

General Information	
Preliminary title of the European Partnerships	European Partnership fostering an ERA for Health research
Short description of the partnership	In this partnership, public funders of health research in the European Research Area jointly identify and implement a common funding strategy in priority areas to advance health research and develop innovation for biomedical research and application in health and care.
Services directly involved	DG RTD, SANTE, JRC, CNECT, DEVCO, TAXUD, ECFIN
Context and problem definition	<p>Many public funders of research on human health in the European Research Area are experienced partners in more or several ERA-NETs and Joint Programming Initiatives (JPIs). These networking and joint programming activities are focused on specific priority areas with coordinated co-funding strategies to align and leverage national funding and depend on smaller scale EU investments to support the additional resources required for coordination and joint implementation and achieve a critical level of investments. Current health-related partnerships funded under Horizon 2020 are: JPND (on Neurodegenerative Diseases), NEURON Cofund (on Neurophysiology), TRANSCAN (on Cancer), ERA-CVD (on Cardiovascular Diseases), ERA-AMR (on Anti-Microbial Resistance), ERAcoSysMed (on Systems Medicine) plus, possibly, two networks having their center of gravity on Clusters 2 and 5: HDHL-INTIMIC (on Diet and Health, Cluster 2 and 5); CORE Organic Plus (on Organic farming, Clusters 5 and 2).</p> <p>Public health research funders in the EU support biomedical research and innovation in order to improve the knowledge and understanding of health promotion and disease prevention and to develop new and better health technologies, tools and digital solution to manage and support people's health and well-being as well as to detect, treat and cure diseases. Many of the related research challenges and innovation opportunities for innovation would not only benefit from transnational collaboration between researchers but also if public funders would coordinate funding strategies in order to create critical scales of investments and gains in cost-effectiveness.</p> <p>With the past and current ERA-NETs and JPIs, public health research funders in Europe have proven that they are interested, committed and able to unleash added value by working together and co-funding research collaborations at European level. They have also indicated a strong interest not only to continue current partnerships but also to create and explore new ones in priority areas of pre-clinical and clinical research.</p> <p>EU-supported partnerships in the health area are amongst the oldest and most effective ones. Together, the 9 ongoing Partnerships have invested some €500 million for less than €50 million of EU direct support, i.e. with a high leverage of the EU investment.</p> <p>In 80% of the cases, the funding agencies of the 9 Partnerships are the same. This is a strength:</p> <ul style="list-style-type: none"> • For strategically allocating resources where the EU level action has the highest added value;

	<ul style="list-style-type: none"> • For contributing to the development of a true European SRIA <p>And a weakness:</p> <ul style="list-style-type: none"> • the ‘staff-poor’ agencies of smaller countries or with smaller ministries cannot follow all actions; • ‘resource poor’ agencies must allocate to much of their strategic budget to EU level actions, limiting their freedom to invest in purely national ones. <p>Thus, a single partnership between health research funders in the European Research Area would be a potential evolution that would allow them to continue and extend their networking and joint programming activities in a more flexible, simplified and cost-effective way by jointly exploring and establishing common funding strategies and jointly implementing co-funded transnational calls for proposals in specific priority areas identified by the partners.</p>
Objectives and expected impacts	<p><u>Specific Objectives:</u></p> <ul style="list-style-type: none"> - Co-designing and jointly implementing co-funding strategies for biomedical research and innovation on selected priority areas of common interest and European added value. - Double the coordinated health research investment (including UK and EFTA countries) from an estimated 10% (of public or private but public oriented funding) to 20% of the total investment. - Network of clinical research capacities and research infrastructures, especially EU-funded ones. - Better knowledge, understanding and know-how in priority areas. - New, better and more cost-effective health services, technologies, tools and digital solutions. - Modalities of data sharing and exploration of health data (e.g. from health care records, disease and patients registries, genomic banks) for new digital health technologies and tools for better disease prevention, improved treatments, rapid responses to cross-border health emergencies, more efficient health care systems and people-centred care. <p><u>Expected Impact:</u></p> <ul style="list-style-type: none"> - Timely access to affordable, preventive and curative health care of good quality to citizens and populations in the EU Member States, responding to their needs of citizens and promoting their health, preventing and combatting diseases, and assisting them in pursuing a longer, independent and active life in a rapidly changing society. - Effective, efficient, equitable, accessible, and resilient public health care systems that are fiscally sustainable in the medium and long term. - UN Sustainable Development Goal 3 (SDG3: Good Health and Well-being for People) with its nine health-specific targets aiming for universal health coverage for all at all ages by 2030, leaving no one behind, and ending preventable deaths.
Necessity test: rationale for a European Partnership	<p>EU funding constitutes just about 10% of public spending on health research and innovation in Europe. A European partnership on preclinical and clinical research between public health R&I funders throughout Europe would allow to coordinate and align funding strategies on priority health challenges and opportunities emerging from biomedical research and data-driven innovation for health and</p>

	care. Such a partnership would allow leveraging a larger scale of investments, critical expertise, essential capacities and research infrastructures by focusing on priority health challenges and opportunities, which would allow achieving considerable economies of scale, scope and speed to deliver better understanding and solutions to manage and safeguard public health.
Relevant for the following parts of Horizon Europe	<p>Pillar II 'Global Challenges and European Industrial Competitiveness'</p> <p><input checked="" type="checkbox"/> Cluster Health</p> <p><input checked="" type="checkbox"/> Cluster Culture, creativity and inclusive society</p> <p><input type="checkbox"/> Cluster Civil Security for Society</p> <p><input type="checkbox"/> Cluster Digital, Industry and Space</p> <p><input type="checkbox"/> Cluster Climate, Energy and Mobility</p> <p><input checked="" type="checkbox"/> Cluster Food, Bioeconomy Natural Resources, Agriculture and Environment</p> <p><input checked="" type="checkbox"/> Cross-cluster</p> <p><input checked="" type="checkbox"/> Pillar III 'Innovative Europe'</p>
Currently identified links with other partnership candidates / Union programmes	<p>Explore opportunities for building links with the other partnerships and EU programmes:</p> <ul style="list-style-type: none"> ▪ Future partnership “Innovative Health Initiative” to accelerate the development and uptake of health care innovations; ▪ Future partnership “Personalised medicine” as it can impact all Health Cluster research topics; ▪ Digital Europe Programme for deploying common digital solutions and reinforcing the digital infrastructure and skills; ▪ Connecting Europe Facility for supporting the connectivity between hospitals, medical centres and research centres; ▪ InvestEU to attract private investment in research, innovation and digitisation in the area; ▪ European Regional Development Fund for investments in research and innovation, human capital and innovative technologies and new care delivery models; ▪ European Social Fund + for investing in people in terms of education and training and improving accessibility of healthcare systems.
Does the proposed partnership build on currently active ones?	It builds on several ongoing ERA-NETs funded under Horizon 2020 and ending between 2019 (ERACoSYsMed) and 2023 (Neuron, AMR and Transcan) as well as past ERA-NETs funded under FP7 or Horizon 2020.
Expected type and composition of partners	<ul style="list-style-type: none"> ▪ The partnership should involve as many public health research funders from EU member states as possible to ensure a strong EU-wide geographical coverage, commitment and cooperation on ongoing, emerging or novel opportunities for advancing pre-clinical/clinical research and biomedical innovation at EU-level. ▪ The partnership should be open to public funders at both national and regional in the EU and those from countries associated to Horizon Europe, while it could also consider public funders from third countries. These type of partners have been involved in ERA-NETs since 2006 and repeatedly underlined their interest, commitment and ability in co-funding research collaborations together.

	<p>Other funders that could get involved in specific co-funding activities are:</p> <ul style="list-style-type: none"> ▪ Private foundations and philanthropy as additional potential co-funders; ▪ Pharmaceutical, diagnostic and ICT industry as additional potential co-funders or sponsors of clinical research projects.
Contributions and commitments expected from partners	Financial contribution from health research funders required for joint transnational calls for proposals. The potential and commitments for sharing “own” intra-mural research has to be explored.
Currently envisaged implementation mode(s).	<input type="checkbox"/> Co-programmed European Partnership <input checked="" type="checkbox"/> Co-funded European Partnership <input type="checkbox"/> Institutionalised European Partnership <ul style="list-style-type: none"> <input type="checkbox"/> Article 185 <input type="checkbox"/> Article 187 <input type="checkbox"/> EIT-KIC
Justification of the implementation mode	<p>A co-programmed European Partnership (option 1) would allow partners to align their research agendas. However, it would not deliver the close strategic collaboration, coordination and joint implementation of co-funding activities.</p> <p>A co-funded European Partnership (option 2) with an annual programming provides the flexibility for identifying, addressing and co-funding health challenges and research opportunities in priority areas when they emerge, while ensuring that public health research funders are committed and engaged.</p> <p>An institutionalized European Partnership (option 3) would not be fit for purpose, as it lacks the flexibility to respond to emerging needs and opportunities, and would create a level of managerial and financial integration that is not appropriate.</p>
Proposed starting year	2022