ERA PerMed

ERA LEARN

Topic 3: How to implement the joint call
Example: ERA PerMed – ERA Net on Personalised Medicine

ERA PerMed Cofund call – JTC2018

Monika Frenzel, French National Research Agency (ANR), 08/10/2019

Content

- **About ERA PerMed**
- Scope of call
- Timing of the call
- The evaluation process
- Finding experts and telling them what to do
- Funding mode and funding commitment
- The ranking list
- Filling the gaps – top up funding
- Proposal management tools
- Project monitoring and reporting

ERA PerMed – ERA NET on Personalised Medicine

- **Time frame**: 1 December 2017 – 30 November 2022
- **Consortium**: 32 funding organisations from 23 countries (AT, BE, CA, DE, DK, **ES**, EE, FI, FR, HR, HU, IE, IL, IT, LV, LU, NL, NO, PL, RO, SE, SI, TR)

The biggest ERA Net in health

32 partners

23 countries

19 EU countries
3 associated countries (H2020) : IL, NO, TR
1 third country: CA

5 regions
ES (Navarre, Catalane)
IT (Tuscany)
DE (Saxony)
CA (Québec)

Coordination:
Instituto de Salud Carlos III (ISCIII), SPAIN

Joint Transnational Calls (JTCs)

1 Call cofunded by the EC➔ 2018

3 Calls non-cofunded : **2019**, 2020, 2021 (decision to go adopted on 12/09/2019)

Source: ERA PerMed ANR, France

ERA PerMed – ERA NET on Personalised Medicine

- **Time frame**: 1 December 2017 – 30 November 2022
- **Consortium**: 32 funding organisations from 23 countries (AT, BE, CA, DE, DK, **ES**, EE, FI, FR, HR, HU, IE, IL, IT, LV, LU, NL, NO, PL, RO, SE, SI, TR)

The biggest ERA Net in health

32 partners

23 countries

19 EU countries
3 associated countries (H2020) : IL, NO, TR
1 third country: CA

5 regions
ES (Navarre, Catalane)
IT (Tuscany)
DE (Saxony)
CA (Québec)

Coordination:
Instituto de Salud Carlos III (ISCIII), SPAIN

ERA PerMed and **ICPerMed** are closely connected.

➔ ICPerMed Action Plan and SRIA are consulted during the preparation of the calls

https://www.icpermed.eu/

www.erapermed.eu

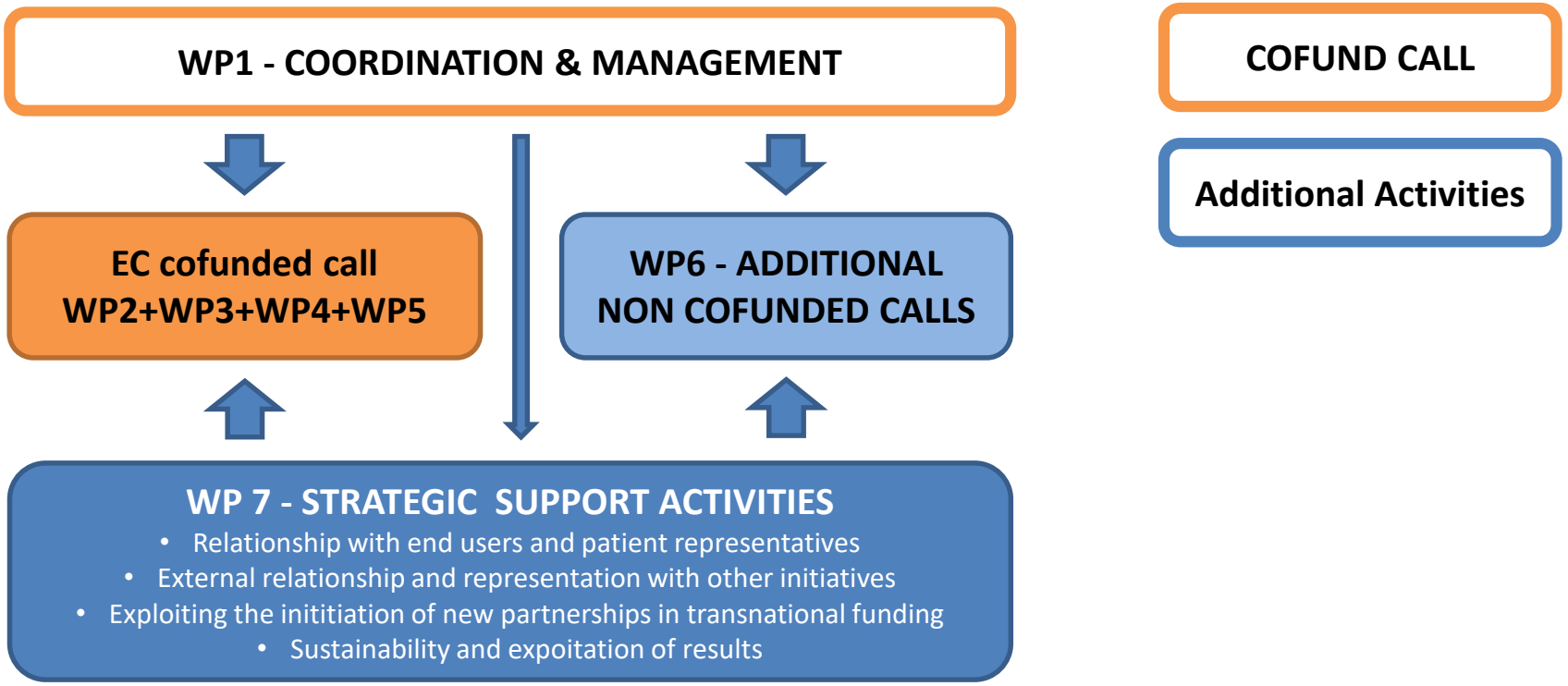
Joint Transnational Calls (JTCs)

1 Call cofunded by the EC➔ 2018

3 Calls non-cofunded : **2019**, 2020, 2021 (decision to go adopted on 12/09/2019)

Source: ERA PerMed ANR, France

ERA PerMed - structure



1. Description of the cofund call already in the ERA-Net proposal
2. Agreement on the administrative procedures amongst funders in the CA

Source: ERA PerMed ANR, France

ERA PerMed – cofund call

EC cofunded call
WP2+WP3+WP4+WP5

COFUND CALL

WP2: Preparation and launch of the cofunded call

- Topic selection
- Establishment of the JCS/CSC
- Call documents
- Launch of the call

WP3: Evaluation and proposal selection of the cofunded call

- Establishment of the PRP
- Management of the review process and funding decision
- Lessons learnt

WP4: Follow-up and monitoring of projects resulting from the cofunded call

- Evaluation indicators
- Data collection and analysis
- Follow-up
- Mid-term and final evaluat.

WP5: Communication, Exploitation and Dissemination of the results

- Communication of results
- Mid-term review seminar
- Final symposium

Source: ERA PerMed ANR, France

ERA PerMed – cofund call

COFUND CALL

WP2: Preparation and launch of the cofunded call

- **Topic selection**
- **Establishment of the JCS/CSC**
- **Call documents**
- **Launch of the call**

Rules for the call:

- Only transnational projects will be funded
- Two-step procedure
- Three independent experts
- Strictly follow the ranking list

WP3: Evaluation and proposal selection of the cofunded call

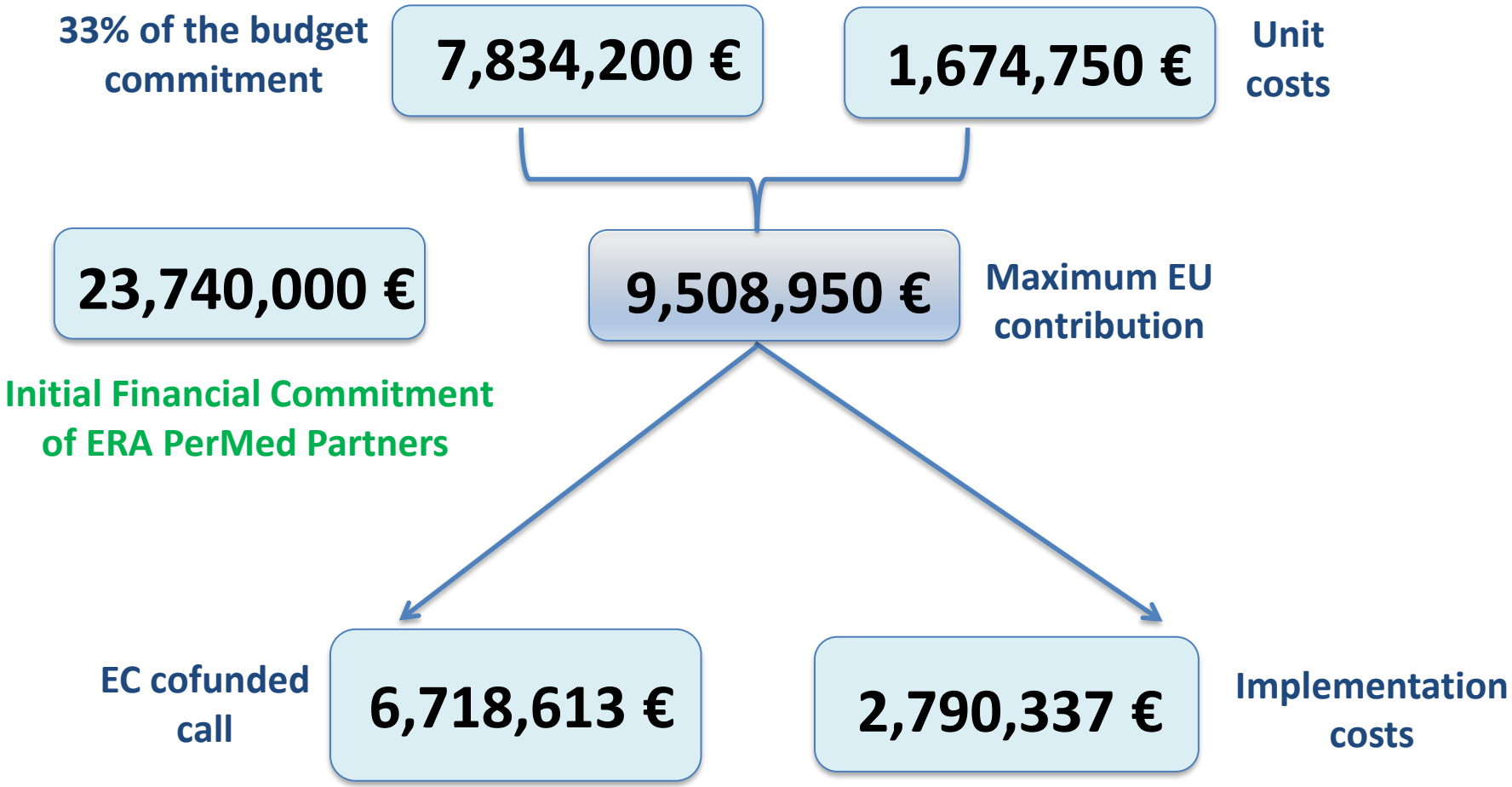
- **Establishment of the PRP**
- **Management of the review process and funding decision**
- **Lessons learnt**

Deliverables

- Ranking list of projects;
- Observers' report;
- Joint selection list of funded projects;
- Signed form of each FO – funding commitment

Source: ERA PerMed ANR, France

ERA PerMed – cofunding scheme



source: ERA PerMed Coordination Unit, ISCIII, Spain

JTC2018
Cofund Call

JTC2018 – Cofund call

31 Partners

23 Countries

19 EU countries

3 associated countries (to Horizon 2020)

Turkey, Norway, Israel

1 third country (Canada)

5 regions

Joint Call Secretariat:
INSTITUTO DE SALUD CARLOS III (ISCIII)

Initial budget
27 Mio€ (approx.)

Two step procedure

Timeline:

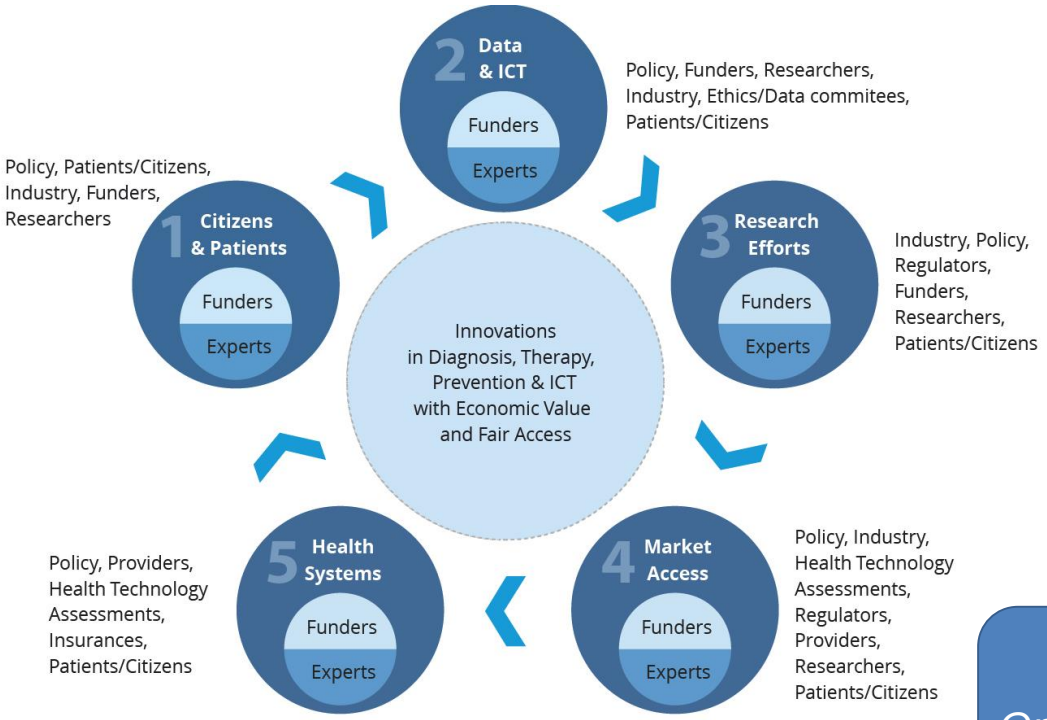
- Launch: February 2018
- Submission deadline of Pre-proposals: April 2018
- Submission deadline of Full-proposals: June 2018

Source: ERA PerMed ANR, France

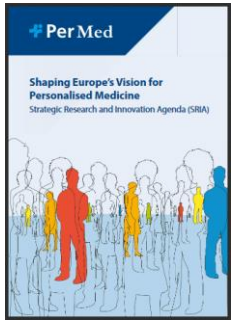
Content

- About ERA PerMed
- **Scope of call**
- Timing of the call
- The evaluation process
- Finding experts and telling them what to do
- Funding mode and funding commitment
- The ranking list
- Filling the gaps – top up funding
- Proposal management tools
- Project monitoring and reporting

Development of the scope for the cofund call



SRIA 2015



http://www.permed2020.eu/_media/PerMed_SRIA.pdf

Action Plan 2017

http://www.icpermed.eu/media/content/ICPerMed_Actionplan_2017_web.pdf

Recommendation of PerMed2020:
Only by including the whole value chain, we can move forward in Personalised Medicine.

1

General concept developed for all calls: The cofund call and all additional calls

➔ JTC2018 topics already defined in the ERA PerMed proposal

Source: ERA PerMed ANR, France

Development of the scope for the cofund call

- Consultation of experts during the ICPerMed workshop in June 2017
- Internal survey within ERA PerMed amongst participating funding organisations
- Establishment/consultation of the Call Advisory Board
- **Approval of the last version, at least 30 days before the expected date of publication**

2 Refinement of the concept of the call

3 Feedback of each funder
➔ Feasibility of call and topics

4 Refinement of the scope.

5 Validation/approval of the call text by the EC

Source: ERA PerMed ANR, France

JTC2018

Joint Transnational Call for Proposals (2018) for

"Research projects on personalised medicine – smart combination of pre-clinical and clinical research with data and ICT solutions"

Research Area 1
Validation, pre-clinical and clinical biomedical research –"Translating Basic to Clinical Research and Beyond".

- Module 1A: Preclinical Research
- Module 1B: Clinical Research

+

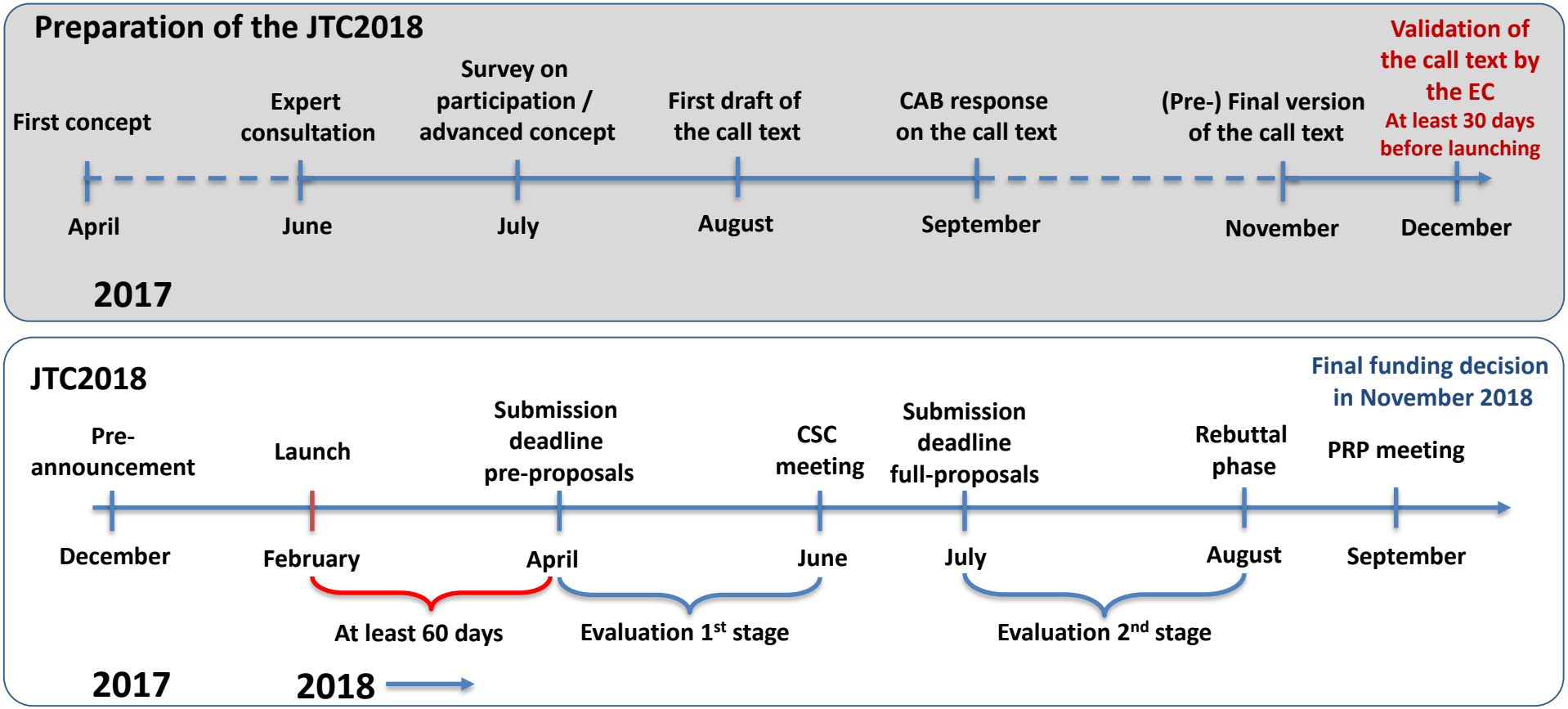
Research Area 2
Data analysis, management and protection, including ethical, legal and social implications –"Integrating Big Data and ICT Solutions".

- Module 2A: Data and ICT – Enabling Technology
- Module 2B: Data and ICT - Towards application in health care

Content

- About ERA PerMed
- Scope of call
- **Timing of the call**
- The evaluation process
- Finding experts and telling them what to do
- Funding mode and funding commitment
- The ranking list
- Filling the gaps – top up funding
- Proposal management tools
- Project monitoring and reporting

Call calendar



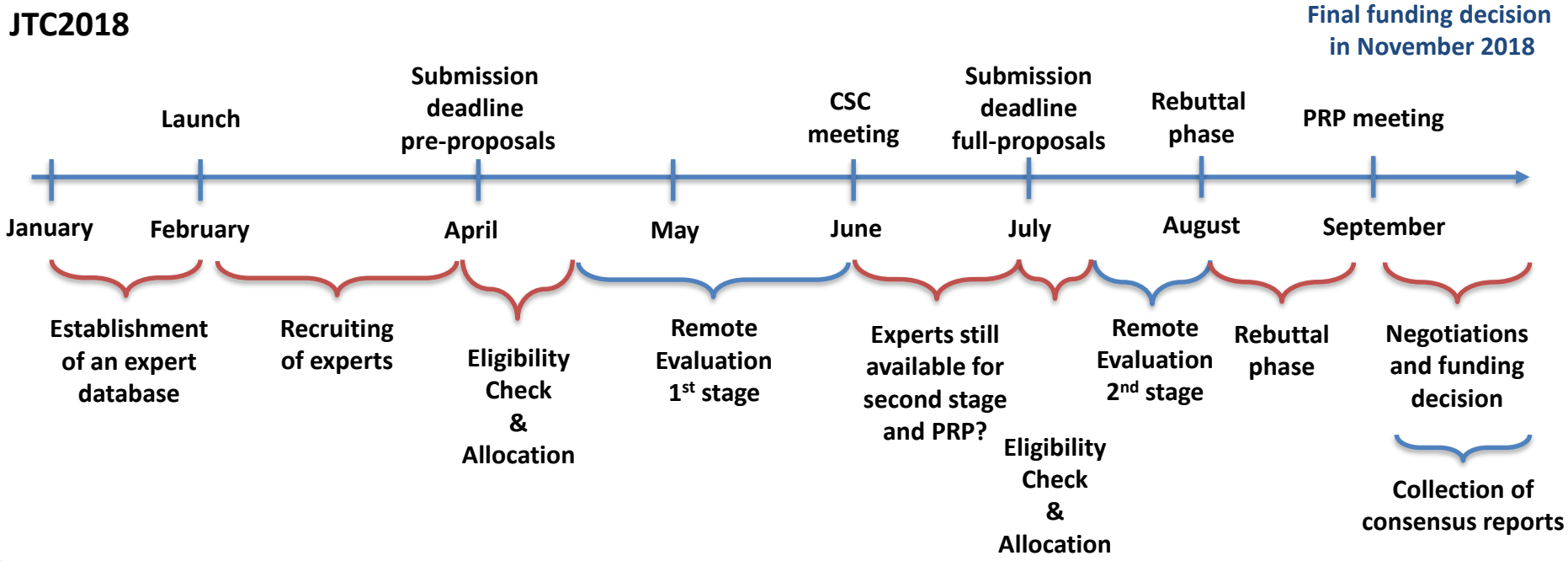
Recommendation:
Restricted time for the call ➔ Early launch of the call enables the ERA Net to adapt the call calendar, if needed.
At least 60 days for the pre-proposal submission are requested by the commission.
Publication of the call via ERA Learn: https://www.era-learn.eu/network-information/call-calendar

Source: ERA PerMed ANR, France

Content

- About ERA PerMed
- Scope of call
- Timing of the call
- **The evaluation process**
- Finding experts and telling them what to do
- Funding mode and funding commitment
- The ranking list
- Filling the gaps – top up funding
- Proposal management tools
- Project monitoring and reporting

The evaluation process



Comment:
Central eligibility check: Joint Call Secretariat
Regional/national eligibility check by the respective funding organisations
Inclusion of an **independent observer** in the call – latest at the full-proposal phase ➔ requested by the commission

Recommendation:
- Good practise: for calls with a high number of applications: form a working group for project allocation

Source: ERA PerMed ANR, France

The evaluation process

General principles for the remote evaluation (pre- and full-proposal):

- 3 reviewers per proposal,
- 3 evaluation criteria: Excellence, Impact and Implementation,
- Scoring system from 0 to 5,
  - Threshold: score of 3 for each criteria.

For the Peer Review Panel:

- One rapporteur introducing each proposal,
- Two reviewers challenging each rapporteur.

Consensus Report

- Prepared by the rapporteur.

Experts/Reviewers – evaluation

Criterion 1

Excellence of the proposal:

a. Clarity and pertinence of the objectives; b. Scientific quality of the proposed approach and methodology; c. Soundness of the concept; d. Novelty of the concept; e. Feasibility of the project (adequate requested resources, time schedule); f. Quality of the project consortium: international competitiveness of participants in the field(s), previous work and expertise of the participants, added value of the transnational collaboration.

Criterion 2

Impact of the proposal:

a. Added value of the transnational collaboration; sharing of resources (registries, diagnosis, biobanks, models, databases, diagnostic and informatics tools, etc.), platforms/infrastructures, harmonisation of data and sharing of specific know-how; b. Potential impact of the expected results on clinical and other health related applications; c. Involvement of pertinent patient organisations, patient representatives (if available/applicable); d. Involvement of private partners (SME and/or industry, if available/applicable); e. Innovative potential; f. Consideration of sex aspects and underrepresented populations in research teams. Inclusion of sex and/or gender analysis and underrepresented populations in the research, if applicable.

Criterion 3

Quality and efficiency of the implementation

a. Quality of the project plan; b. Adequateness of the work package structure and work plan (tasks, matching events, time schedule); c. Balanced participation of project partners and integration of workload in the different work packages, quality and efficiency of the coordination and scientific management; d. Scientific justification and adequateness of the requested budget (rational distribution of resources in relation to the project's activities, partner responsibilities and time frame); e. Risk assessment, regulatory and ethics issues properly addressed (when necessary); f. Coherent integration and combination of Research Areas and Modules in the proposal.

Source: ERA PerMed ANR, France

Experts/Reviewers – evaluation

Scoring system:

0: Failure. The proposal fails to address the criterion in question, or cannot be judged because of missing or incomplete information.

1: Poor. The proposal shows serious weaknesses in relation to the criterion in question.

2: Fair. The proposal generally addresses the criterion, but there are significant weaknesses that need corrections.

3: Good. The proposal addresses the criterion in question well, but certain improvements are necessary.

4: Very good. The proposal addresses the criterion very well, but small improvements are possible.

5: Excellent. The proposal successfully addresses all aspects of the criterion in question.

Threshold 3 for each criterion (mean of 3 experts), 9 for the total score.

Content

- About ERA PerMed
- Scope of call
- Timing of the call
- The evaluation process
- **Finding experts and telling them what to do**
- Funding mode and funding commitment
- The ranking list
- Filling the gaps – top up funding
- Proposal management tools
- Project monitoring and reporting

Finding experts and telling them what to do

- **ERA PerMed had to establish its expert database:**
  - Input came from ERA PerMed partners (regional/national FOs)
  - Collection of / requirements for experts:
    - Corresponding to the different topics in the scope
    - Request to propose also experts from outside the consortium

- **Recommendation:**
  - Provide experts with guidelines for the evaluation
    - Background around the funding programme and the call,
    - Conflict of interest and confidentiality,
    - What are the different steps of the evaluation (first, second and PRP)?
    - Expectations and correct wording for the written evaluation.
  - Be clear in evaluation deadlines and the date for the PRP meeting

Source: ERA PerMed ANR, France

Conflict of Interest

A disqualifying conflict of interest exists if an expert:

- was involved in the preparation of the proposal;
- stands to benefit directly should the proposal be accepted;
- has a close family relationship (relatives until second degree) with any person representing an applicant institution in the proposal;
- is a director, trustee or partner of an applicant organisation;
- is employed by one of the applicant organisations in a proposal;
- is in any other situation that compromises his or her ability to evaluate the proposal impartially.

A potential conflict of interest may exist, even in cases not covered by the clear disqualifying conflicts indicated above, if an expert:

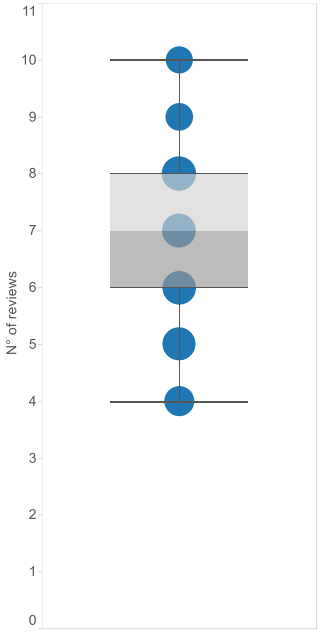
- was employed by one of the applicant institutions in a proposal within the previous three years;
- is involved in a contract or research collaboration (including publications) with an applicant or has been so in the previous three years;
- is in any other situation that could cast doubt on his or her ability to evaluate the proposal impartially, or that could reasonably appear to do so in the eyes of an external third party.

In the case of a conflict of interest, the Joint Call Secretariat has to be informed immediately so that a substitute can be found.

At the PRP meeting, reviewers should not be present when discussing their host institution's application or other proposals with conflicts of interests. In the case of a conflict of interest, they will be asked to leave the room.

Source: ERA PerMed ANR, France

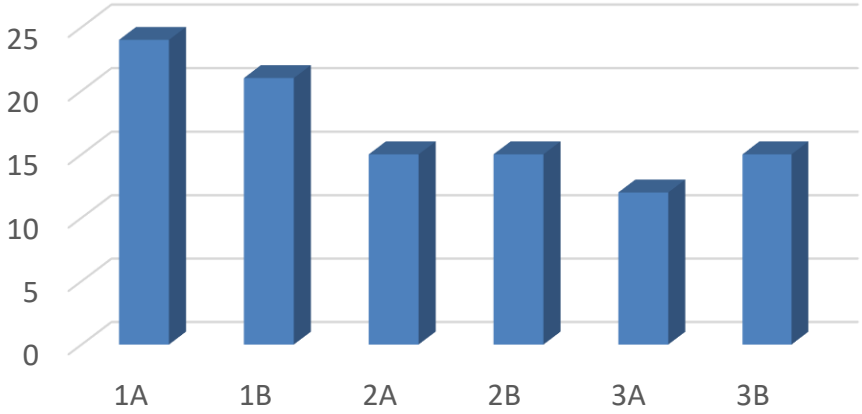
Remote evaluation



Harmonization of evaluation possible?

Difficulty: Different strategies of experts during evaluation.

- Ranking within the group of proposals
- Should at least a part be out of scope?
- Only a part of the score range used (could be only high or low)
- The whole range of scores used



Multidisciplinary projects

- One expert per module integrated in the proposal.
- Experts are evaluating with different focus.

Source: ERA PerMed ANR, France

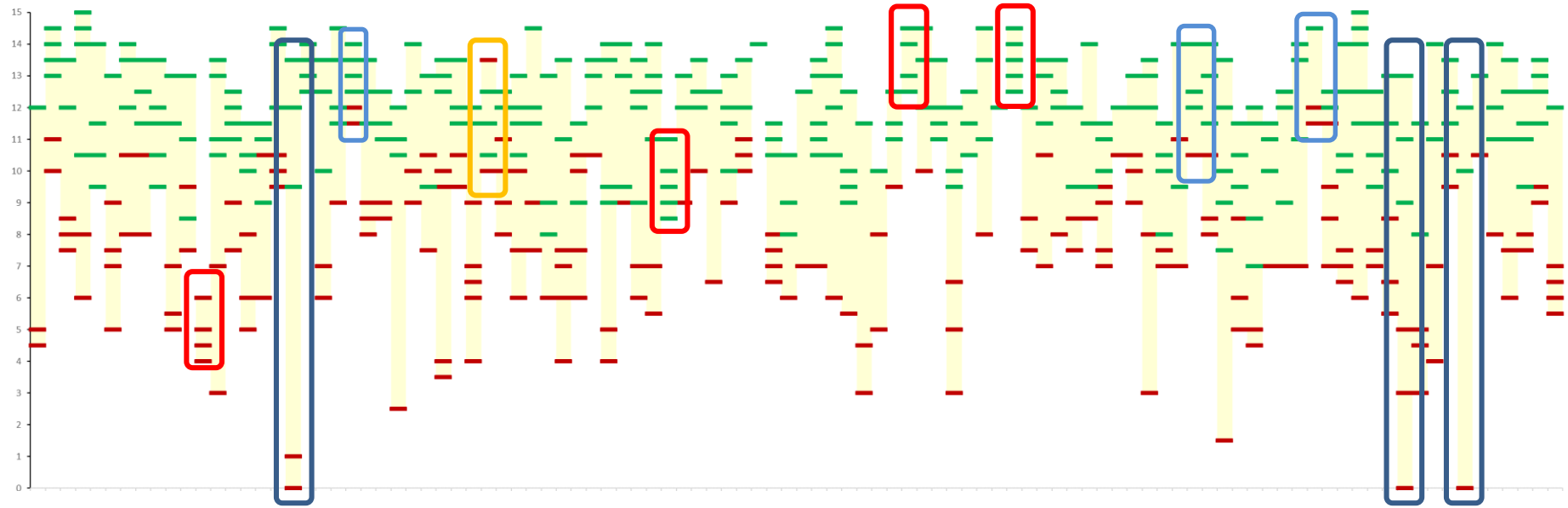
Remote evaluation

Different observations

Using the whole range / only a very small range

Not coherent in scores and recommendation

coherent but extreme scores



Source: ERA PerMed ANR, France

Green: Recommendation for funding « YES », Red: Recommendation for funding « NO »

Finding experts and telling them what to do

- **Difficulty:**
  - Availability of reviewers for the entire process (full-proposal evaluation is in the summer period);
  - ERA PerMed provides no remuneration of experts;
  - Our experiences – just to keep in mind:
    - 60% no answer
    - 20% NO participation
    - 20% YES for participation (thereof you might loose around 3% when finally contacting as selected evaluator)

- **Recommendation:**
  - Please do not hesitate to send regular reminders at all stages

Source: ERA PerMed ANR, France

Content

- About ERA PerMed
- Scope of call
- Timing of the call
- The evaluation process
- Finding experts and telling them what to do
- **Funding mode and funding commitment**
- The ranking list
- Filling the gaps – top up funding
- Proposal management tools
- Project monitoring and reporting

Financial support to transnational projects - CA

1st step evaluation:

1. the total budget of all selected pre-proposals should not exceed the proposed total budget of the JTC by more than 3 times,
2. Each FO must establish a responsible approach to avoid an unbalance between the committed national/regional budgets and the requested funding,
3. If the initial national/regional oversubscription after pre-proposal submission exceeds a factor of approximately 3 (or 2, respectively, for third countries not eligible for EC contribution) **each funding organization is responsible to implement the most suitable mechanisms to comply with this requirement**.

The above rules influence the decision on the number of proposals invited to the second phase.
Taking into account these rules and the ranking list based on the first remote evaluation:
Of 143 eligible pre-proposal submitted, 50 proposals were invited to the full-proposal stage.

Source: ERA PerMed ANR, France

Financial support to transnational projects - CA

2st step evaluation and funding decision: Virtual common pot model

EU Top-Up will be distributed applying **a mixed mode**, that is, granting a fixed percentage as reimbursement (just-retour) and the remaining amount as gap filling.

I. Reimbursement: 50%-70% of the EU Top-Up will be distributed among eligible Funding Organizations, on a fixed reimbursement rate (e.g. 15%), proportionally to each national granted budget (just-retour reimbursement).

II. Gap filling: 30%-50% of the EU Top-Up may be used for Gap filling.

III. A Funding Organization cannot receive more than 20% of the EU Top-Up total budget.

IV. The total EU Top-Up received by a single Funding Organization shall not exceed the respective national/regional contribution provided to research projects.

Source: ERA PerMed ANR, France

Financial support to transnational projects - CA

2st step evaluation:

Important:

For the best use of the EU Top-Up, specific rules to allow funding as many projects as possible by optimizing both the regional/national and the EU contributions:

a. **explore all funding solutions to unblock situations at the regional/national level**, (reasonable efforts to match national funding with the success of their respective research communities **by increasing their budget**).

b. Following this step, the **final distribution of the EC contribution** will be discussed and agreed by the CSC.

Content

- About ERA PerMed
- Scope of call
- Timing of the call
- The evaluation process
- Finding experts and telling them what to do
- Funding mode and funding commitment
- **The ranking list**
- Filling the gaps – top up funding
- Proposal management tools
- Project monitoring and reporting

The ranking list

Rules for the Call Steering Committee:

Follow strictly the ranking list as long as EU Top-Up is used.

Additional consensus on the establishment of the funding decision:

Ranking in blocks:

- A: excellent proposals, recommended for funding (no informal ranking needed);
- B: very good proposals, which are funded depending on the available budget from the funding organizations (informal ranking remain used as a tool for guidance);
- C: good proposals that are not prioritized for funding (no informal ranking needed).

The rankings list

Request for the Peer Review Panel:

1. Establishment of a list of proposals recommended for funding and NOT recommended for funding

2. Ranking of proposals in blocks or 5-6 proposals max.

   ➔ in each block: proposals are considered to be ranked scientifically equal.

   ➔ re-evaluation of the position of individual proposals within one/amongst block/s

   ➔ allowing some flexibility in the funding decision and in the case of blocking situations

Source: ERA PerMed ANR, France

The rankings list

1. 2. 3. 4. 5. Etc.	A++
1. 2. 3. 4. 5. Etc.	informal ranking remains and is used as a tool for guidance — A+
1. 2. 3. 4. 5. Etc.	informal ranking remains and is used as a tool for guidance — A
	informal ranking remains and is used as a tool for guidance — B

Source: ERA PerMed ANR, France

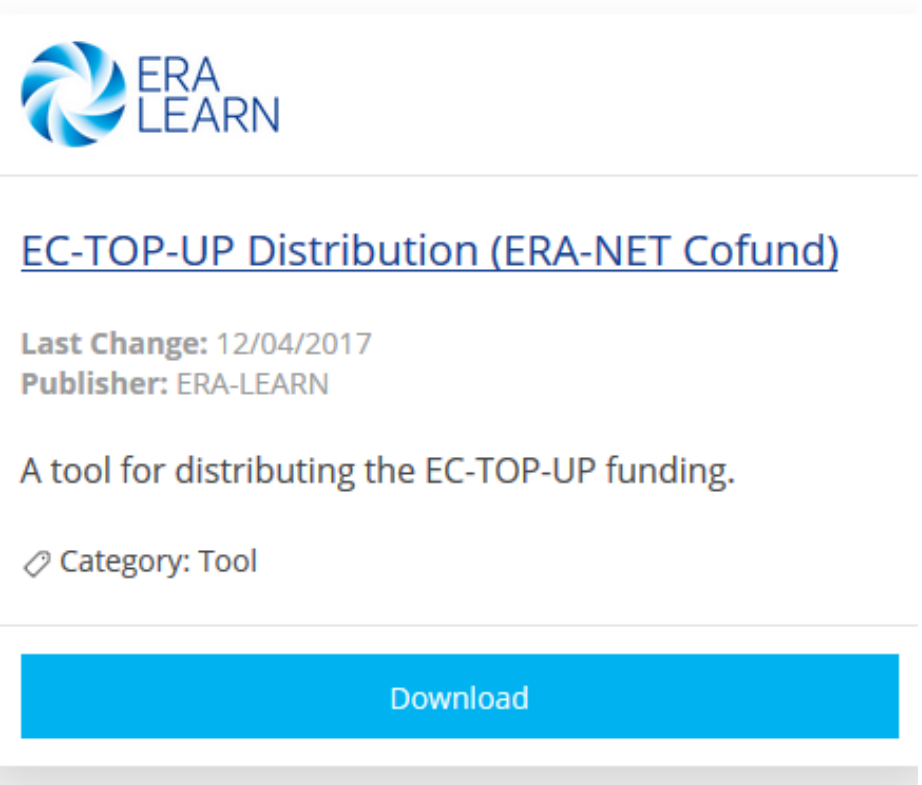
Content

- About ERA PerMed
- Scope of call
- Timing of the call
- The evaluation process
- Finding experts and telling them what to do
- Funding mode and funding commitment
- The ranking list
- **Filling the gaps – top up funding**
- Proposal management tools
- Project monitoring and reporting

ERA Learn Tool for distributing the EC-TOP-UP

https://www.era-learn.eu/support-for-p2ps/implementing-joint-calls/funding-of-projects/distribution-and-monitoring-of-funds/distribution-of-ec-top-up-funding-in-cofunded-calls

- enter consortium
- enter EC contribution
- enter ranking list
- allow flexible nat/reg budgets
- allow flexible use of mixed mode – various % of EC top-up used for gap filling
- find out maximum length of funding list
- display number of funded projects
- display allocated top-up
- template available on www.era-learn.eu



Filling the gaps – top up funding

Optimizing both the regional/national and the EU contributions:

1. explore all funding solutions to unblock situations at the regional/national level, (reasonable efforts to match national funding with the success of their respective research communities by increasing their budget).
2. Following this step, the final distribution of the EC contribution will be discussed and agreed by the CSC.

➔ the further rules might be revised, if needed:

I. Reimbursement: 50%-70% of the EU Top-Up for just-retour reimbursement.

II. Gap filling: 30%-50% of the EU Top-Up for Gap filling.

III. A Funding Organization cannot receive more than 20% of the EU Top-Up total budget.

IV. The total EU Top-Up received by a single Funding Organization shall not exceed the respective national/regional contribution provided to research projects.

Source: ERA PerMed ANR, France

Filling the gaps – top up funding

- Question of negotiation amongst the participating FOs

  ➔ Requests time and the need to develop funding scenarios

  ➔ includes most probably several TelCos (CSC and bilateral) and mail exchanges

- To be considered:

  1. Regional/national decision committee meetings,

     ➔ requirement and mechanisms to get the funding decision might vary a lot between the different funders

  2. Different deadlines for the publication of results.

  To combine both requirements might be challenging.

JTC2018

Joint Transnational Call for Proposals (2018) for **"Research projects on personalised medicine – smart combination of pre-clinical and clinical research with data and ICT solutions"**

Research Area 1
Validation, pre-clinical and clinical biomedical research –"Translating Basic to Clinical Research and Beyond".

- Module 1A: Preclinical Research
- Module 1B: Clinical Research

+

Research Area 2
Data analysis, management and protection, including ethical, legal and social implications –"Integrating Big Data and ICT Solutions".

- Module 2A: Data and ICT – Enabling Technology
- Module 2B: Data and ICT - Towards application in health care

Outcome of the first JTC2018: total budget: 28.3 M€

- **159 pre-proposals** submitted, 143 eligible pre-proposals
- **50** proposals invited to **full-proposal** submission
- **25 funded projects**

ERA PerMed newsletter - information about all 25 funded projects:
http://www.erapermed.eu/wp-content/uploads/2019/01/ERAPerMed-9-1-19-HR.pdf

Source: ERA PerMed ANR, France

Content

- About ERA PerMed
- Scope of call
- Timing of the call
- The evaluation process
- Finding experts and telling them what to do
- Funding mode and funding commitment
- The ranking list
- Filling the gaps – top up funding
- **Proposal management tools**
- Project monitoring and reporting

Content

- About ERA PerMed
- Scope of call
- Timing of the call
- The evaluation process
- Finding experts and telling them what to do
- Funding mode and funding commitment
- The ranking list
- Filling the gaps – top up funding
- Proposal management tools
- **Project monitoring and reporting**

Project monitoring and reporting

Part of WP4: Follow-up and monitoring of projects resulting from the cofunded call

- Annual (first and second year) and final report
- List of indicators developed
- Template for the annual report (less complex)
- Template for the final report (more detailed)
- Mid-term and final seminar
  - Already indicated in the call text ➔ budget should be allocated for project coordinators to attend the meetings

Amongst ERA PerMed partners: Intranet under development to share the different documents requested as: CAs, scientific reports, DMP

Lessons Learned

Rules for the cofund call

- Validation of the call text at least 30 days before the launch of the call,
- At least 60 days for the pre-proposal submission,
- Inclusion of an independent observer in the call,
- Strictly follow the ranking list if Top-Up is still used.

- Start the cofund call as early as possible:

1. For the final calculation of the EC contribution: Only those expenditures of the project funded in the cofund call are eligible that were spent during the program duration of the ERA Net!
2. Indicate a deadline for the scientific start of the projects funded in the co-fund call already in the call text.
3. Clarify to the researchers and funding organisations that no project extension is possible.

Further recommendations/Lessons Learnt

- Elaborate the **Consortium Agreement** very carefully and define rules but keep flexibility; take into account the possibility of unforeseen events.
- Try to avoid blocking situation even before the call is launched in requesting **coherent funding commitments of participating partners** corresponding to potentially national/regional participation.
- For the ranking list, select as many projects for funding as possible.
- Improve your procedures: Lessons Learnt (PRP and funding organisations)

Source: ERA PerMed ANR, France

Support via ERA Learn

- https://www.era-learn.eu/support-for-p2ps/implementing-joint-calls

- Information and help for all different steps
- Tools and templates available
- Learn from other examples

Questions?