



### Pillar 1. ERC calls

**Starting Grants**

starters  
(2-7 years after PhD) up to € 2.0 Mio for 5 years

**Consolidator Grants**

consolidators  
(7-12 years after PhD) up to € 2.75 Mio for 5 years

**Advanced Grants**

track-record of significant research achievements in the last 10 years up to € 3.5 Mio for 5 years

**Synergy Grants**

2 – 4 Principal Investigators up to € 15.0 Mio for 6 years

**Proof-of-Concept**

bridging gap between research – earliest stage of marketable innovation up to €150,000 for ERC grant holders

<http://ec.europa.eu/programmes/horizon2020/en/h2020-section/european-research-council>

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### Health R&I funding in other Horizon 2020 programmes

- NMBP-21-2018: Custom-made biological scaffolds for specific tissue regeneration and repair
- NMBP-22-2018: Osteo-articular tissues regeneration
- DT-NMBP-23-2020: Next generation organ-on-chip (RIA)
- SFS-04-2019/2020 Integrated health approaches and alternatives towards pesticide use
  - A. [2019]: Integration of plant protection in a Global Health approach
  - B. [2020] Biocidal and plant protection products
- SFS-16-2018 Towards more healthy and sustainable food

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### The SME-instrument

**SME instrument**

Idea

Phase 1

Concept & Feasibility Assessment

Phase 2

Innovation R&D activities

Phase 3

Commercialisation

Market

- Feasibility of concept
- Development, prototype, test
- Facilitate access to private finance
- Risk assessment
- Miniaturisation/ design
- Support via networking, training, coaching, knowledge sharing, dissemination
- Partner search
- Clinical trials
- Etc.
- Design study

Lump sum: ~50.000 €  
~ 6 months

Output based payments: 1 to 50 ME  
12 to 24 months

No direct funding

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**Fast Track to Innovation**

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**Features of the pilot calls**

- For 2015 and 2016: 200 Mio € (100 + 100)
- About 50-70 actions (projects) funded / year
- Grants for up to 3 Mio € possible (maximum!)

**Highest competition and very high oversubscription was expected!**

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**FTI: The concept**

- Only fully bottom-up measure in Horizon 2020 (within the "Societal Challenges" and "Leadership in Enabling and Industrial Technologies")
- Addresses close to the market innovation activities (TRL 7 – 9)
- Reduces time from idea to market
- Increases participation of industry
- Stimulates private sector investment in research and innovation
- Time to market: 36 months (from project start)
- Open to all types of participants
- Consortium partners with complementary backgrounds, knowledge and skills  
-> Support of trans-disciplinary and cross sector cooperation
- Transnational value-chains and EU-wide / global markets are addressed

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### Fast Track to Innovation (FTI)

Open to all types of participants from EU-member states or associated countries:

- SMEs
- Industry
- First-time industry applicants
- Universities
- Research centers
- Technological organisations
- Clusters & Associations
- Incubators
- End-users
- Public sector
- Investors

**IMPORTANT: Third country partners:** only as subcontractors!

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### Former participation rules (2016-2017)

- Consortia of min. 3 and max. 5 participants from at least 3 different countries
- Industry involvement: is mandatory!
- either at least 60% of overall budget of proposal allocated to industry partners in the consortium
- or
  - minimum number of industry participants must be 2 in a consortium of 3 or 4 partners
  - and 3 in a consortium of 5 partners

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### Differences between FTI and SME Instrument in the FTI Pilot Programme

**FTI**

- Consortial approach
- Not SME related
- Obligatory to be on market after 3 years
- No coaching support
- One-stage scheme

**SME-Instrument**

- Topics
- 3 phases
- Single participation possible
- Restricted to SMEs
- No obligation to be on market after phase 3
  - Coaching support

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**The Innovative Medicines Initiative- IMI 2**

<http://www.imi.europa.eu/>



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**The rationale behind IMI2**

"Deciphering the complexity of human diseases and finding safe, cost-effective solutions that help people live healthier lives requires **collaboration across scientific and medical communities throughout the health care ecosystem.**

Indeed, we must acknowledge that **no single institution, company, university, country, or government has a monopoly on innovation.**"

**Source:** *Sci Transl Med* 29 January 2014; Vol. 6, Issue 221, p. 221ed2  
 Sci. Transl. Med. DOI: 10.1126/scitranslmed.3008294

**EDITORIAL**  
 DRUG DISCOVERY  
 Turning the Titanic  
 Elias A. Zerhouni

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**Why an Innovative Medicines Initiative (IMI)?**

**Clinical trials are**

complex

risky

expensive

long

inefficient

**Because:**

- Biological disease mechanisms are complex.
- The design of clinical trials needs to be aligned to the present scientific state-of-the-art.
- Regulation needs to be adapted to the progress of science.

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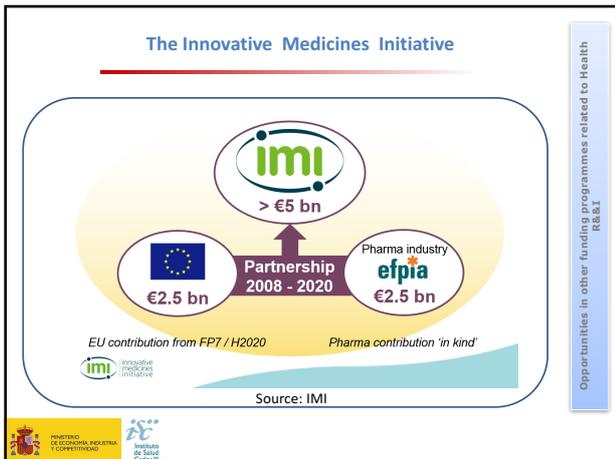
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### The 8<sup>th</sup> IMI2 call

<http://www.imi.europa.eu/content/imi-2-call-8>

1. Ebola and other filoviral haemorrhagic fevers (Ebola+) programme: future outbreaks

<b>Call Identifier</b>	H2020-JT-IMI2-2015-08-single-stage
<b>Type of action</b>	Research and Innovation Actions
<b>Publication date</b>	18 December 2015
<b>Submission start date</b>	18 December 2015
<b>Submission deadlines (cut-off dates)</b>	16 March 2016 – 17:00:00 Brussels time 15 September 2016 – 17:00:00 Brussels time 16 March 2017 – 17:00:00 Brussels time 14 September 2017 – 17:00:00 Brussels time 15 March 2018 – 17:00:00 Brussels time
<b>Indicative budget</b>	
From the IMI2 JU	a maximum of EUR 70 000 000

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### 11<sup>th</sup> and 12<sup>th</sup> IMI2 calls are open

(Shown budgets are total per funded project)

1. Development and validation of technology enabled, quantitative and sensitive measures of functional decline in people with early stage Alzheimer's disease (RADAR-AD) (Approx. 10 M€; 3 years)
2. 'FAIRification'\* of IMI and EFPIA data (Approx. 7,5 M€; 3 years)
3. Development of sensitive and validated clinical endpoints in primary Sjögren's syndrome (pSS) (Approx. 16 M€; 6 years)
4. European Health Data Network (EHDN) (Approx. 28 M€; 5 years)
5. Analysing the infectious disease burden and the use of vaccines to improve healthy years in aging populations (Approx. 11 M€; 5 years)
6. Discovery and characterization of blood-brain barrier targets and transport mechanisms for brain delivery of therapeutics to treat neurodegenerative & metabolic diseases (Approx. 18 M€; 5 years)
7. European Screening Centre: unique library for attractive biology (ESCuLab) (Approx. 36,5 M€; 5 years)

\* Call 11th: Exploitation of IMI project results (5 M€; 2 years)

<http://www.imi.europa.eu/content/overview-imis-calls-how-participate>

\*FAIR: Findable, Accessible, Interoperable, and Reusable

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### Timeline and budget for the 11<sup>th</sup> and 12<sup>th</sup> IMI2 calls

#### Dates

- Deadline 1st stage: 24 of October 2017
- Deadline 2nd stage: 16 of May 2018
- Call 11: single stage – deadline 24 of October 2017

#### •PresupTotal budget

- ✓ Call 11: EUR 5 000 000
- ✓ Call 12: EUR 64 077 000 (IMI2 JU) + EUR 62 362 000 (EFPIA)

#### •EFPIA coordinator companies

- Janssen (topics RADAR-AD, FAIRification, EHDN)
- Novartis (topic S. de Sjögren)
- GlaxoSmithKline (topic vacunas)
- Sanofi (topic BBB)
- Bayer (topic ESCulab)

Source: <http://www.imi.europa.eu/content/overview-imis-calls-how-participate>



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### The ERA-Net instruments



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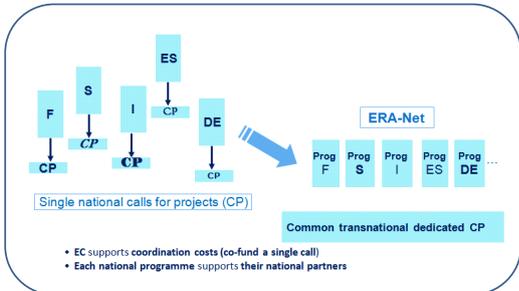
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### The aim of the ERA-Net instrument



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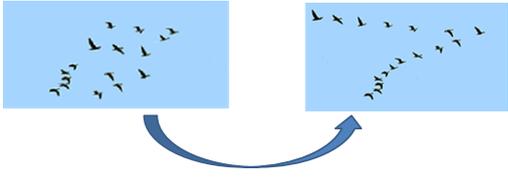
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### Joining efforts – making Europe

ERA-Net was the first response to the need for a coordinated and collaborative design and implementation of national and European research programmes in order to overcome the fragmented nature of research activities across Europe as identified in the Communication “Towards a European Research Area – ERA”



**ERA-Nets**




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### Understanding the Era-Nets concept

- ✓ Funding agencies collaborate on common objectives under the EC umbrella
- ✓ The set up ERA-Net structure launches calls and funds projects
- ✓ In projects can participate groups from Academy, Clinic, Industry (it depends on the eligibility rules of participating funding agencies)
- ✓ Each call has its own rules, evaluation procedures and their own documents.
- ✓ Eligibility criteria central regarding the project and national eligibility criteria that determine each partner.
- ✓ ≠ Horizon 2020 budget. Each partner depends on the rules of each funder .
- ✓ Scientific monitoring is central.
- ✓ Financing, monitoring and administrative justification depends on the funder.






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### An evolving concept

**FP6: ERA-NET**  
Funding of costs related to the coordination of national research programmes, 100% reimbursement rate for coordination and management costs

**FP7: ERA-NET and ERA-NET Plus**

- ERA-NET: as under FP6
- ERA-NET Plus: co-funding of a single joint call for trans-national proposals, 33% reimbursement rate for the costs of funding the projects

**Horizon 2020: ERA-NET Cofund**  
Co-funding of a single joint call for trans-national proposals, in addition other joint activities including other joint calls without Union co-funding, 33% reimbursement rate




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### ERA-Net Cofund main features

- **ERA-NET Cofund: implementation of a co-funded joint call for proposals** (compulsory, one co-funded call per Grant Agreement)-
- **EU contribution:** mainly a proportional contribution to total public funding of the joint call
- **Additional EU contribution to coordination costs on the basis of unit costs** for additional activities including additional calls without top-up funding
- **Stable reimbursement rate:** ERA-NET Plus reimbursement rate as from FP7 (33%) applies
- **Co-funded calls:** proposal evaluation and selection according to Horizon 2020 standards

\* ERA-NETs based on a Coordination and Support Action (CSA) are no longer possible. Only in exceptional cases it might be considered to support the preparation and structuring of specific emerging P2Ps that demonstrate clear European added value.

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### Who can participate?

- Participants in ERA-NET Cofund actions **must be research funders**: legal entities owning or managing public research and innovation programmes:
  - ✓ Programme Owners are typically national/regional ministries / authorities responsible for defining, financing or managing research programmes carried out at national or regional level.
  - ✓ Programme Managers are typically research councils or funding agencies or other national or regional organisations that implement research programmes under the supervision of the programme owners. Their participation has to be under mandate from the national/ regional authorities in charge (normally the responsible Ministry).
- Minimum conditions for participation (three independent legal entities from three different Member States or associated countries): to be fulfilled by the entities participating in the joint trans-national call for proposals.
- Any third country can in principle participate in the co-funded call as well as in the other activities. The standard H2020 rules apply for the funding of the third countries.

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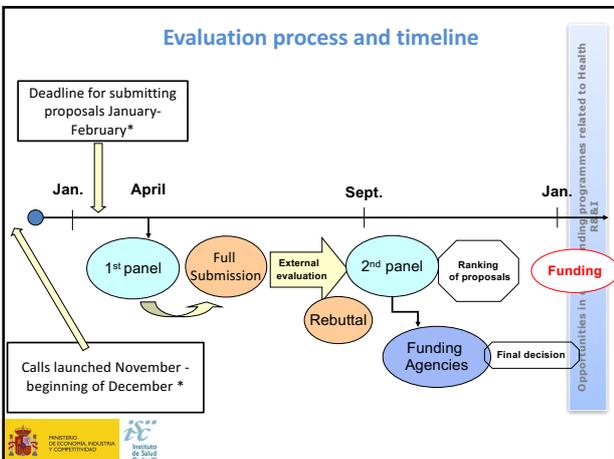
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### Expected benefits of the ERA-Net scheme

The benefits that the ERA-NET scheme was expected to bring about:

- establishing and strengthening of European research funding networks;
- reducing the fragmentation of the European research funding landscape;
- structuring of the research landscape via the opening up and coordination of national programmes; and
- setting up research programmes undertaken jointly by several Member States, including the participation in the structures created for the execution of national programmes.

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### Key benefits in relationship to the coordination of national policies and programmes

- Increased knowledge of, and cooperation with, funding agencies across Europe
- Greater understanding of R&D procedures in other countries
- Development and adoption of new evaluation protocols and procedures
- Cultural learning about the design of joint activities between programme owners and programme managers thus enabling transnational R&D cooperation
- Set up of a forum for discussing R&D policy and priorities in specific research fields at European level

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### Keys for participating (I)

- Pre-announcements on November-December via ERA-Net webs
- Information about the call on the specific ERA-Net web . Who is in charge of the Call Secretariat.
- Documents are to be checked thoroughly: Call text, Applicant’s Guide, Proposal Form)
- Call opening date and deadline.
- Which is specific your funding Agency?
  - Committed budget
  - Max. number of proposals that could be funded
  - Who is eligible?
  - What is eligible?
- Researchers should get in touch with the **National Contact Points before** sending the proposal!

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### Keys for participating (II)

- **Call text:**
  - ✓ **Objectives**
  - ✓ **Evaluation criteria, scoring, thresholds**
  - ✓ **Central (common) eligibility criteria:**
    - Academia, hospitals, industry
    - **Consortium features** (max-min no. of partners, widening (Eastern European countries), partners participating with own resources, external collaborators, etc.)
  - ✓ **National eligibility criteria: Annexes specific for every funding agency**
    - **Partners:** Eligibility conditions by their specific funding agency to be taken into account
    - **Coordinators:** Take into account the participation conditions of the consortium members





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### Keys for participating (III)



- **How is a consortium to be set up?**
  - To be or not to be... coordinator
  - Better as consortium partner
- **Search for partners:**
  - Check the participation terms set by other funding agencies: administrative/legal conditions and budget (!)
  - Big or small partners?
  - Consider also less known countries (they could have more budget and good science)
  - Check the respective specific webs for partner search. New EC **Partner Search:**  
[https://ec.europa.eu/research/participants/portal/desktop/en/organizations/partner\\_search.html](https://ec.europa.eu/research/participants/portal/desktop/en/organizations/partner_search.html)





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### Keys for participating (IV)

- **Writing the proposal:** Pay attention to eventual organization and coordination hurdles among partners
- **The Coordinator is the only one who sends the application :**
  - He/she should wait until last second before deadline.
  - He/she should be open to specific requirements from every partners while writing and uploading the proposal
  - He/she should consider eventual troubles with the submission tools.
  - The Call Secretariat is the Key Contact,
  - But also the corresponding NCPs
- **After sending the proposal:** Every communication will be sent by the Call Secretariat directly to the Coordinator. He/she will send it to the consortium partners.





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**Art. 185 TFEU – based  
funding Programmes**

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**Article 185 of the Treaty on the Functioning of the European  
Union (TFEU) [ex Article 169 of the Treaty establishing the  
European Community (TEC)]**

*"In implementing the multiannual framework programme, the Union  
may make provision, in agreement with the Member States concerned,  
for participation in research and development programmes undertaken  
by several Member States, including participation in the structures  
created for the execution of those programmes."*

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**AAL – Active and Assisted  
Living Programme**

<http://www.aal-europe.eu/>



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### AAL2 General Objective

- The AAL Programme is a funding activity that aims to create better conditions of life for the older adults and to strengthen the international industrial opportunities in the area of information and communication technology (ICT). It carries out its mandate through funding of cross-national projects (at least three countries involved) that involve small and medium enterprises (SME), research bodies and end-user organisations (representing older adults).



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### Specific objectives of AAL-2

- Foster the emergence of innovative ICT-based products, services and systems for ageing well at home, in the community, and at work, thus increasing the quality of life, autonomy, participation in social life, skills and employability of elderly people, and reducing the costs of health and social care.
- Create a critical mass of research, development and innovation at EU level in technologies and services for ageing well in the information society, including the establishment of a favourable environment for participation by small and medium-sized enterprises (SMEs).
- Improve conditions for industrial exploitation by providing a coherent European framework for developing common approaches and facilitating the localisation and adaptation of common solutions which are compatible with varying social preferences and regulatory aspects at national or regional level across Europe.
 

- Topics “societal driven” +
  - Covering the whole value chain for innovation
  - Processes + devices



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### The AAL-2 Concept

- extending the time people can live in their preferred environment by increasing their autonomy, self-confidence and mobility;
- supporting the preservation of health and functional capabilities of the elderly,
- promoting a better and healthier lifestyle for individuals at risk;
- enhancing security, preventing social isolation and supporting the preservation of the multifunctional network around the individual;
- supporting carers, families and care organisations;
- increasing the efficiency and productivity of used resources in the ageing societies.



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**AAL<sup>2</sup> The AAL-2 Programme Framework**

- Time-to-market perspective of maximum 2 to 3 years after the end of the project;
- Project total budget: 1 – 7 M€;
- Maximum funding from the AAL Programme: 3 M€;
- Significant involvement of industry and other business partners, particularly SMEs, are encouraged;
- Realistic trial set-up at the end of the project;
- Proactive end-user involvement throughout the life of the project;
- Defined market segment(s) use cases and target group(s) and address the wishes and needs of these specific group(s).

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**AAL<sup>2</sup> Topics in former calls**

- Call 1 – ICT based solutions for Prevention and Management of Chronic Conditions of Elderly People
- Call 2- ICT based solutions for Advancement of Social Interaction of Elderly People
- Call 3 – ICT-based Solutions for Advancement of Older Persons' Independence and Participation in the "Self-Serve Society"
- Call 4 – ICT based solutions for Advancement of Older Persons' Mobility
- Call 5 – ICT-based Solutions for (Self-) Management of Daily Life Activities of Older Adults at Home
- Call 6 – ICT based solutions for Supporting Occupation in Life of Older Adults
- Call 2014 – Care for the future
- Call 2015 – Living actively and independently at home
- Call 2016 – Living well with dementia

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**AAL<sup>2</sup> The 2017 call "AAL packages/Integrated solutions"**

- The challenge lies in developing packages integrating different solutions that address the needs and wishes of end-users and add value to their lives. Since peoples' wishes, aspirations, and needs evolve over time, packages should be designed with built-in flexibility and a variety of components in order to meet diverse individual situations and to remain attractive to end-users over time. End-users expect proposed solutions to be affordable, user-friendly, secure, and reliable. Packages should be based on existing and/or open platforms.
- The challenge lies in extensive testing and evaluating of packages in order to provide meaningful and significant results.

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**The EDCTP Programme**

<http://www.edctp.org>



E D C T P

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**European & Developing Countries Clinical Trials Partnership 2**  
EDCTP 2

EDCTP 2 aims to accelerate the development of new or improved drugs, vaccines, microbicides and diagnostics against HIV/AIDS, tuberculosis and malaria as well as other poverty-related infectious diseases in sub-Saharan Africa, with a focus on phase II and III clinical trials.

- **Strategy:**
  - ✓ Improvement of centres and platforms where the trials are to be performed
  - ✓ Training of researchers at Master, PhD, post-doc and junior level
  - ✓ Improvement of ethical regulation standards
  - ✓ Improvement of medicines regulation (in collaboration of the WHO)
  - ✓ Support to the Regional Networks of Excellence in developing projects

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**European & Developing Countries Clinical Trials Partnership 2**  
EDCTP 2

**Background & Mission**

**Background**

- Established in 2003 by a co-decision of the European Parliament and Council: Article 185 Initiative (Ex 169)
- Pool clinical research activities to achieve greater impact against PRDs
- Promote integrated approach to health research in Europe
- In response to MDGs and global health crises caused by PRDs
- No economic incentive for private investments in PRDs
- Public investments sparse and know-how fragmented
- EDCTP-1: 2003-2015
- EDCTP-2: 2014-2024

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### European & Developing Countries Clinical Trials Partnership 2 EDCTP 2

**The EDCTP2 Programme**

Participating States:  $\geq \text{€ } 685 \text{ M}$

EU:  $\leq \text{€ } 685 \text{ M}$

Third parties:  $\geq \text{€ } 500 \text{ M}$

**Participating States' Initiated Activities**

- Administered by Participating States
- Proposed and funded by Participating States
- Application of Participating States' funding rules

**EU Calls for Proposals**

- Administered by EDCTP
- Funded by the EU, Participating States and third parties
- EDCTP-associated rules for participation

**Synergy**

Capacity for Clinical Trials in Africa ↔ Clinical Trials in Africa on PRDs

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### European & Developing Countries Clinical Trials Partnership 2 EDCTP 2

**Who we are: EDCTP Association**

**EDCTP2 Participating States (PSs)**

**14 European Countries**  
Austria, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden and UK

**14 African Countries**  
Cameroun, Burkina Faso, Rep of Congo, Gabon, Ghana, Mali, Mozambique, Niger, Senegal, South Africa, Tanzania, Gambia, Uganda, Zambia

**Countries that can receive funding**

- All sub-Saharan African countries
- All EU MSs and Associated Countries

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### EDCTP-2 funds

- Clinical development of new or improved diagnostics, drugs, vaccines and microbicides against HIV/AIDS, tuberculosis, malaria.
- Studies on neglected infectious diseases (NIDs) as defined in the [WHO list of 17 NIDs](#) (except Chagas disease).
- All stages of clinical trials will be supported, from phase I to IV, though the main focus will be on phase II and III clinical trials.
- Joint Programming spirit through alignment of parts of the European national R&D+I programmes (new)

Ministerio de Economía, Industria y Competitividad | Instituto de Salud Carlos III

Opportunities in other funding programmes related to Health R&I

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Open topics (September 2017)

Clinical trials to reduce health inequities in pregnant women, newborns and children (RIA)

Deadline: 13 October 2017, 17:00

Targeting control and elimination of NIDs through clinical trials (RIA)

Deadline: 31 October 2017, 17:00

Targeting control and elimination of NIDs through product-focused implementation research (RIA)

Deadline: 2 November 2017, 17:00

EDCTP-AREF Preparatory Fellowships (Training & Mobility Actions (TMAS)

Deadline: 13 October 2017, 17:00

Ethics and regulatory capacities (CSAs)

Deadline: 21 November 2017, 17:00

Career Development Fellowships (Training & Mobility Actions (TMAS)

Deadline: 21 November 2017, 17:00

Opportunities in other funding programmes related to Health R&I



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Summary of funding opportunities in Health



Opportunities in other funding programmes related to Health R&I



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Opportunities in other funding programmes related to Health R&I



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