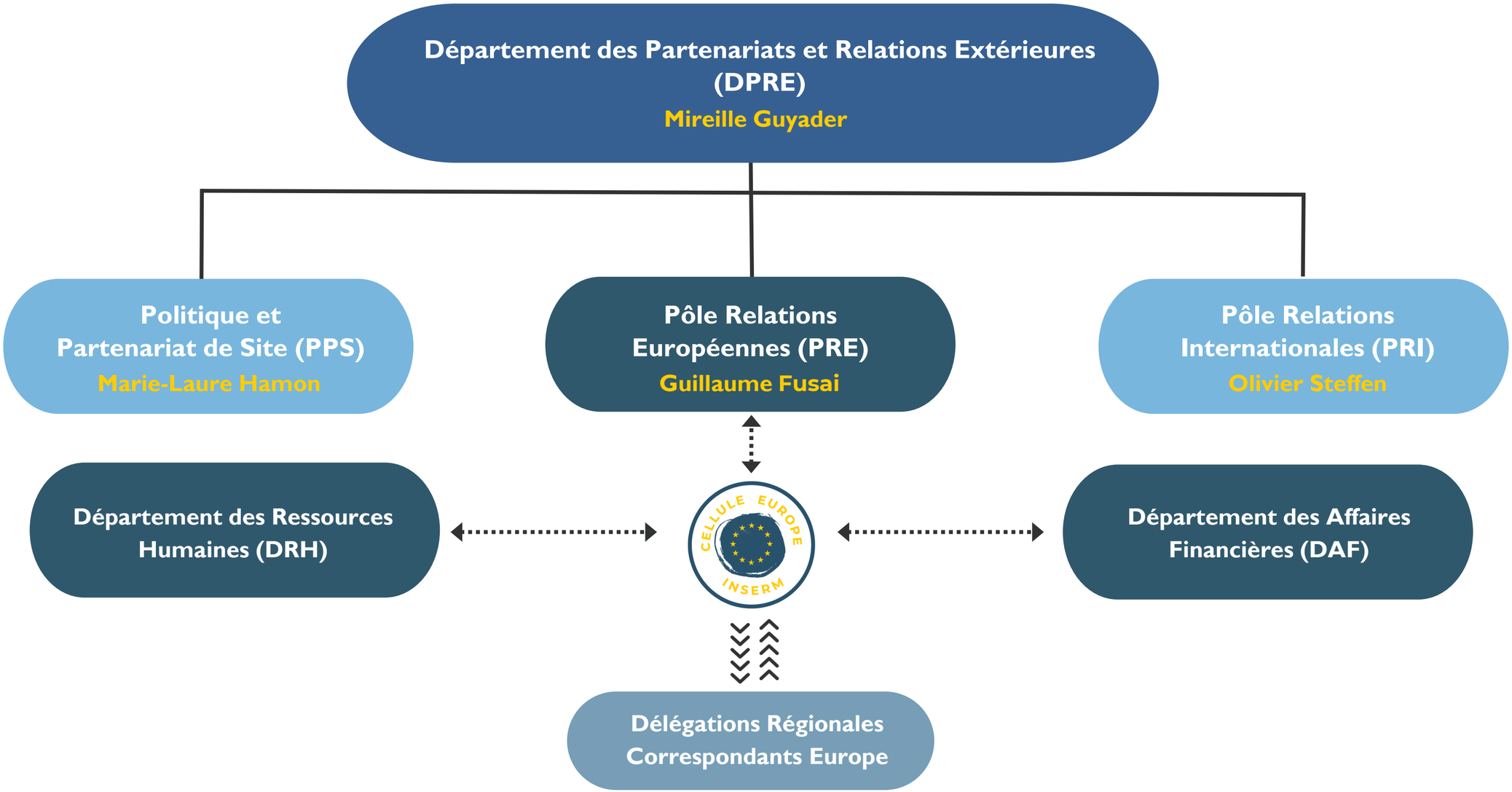
LA CELLULE EUROPE DU SIÈGE DE L'INSERM



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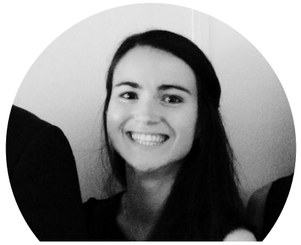
LA CELLULE EUROPE DE L'INSERM

Pôle Relations Européennes (PRE)

Guillaume Fusai
Responsable du Pôle Europe

Laurence Garric
ERC



Aude Raimbault
Cluster Santé (IHI - EDCTP3), mission cancer

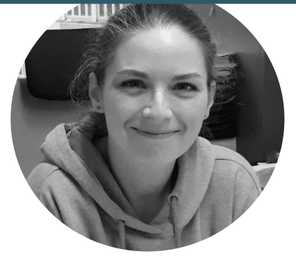
Marie Anson
EIC Pathfinder

Ivone Alves
Communication

Département des Ressources Humaines (DRH)

Morgane Bureau
Actions Marie S. Curie

Département des Affaires Financières (DAF)



Marion Di Maria
Aspects Juridiques et Financiers

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Plan d'action pour la mise en œuvre de la stratégie européenne de l'Inserm

POUR VOUS, UN ENSEMBLE D'ACTEURS POUR RÉALISER VOTRE OBJECTIF HORIZON EUROPE

CELLULE EUROPE / SIÈGE

- **Identification** de l'instrument pertinent en fonction de votre projet
- Vérification de l'adéquation du projet avec l'appel que vous avez ciblé
- **Analyse** des facteurs de succès dans les projets gagnants, conseils d'écriture
- Règles de participations, aide à la recherche de partenaires (PME, SHS notamment)
- Mise en relation avec lauréats
- Statistiques
- Relecture (ERC et MSCA)
- **Accompagnement** pour l'oral ERC (oraux blancs avec panélistes et lauréats)

Si mandat de gestion Inserm

VOTRE DÉLÉGATION RÉGIONALE

- Accompagnement au montage budgétaire et juridique
- Gestion financière du projet s'il est sélectionné

INSERM TRANSFERT

- Pour **la coordination de projets avec plusieurs partenaires** *(Cluster Santé, IHI, EDCTP3, ERC PoC, ERC SyG,*
- *MSCADoctoral Networks & Staff Exchanges)*
- Chef de projet dédié
- Planification, structuration, contribution à la rédaction
- Organisation administrative

(collecte des données des partenaires, réunions, soumission)

- **Frais de montage pris en charge par le siège**

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POURQUOI DÉPOSER UN PROJET EUROPÉEN?

ETRE VISIBLE AU NIVEAU EUROPEEN

Publier avec un impact international
Publications issues de projets européens : 2,5 fois plus citées que la moyenne mondiale

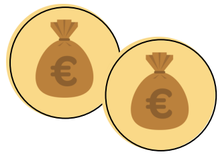
Valoriser son activité
- Reconnaissance par ses pairs, renforcement de l'attractivité de son laboratoire/équipe
- Donner une dimension européenne/internationale à sa carrière

Développer son réseau de collaborateurs
Attirer des nouveaux talents dans son équipe/laboratoire

DEVELOPPER **SON ACTIVITE**

Décloisonner sa recherche
- S'ouvrir à l'interdisciplinarité - Acquérir de nouvelles compétences
- Aborder des questions scientifiques en confrontant des approches différentes
- Réalisation d'activités non envisageables à l'échelle nationale
- Développer de nouveaux projets scientifiques grâce aux nouvelles collaborations
- Mobilité transnationale

Gagner en autonomie
- Former une équipe
- Etablir et revendiquer une vision personnelle de son domaine
- Développer de nouvelles compétences transversales: gestion de projets d'envergure, recrutement, diffusion des résultats, dialogue avec la CE, etc.



Taux de remboursement de 100 % des coûts éligibles pour les organismes publics

INVESTISSEMENT NECESSAIRE

- S'accorder du temps pour concevoir et rédiger le projet (6 à 12 mois)
- Accepter de se mettre en avant, parler en son nom propre
- S'identifier dans le profil du porteur en fonction du projet (individuel, partenaire ou coordinateur d'un collaboratif)
- Sortir de sa zone de confort

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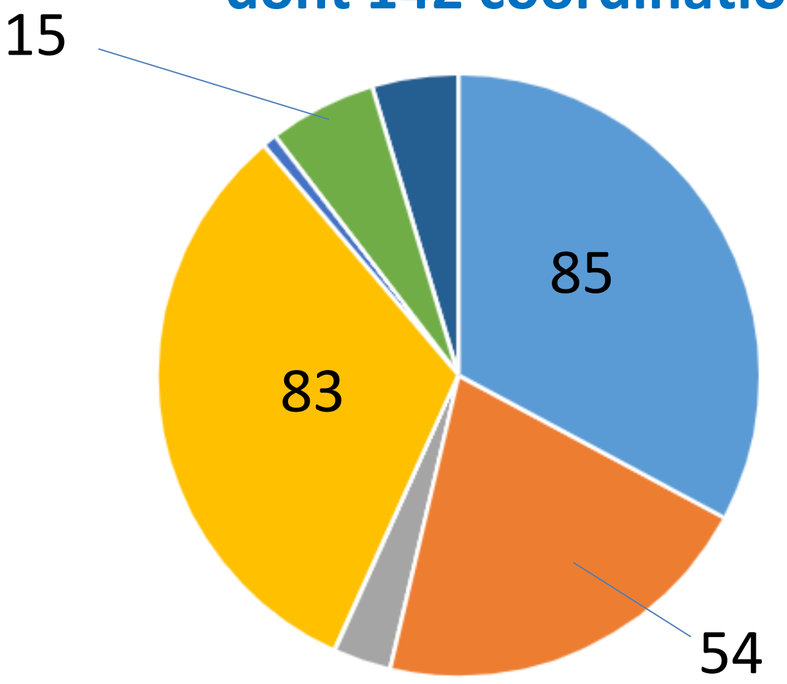
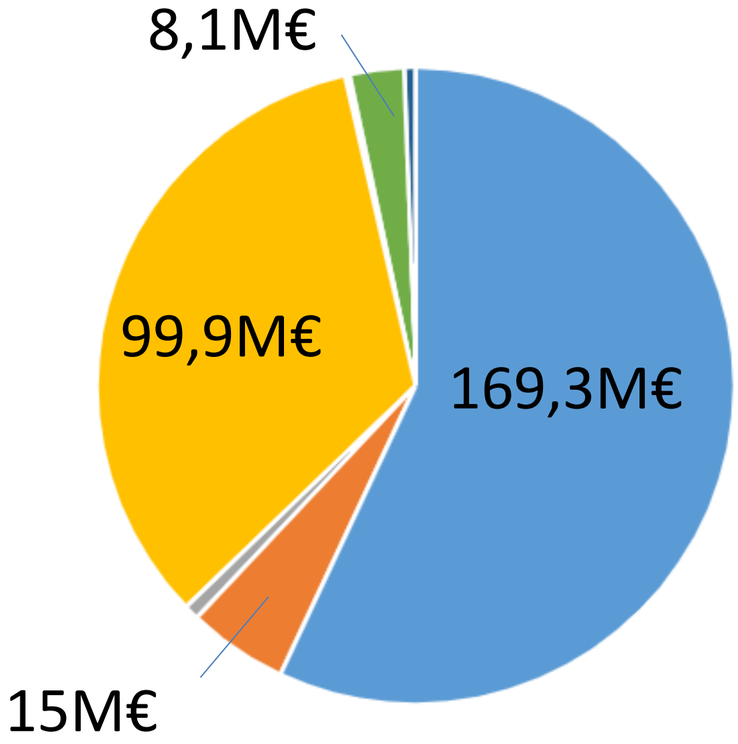
NOMBRE DE PROJETS HORIZON EUROPE ET PART DE LA SUBVENTION

259 projets HEU
dont 142 coordinations



Pour une subvention de 297,1M€



ERC ■ Marie S. Curie ■ Infrastructures ■ Cluster Santé ■ Cluster Numérique ■ EIC Pathfinder ■ Autres

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PROJETS HEU U1136

ESCAPE	Efficient and rapidly SCAlable EU-wide evidence-driven Pandemic response plans through dynamic Epidemic data assimilation	**Vittoria COLIZZA** bénéficiaire	Cluster Santé
HEAT-UP	Heat Exposure and Antihypertensive Treatment: Unravelling causal Pathways	**OHANYAN Haykanush** coordinateur	MSCA PF
IMPROVA	e-Intervention Enhancing Mental Health in Adolescents	**Maria Melchior** bénéficiaire	Cluster Santé
INTEGRATE	The Integrate study : An adaptive platform trial for the development of a new intervention to combat Lassa fever in Africa	**Marie Jaspard** bénéficiaire	EDCTP3
PIPELINE	Pregnancy and Infant PrEparedness pLatform IN Europe	**Vittoria COLIZZA** bénéficiaire	Cluster Santé
EBO-PEP	The EBO-PEP project : EBOla Zaïre Post-Exposure Prophylaxis, preparedness and efficacy evaluation during outbreak in Central and West-Africa.	**Marie Jaspard** coordinateur	EDCTP3
PROACT EU-Response	A European Proactive Adaptive Clinical Trials Network within EU-Response	**Karine Lacombe** coordinateur	Cluster Santé
KASSANDRA	Accounting for human behaviour in risk assessments of zoonotic spillover and international spread of infectious diseases in scenarios of global change	**RIKANI Albano** coordinateur	MSCA PF
VERDI	SARS-coV2 variants Evaluation in pRegnancy and paeDIatrics cohorts	**Vittoria COLIZZA** bénéficiaire	Cluster Santé

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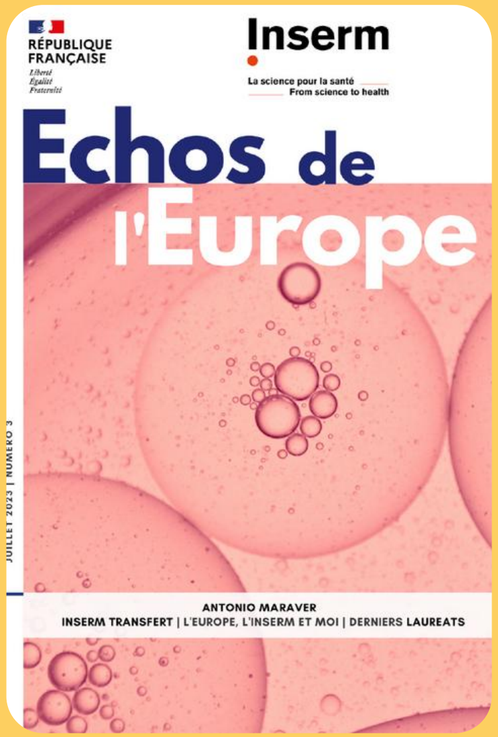
ACTIONS COMMUNICATION ET VISIBILITÉ



RAISE

https://www.calameo.com/books/005154450893789c14fb7

Lauréats des projets européens de l'Inserm 2021 - 2022 (calameo.com)

Horizon Europe : quels outils pour financer mon projet - Inserm pro

Replay – Table ronde – Devenir expert-évaluateur auprès de la CE (juin 2024)
Work as an expert | EU Funding & Tenders Portal (europa.eu)

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DEVENIR EXPERT-EVALUATEUR

Evaluation réalisée par des experts-évaluateurs indépendants

En tant que chercheurs- possibilité de s'inscrire sur la base de données de la CE pour devenir experts

Sélection des experts-évaluateurs à partir des critères suivants:

- Niveau d'expertises scientifiques, compétences et expérience dans le domaine de l'AAP;
- Absence de conflit d'intérêt;
- Equilibre du groupe d'experts en termes de compétences, d'expérience, d'origine géographique, genre, secteur (public, privé, non académique) si approprié
- Respect des principes d'indépendance, d'impartialité, d'objectivité, de cohérence, de confidentialité, etc.

➢ *Replay table-ronde Inserm disponible sur Inserm Pod - Mot de passe: DevenirExpertEvaluateur!20624*

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DES INSTRUMENTS VARIÉS EN FONCTION DE VOS OBJECTIFS

PROJETS INDIVIDUELS

Développer **ma propre équipe** autour d'un projet d'excellence scientifique de mon choix

European Research Council

Recruter un **post-doctorant** pour développer un projet de recherche

MSCA Postdoctoral fellowships

Développer un projet de recherche et **acquérir de nouvelles compétences** *via* une mobilité

MSCA Postdoctoral fellowships

PI/Equipe/ Unité

PROJETS COLLABORATIFS

MSCA Doctoral Networks

Recruter un ou des doctorant(s) dans le cadre d'un projet de recherche collaboratif

MSCA Staff Exchanges

Echanger des bonnes pratiques, des compétences et des savoirs *via* des **mobilités de tout type de personnel** impliqué dans un projet de recherche

Cluster Santé Mission Cancer

Développer un **projet** en réponse aux défis majeurs de l'Europe en matière de santé avec un **impact sociétal et économique**

EIC Pathfinder

Développer une **technologie de rupture, risquée**, mais qui mène à un changement de paradigme, avec une vision marché à 10/15 ans

ERC : LES FINANCEMENTS WP2027

STARTING

0-10 ans après PhD

1.5 M€ (+ 1M€)

5 ans

Former son équipe

Indépendance : Publication comme auteur principal avec ou sans la participation du chef de thèse

CONSOLIDATOR

5-15 ans après PhD

2 M€ (+ 1M€)

5 ans

Consolider sa recherche / son équipe

Preuve d'indépendance (scientifique, financière..)

ADVANCED

2.5 M€ **LUMP SUM** (+ 1M€)

5 ans

Leadership reconnu dans le domaine

Track-record sur 10 ans

SYNERGY

2 – 4 PI
(1 peut être hors UE/PA)

10.0 M€ (+ 4 M€)

6 ans

SYNERGIE!

Tous stade de carrière
Tous domaines

PROOF OF CONCEPT

Aide à la valorisation d'idées émanant d'un projet ERC

150,000 €
LUMP SUM

Déjà lauréat d'un ERC grant

Extension possible de la fenêtre d'éligibilité (maternité, paternité, longues maladies, formation clinique …)
Possibilité d'un financement supplémentaire : Chercheur venant d'un pays tiers, Achat de gros équipement, Accès grandes infrastructures et missions sur le terrain

CALENDRIER 2026 (DRAFT-TBC)

Programme 2026 :Renouvellement annuel du programme de travail, publication mi juillet

	STARTING GRANT	CONSOLIDATOR GRANT	ADVANCED GRANT	SYNERGY GRANT	PROOF OF CONCEPT GRANT
Call identifier	ERC-2026-StG	ERC-2026-CoG	ERC-2026-AdG	ERC-2026-SyG	ERC-2026-PoC
Open	9/07/2025	25/09/2025	28/05/2026	10/07/2025	
Deadline	14/10/2025	13/01/2026	27/08/2026	05/11/2025	

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L'ERC PLUS : positionnement et caractéristiques clés

Un nouvel appel à projet ERC

- ❑ **Nouveau financement** qui s'ajoute aux bourses ERC existantes (WP2026 – amendement) : **premier appel en 2026**
- ❑ Les bourses ERC PLUS « **Similaires, mais différentes des autres programmes de subventions ERC** »

Objectifs

- ❑ Soutenir des **PI exceptionnels**
- ❑ Permettre de relever un **défi scientifique majeur** dans tous les champs de recherche (*Bottom-up*)
- ❑ **Projets impossibles à réaliser via une ERC classique** (doit être argumenté dans un document spécifique, le « *Statement of vision* ». Ex. : vise à transformer durablement le domaine / ouvrir de nouvelles voies de recherche…)

Montant & durée

- ❑ Jusqu'à **7 M€**
- ❑ Durée : **4 à 7 ans** (pas de prorata)
- ❑ Financement en *lump sum* (sans financement additionnel)
- ❑ Budget appels : 2026 => 210 M€ (≈ 30 bourses) ; 2027 => 210 M€ (≈ 30 bourses)

Caractère unique : Une seule ERC Plus possible par carrière

ERC Plus Grant Call[8]
ERC-2026-PLUS
2 June 2026
2 September 2026
210
30
16 February 2027
15 June 2027
-
13 October 2027

L'ERC PLUS : candidat(e)s et processus d'évaluation

Profil des candidat(e)s (PI)

- Parcours scientifique **exceptionnel**, à la **pointe de leur domaine** (« outstanding record of scientific achievement at the forefront of their field")
- **Tous stades de carrière** (évaluation du « leadership intellectuel » par rapport aux pairs du même stade)
- **Tous les âges** et **toutes les nationalités**
- Résidant dans n'importe quel pays du monde au moment du dépôt
- Souhaitant réaliser leur recherche avec la bourse ERC PLUS dans **une institution d'accueil (publique ou privée) basée dans un Etat membre ou pays associé**
- **Appel très compétitif (à prendre en compte au moment d'envisager une candidature)** => sélection très limitée (≈ 30 bourses en 2026, alors que ≈ 1 000 StG, CoG, AdG par an)

Évaluation

- **Critère unique de l'excellence du profil (avec accent sur des profils exceptionnels) et du projet.**

"For ERC Plus Grants, the past achievements of the applicants will be given more importance than for regular grants: the applicants are expected to be leaders in their field".

Processus d'évaluation en 2 étapes :

- **Étape 1 (Part 1 + CV + « *Statement of Vision* »)**
  - Évaluation par membres du panel AdG
  - Inclus **«*Statement of Vision* »** (½ à 2 pages)
  - Retenues/non-retenues pour l'étape 2

→ **Explique en quoi le projet dépasse une ERC classique**

- **Étape 2 (Part 1 + Part2 + CV)**
  - Panel spécifique composé de **personnes de grande renommée (membres de panel différents en étape 1 et 2)**
  - Évaluateurs externes
  - Phase d'audition
  - Scores A (rencontre les critères de sélection - financé si budget disponible) ou B (non financé)

En savoir plus sur ERC PLUS et sur Choose Europe for Science : https://erc.europa.eu/apply-grant/erc-plus-grant
https://www.horizon-europe.gouv.fr/l-erc-double-le-financement-additionnel-pour-les-chercheurs-s-installant-en-europe-38839

Actions Marie Skłodowska-Curie

Morgane Bureau
Responsable du programme AMSC | Inserm
Point de Contact National Horizon Europe AMSC | MESR
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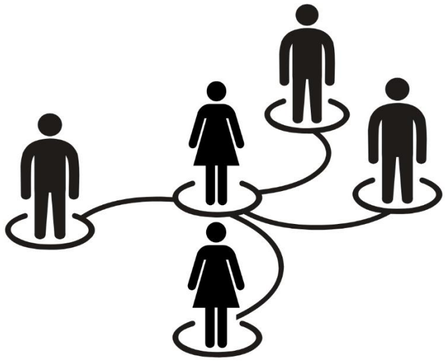
LES ACTIONS MARIE SKŁODOWSKA-CURIE

Postdoctoral Fellowships

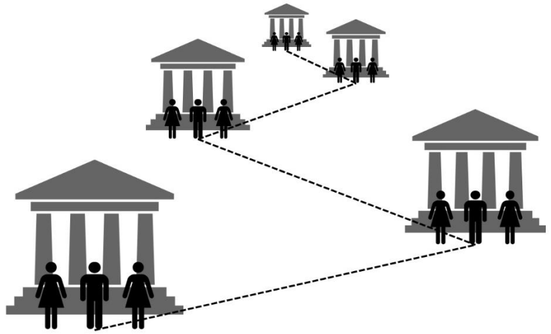


Doctoral Networks

COFUND

MSCA & Citizens

Programme blanc



Staff Exchanges

MSCA Choose Europe for Science

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LES SECTEURS

Secteur académique

- Etablissements d'enseignement supérieur publics ou privés
- Organismes de recherche à but non lucratif publics ou privés
- Organisations européennes internationales de recherche (ex. CERN, EMBL, etc.)*

Organisation internationale dont la majorité des membres sont des Etats membres ou des Pays associés et dont l'objectif principal est de promouvoir la coopération scientifique et technologique en Europe

Secteur non-académique

- Tout acteur socio-économique non inclus dans le secteur académique (ex. grandes entreprises, PME, ONG, musées, hôpitaux, organisations internationales [ex. Nations Unies, OMS, etc.])

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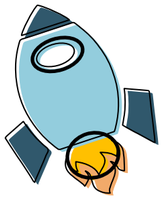
AMSC | POSTDOCTORAL FELLOWSHIPS (1/2)

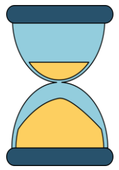


Pourquoi viser les Postdoctoral Fellowships ?

- (pour soi) Développer un projet de recherche et acquérir de nouvelles compétences via une mobilité
- (pour son équipe) Recruter un post-doctorant talentueux dans votre équipe afin de développer un projet de recherche

Mécanismes : 2 modèles possibles

- European Postdoctoral Fellowships : mobilité vers un organisme localisé dans un Etat membre de l'Union européenne ou un pays associé à Horizon Europe
- Global Postdoctoral Fellowships : mobilité en deux étapes
  - une **phase aller** dans un pays tiers non associé à Horizon Europe
  - une **phase retour obligatoire** dans un Etat membre de l'Union européenne ou un pays associé à Horizon Europe



Durée

- European Postdoctoral Fellowships : 12 à 24 mois
- Global Postdoctoral Fellowships : 12 à 24 mois pour la phase aller + 12 mois **obligatoire** pour la phase retour (total = 24 à 36 mois)

Calendrier

- Fréquence : un appel par an | **Appel PF 2026 :** 09 avril 2026 - 09 septembre 2026

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AMSC | POSTDOCTORAL FELLOWSHIPS (2/2)

Financement

- Rémunération du jeune chercheur et indemnités spécifiques
- Coûts de fonctionnement
- Coûts de management et coûts indirects

Cible

- Les jeunes chercheurs :
  - titulaire d'un **diplôme de doctorat** à la date de clôture de l'appel (ou ayant défendu leur thèse sans avoir encore formellement le diplôme)
  - **max. 8 ans d'expérience** en recherche (à compter de la date d'obtention du diplôme de doctorat)
  - **Extension** de l'éligibilité sous certaines conditions (maternité, etc.)
- Règle de mobilité : **pas plus de 12 mois** au cours des trois dernières années dans le **pays du bénéficiaire** pour les EPF / dans le **pays tiers de la phase aller** pour les GPF à la date de clôture de l'appel

Restriction

- Moins de 80 % : **impossible** pour un candidat de déposer une nouvelle candidature l'année suivante avec le **même bénéficiaire** (et le **même partenaire associé** pour la phase sortante dans le cadre d'une GPF)

Taux de succès PF 2025

- Global : 9,56 % | EPF : 9,23 % | GPF : 14,04 %

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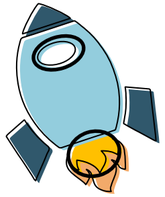
AMSC | DOCTORAL NETWORKS (1/2)

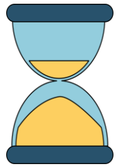


Pourquoi viser les Doctoral Networks ?

- Développer un projet de recherche commun avec un réseau d'organismes européens/internationaux
- Former une nouvelle génération de chercheurs aux enjeux d'aujourd'hui et de demain

Mécanismes : 3 modèles possibles

- DN « Regular » : doctorants inscrits dans un programme doctoral
- DN - Industrial Doctorates : doctorants inscrits dans un programme doctoral **+ min. 50% de leur temps de travail dans le secteur non académique**
- DN - Joint Doctorates : programme doctoral menant à l'obtention par chaque doctorant **d'un diplôme double, multiple ou conjoint**



Durée de vie du projet / du recrutement & taille du réseau

	DN « Regular »	DN-ID	DN-JD
Projet	max. **48** mois		max. **60** mois
Recrutement	de 3 à **36** mois		de 3 à **48** mois
Taille du réseau	**540** personne-mois (max. 15 doctorants pour 36 mois)		**540** personne-mois (max. 11 doctorants pour 48 mois)

Calendrier

- Fréquence : un appel par an | **Appel DN 2026 :** 28 mai 2026 - 24 novembre 2026

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AMSC | DOCTORAL NETWORKS (2/2)

Financement

- Rémunération du doctorant et indemnités spécifiques
- Coûts de fonctionnement
- Coûts de management et coûts indirects

Cible

- Les doctorants : non titulaire d'un doctorat à la date de recrutement + inscription en école doctorale
- Règle de mobilité : **pas plus de 12 mois** au cours des trois dernières années dans le pays du bénéficiaire **à la date du premier jour de recrutement**

Consortium

- Bénéficiaires : au minimum 3 organismes localisés dans 3 Etats membres ou pays associés différents (obligatoirement 1 basé dans un Etat membre). Ils ont l'obligation de recruter **au moins 1 doctorant** et **signent** le Grant Agreement
- Partenaires associés : ils **complètent** le consortium en accueillant un ou plusieurs doctorant(s) en secondment et/ou en participant au programme de formation. Ils **ne signent pas** le Grant Agreement.

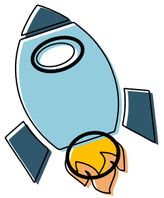
Restriction

- Moins de 80 % : **impossible** de déposer une nouvelle candidature l'année suivante avec une **proposition similaire**, c'est-à-dire une proposition qui présente des changements mineurs et dans laquelle certains membres du consortium actuel sont présents.

Taux de succès DN 2024

- Global : 10,60 %

AMSC | STAFF EXCHANGES (1/2)



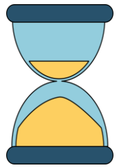
Pourquoi viser les Staff Exchanges ?

- Développer un projet de recherche commun avec un réseau d'organismes européens/internationaux
- Echanger des connaissances et des bonnes pratiques entre personnels de différents laboratoires

Les exigences minimales pour monter un consortium

- Membres du consortium : au moins 3 organismes indépendants
- Pays du consortium : organismes basés dans trois pays différents, dont au moins 2 organismes basés dans des Etats membres ou pays associés à Horizon Europe
- Secteurs du consortium : obligation d'avoir **au moins un participant du secteur académique** et **un participant du secteur non-académique**

Nouveauté avec l'appel MSCA SE 2026



Durée

- Projet : max. 48 mois
- Mission d'un personnel : 1 à 12 mois (mission fractionnable, plusieurs endroits possibles) | Max. **360** personnes-mois/réseau

Calendrier

- Fréquence : un appel par an | **Appel SE 2026 :** 16 décembre 2025 - 16 avril 2026

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AMSC | STAFF EXCHANGES (2/2)

Financement

- Indemnité couvrant les frais de voyage et de subsistance du personnel en mobilité
- Coûts de fonctionnement
- Coûts de management et coûts indirects

Cible

- Tous les personnels : chercheurs (du doctorant au chercheur expérimenté) ainsi que le personnel technique, administratif et managérial lié au projet
- Règle de participation : retour dans l'organisme d'origine fortement recommandé après la mobilité

Consortium

- Bénéficiaires : Etats membres et pays associés à Horizon Europe
- Partenaires associés : Pays tiers

Liste des pays associés à Horizon Europe et des pays tiers éligibles au financement dans le cadre des AMSC

Taux de succès SE 2025

- Global : 22,50 %

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AMSC | LA PROPOSITION

	Part A (en ligne)	Part B1 (PDF à déposer)	Part B2 (PDF à déposer)
Contenu *Si la structure de la proposition est la même pour toutes les actions, le contenu est différent en fonction de l'action*	**Formulaires administratifs**	**Projet scientifique** Il s'articule autour des 3 critères d'évaluation : **Excellence**, **Impact**, **Mise en œuvre**	**Annexes du projet**
Postdoctoral Fellowships	Informations générales Participants Budget Ethique et sécurité Questions diverses	10 pages max.	CV du candidat Capacité des organisations participantes Ethique, informations additionnelles Sécurité, informations additionnelles Considérations environnementales Lettre d'engagement (GPF)
Doctoral Networks	Informations générales Participants Budget Ethique et sécurité	34 pages max.	Network organisation Supervisory board Considérations environnementales Organisations participantes Lettres de pré-accord (DN-JD)
Staff Exchanges	Informations générales Participants Budget Ethique et sécurité	32 pages max.	Organisations participantes Lettres d'engagement

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AMSC | LES BUDGETS 2026-2027 (1/2)

MSCA Postdoctoral Fellowships	Contributions for the recruited researcher Per person-month					Institutional unit contributions Per person-month	
	Living allowance	**Mobility allowance**	**Family allowance** *(si éligible)*	**Long-term leave allowance** *(si nécessaire)*	**Special needs allowance** *(si nécessaire)*	**Research, training and networking contribution**	**Management and indirect contributions**
	6 350 €*	710 €	660 €	7 060 € x % couvert par le bénéficiaire	Requested unit x (1/number of months)	1 000 €	650 €

MSCA Doctoral Networks	Contributions for the recruited researcher Per person-month					Institutional unit contributions Per person-month	
	Living allowance	**Mobility allowance**	**Family allowance** *(si éligible)*	**Long-term leave allowance** *(si nécessaire)*	**Special needs allowance** *(si nécessaire)*	**Research, training and networking contribution**	**Management and indirect contributions**
	4 250 €*	710 €	660 €	4 960 € x % couvert par le bénéficiaire	Requested unit x (1/number of months)	1 600 €	1200 €

* Un **coefficient correcteur** s'applique sur la *living allowance* afin de tenir compte du niveau de vie du pays dans lequel le.a lauréat.e sera recruté.e. Pour la France, ce coefficient correcteur est de **116,6** % pour les appels 2026-2027.

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AMSC | LES BUDGETS 2026-2027 (2/2)

MSCA Staff Exchanges	Contributions for the recruited researcher Per person-month		Institutional unit contributions Per person-month	
	Top-up allowance	**Special needs allowance** *(si nécessaire)*	**Research, training and networking contribution**	**Management and indirect contributions**
	2 870 €	Requested unit x (1/number of months)	1 300 €	1 000 €

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MASTERCLASS NATIONALE MSCA PF 2026

Pour qui ?

- Candidats/encadrants **déposant avec l'Inserm**

Pour quelle bourse ?

- **EPF |** Candidature afin d'intégrer une équipe Inserm
- **GPF |** Candidature déposée avec l'Inserm pour une phase aller dans un pays tiers puis une phase retour de 12 mois à l'Inserm

Quand ?

- Les **14 et 15 avril 2026**, en **présentiel** au Siège de l'Inserm
- Du **04 au 07 mai 2026**, **de 12h00 à 15h30**, **en ligne** via Teams

Comment ?

- Sur **inscription** et après vérification de l'**éligibilité** (formulaire à compléter : https://sondage.inserm.fr/index.php/823789/lang-fr + CV à envoyer à cellule.europe@inserm.fr)
- Masterclass en **anglais**

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Cluster Santé– Horizon Europe

Aude RAIMBAULT
Chargée de mission
Cluster Santé-Mission Cancer-Partenariat IHI
Département des partenariats et relations extérieures
aude.raimbault@inserm.fr

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CLUSTER SANTÉ-MISSION CANCER

PRIORITES POLITIQUES DE LA COMMISSION EUROPEENNE

A European Green Deal
An economy that works for people
A Europe fit for the digital age

+

POLITIQUES EUROPEENNES STRATEGIQUES EN MATIERE DE SANTE

Synergies avec le programme de la DG Santé "EU4HEalth"
Plan Cancer: Europe's beating cancer Action plan
European Health Data Space
Strategy for European Life Sciences, etc.

PLAN STRATEGIQUE HORIZON EUROPE 2025-2027
Grandes orientations stratégiques clés + Impacts attendus

Fondements des activités et des résultats de recherche et d'innovation, qui seront définis dans les programmes de travail du pilier II d'Horizon Europe

Programme de travail 2026- 2027 Cluster Santé

AAP 2026-2027

AAP « top-down » publié dans programme de travail

Projet collaboratif et interdisciplinaire en réponse à un AAP de la CE

RÔLES POSSIBLES ET CRITÈRES D'ELIGIBILITE

PROJET COLLABORATIF

Consortium de partenaires réunis pour mener à bien un projet collaboratif et **multidisciplinaire** de recherche et développement, avec un **impact à la fois sociétal** au bénéfice du citoyen (et des patients) et **économique sur les systèmes de santé.**

2 ROLES POSSIBLES DANS LE CONSORTIUM

COORDINATEUR :

Seul interlocuteur de la CE, assure le bon déroulé du projet et de ses livrables et l'interaction avec tous les partenaires.

PARTENAIRE (Bénéficiaire) :

Responsable d'un work-package ou d'une activité

→ *Pas de nombre idéal: autant de partenaires que d'expertises nécessaires à la réalisation du projet.*

→ ***En moyenne : 7 à 13 partenaires***

REGLES DE PARTICIPATION

Minimum 3 entités légales issus de 3 Etats-membres ou Etats associés différents, dont **au moins l'une d'entre elle établie dans un Etat-Membre.**

Toute entité légale peut participer (organisme, université, association de patients, entreprise privée, agences de santé publiques, agences règlementaires, PME, etc…)

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CLUSTER SANTE– COOPERATION INTERNATIONALE

Toutes les lignes d'appel sont ouvertes à la coopération internationale –
des conditions spécifiques peuvent apparaître dans chaque appel à projet

Pays éligibles pour recevoir le financement de la CE :

- 27 ETATS-MEMBRES DE L'UE
- ETATS ASSOCIES A HORIZON EUROPE :
  - ✓ *Finalisé* : Albanie, Arménie, Canada, Corée du Sud, Bosnie, Iles Féroé, Géorgie, Islande, Israël, Kosovo, Moldavie, Monténégro, Nouvelle-Zélande, Macédoine du Nord, Norvège, **Suisse**, Serbie, Tunisie, Turquie, Ukraine, **UK**
  - ✓ Négociations en cours avec Maroc, Egypte et Japon
- PAYS TIERS **:** Certains pays à faibles et moyens revenus sont automatiquement éligibles au financement
Liste complète en cliquant ici

Cas spécifiques :

USA : Encore éligibles au financement Cluster Santé (mais non éligibles au financement dans le cadre de la Mission Cancer)

Pour les autres pays-tiers pas de financement de la CE (mécanismes de co-financement existant dans certains pays: Australie, Mexique, Chine...)

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3 CRITERES D'EVALUATION

Après vérification des critères d'admissibilité et d'éligibilité :

EXCELLENCE SCIENTIFIQUE

4/5

Clarté et pertinence **des objectifs du projet**; et dans quelle mesure ils sont ambitieux et vont au-delà de l'état de l'art;

Crédibilité de la méthodologie proposée, notamment les concepts sous-jacents, les modèles, hypothèses, approches inter-disciplinaires, méthodologie scientifique solide;

Intégration de la dimension du **genre dans le contenu de la recherche;**

Qualité **des pratiques de science ouverte**, notamment l'engagement des citoyens, de la société civile et des utilisateurs finaux et gestion et partage des résultats de la recherche.

IMPACT DU PROJET

4/5

Dans quel mesure le projet va atteindre les impacts demandés ?

Crédibilité de la voie choisie (*pathway*) pour atteindre les « outcomes » et « impacts » attendus listés dans l'appel et le programme de travail et dans quelle mesure le projet va y contribuer;

Adéquation et qualité des mesures pour maximiser les impacts et résultats attendus, tels que décrit dans **le plan d'exploitation et de dissémination**, notamment les activités de **communication**

QUALITE ET EFFICACITE DE LA MISE EN ŒUVRE DU PROJET

4/5

Qualité et efficacité du plan de travail, évaluation des risques et adéquation des efforts assigné à chaque «work packages» et les ressources;

Capacité et rôle de chaque participant, et dans quelles mesures le **consortium est complémentaire et apporte l'expertise nécessaire**

Note seuil 12/15

Partie A Application form
Partie B Technical description (45 pages)

Evaluation par les pairs: comités d'experts-évaluateurs indépendants

AAP 2027
Cluster Santé–
Horizon Europe

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WP 2026-2027 CLUSTER SANTE

WP26-27 Cluster Santé officiel

2027
17 AAP
Ouverture AAP : 10 février 2027
Deadline (1 stage) : 13 avril 2027
Deadline (2 stage) : 22 septembre 2027

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Destination 1 *Santé tout au long de la vie, modes de vie et comportements plus sains, prévention et surveillance des maladies, réadaptation*				
			Objs/innovation attendue	**Scope**
HORIZON-HLTH-2027-01-STAYHLTH-01: **Addressing disabilities though the life course to support independent living and inclusion**	2027 – 1 étape RIA	5 projets 6-8M€/projet	Finding the causes of the disease(s) + developing innovative solutions (diagnoses, medicines, treatments, protocols, technologies, digital tools, low-tech solutions) Access to habilitation and rehabilitation services, including psychological rehabilitation and innovative rehabilitation with assistive technologies when appropriate, to increase, maintain, substitute or improve functional capabilities of persons with disabilities or for, alleviation and compensation of impairments Prevention of disabilities through the life-course Innovative solutions, care models and strategies for high quality person-centred, accessible and targeted social and healthcare services to prevent barriers and to support independent living	Special **focus on children with disabilities from the perinatal period, and/or young people with disabilities transitioning to adulthood, and/or older persons**

Destination 2 *Déterminants environnementaux et sociaux de la santé*				
HORIZON-HLTH-2027-01-ENVHLTH-02: **Integrating climate-related exposures into the human exposome and characterising its changes in response to climate change**	2027 – 1 étape RIA	4 projets 10-11M€/projet	Biological pathways and mechanisms by which the exposome drives health impacts, jointly considering climate-related and other exposures. Study existing and/or newly generated longitudinal cohorts that combine individual exposome data with the corresponding medical, omics and biological data. Identify exposome-relevant indicators and biomarkers Data generation, analysis, integration and interpretation in human exposomics, developing methodologies and integrating novel approaches *(AI, machine learning)*	

Destination 3				
HORIZON-HLTH-2027-02-DISEASE-01- two-stage: **Innovative healthcare interventions for non-communicable diseases**	2027 – 2 étapes RIA	8 projets 7-8M€/projet	Early-stage clinical trial(s) (for pharmacological interventions: phase 1 and phase 2 clinical trials) to validate novel or refined healthcare interventions Proof-of-concept of clinical safety and efficacy Preclinical research and the draft clinical trial protocol should be completed at the time of submission of the proposal	Cardiovascular diseases, diabetes, chronic respiratory diseases or chronic kidney diseases
HORIZON-HLTH-2027-01-DISEASE-05: **Development of novel small molecule antiviral therapeutics for pathogens with epidemic potential**	2027 – 1 étape RIA	5 projets 9-11 M€/projet	Development of novel or existing broad spectrum antiviral candidates Discovery and selection of candidate antivirals, Optimisation of selected candidates, In vitro characterisation of antiviral activity, mechanism of action In vivo tests in at least one animal model (or, if available in human organoid or organotypic models) If requested by regulators as pre-requisite for clinical studies, in vivo tests in a non-human primate model Production of batches (GMP standard) First in human clinical safety studies	• Junin mammarenavirus and/or Lassa mammarenavirus • Tick-borne encephalitis virus and/or • Japanese encephalitis virus • Andes virus and/or Hantaan virus and/or Sin Nombre virus • Hendra virus • Enterovirus D68 • Venezuelan equine encephalitis virus Antibodies and antibody derived proteins excluded

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Destination 3

HORIZON-HLTH-2027-01-DISEASE-06: Development of monoclonal antibodies to prevent and treat infections from Flaviviruses	2027 – 1 étape RIA	4 projets 9-10 M€/projet	Development of existing prophylactic and therapeutic monoclonal antibody candidates Finalisation of the in vitro characterisation of existing monoclonal antibody candidates In vivo tests in at least one animal model (or, if available in humanised immune system animal models) If requested by regulators as pre-requisite for clinical studies, in vivo tests in a non-human primate model. Evaluation of antibody-dependent enhancement (ADE) risk Production of batches of the most promising antibody candidates (GMP standard) First in human clinical safety studies	• Dengue Virus, • Tick-borne Encephalitis Virus, • Japanese Encephalitis Virus, • West Nile Fever Virus, • Yellow Fever Virus • Zika Virus
HORIZON-HLTH-2027-01-DISEASE-07: Development of monoclonal antibodies to prevent and treat infections from Filo- Phenui-, Picorna- and Toga Viridae	2027 – 1 étape RIA	4 projets 9-10 M€/projet	Development of existing prophylactic and therapeutic monoclonal antibody candidates Finalisation of the in vitro characterisation of existing monoclonal antibody candidates In vivo tests in at least one animal model or, if available in humanised immune system animal models If requested by regulators as pre-requisite for clinical studies, in vivo tests in a non-human primate model. Evaluation of antibody-dependent enhancement (ADE) risk Production of batches of the most promising antibody candidates under GMP First in human clinical safety studies	• Ebola Virus • Marburg Virus • Crimean-Congo Hemorrhagic Fever Virus • Rift Valley Fever Virus • Enterovirus D68 • Chikungunya Virus
HORIZON-HLTH-2027-01-DISEASE-08: Development of innovative antimicrobials against critical pathogens resistant to antimicrobials (AMR)	2027 – 1 étape RIA	5 projets 8-10 M€/projet	Development of innovative and effective antibacterial and antifungal agents, including antibody-based therapies Accelerate testing of novel candidates in human trials Finalisation of in vivo tests in at least one animal model (or, if available in humanised immune system animal models) to demonstrate the protective function of the therapeutics deemed sufficient for moving to first clinical trials. If requested by regulators as enablers for clinical studies, in vivo tests in a non-human primate model. Production of batches of the most promising antimicrobials candidates (GMP) In human clinical safety and efficacy studies	**At least 1 on the following critical pathogens**: Carbapenem resistant Acinetobacter Baumanii (CRAB). Carbapenem-resistant Enterobacterales (CRE) and third-generation cephalosporin-resistant Enterobacterales (C3GRE) Carbapenem resistant Pseudomonas Aeruginosa. Methicillin-Resistant Staphylococcus aureus (MRSA) (Drug)-resistant Aspergillus fumigatus (Drug)-resistant *Candida spp.* Not pursue the development of phage-therapies

CLUSTER SANTE – WP 2026-2027

Destination 3				
HORIZON-HLTH-2027-02-DISEASE-14- two-stage: **Clinical trials for advancing innovative interventions for neurodegenerative diseases**	2027 – 2 étapes RIA	4 projets 10M€/projet	**Rigorous early-stage clinical trials** (for pharmacological-based interventions: phase 1 and/or phase 2 clinical trials) **into the safety and efficacy of the innovative interventions** and their mode of administration **Gain further insight into the potentially novel mechanism(s) of action of the innovative therapies and complementary approaches** + analyses of imaging (MRI, ultrasound, nuclear imaging) + physiological, molecular, biochemical or omics signatures **Use and/or develop technologies**, including digital ones (e.g. (generative AI, wearable technologies) **to help implement and monitor the long-term efficacy of the intervention(s)** **Exploit existing data, biobanks, registries and/or cohorts, together with the generation of new data** Lien avec partenariat Brain Health	Rare neurodegenerative diseases excluded

HORIZON-HLTH-2027-01-DISEASE-10: **Prevention and management of chronic non-communicable diseases in children and young people (GACD)**	2027 – 1 étape RIA	3 projets 3-4 M€/projet	Implementation research, exploring strategies, evidence-based program and policy interventions across prevention, diagnosis, screening and management of chronic NCDs Educational strategies, vaccination strategies, promotion of behavioural and lifestyle changes; Screening and diagnosis of NCDs (or risk factors) in children and/or young people (in particular use of digital tools);	Any chronic non-communicable condition (or combination of conditions), including mental health disorders, autoimmune conditions, musculoskeletal conditions, **neurological disorders** and sleep disorders and/or any risk factor (or combination of risk factors) Chronic NCDs, centred on the critical life stages spanning early childhood to young adulthood (1-24 years of age) living in LMICs, and/or underserved populations in HICs Proposed intervention(s) for a selected study population(s) based in one or more LMICs, and/or underserved populations experiencing health disparities

CLUSTER SANTE – WP 2026-2027

Destination 4 *Médecine personnalisée; Accès aux services de santé et de soins pour les personnes en situation de vulnérabilité*				
HORIZON-HLTH-2027-01-CARE-02: **Personalised approaches to reduce risks from Adverse Drug Reactions due to administration of multiple medications**	2027 – 1 étape RIA	4 projets 8-10M€/projet	Identifying and validating relevant biomarkers for better patient stratification Targeted therapies and biomarker-driven treatment strategies In-vitro models for adverse drug reactions, drug-drug/drug-gene/drug-food interactions, imaging biomarkers, therapeutic dose reduction and pharmaco-exposomics, nutrition and beverage interference, pollution Use of technology (electronic health records, AI and clinical decision support systems)	Situations of multiple medications (3 or more drugs administered concomitantly)

Destination 5

Outils, technologies et solutions numériques pour la santé et les soins, y compris la médecine personalisée

HORIZON-HLTH-2027-02-TOOL-01-two-stage: **Development of predictive biomarkers of disease progression and treatment response by using AI methodologies for chronic non-communicable diseases**	2027 – 2 étapes RIA	6 projets 6-8M€/projet	Clinical development of predictive biomarkers of disease progression and treatment response for chronic NCDs Establish a biomarker validation platform to assess the clinical utility of the predictive biomarkers identified	Chronic non-communicable diseases (excluding cancer)
HORIZON-HLTH-2027-03-TOOL-04: **Virtual Human Twins (VHTs) for integrated clinical decision support in prevention and diagnosis**	2027 – 1 étape RIA *Ouverture: 3/06/2027 Deadline : 22/09/2027	4 projets 10-12M€/projet	Select clinical use cases to deliver multi-disciplinary high impact solutions requiring multi-organ, multi-scale approaches to modelling complex pathophysiology over time	Any areas of high disease burden; example areas include and are not limited to co-morbidities, chronic cardiovascular conditions, infection and (auto)immunity, inflammation and cancer, diabetes and related conditions, degenerative diseases (including their interaction with mental health conditions), exposome and its impact on human health and disease

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AAP 2027
Mission Cancer

Inserm

CALL OF PROPOSALS –WP 2027 CANCER MISSION

Ouverture : 10 février 2027

Deadline: 21 septembre 2027

HORIZON-MISS-2027-02-CANCER-01: **Leveraging functional genomics to reveal novel targets for cancer treatment**	RIA	4 projets financés 7-8M€/projet	Design of exploratory mechanistic studies using longitudinal patient bio-samples, clinical proof-of-concept studies and/or observational and translational studies involving newly collected or existing data as appropriate	Paediatric and adolescent cancers (age at first diagnosis 0-19 years), cancers with limited treatment options, refractory cancers, rare cancers or cancer types with low five-year survival rates

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HORIZON-MISS-2027-02-CANCER-01: LEVERAGING FUNCTIONAL GENOMICS TO REVEAL NOVEL TARGETS FOR CANCER TREATMENT

AAP 2027-1 étape
RIA - **4 projets financés (7-8M€/projet)**

Particular interest for this topic are **paediatric and adolescent cancers (age at first diagnosis 0-19 years), cancers with limited treatment options, refractory cancers, rare cancers or cancer types with low five-year survival rates**

Proposals may consider the **design of exploratory mechanistic studies using longitudinal patient bio-samples, clinical proof-of-concept studies and/or observational and translational studies involving newly collected or existing data as appropriate**.

- Leverage **technological advances in functional genomics and structural biology approaches including but not limited to rapid gene sequencing, single-cell studies, spatial gene mapping, spatial transcriptomics, epigenetic profiling, liquid biopsies and functional precision oncology pipelines.** The use of causal inference, computational modelling and/or AI tools are encouraged for the collection, visualisation, analysis and management of big, complex, and heterogeneous data sets.

Functional genomics : the use of transcriptomics, proteomics, epigenomics, and metabolomics to understand gene function in a systems biology context

All of the following activities:

- To **identify and validate new targets for innovative therapeutic approaches**, by developing experimental models *(any relevant preclinical or clinical model including but not limited to in silico, in vitro, in vivo or ex vivo models)* and technologies to access the functional effects of tumour temporal heterogeneity on disease initiation, progression and relapse.

- **To investigate the mechanisms underlying the interply between the tumor's dynamic multi-omics characteristics**, its microenvironment and patient specific factors *(such as:genetic background, immune status, age, sex, and comorbidities)* **during disease initiation and progression**. This includes elucidating the mechanisms of adaptive resistance to therapies, utilizing clinical data where appropriate (applicants may build over existing clinically annotated patient cohorts and exploit current EU biobanks for sample access)
- To apply state-of-the-art approaches, tools and models to integrate and analyse FAIR multimodal longitudinal patient data.

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HORIZON-MISS-2027-02-CANCER-01: LEVERAGING FUNCTIONAL GENOMICS TO REVEAL NOVEL TARGETS FOR CANCER TREATMENT

Consortium: mix of stakeholders from various disciplines and sectors, including but not limited to medical doctors, health-IT experts, researchers, AI-experts, solution providers, academia and research institutes, EU research infrastructures + SMEs

Advantage should be taken to the extent possible of data and experience gained under current large-scale initiatives (the **European 1M+ Genomes and the European Cancer Imaging initiative** and others as appropriate)

Appropriate collaborations with the project **UNCAN-CONNECT** (UNCAN.eu research platform)

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CONSEIL EUROPÉEN DE L'INNOVATION

Présentation du challenge 2026 I

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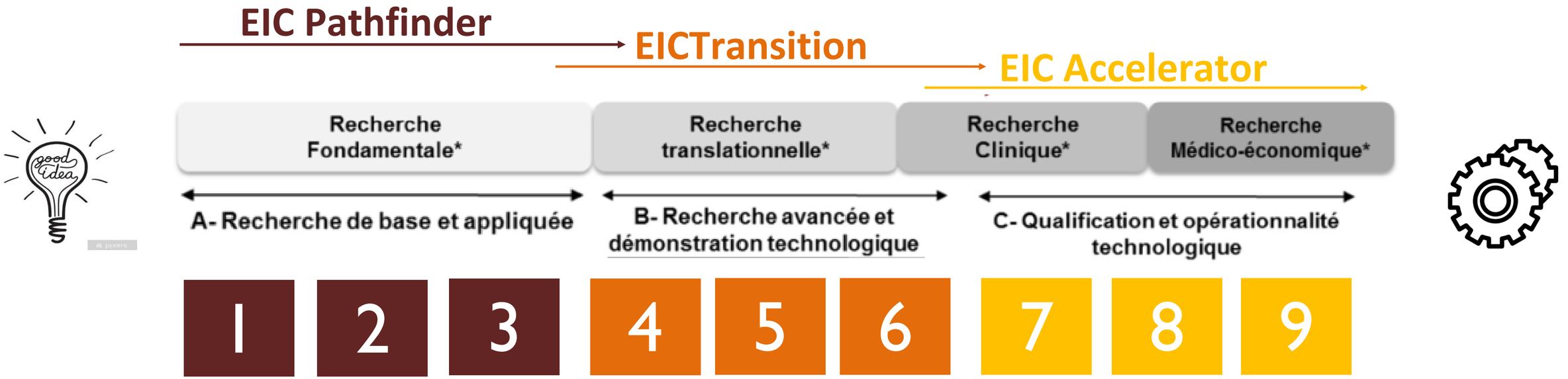
EIC – CONSEIL EUROPÉEN DE L'INNOVATION

« Faire de l'Europe un leader de l'innovation »

1. Financer de l'innovation radicale à haut risque, créatrice de nouveaux marchés
2. « Dérisquer » pour attirer les investisseurs privés et soutenir les meilleurs innovateurs
3. Couvrir toute la chaine de l'innovation (TRL 1 à 9) ☐ combler le fossé entre labo et marché
4. Appels Bottom-up **et** Top-down : détecter, développer des innovations de rupture très techno



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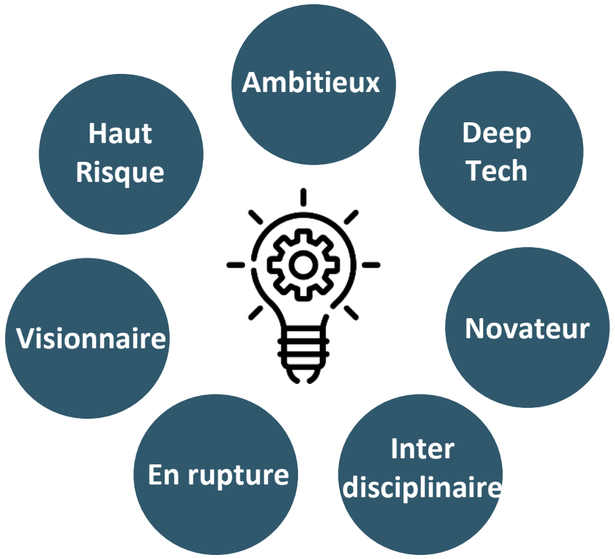
EIC PATHFINDER OPEN

L’éclaireur…
Son rôle est de « Détecter et de développer des innovations technologiques radicales créatrices de marchés à moyen ou long terme. »

- **Recherche exploratoire** d’excellence inspirée par la **technologie « Deep Tech »**
- **La technologie ciblée (à 10 ans) doit être disruptive, à haut risque et fort potentiel**
- L’objet du projet est d’apporter la preuve de concept-principe/validation de la base scientifique en labo (TRL 3 ou 4)



« Pathfinder Open »

- appel à projet « **blanc** », ouvert à toutes les thématiques scientifiques et technologiques
- laisse l’opportunité à la communauté de recherche et d’innovation européenne de proposer des technologies ambitieuses sans les limiter à des domaines de recherche précis

« Pathfinder Challenges »

- appels **thématiques**, ciblant des domaines scientifiques et technologiques précis
- sollicite la communauté européenne de recherche et d'innovation afin d'apporter des solutions disruptives à des défis majeurs auxquels fait face l'Europe

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EIC PATHFINDER CHALLENGE

Deadline : 28 octobre 2026
Total budget: 96 M€

3 disciplines :
- Digital
- Santé
- Environnement

Ce qui diffère /Open :
- Description dans le call de ce qui est attendu
- Evaluation
- Approche portefeuille

Qui peut déposer ?

Tout le monde ! universités, organismes de recherche, start-up, etc.

Projet Individuel OU collaboratif

- **Monobénéficiaire**
- Ou **2 bénéficiaires** issus de deux pays membres différents
- Ou au moins **3 entités légales** de 3 pays membres de l'UE ou associés (consortium resserré)

Quel montant ? Budget ?

4 millions d'€ ou plus si justifié

Durée conseillée = **5 ans**

Partie scientifique du dossier : 30 pages A4

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L'EIC PATHFINDER EN QUELQUES CHIFFRES

EIC Pathfinder Open - 2025

- 140 M€ de financement
- 44 Projets lauréats sur les 2087 projets déposés
- Taux de succès = 2,11%

- 22 participants français, dans 11 projets
- 5 projets avec un coordinateur français
- Taux de succès = 2,9%

Profil du projet lauréat 2025

- ★ un budget de 3,7M€
- ★ une durée de 43 mois
- ★ majorité des coordinateurs restent des entités publiques

Les 5 projets coordonnés par une organisation française :

- Fiber3D, CNRS
- EUROPA, IMT
- FeROS, CNRS (Inserm)
- STAY2ME, CNRS
- REMMIA, CNRS

EIC Pathfinder Challenges

Projets déposés pour les différents challenges :

	Evalués	Financés	% succès
2021	403	42 (229)	10,5%
2022	436	44 (259)	10%
2023	371	43 (263)	11,6%
2024	401	31 (198)	7,7%

Coordination (Bénéficiaires)

	Evalués	Financés	% succès
2021	48	7 (20)	15%
2022	30	3 (27)	10%
2023	22	6 (34)	27%
2024	29	4 (23)	14%

Coordination (Bénéficiaires)

Résultats très variables selon les secteurs, il n'y a pas toujours de challenges en biologie / santé !

Profil du projet lauréat

- ★ un budget de 3,7M€
- ★ une durée de 47,3 mois
- ★ 23% des participants sont des entreprises
- ★ 20% de coordination par des entreprises

Exemples des projets de l'Inserm :

- MICROVASC
- NaV1.5-CARED
- RETIMAGER
- STIMULUS
- FUNAMBULIST
- EdiTGen
- SynEry
- MIMOSA

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EIC PATHFINDER OPEN

Deadline : 12 mai 2026
Total budget : 166 M€

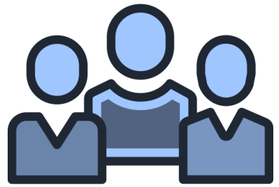
Quel sujet ? Quelle discipline ?

« Open » = ouvert à toute thématique

Qui peut déposer ?

Tout le monde ! universités, organismes de recherche, start-up, etc.

Projet collaboratif



Avec au moins 3 entités légales de 3 pays membres de l'UE ou associés
(consortium resserré)

Quel montant ? Budget ?

4 millions d'€ en LUMP SUM
(avant : 3M €)

Partie scientifique du dossier : 20 pages A4

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Formulaire annoté mis à disposition par le réseau PCN EIC-EIT

EIC PATHFINDER CHALLENGE

Deadline : 28 octobre 2026
Total budget: 96 M€

3 disciplines :
- Digital
- Santé
- Environnement

Ce qui diffère /Open :
- Description dans le call de ce qui est attendu
- Evaluation
- Approche portefeuille

Qui peut déposer ?

Tout le monde ! universités, organismes de recherche, start-up, etc.

Projet Individuel OU collaboratif

- **Monobénéficiaire**
- Ou **2 bénéficiaires** issus de deux pays membres différents
- Ou au moins **3 entités légales** de 3 pays membres de l'UE ou associés (consortium resserré)

Quel montant ? Budget ?

4 millions d'€ ou plus si justifié

Partie scientifique du dossier : 30 pages A4

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EIC PATHFINDER CHALLENGE – TOPIC 2026

- 3 domaines
- budget global de 96M€ soit **8 projets retenus par challenge**

1/Advanced Materials for Miniaturised Energy Harvesting Systems

2/Biotechnology for Healthy Ageing

Identification of biomarkers or proof-of-concept validation of suitable pre-clinical models or bio-pharmaceutical interventions to prevent the emergence or reverts an age-related trait

1 des 3 objectifs à remplir :

- An innovative preventative or **therapeutic biotechnology-based or pharmaceutical intervention** that prevents, delays or reverts the onset of a **specific age-related disease**
- A **biomarker based tool** to enable the responsible deployment of ageing-related interventions
- A **New Approach Methodology** (NAM) that goes beyond the current state-of- the art to enable the future development of interventions for healthy ageing

3/DeepRAP: Deep Reasoning, Abstraction & Planning towards trustworthy Cognitive AI Systems

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BIOTECHNOLOGY FOR HEALTHY AGEING: CHALLENGE

Expected outcomes:

- **Proof-of-concepts** (TRL3 completed) of biotechnology-based or pharmaceutical interventions that prevents or delays the onset of, or reverts, an age-related disease in a vertebrate model system, based on the hallmarks of ageing, taking into consideration practical challenges of implementing such an intervention
- Tools to facilitate development or adoption of the interventions above, such as proof-of-concept validation of biomarker signatures or suitable pre-clinical models, and
- Approaches to address the shared regulatory hurdles and societal challenges linked to ageing-related interventions, thereby facilitating their adoption

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BIOTECHNOLOGY FOR HEALTHY AGEING: CHALLENGE

Expected impacts:

This Challenge looks to accelerate the development and uptake of clinically validated interventions that target the root cause of multiple age-related morbidities. It will:

- Deliver biotechnology-based interventions for healthy ageing
- Accelerate the implementation of personalised care in ageing based on molecular phenotyping
- Provide recommendations for regulatory pathways addressing ageing as a target to inform developers, regulators, and other decision makers, and
- Improve citizen literacy on longevity.

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BIOTECHNOLOGY FOR HEALTHY AGEING: CHALLENGE

- **Each objective is described in detail,** including concrete scientific criteria, required end points (PoC) and considerations related to further path of technology
- **Portfolio work**: Additionally, selected proejcts will be encouraged to collaborate to address shared challenges:
  - Scientific
  - Path to Market
  - Societal

  A WP for portfolio work is recommended to be included in the proposal
  - this is **described in detail in the challenge guide**
- **Selection will take into consideration** individual proposal scores and portfolio considerations

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LES DOCUMENTS DE REFERENCE

Challenge guide

Challenge Guide – Biotechnology for Healthy Ageing
Last Update 28-10-2025

European Innovation Council

PATHFINDER CHALLENGE

BIOTECHNOLOGY FOR HEALTHY AGEING

EIC Work Programme reference: HORIZON-EIC-2026-PATHFINDERCHALLENGES-01-02
Call deadline date: 28 October 2026 at 17h00 Brussels local time
EIC Programme Manager: Orsolya Symmons

The EIC will hold an Info Session on this Pathfinder Challenge topic on 30 March 2026 (TBC). Participation in the meeting, although encouraged, is optional and is not required for the submission of an application. A recording of this Info Session will be made available after the event. Further details of this (and possibly other) Info sessions will be disseminated through Events - European Innovation Council - European Commission.

Table of Contents

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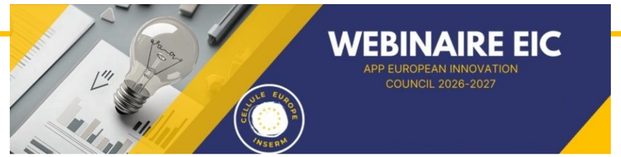
BOITE A OUTILS EIC

- Présentation de l'EIC Pathfinder (site français Horizon Europe du MESRI)
- Boite à outils du PCN
- Site officiel de l'EIC pathfinder (Commission Européenne)
- et accès aux pages de soumission (portail ci-après)
- Portail officiel pour le dépôt de projets (funding and tender opportunities)
  + template



➢ **Enregistrement et présentations** des intervenants
PODCAST - Webinaire Appels À Projets Horizon Europe | ...

- **Présentation des appels Pathfinder and Challenge 2026** par Gregorio Munoz Abad

  Aperçu de l'EIC par Orsolya Symmons, programme manager à l'EIC

  Procédure d'évaluation du projet EIC et conseils utiles de Nicolas Renier

  Présentation du projet FeROS, lauréat de l'EIC Pathfinder Open 2025 par Stéphanie Blandin

« INFO Day » organisée par l'EISMEA

- Vendredi 20 mars de 9h à 13h
- Journée d'information en ligne
- Sur les 3 appels de l'EIC Pathfinder Challenges
- Programme et inscription:

European Innovation Council 2026 Pathfinder Challenges – Info Day

- Les porteurs peuvent soumettre leurs questions par avance ici
- Possibilité d'intervenir en se présentant maximum 2

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Aides à la recherche de partenaires

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PLATEFORME CORDIS

CORDIS recense l’ensemble des projets H2020 et Horizon Europe déjà financés par la Commission Européenne.

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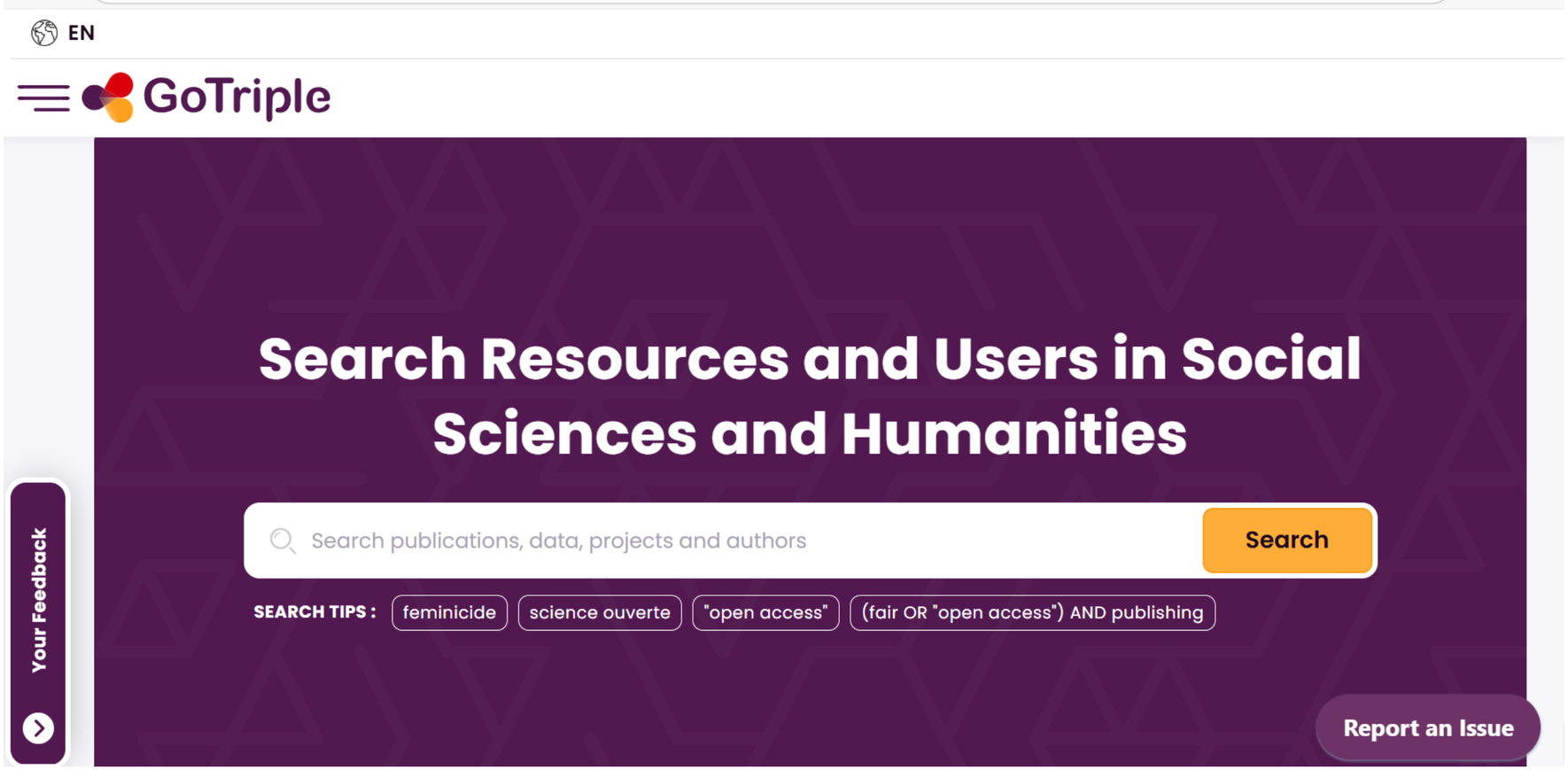
PLATEFORME GO TRIPLE

Aide à la recherche de partenaires en SHS



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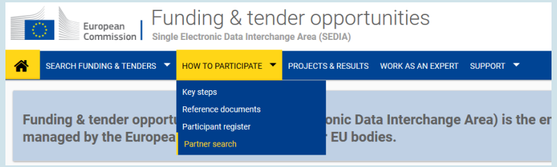
OUTILS D'AIDE - RECHERCHE DE PARTENAIRES

Je construis et j'utilise mon réseau scientifique	Je participe à des évènements de networking dédiés aux AAP	J'identifie des projets déjà financés sur la même thématique	Je dépose mon profil sur une plateforme de recherche de partenaires/je consulte les profils déposés
• Participation aux congrès, séminaires, rencontre de conférenciers, etc. • Participation aux AMI organisés par la Cellule Europe de l'Inserm • S'appuyer et consolider son réseau existant pour manifester son intérêt pour des projets européens, etc…	• Infoday de la CE	• Plateforme de données des projets, CORDIS • Funding & Tenders de la CE – « Partner search » pour identifier des organisations participants à des projets européens ou individu ayant validé un « public profile » • Possibilité de chercher des partenaires par mots-clés, par ville, par type de partenaires (PMEs, Organisation de recherche, université etc.) et également par programme européen 	• Sur le site du participant portal: profil ciblé sur un appel - pour pouvoir publier, créer un compte sur le portail et activer son « Public Profile » (les informations confidentielles ne sont pas visibles) • ScanR, moteur de la recherche et de l'innovation, est une application d'exploration du paysage français de la recherche et de l'innovation. Cette plateforme permet de rechercher les entités (quel que soit leur secteur) actives dans le domaine de recherche étudié. • Enterprise Europe Network • SHS – Go Triple

MAISON IRÈNE ET FRÉDÉRIC JOLIOT-CURIE

Possibilité de réserver salle gratuitement MFJC – Bruxelles

Contact : Cécile HERIARD,
Représentante de l'Inserm à Bruxelles
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+32 499 80 13 85

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Merci !

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HR EXCELLENCE IN RESEARCH

CELLULE EUROPE INSERM

HORIZON-HLTH-2027-01-STAYHLTH-01: ADDRESSING DISABILITIES THOUGH THE LIFE COURSE TO SUPPORT INDEPENDENT LIVING AND INCLUSION

AAP 2027-1 étape
RIA - **5 projets financés (6-8M€/projet)**

Scope :

Focus on human-centred on persons with **long-term disabilities (physical, mental, intellectual or sensory)** aiming at supporting independent living across the life-course from a health perspective

- **Explore new ways to promote independent living and inclusion in society of persons with disabilities**, reducing **to the maximum possible** the impact of barriers faced in their daily lives, **and supporting the transition from institutions to living in the community while addressing all-encompassing aspects of personal support**, such as community transformation, service provision, assistive and accessible technologies and environments.

Persons with disabilities *include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Art. 1 of the Convention on the Rights of Persons with Disabilities)*

Special focus on children with disabilities from the perinatal period, and/or young people with disabilities transitioning to adulthood, and/or older persons (>60 years old).

The proposal should foster ways to **improve autonomy and quality of life by enhancing cognitive, psychosocial and motor abilities among others.**

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HORIZON-HLTH-2027-01-STAYHLTH-01: ADDRESSING DISABILITIES THROUGH THE LIFE COURSE TO SUPPORT INDEPENDENT LIVING AND INCLUSION

At least 3 of the following areas:

- Health related research addressing disabilities that stem from health conditions and health conditions associated to disabilities. Thus, research may look into **finding the causes of the disease(s) leading to the disability and/or disease treatment** with the purpose of supporting independent living. **Innovative solutions** could also include *among others diagnoses, medicines, treatments, protocols, technologies, digital tools, low-tech solutions, etc.* helping to improve the autonomy of persons with disabilities.

- **Access to habilitation and rehabilitation services,** *including psychological rehabilitation and innovative rehabilitation with assistive technologies when appropriate*, **to increase, maintain, substitute or improve functional capabilities of persons with disabilities or for, alleviation and compensation of impairments,** activity limitations or participation restrictions contributing to increasing independence.

- **Prevention of disabilities through the life-course**. Different aspects that could have an impact on persons with disabilities may be addressed, such as *gender, age, socio-economic background, ethnicity, detection of risks factors* leading to a loss of autonomy, the risk of *overweight/obesity and related co-morbidities (e.g. diabetes, cardiovascular diseases), hospitalisation, nutrition (e.g. mother and child nutrition from pregnancy), high level of inactivity/sedentary lifestyle and related co-morbidities (e.g. frailty), physical activity/sports, screen-time dependency, smoking, drug use alcohol use, stress, psychiatric and somatic diseases, loneliness and/or isolation, etc.*

- **Conditions for a successful transition from institutions to living in the community**, including different tools to achieve it, *such as needs assessments, service provision, budget and resources, management plans, monitoring, quality control, etc.* Community support services to live independently may include p*ersonal assistance or support for decision-making, and/or disability inclusive and accessible community-based services -medical, technological, digital or other supportive initiatives-* ensuring prevention of isolation or segregation and supporting deinstitutionalisation. *Special attention is to be paid to children and young people transitioning to adulthood and older persons to facilitate they remain living at their homes*

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HORIZON-HLTH-2027-01-STAYHLTH-01: ADDRESSING DISABILITIES THOUGH THE LIFE COURSE TO SUPPORT INDEPENDENT LIVING AND INCLUSION

- **Innovative solutions, care models and strategies for high quality person-centred, accessible and targeted social and healthcare services to prevent barriers and to support independent living**, including if possible, self-care to empower persons with disabilities, as well as different choices of care across the life-course. For many persons with disabilities, the lack of support and care services and insufficient support for families and unavailability of personal assistance undermines their independence and inclusion in the community.

Consortium:

- **Persons with disabilities should be involved** in the research through their representative organisations as actors in the research process.
- Research can also involve their **families, friends, colleagues, supporters and carers** and **other service providers**.
- **Policymakers and public authorities, social services, and civil society organisations**, could also be considered.
- **SHS**
- Infra

Explore potential complementarities with projects funded under :

- The Cluster 2 topic HORIZON-CL2-2025-01-TRANSFO-09: “Good practices for increased autonomy of persons with disabilities, including physical, mental, intellectual and sensory disabilities”
- Cluster 1 topic HORIZON-HLTH-2025-03-STAYHLTH-01-two-stage: “Improving the quality of life of persons with intellectual disabilities and their families”

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HORIZON-HLTH-2027-01-ENVHLTH-02: INTEGRATING CLIMATE-RELATED EXPOSURES INTO THE HUMAN EXPOSOME AND CHARACTERISING ITS CHANGES IN RESPONSE TO CLIMATE CHANGE

AAP 2027-1 étape
RIA - **4 projets financés (10-11M€/projet)**

➢ **Strengthen the use of the exposome approach to study global exposures and generate evidence on their health implications**.

Proposals should **focus on integrating climate-related factors into exposome research and understanding how the exposome changes in response to direct and indirect climate exposures**.

Research activities should be **multiscale and multidisciplinary** and account for the complexity and multifactorial nature of health determinants and the most pressing unmet medical needs in relation to environmental degradation and disrupted ecosystems.

Proposals should **include climate-relevant social determinants of health as part of their proposed activities**.

All the following activities:

- **Incorporate multiple climate exposures into exposomics studies and provide insights on their influence on disease burden**, through interactions with **other exposome factors**

- **Predict, identify and monitor changes in the exposome** (including environmental, social and occupational exposures) resulting from climate-related pressures and study their health implications to identify emerging health risks and potential benefits of climate change

- **Advance data generation, analysis, integration and interpretation in human exposomics**, developing methodologies and integrating novel approaches (e.g. AI technologies and machine learning) for advanced data analytics, including for Real-World Data

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HORIZON-HLTH-2027-01-ENVHLTH-02: INTEGRATING CLIMATE-RELATED EXPOSURES INTO THE HUMAN EXPOSOME AND CHARACTERISING ITS CHANGES IN RESPONSE TO CLIMATE CHANGE

Several of the following targeted activities:

- **Establish and investigate the biological pathways and mechanisms by which the exposome drives health impacts**, jointly considering climate-related and other exposures. Build upon (when relevant) and study **existing and/or newly generated longitudinal cohorts** that combine **individual exposome data with the corresponding medical, omics and biological data**

- **Identify exposome-relevant indicators and biomarkers for exposome-related health risks and potential benefits using comprehensive exposome studies** that combine climate, environmental, behavioural and social exposures. *Account for disparities in individual trajectories and exposure patterns where relevant*

- **Report on health-relevant exposome findings using**, where possible, standardised metrics to ensure harmonised reporting of exposome-driven disease burden across regions and sectors. Build on existing exposome toolboxes and increase their robustness and coverage by integrating climate related exposures

- **Study the role of socioeconomic** *(e.g. income, energy poverty, occupation), demographic (e.g. gender, racial or ethnic origin, age)* and behavioural *(e.g. public trust, risk perception)* factors in determining patterns of exposure, using the exposome approach to generate knowledge on intersectional vulnerability and resilience to exposome-driven (including climate-driven) health impacts. **Identify disproportionately affected populations and develop interventions to reduce disparities.**

International cooperation is encouraged, in particular with regions that are under-represented in human exposome research.

SHS

Projects should leverage the knowledge, data and tools already generated under past initiatives such as EHEN and ongoing initiatives such as **IHEN, ICOS ERIC and EIRENE RI**

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HORIZON-HLTH-2027-02-DISEASE-01-TWO-STAGE: INNOVATIVE HEALTHCARE INTERVENTIONS FOR NON-COMMUNICABLE DISEASES

AAP 2027 – 2 étapes
RIA
Deadline AAP: 13 avril 2027 + 22 septembre 2027
8 projets 7-8M€/projet

Scope:

Non-communicable diseases represent over 80% of the disease burden in Europe and the leading cause of avoidable premature deaths.

- **Innovative and effective healthcare interventions are required to provide treatment and disease management solutions and assure best quality of care for patients suffering from NCDs when prevention strategies have failed**.

NCDs = cardiovascular diseases, diabetes, chronic respiratory diseases or chronic kidney diseases. . ***Other diseases are not within the scope of this topic.***

All the following aspects:

- **Perform rigorous early stage clinical trial(s)** [for pharmacological interventions: phase 1 and phase 2 clinical trials] to validate novel or refined healthcare interventions* (for treatment and/or disease management solutions for patients suffering from NCDs. Whenever relevant, existing co- and multimorbidities should be addressed in the trial design. *(*Applicants may address any mono- or combinatorial pharmacological and/or non-pharmacological interventions)*

- **Clinical trial(s) should be supported by completed proof-of-concept of clinical safety and efficacy**. Comparative effectiveness studies are not within the scope of this topic.

- **Both preclinical research and the draft clinical trial protocol should be completed at the time of submission of the proposal**. Proposals should also demonstrate evidence of preliminary consultations with ethics and regulatory authorities at the time of submission

HORIZON-HLTH-2027-01-DISEASE-05: DEVELOPMENT OF NOVEL SMALL MOLECULE ANTIVIRAL THERAPEUTICS FOR PATHOGENS WITH EPIDEMIC POTENTIAL

AAP 2027 – 1 étape - RIA
Deadline AAP: 13 avril 2027
5 projets- 9-11 M€/projet

Infectious diseases remain a major threat to health and health security in the EU and globally.
Viral disease emergence is expected to accelerate due to among other, climate change, and thus a proactive approach to the development of antiviral prophylactics and therapeutics in preparedness for future infectious disease outbreaks is needed
The availability of antivirals targeting conserved viral or host mechanisms would provide a critical preparedness measure against future health threats caused by (re)emerging infectious disease epidemics or pandemics, due to infectious disease epidemics or pandemics.

Antibodies and antibody derived proteins are excluded from the scope of this topic.

- **Advance the development of novel or existing antiviral candidates targeting exclusively one of the following viruses/groups of viruses**

- Junin mammarenavirus and/or Lassa mammarenavirus
- Tick-borne encephalitis virus and/or Japanese encephalitis virus
- Andes virus and/or Hantaan virus and/or Sin Nombre virus
- Hendra virus
- Enterovirus D68
- Venezuelan equine encephalitis virus

Should explicitly state in their proposal which of the following virus/group of viruses is targeted

Identifying a specific virus/group of viruses does not preclude the exploration of these antiviral candidates' effects on other viruses/groups of viruses.

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HORIZON-HLTH-2027-01-DISEASE-05: DEVELOPMENT OF NOVEL SMALL MOLECULE ANTIVIRAL THERAPEUTICS FOR PATHOGENS WITH EPIDEMIC POTENTIAL

➢ **Diversify and accelerate the global prophylactic and therapeutic research and development portfolio for emerging and re-emerging viral infections, and to strengthen the leading role of the EU in prophylactic and therapeutic research and development.**

Some of the following research areas:

- Discovery and selection of candidate antivirals with consideration for cross-family, and/or intra-family and/or variant-transcending potential.
- Optimisation of selected candidates to improve potency, selectivity, pharmacokinetics, and developability, using structure-activity relationship (SAR) studies or equivalent methodologies.
- In vitro characterisation of antiviral activity, mechanism of action, and, where appropriate, resistance potential across multiple viruses or strains.
- In vivo tests in at least one animal model or, if available in human organoid or organotypic models,to demonstrate the protective function of the antiviral candidates and deemed sufficient for moving to first clinical trials.
- If requested by regulators as pre-requisite for clinical studies, in vivo tests in a non-human primate model.
- Production of batches of the most promising antiviral candidates under GMP standard in the EU or the European Economic Area of the most promising therapeutics solution.
- First in human clinical safety studies demonstrating a clear regulatory pathway for market authorisation. Attention should be paid to critical biological and social factors such as sex, age, ethnicity and disability.

- **Engage with regulatory bodies** in a timely manner to ensure adequacy of the actions from a regulatory point of view.
- Leveraging already existing and emerging state-of-the-art **research infrastructures** *(ex: ISIDORE) + synergies with BE READY*

Consortium: Participation of **third countries** where viruses addressed in the proposal are endemic or where outbreaks have occurred or are ongoing is encouraged. + **SMEs**

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HORIZON-HLTH-2027-02-DISEASE-01-TWO-STAGE: INNOVATIVE HEALTHCARE INTERVENTIONS FOR NON-COMMUNICABLE DISEASES

- **A sound feasibility assessment**, including an **appropriate patient selection and realistic recruitment plans**, justified by publications or preliminary results should be provided

- **Take into account sex and gender differences in all relevant aspects throughout the research process, and consider stratification criteria such as age, disability, racial or ethnic origin , socio-economic status, genetic and epigenetic variations etc., where relevant.**

- **Use and/or develop technologies, including digital ones** (e.g., (generative) AI, wearable technologies) **to help implement and monitor the long-term efficacy of the intervention(s), as well as manage the disease and/or monitor their progression** *(e.g. with unobtrusive technologies suitable for patient monitoring at home and in real-world conditions),* whilst also ensuring they are bias-free, inclusive, and ethically sound. **The use of virtual human twins could also be considered, where relevant**

- **Exploit existing data, health data infrastructures, biobanks, registries and/or cohorts, together with the generation of new data** that should be managed in line with the FAIR principles, when relevant; *For instance BBMRI, ELIXIR, EU-OPENSCREEN, EATRIS, ECRIN, EATRIS, etc.*

Consortium:

- Engage all relevant stakeholders (especially **patients and patients' representatives, caregivers, clinicians, counsellors, regulators, etc.)** to design end-user optimised interventions.
- Engage with **national public health authorities and regulators** to ensure a robust development pathway and further uptake of the intervention.
- **SMEs** to strengthen their scientific and technological foundations, enhancing their innovation potential, and exploring possibilities for commercial exploitation.
- **SHS** + synergies with EU4Health Programme (NCDs)

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HORIZON-HLTH-2027-01-DISEASE-06: DEVELOPMENT OF MONOCLONAL ANTIBODIES TO PREVENT AND TREAT INFECTIONS FROM FLAVIVIRUSES

AAP 2026 – 1 étape
RIA
Deadline AAP: 16 avril 2026
5 projets- 9-10 M€/projet

Infectious diseases remain a major threat to health and health security in the EU and globally.
Viral disease emergence is expected to accelerate due to among other, climate change, and thus a proactive approach to the development of antiviral prophylactics and therapeutics in preparedness for future infectious disease outbreaks is needed
The capacity to produce antibodies that can target new variants and rapidly increase production would serve as an essential preparedness strategy against future health threats, whether from infectious disease epidemics or pandemics.

- **Advance the development of existing prophylactic and therapeutic monoclonal antibody candidates targeting exclusively one of the following Flaviviriuses:**

- **Dengue Virus, Tick-borne Encephalitis Virus, Japanese Encephalitis Virus, West Nile Fever Virus, Yellow Fever Virus, and Zika Virus**

Should explicitly state in their proposal which of the following Flaviviruses is targeted
Focus on antibodies produced or derived from a single cell clone through recombinant expression, such as B-cell derived antibodies, hybridoma derived antibodies and
nanobodies

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HORIZON-HLTH-2027-01-DISEASE-06: DEVELOPMENT OF MONOCLONAL ANTIBODIES TO PREVENT AND TREAT INFECTIONS FROM FLAVIVIRUSES

➢ **Diversify and accelerate the global prophylactic and therapeutic research and development portfolio for emerging and re-emerging viral infections, and to strengthen the leading role of the EU in prophylactic and therapeutic research and development.**

All the following research areas:

- If necessary, **finalisation of the in vitro characterisation of existing monoclonal antibody candidates** with regard to target specificity, epitope recognised, and their ability to impair or inactivate viral functions
- **In vivo tests in at least one animal model or, if available in humanised immune system animal models**, to demonstrate the protective function of the monoclonal antibodies deemed sufficient for moving to first clinical trials.
- If requested by regulators as pre-requisite for clinical studies, **in vivo tests in a non-human primate model.**
- Evaluation of antibody-dependent enhancement (ADE) risk where scientifically relevant.
- **Production of batches of the most promising antibody candidates under GMP standard in the EU or the European Economic Area.**
- **First in human clinical safety studies demonstrating a clear regulatory pathway for market authorisation**. Attention should be paid to critical biological and social factors such as sex, age, ethnicity and disability.

Engage with regulatory bodies in a timely manner to ensure adequacy of the actions
Leveraging already existing and emerging state-of-the-art research infrastructures (ex: ISIDORE)

Consortium:

Participation of third countries where viruses addressed in the proposal are endemic or where outbreaks have occurred or are ongoing is encouraged.

SMEs to strenghen their scientific and technological foundations, enhancing their innovation potential, and exploring possibilities for commercial exploitation.

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HORIZON-HLTH-2027-01-DISEASE-07: DEVELOPMENT OF MONOCLONAL ANTIBODIES TO PREVENT AND TREAT INFECTIONS FROM FILO-, NAIRO-, PHENUI-, PICORNA- AND TOGA VIRUSES

AAP 2027 – 1 étape
RIA
Deadline AAP: 13 avril 2027
5 projets- 9-10 M€/projet

Infectious diseases remain a major threat to health and health security in the EU and globally.

Viral disease emergence is expected to accelerate due to among other, climate change, and thus a proactive approach to the development of antiviral prophylactics and therapeutics in preparedness for future infectious disease outbreaks is needed

The capacity to produce antibodies that can target new variants and rapidly increase production would serve as an essential preparedness strategy against future health threats, whether from infectious disease epidemics or pandemics.

➢ **Advance the development of existing prophylactic and therapeutic monoclonal antibody candidates targeting exclusively one of the following viruses:**

- **Ebola Virus**
- **Marburg Virus**
- **Crimean-Congo Hemorrhagic Fever Virus**
- **Rift Valley Fever Virus**
- **Enterovirus D68**
- **Chikungunya Virus**

Focus on antibodies produced or derived from a single cell clone through recombinant expression, such as B-cell derived antibodies, hybridoma derived antibodies and nanobodies

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HORIZON-HLTH-2027-01-DISEASE-07: DEVELOPMENT OF MONOCLONAL ANTIBODIES TO PREVENT AND TREAT INFECTIONS FROM FILO-, NAIRO-, PHENUI-, PICORNA- AND TOGA VIRUSES

➢ **Diversify and accelerate the global prophylactic and therapeutic R&D portfolio for emerging and re-emerging viral infections, and to strengthen the leading role of the EU in prophylactic and therapeutic research and development.**

All the following research areas:

- If necessary, **finalisation of the in vitro characterisation of existing monoclonal antibody candidates** with regard to target specificity, epitope recognised, and their ability to impair or inactivate viral functions
- **In vivo tests in at least one animal model or, if available in humanised immune system animal models**, to demonstrate the protective function of the monoclonal antibodies deemed sufficient for moving to first clinical trials.
- If requested by regulators as pre-requisite for clinical studies, **in vivo tests in a non-human primate model.**
- Evaluation of antibody-dependent enhancement (ADE) risk where scientifically relevant.
- **Production of batches of the most promising antibody candidates under GMP [1] standard in the EU or the European Economic Area.**
- **First in human clinical safety studies demonstrating a clear regulatory pathway for market authorisation**. Attention should be paid to critical biological and social factors such as sex, age, ethnicity and disability.
- Proposals should advance research by leveraging already existing and emerging state-of-the-art research infrastructures (ex: ISIDORE)
- Engage with regulatory bodies in a timely manner to ensure adequacy of the actions

Consortium:

Participation of third countries where viruses addressed in the proposal are endemic or where outbreaks have occurred or are ongoing is encouraged.

SMEs to strenghen their scientific and technological foundations, enhancing their innovation potential, and exploring possibilities for commercial exploitation

Synergies with ISIDORe

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HORIZON-HLTH-2027-01-DISEASE-08: DEVELOPMENT OF INNOVATIVE ANTIMICROBIALS AGAINST PATHOGENS RESISTANT TO ANTIMICROBIALS

AAP 2027– 1 étape
RIA
Deadline AAP: 16 avril 2027
5 projets - 8-10 M€/projet

The rapid rise of Antimicrobial Resistance (AMR) presents a formidable threat to public health, challenging our ability to treat infections that were once easily managed with standard antimicrobials.
As pathogens continually adapt and develop resistance to existing drugs, the efficacy of these treatments diminishes, leading to more severe and prolonged illnesses, increased healthcare costs and productivity losses, and a higher mortality rates.
Urgent need for viable therapeutic alternatives required to reduce the burden of diseases caused by antibiotic resistance.
Innovative solutions are crucial to maintaining effective disease management and safeguarding public health.

- **Pursue the development of innovative and effective antibacterial and antifungal agents, including antibody-based therapies, which meet at least one of the four WHO innovation criteria 1) new chemical class, (2) new target, (3) new mode of action and (4) no evidence of cross-resistance.**

Proposals under this topic should not pursue the development of phage-therapies.

Should exclusively pursue the development of existing therapeutic candidates targeting at least one of the following critical pathogens:

- Carbapenem resistant Acinetobacter Baumanii (CRAB).
- Carbapenem-resistant Enterobacterales (CRE) and third-generation cephalosporin-resistant Enterobacterales (C3GRE).
- Carbapenem resistant Pseudomonas Aeruginosa
- Methicillin-Resistant Staphylococcus aureus (MRSA)
- (Drug)-resistant Aspergillus fumigatus
- (Drug)-resistant *Candida spp.*

Should explicitly state in their proposal which of the following pathogen is targeted

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HORIZON-HLTH-2027-01-DISEASE-08: DEVELOPMENT OF INNOVATIVE ANTIMICROBIALS AGAINST PATHOGENS RESISTANT TO ANTIMICROBIALS

➢ **Accelerate testing of novel candidates in human trials, diversify and accelerate the global prophylactic and therapeutic research and development portfolio for AMR bacterial and fungal infections, and to strengthen the leading role of the EU in prophylactic and therapeutic research and development.**

Identifying a specific pathogen does not preclude the exploration of these candidates' effects on other bacteria or fungi

All the following areas:

- If necessary, **finalisation of in vivo tests in at least one animal model or, if available in humanised immune system animal models**, to **demonstrate the protective function of the therapeutics deemed sufficient for moving to first clinical trials.**
- If requested by regulators as enablers for clinical studies, **in vivo tests in a non-human primate model**.
- **Production of batches of the most promising antimicrobials candidates according to the GMP** standard in the EU or the EEA
- In human clinical safety and efficacy studies, **demonstrating a clear regulatory pathway for market authorisation**. Attention should be paid to critical biological and social factors such as sex, age, ethnicity and disability.

Engage with regulatory bodies in a timely manner to ensure adequacy of the actions from a regulatory point of view.
Leveraging already existing and emerging state-of-the-art research initiatives such as the **European partnership on One Health Antimicrobial Resistance** (EUP OHAMR).

Consortium:
Participation of third countries where AMR bacteria in the proposal are endemic or where outbreaks have occurred or are ongoing is encouraged. + SMEs

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HORIZON-HLTH-2027-01-DISEASE-10: PREVENTION AND MANAGEMENT OF CHRONIC NON-COMMUNICABLE DISEASES IN CHILDREN AND YOUNG PEOPLE (GACD)

AAP 2027– 1 étape
RIA
Deadline AAP: 13 avril 2027
3 projets - 3-4 M€/projet

Global Alliance for Chronic Diseases (GACD)
Up to 70% of preventable adult deaths from NCDs are linked to risk factors originating in childhood and adolescence , and interventions that can successfully control or prevent chronic disease in young people can dramatically improve health outcomes later in life.

- **Fund implementation research, exploring strategies, evidence-based program and policy interventions across prevention, diagnosis, screening and management of chronic NCDs, centred on the critical life stages spanning early childhood to young adulthood (1-24 years of age) living in LMICs, and/or underserved populations in HICs.**

Explore implementation strategies on evidence-based interventions, adaptations of interventions and tailored interventions, or initiatives including (though not limited to) those focussed on one or more of the following:

- **Policy evaluation to tackle childhood- and/or youth-relevant social, economic, political, structural or commercial determinants of chronic NCD conditions;**
- **Prevention of NCDs using children and/or young people targeted implementation strategies** (e.g., educational strategies, vaccination strategies, promotion of behavioural and lifestyle changes);
- **Screening and diagnosis of NCDs (or risk factors) in children and/or young people (in particular use of digital tools);**
- **Cost effective and patient-centred management of NCDs in children and/or young people** (including access to medicines and equipment; integrated care pathways; continuity of care for adolescents with existing non-communicable diseases who "age out" of paediatrics, caregiver health and support, citizen science approaches).

Multiple interventions focus on prevention of **NCDs in children and young people**
The proposed implementation research should be focused on one or more evidence-based interventions (or complex interventions), providing existing evidence of the intervention’s effectiveness, cost-effectiveness, sustainability, scalability and potential for long-term health and other impacts (and in what context this evidence has been generated).

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HORIZON-HLTH-2027-01-DISEASE-10: PREVENTION AND MANAGEMENT OF CHRONIC NON-COMMUNICABLE DISEASES IN CHILDREN AND YOUNG PEOPLE (GACD)

Applicants should **provide rationale and explore the implementation of proposed intervention(s) for a selected study population(s)** based in one or more LMICs, and/or underserved populations experiencing health disparities, including Indigenous populations, in HICs, considering the unique social, political, economic, and cultural context(s) in which the study will take place

Applicants should justify why any adaptation will not compromise the known effectiveness of the selected intervention(s).

All the following activities:

- **Clearly describe the research methodology**, including the statistical design;
- Have an appropriate strategy for measuring implementation research outcomes and real-world effectiveness outcomes and indicators;
- Specifically address issues of equitable implementation to ensure interventions reach the populations that need them the most;
- Engage an appropriately expert and skilled research team which can ensure a suitable multidisciplinary approach and that demonstrates equitable partnership and shared leadership between HIC-LMIC, and/or non-Indigenous-Indigenous members of the project team and external stakeholders through a clear governance strategy;
- Provide a stakeholder engagement strategy with evidence of support/engagement from key stakeholders for delivering the intervention and a pathway to sustain the proposed intervention (if proven effective) after the funding from the GACD grant ends;
- Provide opportunities for NCD-focused implementation research capacity building for early career researchers and team members from lower resourced environments, such as LMICs or disadvantaged communities;
- Ensure meaningful involvement of early career team members, including at least one early career member as a co-investigator.

The study population may include children and/or young people in the general population, with one or more existing NCDs, those currently without NCDs, or a combination of any of the above.

With regard to NCDs, applicants are encouraged to explore **any chronic non-communicable condition (or combination of conditions), including mental health disorders, autoimmune conditions, musculoskeletal conditions, neurological disorders and sleep disorders and/or any risk factor (or combination of risk factors).**
A life course approach, adapting interventions for particular life stages with the goal of promoting life-long health.
Consortium: SHS

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HORIZON-HLTH-2027-02-DISEASE-14-TWO-STAGE: CLINICAL TRIALS FOR ADVANCING INNOVATIVE INTERVENTIONS FOR NEURODEGENERATIVE DISEASES

AAP 2027– 2 étapes
RIA
Deadline AAP:
4 projets - 10M€/projet

Huge need to **develop more innovative, safer and more effective therapeutic solutions for these diseases**
To further **enhance their safety and effectiveness, the therapeutic solution based on an active substance should be combined/complemented with another multidisciplinary approach** *(e.g. lifestyle changes, cognitive training, rehabilitation therapies).*

Rare neurodegenerative diseases are excluded

Most of the following aspects:

- **Perform rigorous early-stage clinical trials** (For pharmacological-based interventions: phase 1 and/or phase 2 clinical trials) **into the safety and efficacy of the innovative interventions and their mode of administration**, ensuring adequate cohorts/sample sizes with adequate representation of the patient population, including in terms of age, sex and ethnicity.

- Through the clinical trials and to the extent possible of additional studies, **gain further insight into the potentially novel mechanism(s) of action of the innovative therapies and complementary approaches**. This could entail analyses of imaging (e.g. MRI, ultrasound, nuclear imaging), as well as physiological, molecular, biochemical or omics signatures revealing potential perturbations prior to the intervention and recovery/improvement thereafter, and it could lead to the development of surrogate endpoints

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HORIZON-HLTH-2027-02-DISEASE-14-TWO-STAGE: CLINICAL TRIALS FOR ADVANCING INNOVATIVE INTERVENTIONS FOR NEURODEGENERATIVE DISEASES

- **Use and/or develop technologies**, including digital ones (e.g. (generative AI, wearable technologies) **to help implement and monitor the long-term efficacy of the intervention(s),** as well as manage the disorder and/or monitor their progression (e.g. with unobtrusive technologies suitable for patient monitoring at home and in real-world conditions), whilst also ensuring they are bias-free, inclusive, and ethically sound.

- **Exploit existing data, biobanks, registries and/or cohorts, together with the generation of new data**

- **Engage all relevant stakeholders** (especially patients and patients' representatives for the disease, caregivers, clinicians, counsellors, regulators, etc.) **to design end-user optimised interventions, applying gender-sensitive and intersectional approaches**

- Leveraging already **existing and emerging state-of-the-art research infrastructures** (e.g. EuroBioImaging, European Genomic Data Infrastructure, ECRIN, EATRIS, EBRAINS, BBMRI)

- Engage with **national public health authorities and regulators** to ensure a robust development pathway and further uptake of the intervention.

Consortium: **SMEs + SHS**
Partenariat Brain Health

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HORIZON-HLTH-2027-01-CARE-02: PERSONALISED APPROACHES TO REDUCE RISKS FROM ADVERSE DRUG REACTIONS DUE TO ADMINISTRATION OF MULTIPLE MEDICATIONS

AAP 2027– 1 étape
RIA
Deadline AAP: 16 avril 2027
4 projets- 8-10€/projet

16% of hospitalised older patients experience significant ADRs, varying in severity and mostly preventable, with commonly prescribed drug classes (such as diuretics, anti-bacterials, antithrombotic agents, analgesics, antineoplastics, etc.) accounting for most ADRs
ADRs from multiple medications contribute significantly to healthcare costs due to increased hospitalisations and treatments, making this an area of focus to achieve cost efficiency.
side effects of drugs are misdiagnosed as symptoms of new problems, resulting in further prescriptions and further side effects that tend to accumulate, confusing and complicating the diagnostic while aggravating the evolution.

Need for research to help identify and prevent such prescription cascades, possibly by maximising the use of technology, as well as to improve multiple drug management in order to reduce patient harm.

- **Make use of the constantly improving health technologies and data analytics that provide new opportunities to address these issues more effectively, by better integrating medication management into healthcare practices**, including into Electronic Health Records (EHR) and decision support systems.

- **Identifying and validating relevant biomarkers for better patient stratification can contribute to significantly decreasing the risk of adverse drug reactions**. Biomarkers can also help to detect adverse drug reactions early before occurrence of clinical symptoms and enable early countermeasures. **Generating knowledge on the interaction and complexity of biochemical pathways** can improve the understanding of patients' response to ADRs and thus provide better tailored treatments and early responses to adverse reactions.

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HORIZON-HLTH-2027-01-CARE-02: PERSONALISED APPROACHES TO REDUCE RISKS FROM ADVERSE DRUG REACTIONS DUE TO ADMINISTRATION OF MULTIPLE MEDICATIONS

Any biomedical strategy that allows a better stratification of patients to identify drug response patterns in well-defined patient groups could be used, including ivitro or in-silico models for adverse drug reactions, imaging biomarkers, drug-drug/drug gene/drug-food interactions, therapeutic dose reduction and pharmaco-exposomics, nutrition and beverage interference, smoking, vaping, pollution etc.

De-escalation studies in view of improving multiple drug management can be also considered.

Proposals should be sufficiently robust to examine differences across various populations, and also consider sex difference in drug reactions.

Guidelines EMA possible adoption of deprescribing or adjusted-prescribing guidelines by relevant authorities at EU and national levels

All the following aspects:

- **Leverage the role of pharmacogenomics, pharmacokinetics and pharmacodynamics in predicting and preventing adverse drug reactions in situations of multiple medications** (3 or more drugs administered concomitantly), and propose personalised medicine approaches, such as **targeted therapies and biomarker-driven treatment strategies**, to reduce the rate of adverse drug reactions and limit multiple medications.
- **Maximise the use of technology,** *such as electronic health records, AI and clinical decision support systems, to support safe medication use and prevent adverse drug reactions.*
- Address the **ethical, regulatory, and implementation challenges** associated with integrating personalised medicine into clinical practice to address adverse drug reactions due to the administration of multiple medications.

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HORIZON-HLTH-2027-01-CARE-02: PERSONALISED APPROACHES TO REDUCE RISKS FROM ADVERSE DRUG REACTIONS DUE TO ADMINISTRATION OF MULTIPLE MEDICATIONS

- **Generate evidence on the clinical utility and cost-effectiveness of treatment guided by pharmacogenomics** and other relevant biomarkers-based approach, for single drugs and for combinations of drugs.

- Develop and **implement strategies**, including **regulatory science approaches**, for efficient integration of project results into daily healthcare.

- EU-funded projects or partnerships (**European Partnership for Personalised Medicine +European Partnership on Transforming Health and Care System)**

Consortium: **SMEs**

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HORIZON-HLTH-2027-02-TOOL-01-TWO-STAGE: DEVELOPMENT OF PREDICTIVE BIOMARKERS OF DISEASE PROGRESSION AND TREATMENT RESPONSE BY USING AI METHODOLOGIES FOR CHRONIC NON-COMMUNICABLE DISEASES

AAP 2027– 1 étape
RIA
Deadline AAP: 16 avril 2027
6 projets- 6-8M€/projet

Despite the scientific discoveries of many clinically relevant biomarkers, estimated on the scale of tens of thousands, **only a few biomarkers have been implemented in clinical practice**. The traditional 'one biomarker' paradigm is insufficient for addressing the unmet clinical needs of chronic, progressive and multifactorial diseases, due to the complexity of the clinical phenotypes characterized by broad inter-and intra-patient heterogeneity.

The established biomarkers have limitations in their use as prognostic and predictive indicators, for the assessment of the disease progression and the choices of the optimal therapeutic interventions tailored to the patients' characteristics.

- **Focus on the clinical development of predictive biomarkers of disease progression and treatment response for chronic non-communicable diseases (excluding cancer) by using mature AI methodologies able to combine data of clinically used and candidate biomarkers, with available data from relevant clinical studies, longitudinal and real-world data.**

Support collaborative projects **paving the way for future innovations in personalized medicine and enabling more timely and effective therapeutic interventions.**

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HORIZON-HLTH-2027-02-TOOL-01-TWO-STAGE: DEVELOPMENT OF PREDICTIVE BIOMARKERS OF DISEASE PROGRESSION AND TREATMENT RESPONSE BY USING AI METHODOLOGIES FOR CHRONIC NON-COMMUNICABLE DISEASES

All the following research activities:

- **Set-up a multidisciplinary collaboration to map and evaluate the available information and data on biomarkers currently used in the clinical setting**, candidate biomarkers from past and ongoing clinical studies, which are scientifically proven as clinically relevant to the disease progression and treatment response for the chronic non-communicable diseases under study. Include stratification by biological sex, and where feasible, integration of gender-related variables and sociodemographic determinants that may modulate disease trajectories or treatment efficacy.

- **Adapt and apply of established AI methods rather than developing novel ones from scratch, to deliver novel prognostic and predictive biomarkers of disease progression and treatment response**, by integrating data of currently used and candidate biomarkers, with suitable data from available longitudinal and other relevant clinical studies, including RWD, as necessary.

Provide information in their proposal that the **appropriate high-quality clinical data are readily available, and when necessary generate small-scale new data for the AI optimisation needs**.

The biomarkers under study should be **multimodal, covering for instance molecular, cellular, physiological, imaging, behavioural and digital markers, and/or their combinations.**

The applicants should justify why the development of the biomarkers proposed is imperative to tackle the unmet clinical needs of the chronic non communicable diseases under study

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HORIZON-HLTH-2027-02-TOOL-01-TWO-STAGE: DEVELOPMENT OF PREDICTIVE BIOMARKERS OF DISEASE PROGRESSION AND TREATMENT RESPONSE BY USING AI METHODOLOGIES FOR CHRONIC NON-COMMUNICABLE DISEASES

- **Use AI and, where needed, other relevant data and knowledge integration methods, to describe the relationships among different biomarkers and support the robust prioritisation of predictive biomarkers** tailored to the characteristics of the patients' and their disease stage and treatment response. *Proposals should have strong emphasis on the AI trustworthiness and develop the adequate performance metrics to assess their accuracy, reliability, reproducibility, including the assessment of possible inherent bias.*

- **Establish a biomarker validation platform to assess the clinical utility of the predictive biomarkers identified. Implement clinical validation studies in independent disease cohorts, RWD and exploratory clinical studies, as appropriate, to demonstrate their clinical value as prognostic and predictive indicators for more effective clinical research and better patient health outcomes as compared to the established clinical practice of chronic non-communicable diseases.** Prospective clinical studies are expected to be led by entities in the EU/EFTA and/or Associated Countries.

- **Develop a comprehensive exploitation plan for the valorisation of the research outputs and a regulatory strategy to support the alignment to the regulatory requirements for the qualification of the biomarkers and/or AI tools and engage with the regulators in a timely manner.**

Consortium : SMEs
Digital Europe programme

Inserm

HORIZON-HLTH-2027-01-TOOL-04: VIRTUAL HUMAN TWINS (VHTS) FOR INTEGRATED CLINICAL DECISION SUPPORT IN PREVENTION AND DIAGNOSIS

AAP 2027– 1 étape
RIA
Deadline AAP: 13 avril 2027
4 projets - 10-12M€/projet

Take into account the work of call HORIZON-HLTH-2023-TOOL-05-03, which had a predominant **focus on disease management, and focus on high potential multi-disciplinary approaches at greater complexity (multiscale, multiorgan, longitudinal), strengthening their deployment in health and care, including the integration into care pathways and links with other decision support tools**

All of the following activities:

- **Select clinical use cases to deliver multi-disciplinary high impact solutions requiring multi-organ, multi-scale approaches to modelling complex pathophysiology over time**, as a basis from where prevention of diseases with high morbidity and mortality could be enhanced.

- **Proposals can put forward use cases in any areas of high disease burden; example areas include and are not limited to co-morbidities, chronic cardiovascular conditions, infection and (auto)immunity, inflammation and cancer, diabetes and related conditions, degenerative diseases (including their interaction with mental health conditions), the exposome and its impact on human health and disease.**

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HORIZON-HLTH-2027-01-TOOL-04: VIRTUAL HUMAN TWINS (VHTS) FOR INTEGRATED CLINICAL DECISION SUPPORT IN PREVENTION AND DIAGNOSIS

- **Building on current approaches, standards, data repositories** (*for example, biobanks, environmental data, others)* **and modelling assets** *(e.g. those of the EDITH CSA and the Platform for Advanced VHT Models),* **and new data if relevant, design, develop, extend and validate multi-organ, multi-scale, dynamic computational models that accurately simulate a person's health and disease states, as necessary.**

- **Evaluate, select, extend and validate diverse modelling methodologies, resulting in integrated, advanced, interoperable, patient-specific VHT models that can integrate diverse data sources and methodologies, addressing the chosen clinical use case requirements. Methodologies may include and are not limited to biophysics-based modelling, artificial intelligence (AI) that should be interpretable or allow explainability of outcomes, generative AI and in-silico modelling, agent-based and network physiology approaches. Evaluation, selection and extension of these should be documented during the design phase. Availability and integration of the multi-modal data should be documented, and the ethical and sex/gender dimensions be investigated**

HORIZON-HLTH-2027-01-TOOL-04: VIRTUAL HUMAN TWINS (VHTS) FOR INTEGRATED CLINICAL DECISION SUPPORT IN PREVENTION AND DIAGNOSIS

- **Demonstrate integration of these models with other advanced preventive and diagnostic modalities, tools and techniques enabling integration across pathways**

- Generate evidence, including clinical validation, that the solutions deliver clinically meaningful decision support, addressing use case requirements. Document lessons-learned for broader application

- Proposals should be multidisciplinary; solution design and development should be end-user-focused and draw on user (and non-user) input.

Proposals should be multidisciplinary; solution design and development should be end-user-focused and draw on user and non-user input. Best practice in VHT software development including responsible AI development should be followed (e.g. risk assessment and management, requirements definition process).
Consortium : SMEs + SHS
European VHT Initiative

Inserm