THCS
TRANSFORMING HEALTH AND CARE SYSTEMS

Deliverable N. 1.3

ANNUAL WORK PLAN 1

2024

WP1

Document Summary

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Contributors (if any)

- WP leaders

Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the European Union nor the granting authority can be held responsible for them.

Executive Summary

The Annual Work Plan is the result of the process of determining what THCS Partnership intends to carry out for the second year of the Partnership life-cycle. The work-plan is meant as the guidance and focus of the strategic plan and contain the operational details that illustrate exactly what activities will be delivered and the corresponding deliverables. The Annual Work Plan include the description of the action and the related agreed budget and staff effort for the second year.

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1 List of participants

No	Participant organisation name		Country
1	MINISTERO DELLA SALUTE	IT MOH	IT
1.1	ISTITUTO SUPERIORE DI SANITÀ	ISS	IT
1.2	AZIENDA ULSS 4 VENETO ORIENTALE	PROMIS	IT
2	MINISTERO DELL'UNIVERSITA E DELLA RICERCA	MUR	IT
3	REGIONE TOSCANA	RT	IT
4	UNIVERSITA CATTOLICA DEL SACRO CUORE	UCSC	IT
5	OSTERREICHISCHE FORSCHUNGSFORDERUNGSGESELLSCHAFT MBH	FFG	AT
6	BUNDESMINISTERIUM FUER KLIMASCHUTZ, UMWELT, ENERGIE,MOBILITAET, INNOVATION UND TECHNOLOGIE	BMK	AT
8	FONDS INNOVEREN EN ONDERNEMEN	FIO	BE
8.1	VLAAMSE GEWEST	VLAIO	BE
10	MINISTERE DE LA COMMUNAUTE FRANÇAISE DE BELGIQUE	FWB	BE
11	FONDS DE LA RECHERCHE SCIENTIFIQUE- FNRS	F.R.S.-FNRS	BE
12	SUOMEN AKATEMIA	AKA	FI
13	TAMPEREEN KORKEAKOULUSAATIO SR	TAU	FI
14	TERVEYDEN JA HYVINVOINNIN LAITOS	THL	FI
15	AGENCE NATIONALE DE LA RECHERCHE	ANR	FR
16	MINISTERE DES AFFAIRES SOCIALES ET DE LA SANTE	FR MOH	FR
16.1	INSTITUT NATIONAL DE LA SANTÉ ET LA RECHERCHE MÉDICALE	INSERM	FR
17	GENIKI GRAMMATIA EREVNAS KAI KAINOTOMIAS	GSRI	EL
18	RANNSOKNAMIDSTOD ISLANDS	RANNIS	IS
19	THE HEALTH RESEARCH BOARD	HRB	IE
20	MINISTRY OF HEALTH	CSO MOH	IL
21	LATVIJAS ZINATNES PADOME	LZP	LV
22	LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA	SAM	LT
23	LIETUVOS MOKSLO TARYBA	LMT	LT
24	NEDERLANDSE ORGANISATIE VOOR WETENSCHAPPELIJK ONDERZOEK	NWO	NL
25	ZORG ONDERZOEK NEDERLAND ZON	ZonMw	NL
26	NORGES FORSKNINGSRAD	RCN	NO
27	NARODOWE CENTRUM BADAN I ROZWOJU	NCBR	PL
28	AICIB - AGÊNCIA DE INVESTIGAÇÃO CLÍNICA E INOVAÇÃO BIOMÉDICA	AICIB	PT
29	FUNDACAO PARA A CIENCIA E A TECNOLOGIA	FCT	PT
30	COMISSÃO DE COORDENACAO E DESENVOLVIMENTO REGIONAL DO CENTRO	CCDRC	PT
31	UNIVERSITATEA BABES BOLYAI	UBB	RO
32	MINISTERSTVO ZDRAVOTNICTVA SLOVENSKEJ REPUBLIKY	SR MOH	SK
32.1	UNIVERSITY HOPITAL MARTIN	UHM	SK
33	OFFICE OF THE GOVERNMENT OF THE REPUBLIC OF SLOVENIA FOR DIGITAL TRANSFORMATION	ODT	SI
34	MINISTRY OF HEALTH OF THE REPUBLIC OF SLOVENIA	SI MOH	SI
34.1	NACIONALNI INSTITUT ZA JAVNO ZDRAVJE	NIJZ	SI
35	AGENCIA ESTATAL DE INVESTIGACION	AEI	ES
36	FUNDACION INSTITUTO DE INVESTIGACION MARQUES DE VALDECILLA	IDIVAL	ES
37	CONSEJERÍA DE SALUD Y FAMILIAS DE LA JUNTA DE ANDALUCÍA	CSCJA	ES

37.1	FUNDACIÓN PÚBLICA ANDALUZA PROGRESO Y SALUD	FPS	ES
38	INSTITUTO ARAGONES DE CIENCIAS DE LA SALUD	IACS	ES
39	FORSKINGSRADET FOR HALSA ARBETSLIVOCH VALFARD	FORTE	SE
40	VERKET FOR INNOVATIONSSYSTEM	VINNOVA	SE
42	AGENZIA REGIONALE PER LA SALUTE ED IL SOCIALE	ARESS	IT
43	INSTITUTO DE SALUD CARLOS III	ISCIII	ES
44	MINISTRY FOR EDUCATION, SPORT, YOUTH, RESEARCH AND INNOVATION	MEYR	MT
45	STICHTING NEDERLANDS INSTITUUT VOOR ONDERZOEK VAN DE GEZONDHEIDSZORG	NIVEL	NL
46	SOTSIAALMINISTEERIUM	MSA	EE
47	SIHTASUTUS EESTI TEADUSAGENTUUR	ETAg	EE
48	INNOVATIONSFONDEN	IFD	DK
49	DEPARTAMENTO DE SALUD GOBIERNO VASCO	DPTO SALUD	ES
49.1	FUNDACION VASCA DE INNOVACION E INVESTIGACION SANITARIAS	BIOEF	ES
50	ASOCIACIÓN INSTITUTO DE INVESTIGACIÓN EN SERVICIOS DE SALUD-KRONIKGUNE	KRONIKGUNE	ES
51	UNITATEA EXECUTIVA PENTRU FINANTAREA INVATAMANTULUI SUPERIOR A CERCETARII DEZVOLTARII SI INOVARII	UEFISCDI	RO
52	FEDERAL OFFICE OF PUBLIC HEALTH	FOPH	CH
53	SCHWEIZERISCHE AGENTUR FUR INNOVATIONSFORDERUNG	INNOSUISSE	CH
54	SCHWEIZERISCHER NATIONALFONDS ZUR FORDERUNG DER WISSENSCHAFTLICHEN FORSCHUNG	SNSF	CH
55	SCOTTISH GOVERNMENT	SG	UK
56	THE NHS CONFEDERATION	NHSC	UK
57	AGENCY FOR HEALTHCARE RESEARCH AND QUALITY	AHRQ	USA
58	HEALTH DATA RESEARCH UK	HDR UK	UK

2　Coherence with part B of the proposal

2.1　AWP objectives

The general objective of the European Partnership on Transforming Health and Care Systems (THCS) is to contribute to the transition towards more sustainable, efficient, resilient innovative and high-quality people-centred, inclusive and equally accessible health and care systems. The idea is to catalyse such transformation by building an open and supporting Partnership where all stakeholders can work together to stimulate and nurture research and innovation activities.

In order to reach this overall objective, during the first year the THCS Partnership will address the following specific operational objectives, by implementing key preliminary activities that in the short, medium and long run will ensure that such Operative Objectives (OO) are fully reached by the end of the THCS Partnership.

In order to **increase funding opportunities and strengthen the research and innovation community (SO1)** THCS will contribute to the following THCS Operational Objectives:

⇒ OO1: Enable better alignment of priorities and coordination of funding to support health and care systems research and innovation
⇒ OO2: Allocate resources promoting collaborative transnational methodological research, experimental development, implementation research, applied research, and innovation activities on e.g., technological and interdisciplinary aspects, digitalization, organisational innovations, innovative service models, and more while exploiting potential synergies among funding programmes.

In order to reach the abovementioned objectives Year 2 of the THCS Partnership will be aimed at:

● launching the second JTC
● preparing and approving the Annual Work Plan 2025
● implementing the strategy developed to systematically monitor the RDI funding priorities at National/Regional level in the field of Health and care System Transformation.

References to AWP 2024 Activities: A1.2, A6.1, A8.1

In order to **Fill knowledge gaps (SO2)** THCS will contribute to the following Operative Objectives:

⇒ OO3: Support comparative analyses of national or regional strategies and approaches to advance health and care services and uptake research findings into policy.
⇒ OO4: Support the understanding of the evidence required to effectively inform the transferability of innovation based on different context.
⇒ OO5: Support the identification of context-based new solutions responding to the challenges of health and care sector and beyond.

⇒ OO6: Promote the assessment of the adoption and use of innovation focusing on the concept of value proposition: who will benefit and how to minimize unintended consequences

⇒ OO7: Foster harmonisation of methodologies and frameworks for monitoring and assessment of innovative solutions

In order to reach the abovementioned objectives Year 2 of the THCS Partnership will be aimed at:

- assessing the needs in terms of 1) RDI and 2) capacity building and training in implementing RDI outcomes for health and care systems in the EU and THCS Partnership countries by performing scientific research literature and review focused on national, European and international strategic and policy documents, including the work carried out by WHO, OECD and other international organisations;
- Developing JTC aim at reaching OO3, OO4, OO5, OO6, OO7;
- selecting for funding RDI projects under the JTC2024 aimed at reaching the OO3, OO4, OO5, OO6, OO7;
- monitoring that Funded projects under JTC2023 are addressing OO3, OO4, OO5, OO7
- promoting activities of the THCS funded projects to support the adoption of transformative innovative solutions as well as building synergies with other regional/national and European initiatives to maximise the impact of these solutions on the ground, facilitated by THCS Knowledge Hub (WP10) and the network of THSC' ecosystems (WP9).
- implementing THCS framework for supporting transferability and implementation of practices supported by THCS Knowledge Hub (WP10)

References to AWP 2024 Activities: A4.1, A4.2, A6.2, A7.2, A8.1, A9.1, A10.1

In order to **Increase the ability to implement innovation (SO3)** THCS will contribute to the following THCS Operative Objectives:

⇒ OO8: Promote a faster exchange of best practices and test and upscaling innovation using existing tools across different countries and regions.

⇒ OO9: Support accelerated implementation and translation of research and innovation into evidence-based practice.

⇒ OO10: Strengthen the capacity and use of research to better inform the implementation of innovations in health and care systems.

⇒ OO11: Promote research integrating end-users' perspectives.

In order to reach the abovementioned objectives Year 2 of the THCS Partnership will be aimed at:

- actively engaging policy makers, such as Ministries and other policy makers in and outside the Consortium, in the identification of relevant policy dialogue tools to translate research results into policy;
- implementing the toolbox to support policy dialogue for the uptake of results into policy and support mutual learning among policy makers;

- promoting the THCS framework for supporting transferability and implementation of practices for adoption by policy makers and health and care authorities and organisations;
- continuing the process of co-designing and implementation of the THCS Knowledge Hub which will act as a multifunctional platform fostering capacity-building support, exchange of good practices, knowledge and experience of different health and social care actors at macro, meso and micro level for the transformation of health and social care sectors
- contribute to the innovation and testing and upscaling across different countries and regions through the Call Text for JTC2024
- continuing the promotion of the integration of end-users' perspective in RDI activities by setting up Call Text for JTC2024 including the involvement of end-users as key indicator
- monitoring funded projects
- promoting activities and building synergies with other European, national and regional funded projects.

References to AWP 2024 Activities: A3.2, A4.2, A5.1, A5.2, A6.1, A8.1, A10.1

In order to **Intensify cooperation among countries and regions and beyond healthcare (SO4)** THCS will contribute to the following THCS Operative Objectives:

⇒ OO12: Foster the capacity of health and care policy makers, and other relevant stakeholders through sharing of knowledge
⇒ OO13: Build synergies and promote networking to support coordination of activities at EU, international and national level.

In order to reach the above mentioned objectives Year 2 of the THCS Partnership will be aimed at:

- proposing concrete activities with other key strategic initiatives and organisations by means of the network of THCS Ambassadors
- maintaining a strong governance to involve key stakeholders at European/International and national level through the Advisory Board and the National Mirror Groups established in year 1
- implementing the strategy for "strengthening ecosystem" activities set up in year 1;
- implementing activities at national, regional and local levels involving forerunner Countries through the Working Group of forerunner countries established in year 1;
- promoting, through dedicated activities, the collaboration and sharing of experiences among Countries and Regions on the Technical Support Instrument (TSI) provided by the DG Reform Technical Assistance.

References to AWP 2024 Activities: A1.1, A3.1, A3.2, A5.1, A5.2, A9.1, A10.1

In order to **Increase stakeholders' involvement (SO5)** THCS will contribute to the following THCS Operative Objectives:

OO14: Establish a multi-stakeholder/eco-system collaboration platform for providing schemes supporting upscaling

OO15: Create enabling environments for the use of technologies applying standard methodologies for their assessment and appraisal (in particular real-life validation).

O16. Increase dissemination of results from research and innovation activities involving patients and general public

In order to reach the above-mentioned objectives Year 2 of the THCS Partnership will be aimed at:

- implementing the Communication and Dissemination strategy
- promoting the use of THCS Knowledge Hub in real life settings, including the development of training materials
- promoting the "strengthening ecosystem" activities
- promoting the Partnership through dedicated targeted stakeholder engagement capacity and adequate dissemination and communication campaign. The Annual Conference will be organised to present the first two years' results of the Partnership.

References to AWP 2024 Activities: A3.2, A9.1, A10.1

2.2 Expected impacts

The Activities that the THCS Partnership will implement in Year 2 will contribute to the expected impacts of the destination 4 by making solid foundations on which building tools and actions for best practice transferability and support policy uptake of research and innovation. In particular:

Health policy and systems adopt a holistic approach (individuals, communities, organisations, society) for the evaluation of health outcomes and value of public health interventions, the organisation of health care, and decision-making.

Considering a scientific perspective, health research in Europe and beyond will be improved by the use of the Partnership results that will allow to take in consideration all critical dimensions of health and care systems and to put people needs at the centre.

Considering a societal perspective, Year 2 THCS activities will develop the work carried out during the first year that brought to the setting of solid policy dialogue tools that foster the bridging of evidence to policy (A5.1, A6.1, A8.1). Specific indicators on stakeholder involvement have been set in the THCS Monitoring Framework. (A2.2)

Health and social care services and systems have improved governance mechanisms and are more effective, efficient, accessible, resilient, trusted and sustainable, both fiscally and environmentally.

Considering scientific perspective, the quality of implementation and applied research will be increased by outputs generated by the JTC2023 funded projects and that will consist of new

solutions and/or the adaptation of exiting one and strategies and plan for a large adoption of already validated solutions. In particular, the JTC2023 projects are focused on definition and testing of models and solutions supporting the redesigning of people-centred services (A8.1, A2.2). The outputs resulting from the reviews done during the last year in Pillar Science and Innovation to Policy and Practice (WP4-WP5) have provided validated mapping and methodologies to assess concrete trends and needs for RDI and capacity building and frameworks supporting transferability of innovation. In Year 2 the preliminary work carried out in 2023 will allow the continuous update of the framework for priorities identification and alignment (A4.1).

Capacity building activities through the Knowledge Hub (KH) will support skills development (A10.1).

Considering a societal perspective, through a fostered connection between science and practice in an ecosystem wide approach, using also the tools made available by the Knowledge Hub, health and care providers and authorities will have guidance to integrate evidence-based solutions in the health and care delivery planning. In particular during Year 2, on the basis of the preparatory work carried out in 2023 (WP5 – WP9) it will be possible to develop and implement the tools set out to engage local and regional authorities, in order to leverage the positive effects on health and care systems by designing policies in other sectors that will ensure better synergies (A4.1, A5.1, A5.2, A9.1, A10.1)

Citizens are supported to play a key role in managing their own health care, informal carers (including unpaid carers) are fully supported (e.g. by preventing overburdening and economic stress) and specific needs of more vulnerable groups are recognised and addressed.

Considering a scientific perspective results from funded projects such as tools for better integrating users into research and innovation implementation will contribute to the definition of future research and innovation priorities that will strongly take into consideration people needs.

Considering a societal perspective, providing high quality care to all European populations is a crucial challenge of today's health and care systems. In Year 2 measures empowering citizens in managing their own health will be promoted through the THCS website which has been designed to host specifically communication sections (A3.2) tailored to their needs and through the KH (A10.1). In addition projects that have been funded under JTC2023 will be requested to demonstrate expected impacts on citizens and improvements in terms of their access to high quality health and care service, including positive effects in the reduction of health inequalities and a longer active working life. AWP 2 will encourage citizens/people's involvement in the activities implemented and project funded. Specific indicators on citizens' health and digital literacy as well as integration of users' perspective into R&I activities have been set in the THCS Monitoring Framework and will be taken into account for the monitoring activities (A 2.2 and A 8.1).

Health care providers are trained and equipped with the skills and competences suited for the future needs of health care systems that are modernised, digitally transformed and equipped with innovative tools, technologies and digital solutions for health care.

Considering a societal perspective, through targeted capacity building activities implemented through the Knowledge Hub (A10.1), health and care providers will increasingly acquire the necessary skills for future needs. More skilled providers and professionals will lead to health and care systems transformation through an accelerated modernisation and a faster adoption of new technologies. During Year 2, THCS Partnership will continue contributing to respond to health and care providers and health and care professionals' needs. Activities connected with the Knowledge Hub, aimed at ensuring knowledge sharing and capacity building across the health and care system actors, will be developed according to the Plan designed in Year 1.

Considering an economic perspective, skilled health and care providers will contribute to more efficient investments in health and care to make them better equipped and sustainable in the long-run.

In Year 2, a specific capacity building activity addressed to health authorities to support the use of the DG REFORM TSI instrument will be organized, providing concrete example on how to use the TSI to optimize investments as well as concrete examples on how TSI has been used to strengthen the digitalization of the health and care systems.

2.3   Correspondence with part B of the proposal

The implementation of the THCS Partnership requires a comprehensive programme management and a portfolio of measures, including advanced funding instruments, community building and formats for dissemination and mainstreaming of good practices. Year 2 is dedicated to the implementation of these activities and to set the foundations to develop them in the future year of the THCS Partnership. Year 2 Activities are built around the **4 pillars that group different types of activities** (figure 1).

Figure 1. The Partnership Pillars

Pillar Programme management

The aim of this Pillar is to ensure efficient and effective working of the grant consortium at governance, strategic and operational level. This encompasses the following activities: appropriate programme

management, knowledge transfer, engagement with relevant stakeholders and initiatives at EU and International level connected to the transformation of health and care systems, and building sustainable cooperation between policymakers and research funders of the countries involved in the Partnership. It will also facilitate the information flow and cooperation between pillars and work packages.

Year 2 activities are focused on ensuring that there is a right fit with the established governance of the Partnership and on the definition of the Annual Work Plan 2.

The plan that has been set up in the previous year to foster synergies with other key initiatives at EU, National, Regional level will be further developed and implemented as well as the dissemination and communication activities.

All activities will be in line with the Monitoring Framework developed in year 2023.

Pillar 1 Activities will ensure a strong link and collaboration with the other Pillars.

Key moments will include the General Assembly, the Strategic Board meetings and the Annual Conference at the end of Year 2.

The following table show how Activities for Year 2 are related to Work Packages Activities:

THCS Work Packages	THCS Year 2 Activities
WP1 Governance and Annual Work Programme development	Activity 1.1 Partnership Governance Maintenance Activity 1.2 Annual Work Programme 2025
WP2 Coordination and Management	Activity 2.1 Coordination, management, monitoring and reporting
WP3 Strategic Relationship and Impact Maximisation	Activity 3.1 Leveraging Synergies with key initiatives Activity 3.2 Communication and dissemination Activity 3.3 A path towards SRIA Update

Pillar Science & Innovation into Policy and Practice

The aim of this Pillar is to provide evidence-based methodological frameworks supporting the priority selections and the uptake of results in policy and practice. It will provide support to the Partnership by assessing RDI and related capacity building needs, by co-developing the necessary frameworks to support the implementation process of transforming practices and to optimize their transferability across countries and settings, and by fostering the dialogue between science, policy and practice. In addition, in order to give a comprehensive picture on RDI trends and needs, it will identify priorities and key research questions to be addressed by the Partnership. This Pillar will also contribute to overcome the lack of sustainable mechanisms to inform policy makers of research and innovation achievements and to foster a sustainable cooperation between different policy makers, at different levels.

Year 2 activities will be focused on developing evidence based and scientifically sound processes for transferability of best practices and for implementation of innovation in enabled environments. The following main activities will be included:

- Building a first toolbox to support policy dialogue for the uptake of results into policy
- Fostering the dialogue between policymakers and researchers to improve the uptake of research and innovation results into policy.

The following table show how Activities for Year 2 are related to Work Packages Activities:

THCS Work packages	THCS Year 2 Activities
WP4 - Methodological and Assessment Framework	A4.1 Definition of the THCS Methodology for Priority setting regarding the Transforming Health and care systems A4.2 Warm-up on Methodological framework for transferability
WP5 - Bridging Evidence to Policy	A 5.1 Toolbox to support policy dialogue for the uptake of results into policy A 5.2 Dialogue between policymakers and researchers to improve the uptake of research and innovation results into policy

Pillar Research and Innovation funding

The aim of this Pillar is to develop a common strategy among Research and Innovation Funders to align research and innovation funding programmes and topics. This Pillar will launch Joint Transnational Calls (JTCs) to fund R&I activities in line with the prioritization strategy, as recommended in the AWP and SRIA of the THCS Partnership, considering both thematic and structural priorities (building blocks) and using a programmatic approach. Besides launching and managing JTCs through a shared Joint Secretariat, this Pillar will also monitor projects implementation and assess project results for reporting to the other Pillars.

Year 2 activities will be focused on launching the JTC2024 call and on the implementation of the monitoring system and impact assessment.

The JTC2024 call topic will be focused on disease prevention. It will involve the application and adaptation of models also utilising IT tools and digital technologies within preventive health and care systems. Additionally, the focus extends to assessing their transferability, adoption, and scalability across diverse health and care contexts.

The following table show how Activities for Year 2 are related to Work Packages Activities:

THCS Work packages	THCS Year 2 Activities
WP6 - Call texts definitions of research and innovation topics	Activity 6.1 JTC Call 2024 Launch Activity 6.2 Funding decision JTC2024
WP 7- Joint transnational call secretariat	Activity 7.1 JCS management

	Activity 7.2 JTC 2024 management
WP 8 - Project Monitoring, including Technical Report assessment and Assessment of Projects' results and Impact	Activity 8.1 Projects Monitoring Activity 8.2 Impact Assessment

Pillar Support transferability and strengthening ecosystems

The aim of this pillar is to boost health and care systems transformation by supporting the implementation process and scale-up actions. In particular, this Pillar aims at facilitating the exchange of information and the collaboration among different stakeholders in a (eco)system wide approach, but also at smoothing the implementation of innovation through the development of a Knowledge Hub with actions facilitating the transfer of good practices and capacity building.

Year 2 activities will be focused on the implementation of the Strategy to strengthen ecosystem

Knowledge Hub

The following activities are envisaged for Knowledge Hub:

- A series of webinars, interviews, workshop(s) to further develop, test and implement Knowledge Hub in the real-life settings.
- Integration of THCS and external resources with the Knowledge Hub, including its classification and management by users.
- Development of community-building and matchmaking functionalities of the Hub for the purpose of WP5 and WP9 initially.
- Liaison with other European, national and regional initiatives relevant for the THCS Hub.
- Implementation of capacity-building strategy, including the organisation of 1 study visit, knowledge exchange webinars as well as training sessions.
- Development of the guidance and other illustrative materials on how to use the THCS Hub, including series of educational webinars.

The following table show how Activities for Year 2 are related to WorkPackages Activities:

THCS Workpackages	THCS Year 2 Activities
WP9 - Strengthening Ecosystems	Activity 9.1 Strengthening Ecosystems
WP10 - Knowledge Hub to support the transferability of best practices	Activity 10.1 Knowledge Hub

3 Annual Work Programme Activities

3.1 Detailed Workplan description

PILLAR PROGRAMME MANAGEMENT

WP1 - GOVERNANCE AND ANNUAL WP

Set of Activities Number	A1.1					Start Date or Starting Event								M13	
Set of Activities Title	Partnership Governance maintenance														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	6	0,3	0,5	0,8	0,8	0,1	0,2	0,2	0	0,3	0,1	0,1	0,9	0,6	0,8
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0,9	1,5	0,3	0,9	0,1	0,9	1,5	0,9	0,6	0,1	0,2	1,5	1,5	0,9	0,3
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,3	0,3	0,3	0,1	0	0,9	0,9	0,3	0,5	0,9	0,7	1,1	0,6	0,4	0,3
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,8	0,4	0,9	0,3	0,2	0,2	0,4	0,07	0,07	0,4	0,3	0,2	0,6	0	0,8
Participant Number	56	57	58												

Short name of participant	NHSC	AHRQ	HDR UK															
Person months per participant	0	0,1	0															
Start month	M13							End month				M24						

Objectives

Activity 1.1 is horizontal to the overall Partnership. It is aimed at maintaining the Bodies and the rules that govern the THCS Partnership implementation. The main Activity objectives are therefore:

- To maintain the management, governance structures and validation processes within the General Assembly, Strategic Board, Coordinating Team, the Advisory Board and the National Mirror groups
- To promote effective interactions between the Partnership and the abovementioned bodies
- To keep constant dialogue between THCS Partnership and the national research and innovation strategic agendas and capture complementary actions enhancing the partnership impact.

Description of Programmed Activities

The Partnership Governance maintenance includes the following tasks:

Task 1.1.1 Governance implementation (M13-M24) Leader: ITMOH; Partners: All partners involved in the WP

The governance implementation will be ensured by the CT, that will ensure that each Governance Body is always compliant with all requirements set out in the ToR and Partnership rules, and that the work is carried out collaboratively

Moreover the CT will monitor and ensure compliance of the Beneficiaries with their obligations under the Grant Agreement and Consortium Agreement in terms of administrative, legal and financial management.

Task 1.1.2 General Assembly Meetings (M13-M24) Leader: ITMOH; Partners: All Partners

GA Meetings will be organized as in presence meetings or in dual mode (in presence and on-line meetings) three times a year:

- in M14, with the preparatory phase of AWP Year3, update on funded project under JTC2023 and monitoring, mid-term technical and financial report (AE included);
- in M18 virtual with the deadline of the mid-term technical and financial report (AE included);

-   in M22 for the final approval of AWP Year 3 and update on JTC2023 and 2024 Year3.

The CT is responsible for sending invitations, convening and organizing the meeting, preparing and sharing the agenda and preparatory materials according to CA provision, preparing minutes and monitoring follow up actions.

In order to avoid any potential CoI, Research Performing Organisations (RPOs) involved in the consortium will not participate in the AWP development and therefore will be requested to exit the room of the GA when the Agenda foresees discussion and approval of the AWP. WP4 Leader (which is a RPO) will take part into the GA with a representative that won't be allowed to participate to JTCs. RPOs involved in the consortium will not receive the full Draft AWP before its circulation to external audiences. A pool of experts of RPOs either members or not members of the Consortium will be involved in topic and call text definition prior signature of the NDAs (Non Disclosure Agreements) avoiding any CoI. Experts will be subject to strict confidentiality rules and will unable to participate to JTCs launched by the Partnership

Task 1.1.3 Strategic Board Meetings (M13-M24) Leader: ITMOH; Partners: WP Leaders

SB meetings will be held bi-monthly either as face-to-face meeting or teleconference and the first one will take place in M13. The second meeting will take place in presence in M14 in occasion of the GA. The CT is responsible for sending invitations, convening and organizing the meetings, preparing and sharing the agenda and preparatory materials according to CA provision, preparing minutes and monitoring follow up actions.

To avoid any CoI, WP4 Leader (which is a RPO) will take part into the SB with a representative that won't be allowed to participate to JTCs.

Task 1.1.4 Advisory Boards meetings and link with National Mirror Groups (M13-M24) Leader: ITMOH; Partners: All Partners

Meetings will be organised in hybrid mode and the AB meeting will take place in M16-M22. Additional meetings may be organized if necessary.

Task 1.1.5 FAB meetings (M13-M24)

FAB meetings twice a year upon request of 1/3 of the FAB members

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Deliverables already foreseen in Part B of the proposal

No deliverables are foreseen in the Part B of the proposal

Additional Deliverables (if applicable - brief description and month of delivery)

N/A

Set of Activities Number	A1.2	Start Date or Starting Event	M13
Set of Activities Title	**Development of Annual Work Plan 2025 (AWP Y3)**		

Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	6	0,3	0,5	0,8	0,8	0,1	0,2	0,2	0	0,3	0,1	0,1	0,9	0,6	0,8
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0,9	1,5	0,3	0,9	0,1	0,9	1,5	0,9	0,6	0,1	0,2	1,5	1,5	0,9	0,3
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,3	0,3	0,3	0,1	0	0,9	0,9	0,3	0,5	0,9	0,7	1,1	0,6	0,4	0,3
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,8	0,4	0,9	0,3	0,2	0,2	0,4	0,07	0,07	0,4	0,3	0,2	0,6	0	0,8
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0	0,1	0												
Start month	M13							End month	M24						

Objectives

To develop the Partnership Annual Work Plan 2025 (AWP Y3) in order to ensure that the Partnership's progresses within its 7-years duration are reached in a coherent way and within the defined budget.

Description of Programmed Activities

Task 1.2.1. Phase 1 - Brainstorming and inputs (M14-M17) Leader: ITMOH; Partners: THL, WP Leaders

In collaboration with Pillar "Science and Innovation to Policy and Practice", the Coordinating Team will launch the first phase of the AWP2025 preparation, in particular to support the identification of the call topic. Priorities discussed by the Consortium will be considered and presented to the Advisory Board and National Mirror Groups for additional comments. Comments and inputs will be included in an "AWP 3 Brainstorming report" used for the AWP Building.

To avoid any Conflict of Interest RPOs will not participate in the AWP Preparation. WP4 Leader (which is a RPO) will take part into the SB with a representative that won't be allowed to participate to JTCs, signing also a confidentiality agreement.

Task 1.2.2. Phase 2 - AWP Building (M17-M22) Leader: ITMOH; Partners: Funding Agency Board Members, WP Leaders

The "AWP2025 Brainstorming Report" (short document including key messages) will be presented to the Funding Agency Board for matching identified research areas with priorities established at National and Regional level by each Research and Innovation Funding Organisation (RFO). The matching exercise is aimed at finalizing the prioritization of areas identified in Phase 1 considering the expectations and the national/regional Funding Agencies. This Phase will ensure the Commitment of Funding Agencies in the JTCs that will derive from the AWP.

A Prioritization meeting will be organized with the Funding Agency Board where the AWP2025 Brainstorming Report will be presented and discussed. Based on the priorities declared by the FAB, the SB will prepare the First Draft of AWP. The Plan will include activities implemented by all WPs of the Partnership (including the topic selection and description defined by WP6) with a coherent and programmatic approach with what regards the focus. The SB will share the First Draft of the AWP2025 with the General Assembly for comments (the topic will be shared only with FAB to avoid any CoI).

Task 1.2.3. Phase 3 – AWP 2025 Approval (M23) Leader: ITMOH; Partners: All Partners except RPOs

The Strategic Board will collect comments to the First Draft of the AWP2025 by the General Assembly. A revised version will be sent to the GA (except RPO members) before the final meeting in M22 when the GA will approve the AWP2025 (without the topic that will be approved by the FAB and included in the final AWP to be submitted to the EC and published on the THCS website).

The AWP 3 will then be transferred to Pillar Leaders for initializing the 2025 activities. In particular, "Pillar Research and Innovation Funding" will prepare the Call Text for JTC 2025, to ensure announcement of the call at the end of year.

Task 1.2.4 Mid-term revision of AWP2024

Owing to delays in concluding certain activities in the initial year, it is currently challenging to specify all activities and tangible outputs. Therefore, a comprehensive revision containing more detailed information about activities planned for the latter part of 2024 will be submitted at M18. The collaborative effort to define these activities will involve coordination among the CT, relevant WP leaders, and the European Commission (EC).

Deliverables already foreseen in Part B of the proposal

D.1.3 Annual Work Plan 3 (M22; IT MOH)

Additional Deliverables

AD1.2.4 Mid term revision of AWP2024 (M18)

WP2 - COORDINATION AND MANAGEMENT

Set of Activities Number	A2.1					Start Date or Starting Event									M13
Set of Activities Title	Coordination, management and reporting														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	22,7	0,6	6,1	0,6	0,6	0,6	0,1	0,1	0	0,3	0,1	0,1	0,6	0,6	1,8
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0,5	3,3	0,6	0,6	0,1	0,6	3,3	0,6	0,6	0,1	0,1	3,3	3,3	0,6	0,2
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,2	0,1	0,6	0,1	0	0,6	0,6	0,6	0,6	0,6	0,5	0,8	0,6	0,4	0,3
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55

Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,6	0,3	0,6	0,6	0,1	0,1	0,3	0,07	0,21	0,5	0,6	0	0,3	0	0,6
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0	0,1	0												
Start month	M13							End month			M24				

Objectives

The goal of this activity is to ensure well-coordinated Partnership management with respect of the contractual commitment. It will do so by means of carrying out the activities of consortium management and providing administrative oversight and support to all WPs. This activity is aimed at:

• ensuring that technical and managerial decisions are made for the implementation of the work plan;

• supporting the coordination of the activities and timelines of the consortium partners;

• tracking the performance of the programme according to plans and timelines;

• issuing progress reports and budget reviews as specified in the Grant Agreement;

• overseeing funding allocation;

• performing the day-to-day administrative and financial management of the programme.

Description of Programmed Activities

Task 2.1.1 Maintenance of the Partnership Management Plan (PMP) and Data Management Plan (DMP) (M13-M24) Leader: ITMOH, Partners: WP Leaders

Ensure the updating and an adequate implementation of the PMP and DMP as defined in the documents delivered in year 1.

Task 2.1.2. THCS Management (M13-M24) Leader: ITMOH, Partners: WP Leaders, All partners.

The THCS Partnership includes:

a) Day-to-day management of the Partnership and ensuring that GS comply with their obligations, dealing with administrative, financial, legal and logistic issues, tools and follow-up;

b) In collaboration with the SB, preparation – and supervision - of interim technical and financial report **(M18)**; preparation, collection, quality control of all deliverables

c) consortium meeting to support interim report

Task 2.1.3 THCS internal communication (M13-M24) Leader: ITMOH, Partners: WP Leaders, All partners.

Maintenance of a system for adequate internal Communication activities and tools, including: Mailing lists (high

level members, operational and administrative/legal/financial), documents sharing platform, videoconference tools.

Deliverables already foreseen in Part B of the proposal

No deliverables are foreseen in the Part B of the proposal

Additional Deliverables

N/A

Set of Activities Number	A2.2					Start Date or Starting Event								M13
Set of Activities Title	**Monitoring and Impact Assessment**													
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	22,7	0,6	6,1	0,6	0,6	0,6	0,1	0	0	0,3	0,1	0,1	0,6	0,6	1,8
Participant number	**15**	**16**	**16.1**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0,5	3,3	0,6	0,6	0,1	0,6	3,3	0,6	0,6	0,1	0,1	3,3	3,3	0,6	0,2
Participant number	**29**	**30**	**31**	**32**	**32.1**	**33**	**34**	**34.1**	**35**	**36**	**37**	**37.1**	**38**	**39**	**40**
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,2	0,1	0,6	0,1	0	0,6	0,6	0,6	0,6	0,6	0,5	0,8	0,6	0,4	0,3
Participant Number	**42**	**43**	**44**	**45**	**46**	**47**	**48**	**49**	**49.1**	**50**	**51**	**52**	**53**	**54**	**55**
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,6	0,3	0,6	0,6	0,1	0,1	0,3	0,07	0,21	0,5	0,6	0	0,3	0	0,6

Participant Number	56	57	58											
Short name of participant	NHSC	AHRQ	HDR UK											
Person months per participant	0	0,1	0											

Start month	M13	End month	M24

Objectives

To evaluate the impacts and performance of the Partnership through the indicators defined in the Monitoring and Evaluation Framework

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Description of Programmed Activities

Task 2.2.1 Partnership and AWP2 Monitoring (M13-M24) Leader: ITMOH, Partners: WP Leaders, All Partners

The Partnership Monitoring System provides a continuous assessment of the Partnership performance as well as its contribution towards the expected outcomes and the expected impacts.

The monitoring will be performed continuously and reported yearly. The monitoring reports will serve to: (i) assess the quality and specificity of performed activities; (ii) adjust the quality and specificity of planned activities; (iii) integrate the results of the monitoring in the up-scaling model and sustainability beyond the THCS; (iv) disseminate the THCS results.

Deliverables already foreseen in Part B of the proposal

No deliverables are foreseen in the Part B of the proposal

Additional Deliverables

N/A

WP3 - STRATEGIC RELATIONSHIP AND IMPACT MAXIMISATION ACTIVITIES

Set of Activities Number	A3.1					Start Date or Starting Event								M13
Set of Activities Title	**Leveraging Synergies with key initiatives**													
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL

Person months per participant	5,3	1,5	1,5	0,8	0,6	4,5	0,1	0	0	0,1	0,1	0,1	0,5	0,5	0,5
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0,8	1,2	0,2	0,5	0	0,5	1,2	0,5	0,5	0,1	0,1	1,2	1,2	0,5	0,3
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,2	0,1	0,3	0,6	0	0,5	0,6	0,3	0,5	0,5	0,4	0,6	0,5	0,2	0,2
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,6	0,1	0,5	0,3	0,1	0,1	0,2	0,09	0,09	0,9	0,5	0	0,3	0	0,7
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0	0	0												
Start month	M13							End month		M24					

Objectives

To promote synergies and actively engage with relevant stakeholders and initiatives at EU and International level connected to the transformation of health and care systems so to increase mutual awareness and establish an effective and efficient collaboration in order to avoid duplication of investments, work and related activities.

Description of Programmed Activities

Task 3.1.1 Maintenance of the "Synergies Database and Network of ambassadors" (M13-M24) Leader: UCSC, Partners: ITMOH, All Activity Partners

The Stakeholder Analysis has been already carried out in the framework of the preparatory works of the THCS Partnership and furtherly developed during the first year, including a list of Ambassadors that will facilitate the relationship and joint activities with key strategic initiatives. New key initiatives will be launched during the second year. THCS will ensure to engage them since the start of their activities.

Task 3.1.2 Synergy workshop (M18-M24) Leader: UCSC, Partners: ITMOH, All Partners

A "Synergy workshop" will be organised either in presence during the Annual Conference or as a webinar. The Workshop/Webinar will be organised on one or more specific themes that have arisen as "hot topic" in the JTC2023 awarded projects. Principal Investigators of awarded projects will be invited to share their project plans with other initiatives that have developed specific activities in the past in the same area. The goal of the workshop is to ensure that THCS awarded projects are considering any potential key stakeholder or previous results during the implementation of their project and, on the other side, that other key initiatives stay engaged in the THCS results.

Additional Deliverables (if applicable - brief description and month of delivery)

n/a

Set of Activities Number	A3.2					Start Date or Starting Event								M13
Set of Activities Title	Communication and Dissemination Strategy													
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	5,3	1,5	6	0,8	0,6	4,5	0,1	0,1	0	0,1	0,1	0,1	0,5	0,5	0,5
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0,8	1,2	0,2	0,5	0	0,5	1,2	0,5	0,5	0,1	0,1	1,2	1,2	0,5	0,3
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40

Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIIZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,2	0,1	0,3	0,6	0	0,5	0,6	0,3	0,5	0,5	0,4	0,6	0,5	0,2	0,2
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,6	0,1	0,5	0,3	0,1	0,1	0,2	0,1	0,1	0,9	0,5	0,1	0,3	0	0,7
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0	0	0												
Start month	M13						End month				M24				

Objectives

To ensure good and transparent external communication and dissemination to increase the visibility of the Partnership and the impact of the knowledge generated amongst policymakers, scientists, civil society and end users (patient/citizen advocacy groups, formal and informal care organisations) and other stakeholders at national, EU and international level, contributing to reinforcing the links between science-policy and with citizens.

Description of Programmed Activities (possibly broken down into tasks), lead partner, role of participants, and relevant Work Package

Task 3.2.1 Implementation of the Communication, Dissemination and Exploitation Plan (M13-M24). Leader: ProMIS, Partners: All Partners

The following tools/activities will be implemented in the second year:

THCS website: update and maintenance of the website and the internal private section only for members that is used as internal repository and working platform.

Newsletters: 2 Newsletters will be released in the second year (M18 and M24) and flash news will be produced and disseminated through various stakeholders. The newsletters will also be published on the website.

Social media pack: follow-up and appropriate management (including privacy policy) of THCS Social media - Twitter and LinkedIn.

Broadcast media: The audio and video support will be available to cover THCS events, interviews and preparation of dedicated content. THCS will proactively engage with EC specific (e.g., Horizon Magazine, Cordis) and international media.

Scientific Congresses: THCS will proactively participate in relevant European and International Conferences (EPHC, European Health Summit, EIT Health Summit, EHFG, etc.) to present Partnership activities and engage with relevant experts in the field.

Events: support to all WPs and partners for the organisation of events to present Partnership results

Press releases: at least 7 short press releases will be prepared and dispatched at key action moment (JTC 2024 results, JTC 2025 launch, key events)

Deliverables already foreseen in Part B of the proposal

No deliverables foreseen for activity 3.2

Additional Deliverables (if applicable - brief description and month of delivery**)**

Set of Activities Number	A3.3					Start Date or Starting Event									M13
Set of Activities Title	**A path towards SRIA Update**														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	5,3	1,5	0,5	0,8	0,6	4,5	0,1	0	0	0,1	0,1	0,1	0,5	0,5	0,5
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0,8	1,2	0,2	0,5	0	0,5	1,2	0,5	0,5	0,1	0,1	1,2	1,2	0,5	0,3
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA

Person months per participant	0,2	0,1	0,3	0,6	0	0,5	0,6	0,3	0,5	0,5	0,4	0,6	0,5	0,2	0,2
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,6	0,1	0,5	0,3	0,1	0,1	0,2	0,1	0,1	0,9	0,5	0	0,3	0	0,7
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0	0	0												
Start month	M13						End month				M24				

Objectives

Upgrading the roadmap

Description of Programmed Activities

Task 3.3.1 Roadmap upgrade. Leader: UCSC , Partners:ISS, ITMOH, All Partners

Based on the methodology defined in Year 1 of THCS, a first draft of the Upgraded Roadmap will be shared with the THCS Partners and Key Strategic initiatives collaborating with THCS. After a first revision an open consultation will be launched at the end of the year: results will feed in the final upgraded Roadmap that will be then finalised in 2025, before a full SRIA update.

Additional Deliverables (if applicable - brief description and month of delivery)

No additional deliverable

PILLAR SCIENCE & INNOVATION TO POLICY AND PRACTICE

WP4 - METHODOLOGICAL AND ASSESSMENT FRAMEWORK

Set of Activities Number	A4.1							Start Date or Starting Event						13	
Set of Activities Title	Activity 4.1 Definition of the THCS Methodology for Priority setting regarding the Transforming Health and care systems														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	FRS-FNRS	AKA	TAU	THL
Person months per participant	0,5	1,5	0	0	0	1,5	0	0,3	0	0	0	0	0	1,5	4
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0	0	0	0,3	0,1	0	3	0	1	0	0	0	0	0	0,1
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	MOH SR	UHM	ODT	SI MOH	NIIZ	AEI	IDIVAL	CSFJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0	0	1,5	0,5	0,2	0,5	0	2	0	0,5	0,5	0,8	0,5	0,1	0
Participant Number	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0	0	0	8	0	0	0	0,07	0,15	1,7	0,3	0,1	0	0	0,8
Participant Number	61	62	63												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	1	0,3	0,2												

Start month	13	End month	20

Objectives

- To assess the needs in terms of 1) RDI and 2) capacity building and training in implementing RDI outcomes for health and care systems in the EU and THCS Partnership countries;
- To continue the assessment of short-, medium- and long-term trends and need for research, development and innovation (RDI) and initiate capacity building activities for RDI related activities in the health and care systems of the THCS Partnership countries;
- To develop necessary methods and tools to support the implementation process and to optimize the transferability of good practices across countries and settings based on solid scientific evidences.

Description of Programmed Activities

Task 4.1 Reviewing and assessing emerging trends and needs for research, development and innovation (RDI) and capacity building in a short, medium and long-term perspective (M13-M24)

Leader: NIVEL; Partners: all partners organisations involved in the WP

The objective of this task is to advance and maintain an up-to-date analytical picture of short-, medium- and long- term trends in health and care systems research, development and innovation activities as well as identifying the needs regarding capacity building and training to support RDI activities in health and care systems in the Partnership countries and the European Union as a whole.

The Task 4.1 team will continue the desk research in order to identify research priority areas and knowledge gaps, also considering the THCS conceptual framework on transfer of innovation as identified in Task 4.2, insights on research-policy linkage in WP 5, ecosystems in WP 9 and collection of practices under the Knowledge Hub in WP 10. The desk research will be complemented with two main elements.

1.   The results of a first survey among expert and stakeholder audiences, initiated in collaboration with WP 5, and summarised in a survey report in Month 14.

2.

Consultati on meetings with various stakeholder groups, including national mirror groups and policy audiences at national level, EU level expert groups and sister initiatives (in close coordination with fellow WPs).

A triangulation based on the main sources of data collection will be integrated into a first draft full overview report in Month 16, this to allow for internal review within the Partnership and external peer review before finalisation of the deliverable in Month 20.

The above-mentioned consultation meetings will also feed into the second objective of Task 4.1, capacity building and training to support the implementation of RDI outcomes in the Partnership countries. A strategy will be developed with the objective to build capacity of HSR supply at EU level

and to facilitate mutual learning at national levels, to be incorporated in the full overview report in Month 20.

In parallel, and not originally foreseen, the Task will develop a methodology for RDI gap analysis, including the use of big data and AI technologies, applied to the CORDIS database and national funding body sources. Depending on information needs within THCS, the methodology will provide opportunities for a monitoring instrument to support exchange on funding initiatives in future years, potentially under the Knowledge Hub of WP 10.

Deliverables already foreseen in Part B of the proposal

D4.1: First full mapping report with assessment of trends and needs in RDI and capacity building in a short-, medium and long-term perspective (M20; Leader: NIVEL)

D4.1: First full mapping report with assessment of trends and needs in RDI and capacity building in a short-, medium and long-term perspective (M20; Leader: NIVEL

Set of Activities Number	A4.2					Start Date or Starting Event								13	
Set of Activities Title	Activity 4.2. Warm-up on Methodological framework for transferability														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	FRS-FNRS	AKA	TAU	THL
Person months per participant	0,5	1,5	0	0	0	1,5	0	0,3	0	0	0	0	0	1,5	20
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0	0	0	0,3	0,1	0	3	0	1	0	0	0	0	0	0,1
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	MOH SR	UHM	ODT	SI MOH	NIIZ	AEI	IDIVAL	CSFJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0	0	1,5	0,5	0,2	0,5	0	2	0	0,5	0,5	0,8	0,5	0,1	0

Participant Number	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0	0	0	2	0	0	0	0,07	0,14	1,7	0,3	0,1	0	0	0,8
Participant Number	61	62	63												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	1	0,3	0,2												

Start month	13	End month	24

Objectives

- To assess existing methods and tools to support the implementation process of transforming practices;
- To co-develop the first preliminary draft of the THCS framework for supporting transferability and implementation of transforming practices
- To test and further develop the draft framework for supporting transferability and implementation of transforming practices.

Description of Programmed Activities

This activity aims at co-developing a framework to support the transfer and implementation of practices across the health and care systems. The first draft of the framework for supporting transferability and implementation of practices will be ready in January 2024 (M13). It gives means for planning and performing the diverse tasks of transferring and implementing practices.

Task 4.2.1 Preparing the testing of the first draft of the framework for supporting transferability and implementation of practices (M13-M18)

Leader: THL; Partners: All WP 4 partners

The testing of the draft framework will be prepared during M14-M18.

The approach/testing process of the draft framework will be clearly described in collaboration with WP10 and discussed with the potential users for their feedback (M14-16).

Practical materials and tools for supporting the testing phase of the framework will be developed in collaboration with WP10, including the identification of maximum 5 good practices with a potential for transferability and adaptation in different health and social care settings (M14-M16). The criteria for the selection of these practices will be clearly defined, involving the THCS Consortium as well as other relevant European and international initiatives.

An internal awareness-raising event (webinar) will be organised to explain the testing process and engage with the first pioneers interested in testing of the framework (M17).

A learning network of the pioneers will be established to exchange their experience in testing the framework and informing its improvement (M18).

A preliminary plan for incorporating the framework and its tools into the Knowledge Hub of WP 10 will be prepared (M18). The plan will later be updated based on the testing of the framework.

Task 4.2.2 Testing of the first draft of the framework for supporting transferability and implementation of transforming practices (M19-M24)

Leader: THL; Partners: All WP 4 partners

The testing of the first draft of the framework will be performed and supported by the learning network during M19-M24. The outcomes of the testing will inform further refinement and development of the framework as well as potential functionalities of the Knowledge Management Hub.

The second draft of the framework will be developed based on the comments, expectations, and the early testing (M19-M24).

Deliverables already foreseen in Part B of the proposal

D4.4 First draft of the framework for supporting transferability and implementation of practices (M14; Leader: THL)

D4.5 Second draft of the framework for supporting transferability and implementation of practices (M24; Leader: THL)

Additional deliverables

4.2.1. Plan for testing the first draft of the framework for supporting transferability and implementation of practices (M18; Leader: THL)

WP5 - BRIDGING EVIDENCE TO POLICY

Set of Activities Number	A5.1				Start Date or Starting Event										13
Set of Activities Title	Toolbox to support policy dialogue for the uptake of results into policy														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14

Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	3	1,5	0	0	0	1,5	0	0	0	0	0	0	0	1	2
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0	6	2	0	0	1	3	0	1	0	0	0	0	0	0,1
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0	0	4,5	0,9	0,2	0,5	0	3	0	0	0,4	0,1	1	0	0
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0	0	0	1	0,1	0	0	0,15	0,07	1,3	0,3	0,3	0	0	0
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0,7	0,1	0,2												

Start month	13	End month	24

Objectives

- Build a first toolbox to support policy dialogue for the uptake of results into policy

Task 5.1.1 Design of a toolbox to support the translation of R&I results to policy

Leader UBB, Contributors: All Partners

The aim of this task is to increase the capacity of policy makers to use research and innovation results into policy, promoting the development and use of tailored tools. For this purpose, in 2023, WP5 largely distributed a survey to public decision-makers in order to find out their expectations and identify gaps in this area. Following on from the work that has been done the previous year, this task will focus on fostering the dialogue between researchers and policy makers' organisations inviting them to share their input on the best strategies and tools to be used in the context of the Partnership to support the translation of results to policy.

At the beginning of 2024, WP5 will identify key policymakers and researchers who will be able to contribute to its work. The group will be responsible for analyzing and discussing needs, gaps and opportunities identified in the WP5 survey but also in other WP. Further on, in 2024, they may join other experts or members of national mirror groups in specific thematic workshops (aligned with task 5.1.2) to discuss their expectations on the policy tools that need to be developed under WP5. Thanks to this work, WP5 should deliver a first toolbox in M18 to determine:

- who are the individuals and groups likely to affect or be affected by WP5 work;
- ensure that all relevant stakeholders are recognized and taken into account;
- better understand the people involved, the issues that concern them, their expectations and their needs;
- target efforts according to their levels of interest;
- understand the interactions between different groups;
- reveal potential risks, problems or misunderstandings that could disrupt the project

Task 5.1.2 Drafting the toolbox

Leader UBB, Contributors: All Partners

This subtask will organise in three consecutive stages:

1. first step – within the WP5 team, under the leadership of the BBU team (to be decided depending on the extent of involvement from other institutions identiied within the task 5.1.2.2);

2. second step – as a dedicated activity within the agenda of one of the workshops or interviews to be organised with the Policy Makers in the first Semester of 2024;

3. third and final step – a document which is agreed and aligned with the other relevant Work Packages representatives.

5.1.3 Wide dissemination of the toolbox

Leader UBB, Contributors: All Partners

5.1.4 Implementation of the toolbox while ensuring its sustainability after the end of the THCS project

Leader UBB, Contributors: All Partners

This sub-task will allow us to identify the first opportunities for implementing the tools that will have been chosen as part of the work carried out in 2024.

Deliverables already foreseen in Part B of the proposal

5.1   First toolbox to support policy dialogue for the uptake of results into policy

This first toolbox will be a review of best strategies and tools to support the translation of R&I projects' results to policy (M18; UBB)

Set of Activities Number	A5.2					Start Date or Starting Event								13	
Set of Activities Title	Dialogue between policymakers and researchers to improve the uptake of research and innovation results into policy														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	3	1,5	0	0	0	1,5	0	0	0	0	0	0	0	1	2
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0	6	2	0	0	1	3	0	1	0	0	0	0	0	0,1
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0	0	4,5	0,9	0,2	0,5	0	3	0	0	0,4	0,1	1	0	0
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0	0	0	1	0,1	0	0	0,14	0,07	1,3	0,3	0,3	0	0	0
Participant Number	56	57	58												

Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0,7	0,1	0,2												
Start month	13						End month				24				

Objectives

Foster the dialogue between policymakers and researchers to improve the uptake of research and innovation results into policy.

Description of Programmed Activities

Task 5.2.1 Support mutual learning among policy makers (M13-M24)

Leader: FR MOH; Contributors: All Partners

Successful transformation of our health and care systems will depend on decision-makers' ability to learn from each other, across national and regional borders and perhaps across the borders of different sectors. This, from the evidence through research and good practices, and to use this know-how to steer the necessary investments and implementation in a direction that matches the vision on health and care of the future.

To support mutual learning among countries and the capacity of translating evidence into policy, task 5.1.2 will focus in 2024 on defining the broad strategic lines of actions to be carried out in this framework. The strategic reflection work will focus on three major points which will be worked on, either in workshops/interviews or during bilateral institutional discussions.

5.2.2 Establish a multi-year roadmap for task 5.1.2.

Leader: FR MOH; Contributors: All Partners

The objective is to sequence the work throughout the partnership according to issues relevant to the stakeholders. It will be essential to carry out this strategic prospecting work taking into account the work carried out by other WPs.

5.2.3 Coordinate with other relevant institutions to foster mutual learning among policy makers

Leader: FR MOH; Contributors: All Partners

This subtask aims to clearly identify the added value that the WP5 can bring to the existing institutional landscape, and even evaluate the opportunity to carry out joint actions or work with other relevant institutions, in particular the European observatory on health systems and policies, the EPSCO health group or the European presidency.

5.2.4 Review of relevant programs/experimentations

Leader: FR MOH; Contributors: All Partners

This subtask aims at establishing a first review of experiments and programs that are significant for our work, both in terms of tools and mutual learning. This work must be done taking into account the work of other WPs.

Deliverables already foreseen in Part B of the proposal

5.2   Report on policy-dialogue activities (M24; FR MOH)

The report will include the main discussion points, conclusions and follow-up actions deriving from the Workshops.

PILLAR RESEARCH AND INNOVATION FUNDING

WP6 - CALL TEXTS DEFINITIONS OF RESEARCH AND INNOVATION TOPICS

Set of Activities Number	A6.1				Start Date or Starting Event									15	
Set of Activities Title	JTC 2025 preparation														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	7	0	0	2,7	2,2	0	0,7	0	0	0,3	0,2	0,2	2,2	0	0
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	2,7	2,2	0	2,2	0,2	2,2	2,2	2,2	0	0,7	0,9	5,2	14,2	2,5	0
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,5	0,5	0	0	0	2,2	0	0	2,2	2,2	1,8	2,7	0	1	0,3
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55

Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	1,9	0,2	2,2	0	0,1	0,1	1,1	0,2	0,2	0	2,2	0	1,0	0,3	0,7
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0	0	0												
Start month	15							End month	24						

Objectives

-To establish a Call Steering Committee for JTC2024.

-To prepare the call text documents, including evaluation criteria for JTC2025

-To select and define the topics for JTCs 2025 in line with the prioritization strategy and recommendations in the AWP, considering both thematic and structural priorities.

Description of Programmed Activities

Task 6.1.1 Organise JTC2025 Call Steering Committee (CSC) (M22-M24) Leader: RCN, Contributors: All the Funding Agencies participating in the JTC2024 Co-Leader: IT MOH

In general terms, the Partnership is planning to set up the Call Steering Committee (CSC) and to publish JTC pre-announcement at the end of each year before the official launch of the call. Based on AWP2025 approved by the GA in M23, the CSC for JTC2025 will be immediately set up to prepare the Call Text for JTC2025.

In M24, the CSC will finalise the topic(s) to be included in the Call Text, decide on type of funding instrument, project size and duration, and officially confirm the funding commitment for the JTC2025 based on input from the AWP, considering the rules and possibilities in each funding organization participating in the call. CSC for JTC2025 will be chaired in co-leadership by the WP Leader (RCN) and the Coordinator (ITMOH).

Task 6.1.2 JTC2025 topic selection and eligibility criteria (M15-M21) Co-Leader: IT MOH Leader: RCN, Contributors: All the Funding agencies providing funding for the JTC2024

As soon as the funding decision for the JTC2024 is taken, the work for the JTC2025 will immediately start. The task leader, in collaboration with the Strategic Board and Joint Call Secretariat, will coordinate a brainstorming phase on topic selection and eligibility criteria involving, but may not be limited to, THCS funding organisations, other THCS partners, invited EU organisations and partnerships, invited external organisations, national mirror

groups, and invited independent experts. The culmination of this process is a vote on call topics by the FAB in M22, to be included in the AWP2025.

The topic selection and eligibility criteria process will focus on implementing priorities in the SRIA and the current AWP. Special consideration will be given to avoid duplication, and promote synergies with Horizon Europe and EU4Health, calls in the area Health and Care Systems research and innovation, as well as thematic priorities in previous THCS calls.

Task 6.1.3 Preparation of the JTC2025 call documents (M21-M24) Leader: RCN, Contributors: All the Funding agencies providing funding for the JTC2024 Co-Leader: IT MOH

The task leader, in collaboration with the CSC, the Strategic Board (SB) and the Joint Call Secretariat (see A7.1) will be responsible for preparing all necessary documents. Unless decided differently in the AWP and by the JTS, the JTC2025 call text will include the set of documents provided for JTC2024, updated with topics and type of RDI actions to be funded. Main part of the topic agreed in the AWP will be used to launch the JTC2025 pre-announcement.

The documents include:

1. The Call Text, which delineates the aim and the topic of the call, the application procedures (including deadlines), the evaluation procedures as well as other financial and legal issues including intellectual property (IPR) and open access publication. The call text will be submitted to the EC for approval.

2. The Memorandum of Understanding (MoU), which will serve as a joint statement of intention between the funding organizations participating in the JTC2025 EC co-funded call. The MoU reflects the commitment of the partners who agree to make every reasonable effort to fulfil the intents expressed in this co-funded call as well as their earmarked budget.

3. The governance of the JTC2025, evaluation and ethic assessment document, which describes in detail steps and rules of the EC co-funded call, especially the two-stage evaluation process (see A7.2), and project monitoring (see A8.1).

4. Guidelines for applicants, which describe the administrative details of the application procedure and include country-specific information from the different national/regional funding agencies of the JTC2025. These outline the relevant national/regional rules and regulations that applicants must adhere to in order to be eligible for funding.

5. Proposal templates for pre-proposal and full proposal stage. Pre- and full-proposal templates will be developed based on the available versions used in previous EU funded actions. The templates will be modified for the purpose of the THCS Partnership co-funded calls.

The Call Text for JTC2025 will be passed to the Joint Secretariat (See Activities 7.1 and 7.2 for Call Publishing and Management). The Results of the call will then be discussed by the CSC for funding decision.

Deliverables already foreseen in Part B of the proposal

D6.3 Confidential Call documents JTC2025: memorandum of understanding, governance of the call, evaluation criteria (M24, RCN)

D6.9 Public Call documents JTC2025: call text, guidelines for applicants, proposal templates (M24, RCN)

Additional Deliverables (if applicable - brief description and month of delivery)

No deliverables are necessary in addition to those foreseen in the Part B of the proposal

Set of Activities Number	A6.2					Start Date or Starting Event								18
Set of Activities Title	Funding decision													
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	3	0	0	0,9	0,8	0	0,3	0	0	0,1	0,1	0,1	0,8	0	0
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0,9	0,8	0	0,8	0,1	0,8	0,8	0,8	0	0,3	0,3	1,8	4,8	0,8	0
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,2	0,2	0	0	0	0,8	0	0	0,8	0,8	0,6	0,9	0	0,4	0,1
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,6	0,1	0,8	0	0	0	0,4	0,09	0,09	0	0,8	0	0,3	0,1	0,3
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												

Person months per participant	0	0	0											
Start month	18						End month			22				

Objectives

To provide funding decision

Description of Programmed Activities

Task 6.2.1 Funding decision JTC2023 (M13)

Funding decision of the projects that will be awarded of funding for the JTC2023 will be taken on the basis of the ranking list of the evaluation committee and delivered by the JCS (WP7): confirmation of national/regional funding, EC co-funding, confirmation of the FAB, approval of the EC. Dissemination of the awarded projects through the THCS communication tools and relevant EC portals.

Task 6.2.2 Funding decision JTC2024 (M24) Leader: RCN, Contributors: All the Funding Agencies participating in the JTC2024 Co-leader: IT MOH

The CSC 2024 will take its final funding decision based strictly on the scientific recommendation of the SEC/PRP list (evaluation committee ranking list) delivered by the acting Joint Call Secretariat (A7.2). As many full proposals as possible with a clear funding recommendation will be funded, considering the available budget. Each eligible applicant will be funded by the organization of the country for which the applicants have applied and according to the national administrative regulations. The National/Regional Funding will be increased by the EC funding (virtual common pot). The final distribution of the EC contribution will be discussed and agreed by the CSC in order to maximize the number of high-quality proposals to be funded by filling funding gaps and/or topping up the national contributions (mixed model). This will be done in accordance to the general criteria fixed before the launch of the call to avoid the underestimation of national budgets and to permit a balanced distribution of the EC contribution in line with the national funding. If proposals have identical scores, the proposals coming from participating Member States or associated countries with still available funding will be given precedence, in order to further maximize the number of selected projects. The joint selection list of projects to be funded will be communicated to the EC after approval of the Funding Agency Board and notification to the General Assembly. The applicants will be informed by the JCS about the final funding decision and the national negotiations will commence. The final funding list will be prepared by the JCS and disseminated through publication on the THCS website and Newsletter, and relevant EC portals.

Deliverables already foreseen in Part B of the proposal

n/a

Additional Deliverables (if applicable - brief description and month of delivery)

No deliverables are necessary in addition to those foreseen in the Part B of the proposal

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WP7 - JOINT TRANSNATIONAL CALL SECRETARIAT

Set of Activities Number	A7.1				Start Date or Starting Event								13	
Set of Activities Title	JCS management													
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	3	0	0	0	0	0	0	0	0	0	0	9.5	0	3	0
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCIA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0	0	0												

Start month	13	End month	15

Objectives

To prepare the procedures to ensure a smooth JTS management and efficient JTC Management, ensuring full transparency, fair selection and respect of the Conflict of Interest principles

Description of Programmed Activities

Task 7.1.1. Updating of the Standard Operating Procedure (SOP) manual (M13-M14) Leader: ZonMw, Contributors: ITMOH, ANR, NCBR, MUR.

The aim of this task is to update the standard operating procedures after each THCS Joint Transnational Call (JTC) including a detailed timeline for the call implementation and coordination of all the activities needed. The description of the internal (decision-making) processes, tasks, and the timeline to be followed by the Joint Call Secretariat (JCS), the call steering Committee and the Funding Agencies will also be updated if necessary.

Task 7.1.2 Set up of the IT System for Proposal Submission and Management (M13-M15), Leader: ZonMw, Contributors: ITMOH

Along with the finalisation of the Call text and its publication, the submission system will be aligned with JTC2024 requirements. In order to ensure an optimal management of the submission process the JCS will indicate the requirements for the submission tool and needs be involved in contracting the provider. The system will be ready at maximum one week after the call publication

Additional Deliverables

AD7.1.2 Updated Standard Operating Procedure for the Management of the JTC (M14; ZonMw)

The SOP will include a detailed timeline for the call implementation, internal (decision-making) processes, tasks, the timeline to be followed by the Joint Call Secretariat (JCS), the call steering Committee and the Funding Agencies.

Set of Activities Number	A7.2	Start Date or Starting Event	13

Set of Activities Title	JTC 2024 Management														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	8	0	0	6	3	0	0,4	0	0	2	3	0,2	0,2	3	0
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	9	3	0	3	0,1	3	3	3	0	1	0,4	28,5	3	9	0
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,7	0,7	0	0	0	3	0	0	3	3	2,4	3,6	0	1,4	0,4
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	2	0,3	3	0	0,3	0,3	1,4	0,1	0,1	0	2	0	2	0,4	2
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0	0	0												
Start month	13							End month					24		

Objectives

-To coordinate the establishment of the Joint transnational Call (JTC) Secretariat

-To follow-up and manage activities regarding JTCs

-To set up and maintain the IT call tool

-To manage the evaluation process of the proposals

Description of Programmed Activities

Task 7.2.1. The Establishment of the Joint Call Secretariat for joint Calla (M13) Leader: ZonMw, Contributors: ANR, NCBR

The Joint Call Secretariat for JTC2024 will work together closely in groups of the three funding agencies that will chair the secretariat called the Call Secretariat Trio. The JTC2024 secretariat will be chaired by ZonMw and supported by ANR and NCBR. The appointed Call Secretariat is responsible for launching the JTC, preparing the call documents with A6.1, managing the evaluation, the project award phase and relation with the Funding Agencies in the CSC. The JCS 2024 will act as a central helpdesk to the applicants regarding all aspects on central level of the call, including proposal drafting and submission. In addition, each participating funding organisation will establish a national contact point to support applicants with advice on national rules and regulations, including eligibility and financial budget regulations.

Task 7.2.2 Pre-publication, publication and launch of the call (M13-M17) Leader: ZonMw, Contributors: ANR, NCBR, ITMOH, All Funding Agencies

The call for proposals will be published on the THCS website and by the national funding organizations via their national publishing routines such as websites, newsletters, press announcements, and social media. A call pre-announcement, based on the main information (call title and brief description) will be published to maximize the early mobilization of the research community in M12.

The call will be officially launched in M13. The EC will be duly notified of the call and its content by the THCS Partnership coordinating team. The call will be opened for the submission of proposals for at least 60 days before the deadline. An info day (on-line) will be organized to explain the call topic and the main rules.

The electronic submission system that will be used to collect the proposals and the reviews, and to share these documents with the Expert Panel and the participating THCS partners will be adapted to the needs of the call. The system will be contracted in agreement with IT MOH.

Task 7.2.3 Eligibility checks and (pre)proposal evaluation (M14-M18) Leader: ZonMw, Contributors: ANR, NCBR, All Funding Agencies

This task includes the following subtasks:

Subtask 7.2.3.A Establishment of the list of evaluators (pool of experts) (M14-M17)

After the call topics are fully developed, the task leader will ask all partners to nominate suitable experts for the pool of experts that form the basis for the Peer Review Panel (PRP) and will support the selection of eventual additional experts that will contribute to the remote review of the proposals. The Peer

Review Panel (PRP) will include around 30 members and will be international, drawn from inside and potentially outside the Partnership countries, and be balanced in terms of nationality, age, gender and expertise. Think of experts in the field of health-social sciences, public health, policy development, economics, management of health and care organizations and authorities, stakeholder engagement, ethics, HTA, innovation and policy uptake etc. The PRP Panel chair(s) and the Peer Review Panel members will have a high standing in the field and be recognised expertise in their area of expertise. An independent observer will be invited to the panel meetings.

Subtask 7.2.3.B Review of pre-proposals for research projects:

 - Formal check of submitted pre-proposals

Eligibility check (M17-M18): JCS will distribute the list of proposal and organizations submitted to JTC2023 to the RFOs. Each RFO will perform National Eligibility Checks and will inform the JCS of any eligibility issues. JCS will also perform eligibility checks on the proposal in respect to transnational and content requirements included in the call text. Proposal with eligibility issues will be discussed in a CSC on-line meeting to agree on need to request additional information to applicants or potential solutions (if any) to overcome the eligibility concerns.

- Remote evaluation of pre-proposals

- Invitation for submission of full-proposals

Subtask 7.2.3.C Review of full proposals for research projects

- Formal check of submitted full proposals

- Remote evaluation of full proposals and the Rebuttal step

- Peer Review Panel (PRP) and allocation of proposals to the experts (M18-M19)

Depending on the R&I priority expert stakeholder representatives can also be recruited. All partners will agree on this list of evaluators (Peer Review Panel (PRP) to guarantee a transparent and unbiased evaluation and a well-balanced, highly competent PRP Panel. To introduce the Peer Review Panel to the evaluation procedure, the criteria and the online evaluation system a briefing will be held before the written review.

During the evaluation phase the eligible proposals will be allocated to the experts for evaluation after a thorough check of potential conflicts of interest and expertise. Each proposal will be evaluated remotely by at least three experts balanced in terms of nationality, age, gender and disciplinary background. One of the three experts will be appointed as Rapporteur and will be asked to sum up the experts' report in one unique Evaluation Summary Report (ESR) per proposal.

The written review (scores and a written evaluation) will be submitted via the online submission as contracted by the JSC in agreement with IT MOH. After the experts submit their written evaluation and scores, the panel will meet to discuss the proposals in detail and settle on scores and a ranking list for the proposals.

Subtask 7.2.3.D - PRP meeting to discuss the full proposals and establish a ranking list:

The selection of projects is based on the principle of peer review. Experts in the field(s), hereinafter referred to as reviewer, carry out written evaluations and will participate to a panel meeting.

Each proposal will be reviewed by at least three reviewers with qualifying expertise fitting the topic of the submitted application.

The adequacy of the proposals submitted to the call will be assessed by the reviewers. Proposals not relevant to the call topics and objectives, according to the panel at the beginning of the PRP meeting, will not be discussed during the panel meeting and then will not be considered for funding, regardless of their scientific quality.

The reviewers will assess the proposal and complete a written evaluation form with scores and comments for each criterion. The reviewers will meet in a Peer Review Panel (PRP) to discuss all proposals, to produce an assessment report for each full-proposal and a ranking list of proposals recommended for funding based on new scores defined during the panel meeting.

Evaluation scores will be awarded for three main criteria. A proposal will be discussed during the panel meeting and be considered fundable if it reaches 3 points for each individual criterion and an overall score of at least 10 points. The PRP reserves the right, during the PRP meeting, to adjust this threshold based on the scientific quality. Should there be a significant standard deviation for a particular project, such proposals could be permitted for discussion at the panel meeting.

Before the PRP members meet to discuss the full proposals in a PRP meeting, each coordinator is provided with the reviewers' assessments. This stage allows applicants to comment on factual error or misunderstandings that may have occurred in the review process and to reply to reviewers' questions.

Subtask 7.2.4.D Proposal evaluation towards ranking list (M7-M10)

The final ranking list is sent to the CSC for funding decision (Task 6.1.3). Once the funding decision is taken, the CSC chair will notify the funding decision to the Coordinating Team and then to the General Assembly. The JCS will notify the project coordinators to start the national granting procedures

Deliverables already foreseen in Part B of the proposal

D7.2 Final ranking list of proposals recommended for funding JTCs (M22; ZonMw)

D7.8 Independent Observers' report on the evaluation (M23; ZonMw)

D7.14 Joint selection list of projects to be funded (M24; ZonMw)

D7.20 Formal and duly signed commitment on the availability of funds for the selected projects from each consortium (M24; ZonMw)

Additional Deliverables

No deliverables are necessary in addition to those foreseen in the Part B of the proposal

WP8 - PROJECT MONITORING AND ASSESSMENT OF PROJECTS' RESULTS AND IMPACT

Set of Activities Number	A8.1					Start Date or Starting Event								13
Set of Activities Title	Projects monitoring													
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	4	0	1,5	0,5	0,5	0	0,9	0	0	0,1	0,1	0,1	0,4	0	0
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0,5	0,5	0	0,5	0,2	0,8	5,5	0,5	0	0,1	0	0,7	0,5	0,5	0
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,2	0,2	0	0	0	0,5	0	0	0,5	0,5	0,3	0,7	0	0,3	0,3
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,5	0,3	2,4	0	0,1	0,1	0,2	0,07	0,21	0	0,5	0	0,5	0	0,5
Participant Number	56	57	58												

Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0	0	0												
Start month	13						End month				24				

Objectives

1. Establishing monitoring procedures
2. Completion of a monitoring tool set up
3. Preparation of monitoring reports

Description of Programmed Activities

Task 8.1.1 Indicators update according to 2024 JTC (M13-M24)

Leader: CSO-MOH; Participants: WP Partners

This aim of this task is to update the list of tailored indicators according to 2024 JTC. The monitoring template will be revised accordingly. To update and revise the indicators, a working group, comprising external experts and THCS partners, will be formed. Additionally, it is expected the participation from WP6 and WP7. All participating experts will have to sign a Non-Disclosure Agreement to prevent potential conflicts of interest.

Task 8.1.2 Coordination of a monitoring subgroup including procedures (M13-M24)

Leader: CSO-MOH; Participants: WP Partners

The aim of this task is to drive the procedures for the monitoring of the funded projects. This subgroup will meet regularly to discuss and plan the monitoring procedures. This subgroup will meet regularly to discuss and plan the monitoring procedures. The subgroup will comprise external experts and THCS partners (a Non-Disclosure Agreement will be signed to prevent potential conflicts of interest).

Task 8.1.3 Develop and implement a monitoring tool for funded projects (M13-M18)

Leader: IT MOH; co-leader: CSO-MOH; Participants: WP Partners

The aim of this task is to develop an online tool for reporting, monitoring, and assessment of all THCS funded projects enabling an easy collection and analysis of the results. This task will be responsible for the creation, maintenance and update of the monitoring tool and should be performed in collaboration with WP3 as responsible for development and maintenance of THCS website, as well as with the Funding Agency Board. The online monitoring system will be accessible to project coordinators as a tool for the online submission of periodical project reports and to Funding Agencies and WP8 Partners for data extraction and following up on project implementation and THCS reporting purposes. Access rights, as well as a user manual, will be provided to the users for submission of the interim reports and to the funders for their acquisition. The monitoring tool will enable efficient and timely exchange of information related to the implementation of the funded projects.

Task 8.1.4 Monitoring of the funded projects (M13-M24)

Leader: CSO-MOH; co-leader: MEYR; Participants: WP Partners

The aim of this task is promoting preparatory work of the monitoring reports and monitoring procedures based on the indicators previously defined and as updated.

Projects monitoring reports will be planned and developed before the collection of the first annual report in the beginning of 2025.

Project coordinators are responsible for the submission into the monitoring tool of the call specific mandatory documents, i.e. consortium agreement, data management plan (including the DMP revision process) and annual scientific and one final report/s. The collected documents will be made accessible to the respective CSC through the monitoring tool.

Deliverables already foreseen in Part B of the proposal

n/a

Additional Deliverables

Set of Activities Number	A8.2					Start Date or Starting Event								13	
Set of Activities Title	Impact Assessment														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	4	0	1,5	0,5	0,5	0	0,9	0	0	0,1	0,1	0,1	0,4	0	0
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0,5	0,5	0	0,5	0,2	0,8	5,5	0,5	0	0,1	0	0,7	0,5	0,5	0
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCIA	FPS	IACS	FORTE	VINNOVA

Person months per participant	0,2	0,2	0	0	0	0,5	0	0	0,5	0,5	0,3	0,7	0	0,3	0,3
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,5	0,3	2,4	0	0,1	0,1	0,2	0,07	0,22	0	0,5	0	0,5	0	0,5
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	0	0	0												

Start month	13	End month	24

Objectives

Impact assessment of JTC and funded projects

Description of Programmed Activities

Task 8.2.1 Impact assessment of Joint Transnational Call (M13-M24)

Leader: MEYR; co-leader: CSO-MOH; Participants: WP Partners

The aim of this task is to carry out statistical analysis on the first JTC performance. The task leader and co-leaders will receive the submitted data from JCS to analyze JTC 2023 performance per country and RFOs. The statistic will encompass but will not be limited to the following aspects: geographical coverage of submitted/funded projects, funding and success rate per country and RFO, gender balance, budget, involved funding organisations, general information about the consortia and the projects, project starting and end dates.

Task leader will receive the data from the JTC and will elaborate and update the statistics within three months after the CSC approval of the JTC´s final ranking list.

Task 8.2.2 Impact assessment of projects funded (M13-M24)

Leader: IT MOH ; Participants: WP Partners

The aim of this task is to assess the impact of THCS on research and innovation advancements through the projects funded under the JTCs and alignment with the SRIA and EC policies.

The subgroup will discuss and plan the procedures for the assessment of the projects impact. The subgroup will discuss and plan the procedures for the assessment of the projects impact and it will comprise external experts

and THCS partners. Additionally, it is expected the participation from WP6 and WP7. All participating experts will have to sign a Non-Disclosure Agreement to prevent potential conflicts of interest.

Deliverables already foreseen in Part B of the proposal

D8.2 Statistical analysis of JTC 2023 (M14; MEYR) (Despite our best efforts to submit the deliverable on time, its completion relies on the availability of data following the finalisation of the JTC2023 evaluation process)

Additional Deliverables

n/a

PILLAR SUPPORT TRANSFERABILITY AND STRENGTHENING ECOSYSTEM

WP9 - STRENGTHENING ECOSYSTEMS

Set of Activities Number	A9.1						Start Date or Starting Event								13
Set of Activities Title	Strengthening Ecosystems														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	6	0	4,5	0	0	0	5	1	0	1	0	0	0	13	1
Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0	1	0	5	0	1	3,5	0	5	0	1,2	5	0	1,6	1
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCJA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0	0,4	0	1	0,4	0	0	5	0	2	0	0,5	5	0	0
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55

Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,3	0	0	0	0	0	0	0,43	0,29	4,2	0,5	0,4	0	0	0,8
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	2,3	0	0,3												
Start month	13						End month				24				

Objectives

To establish strategic links to other ecosystem-related activities

To work with transformative ecosystems

To promote the "strengthening ecosystem" approach by organizing first national/regional/local events

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Description of Programmed Activities

Task 9.1.1 Establish strategic links to other ecosystem-related activities (M12-M24) Leader: FFG; Participants: TAU, ZonMw and All WP Partners

Building on first activities performed in 2023, the tentative mapping exercise of relevant ecosystem-related activities at the European and national level will be continued.

The tentative mapping might include:

• Programmes launched by TSI-DG Reform

• EU4health-DG for Health and Food Safety, etc.

• Active and Healthy Living in a Digital World; European Innovation Partnership on Active and Healthy Ageing; Reference Site Collaborative Network/RSCN

• Selected initiatives and projects (e.g., ECHAlliance, Digital Health Uptake/DHU)

• Selected clusters and platforms at European and national levels

Strategic contacts with selected initiatives will be established so that THCS ecosystem activities can connect to other ecosystemic approaches. The aim is to learn from the experiences gained by other initiatives and build on existing knowledge. In the attempt to find synergies, whenever possible, collaboration will be established. In the same line of thinking, WP9 will leverage the pre-existing collaborations of THCS WP9 partner organisations with other ecosystem-related activities, networks, and projects.

The mapping exercise will be performed in close collaboration with WP3 and Task 3.1, as well as WP4. To support the mapping and understanding of pre-existing experience, the survey among partner organisations, performed by WP9 in 2023, will be further analysed.

The outcomes of the activity will feed into the next edition of the WP9 strategy.

As outlined in the THCS proposal, a tender will be launched to support WP9 activities in mapping ecosystems within and beyond partner organisations countries (costs: EUR 40.000). Contractors will be expected to provide in addition dissemination material in terms of 2-3 podcast editions plus 2-3 examples of ecosystems (storytelling).

Task 9.1.2. Transformative Ecosystems (M13-24) Leader: TAU, Participants: FFG and All WP Partners

Implementing the outcomes of the WP9 launch event of November 2023, two meetings of the Working Group of Forerunner Ecosystems (WG-FTE) will be organized. The first one, organized in conjunction with the WP9 meeting in Tampere, Finland in May (see 9.3), is the first opportunity for a number of actual forerunning ecosystems to formulate the goals and activities of the WG. The pilot peer learning sessions are used to test joint working methods, and the process of nominating Beacon Ecosystems and highlighting their achievements for national, regional and local actors is started.

In the second WG-FTE meeting (possibly in conjunction of the WP9 meeting in November), a larger set of newly recruited WG members convenes. In addition to further developed peer learning methods, substantial effort is dedicated to creating the concept and planning the first edition of Transformative Ecosystem Arena, to be held in Brussels in Spring 2025.

An additional working group for Ecosystem Analysis (WG-EA) continues its work as started in 2023. The core of the WG-EA consists of WP9 member RPO's (Research Performing Organisations), but is open to any willing WP9 partners. The main activities of the WG-EA consist of a) preparing, piloting and producing a functional template for describing transformative ecosystems, b) supporting accumulation of a database of transformative ecosystems, c) analysis of potential BTE's and FTE's, as identified by the WP9 Partners, and presenting the findings to Biannual Meetings and d) engaging in joint analytical projects supporting knowledge formation on the role of ecosystems in health and care system transformation.

Task 9.1.3. Working Group of forerunner countries and commence national/regional/local activities (M1-M12) Leader: FFG; Participants: TAU, ZonMw and All WP Partners

Two WP 9 meetings will be organised

The First Meeting of WP 9 partner countries will be hold on 22-23 May, 2024 in Tampere, Finland.

The Second Meeting of WP 9 partner countries will be hold lunch to lunch on 6-7 November, 2024.

The meetings will serve to deepen the contact with relevant ecosystems and important stakeholders.

The meetings will be designed to support partner organisations in commencing their ecosystem related activities at the national, regional and local levels. The agenda of the meetings will be inspired by the expectations, needs and wishes of the partner organisations in relation to ecosystem approaches. A rich set of input was received at the Vienna Workshop held in May 2023. The input was documented and clustered and will serve as the backbone for designing the WP9 approach and further elaboration on open issues.

The findings and outcomes will inform the next edition of the WP9 strategy.

Partner organisations will organise their own national/regional/local events

Supported by the platform of the forerunner countries, partner organisations will be encouraged to organize relevant meetings their national/regional/locals levels and report back to the group. In doing so, Workpackage 9 will support partner organisations with eg providing draft agendas and ppts. In 2024, the aim is to have at least 7 national/regional/local events organised by WP9 partner organisations.

M1, Task 9.1.1: tentative mapping overview available (M24)

M2, Task 9.1.2: Working Group of Forerunner Ecosystems installed (M18)

M3, Task 9.1.3: 7 national/regional/local events organised by partner organisations (M24)

Additional Deliverables
n/a

WP10 - KNOWLEDGE HUB TO SUPPORT THE TRANSFERABILITY OF GOOD PRACTICES

Set of Activities Number	A10.1					Start Date or Starting Event								13	
Set of Activities Title	Knowledge Hub														
Participant number	1	1.1	1.2	2	3	4	5	6	8	8.1	10	11	12	13	14
Short name of participant	IT MOH	ISS	PROMIS	MUR	RT	UCSC	FFG	BMK	FIO	VLAIO	FWB	F.R.S.-FNRS	AKA	TAU	THL
Person months per participant	4,8	4	5,5	0	0	4	0	0	0	0,3	0	0	0	2	2

Participant number	15	16	16.1	17	18	19	20	21	22	23	24	25	26	27	28
Short name of participant	ANR	FR MOH	INSERM	GSRI	RANNIS	HRB	CSO MOH	LZP	SAM	LMT	NWO	ZonMw	RCN	NCBR	AICIB
Person months per participant	0	2	4	0	0	0	2	0	1,5	0	0	1,4	2	1,5	0
Participant number	29	30	31	32	32.1	33	34	34.1	35	36	37	37.1	38	39	40
Short name of participant	FCT	CCDRC	UBB	SR MOH	UHM	ODT	SI MOH	NIJZ	AEI	IDIVAL	CSCIA	FPS	IACS	FORTE	VINNOVA
Person months per participant	0,6	0,6	1,4	1,5	0	2	2	1,5	0	0	0,6	0,9	0	0	0
Participant Number	42	43	44	45	46	47	48	49	49.1	50	51	52	53	54	55
Short name of participant	ARESS	ISCIII	MEYR	NIVEL	MSA	ETAg	IFD	DPTO SALUD	BIOEF	KRONIKGUNE	UEFISCDI	FOPH	INNOSUISSE	SNSF	SG
Person months per participant	0,3	0	1,5	2,5	0	0	0	0,29	0,43	4	0,5	0,4	0	0	7,1
Participant Number	56	57	58												
Short name of participant	NHSC	AHRQ	HDR UK												
Person months per participant	1,4	0,1	0,3												

Start month	13	End month	24

Objectives

The objectives of the WP10 activities are the following:

- To test, validate and implement a sustainable Knowledge Hub that will enable effective knowledge sharing to foster capacity-building support and exchange of good practices for the transformation of health and social care systems in Europe (Task 10.1).
- To facilitate the building and co-design of the Knowledge Hub "community" in order to encourage stakeholders to exchange their experience, good practices and expertise and mobilise their resources towards the transformation of health and social care systems in Europe (Task 10.2).
- To facilitate and provide capacity-building support activities for the transformation of health and social care systems in Europe (Task 10.3).

- To advise and support health and social care actors in how to use Knowledge Hub to access existing evidence, good practices and capacity-building support in transforming health and social care systems (Task 10.4).

Description of Programmed Activities

Task 10.1.1 Knowledge hub – co-design of the platform (M13-M24) Leader: SG; Partners: All WP10 partners

Description of the task

The aim of this task is to continue with the co-designing activities of the Knowledge Hub and collection of users' feedback on the development of Hub. Co-designing process is pivotal for the uptake and use of the THCS Knowledge Hub by wide range of stakeholders. A series of surveys, interactive workshops and webinars with the users is envisaged as well as on-going liaison with the owners/developers of other existing Knowledge Hubs, platforms and repositories. An engagement of Advisory Board Members and representatives of the National Mirror Groups will be also considered. The outcomes of these co-designing activities will inform the development of three iterations of the Hub in 2024. This phase of the development will also involve the first testing of the Hub in the real-life settings of European health and social care systems. Specifically, this first testing will be conducted as joint action with WP4 and Task ""Scoping review on the methodological frameworks for supporting transferability and implementation of practices in health and care systems". Finally, an on-going liaison with other Work Package leaders is envisaged to monitor the needs and requirements for further development of the Hub.

Task 10.1.2 Knowledge hub – building the community (M13-M24) Leader: SG; Partners: All WP10 partners

Description of the task

The aim of this task is to identify the resources produced in the THCS project (WP4-WP9) and facilitate their integration with the Knowledge Hub. This will involve the mapping of the resources across the relevant Work Packages as well as the development of classification criteria of these resources such as maturity of the resource, geographical coverage, targeted population, type of resource etc. This will enhance the functionality of the Hub to facilitate the access as well as tailored search of these resources to match the local needs and maturity of health and social care environment. The THCS transferability framework developed in WP4 will also facilitate a support for the potential adaptation and transferability of these resources across the European health and social care settings. The Hub will also act as enabler of policy dialogue and capacity-building support (WP5) as well as ecosystems' matchmaking platform (WP9) with a view to increase the uptake of these resources and support their wider implementation across health and social care systems. The community-building functionality will be then further elaborated to allow the users to manage the resources of the Hub themselves which will support the aspects of ownership and contribution to the community. This will include the opportunity to upload and update the resources as well as to offer particular knowledge and expertise. Finally, the exploitation of synergies with other national, European and international projects and initiatives is planned in order to maximise the exiting knowledge and expertise for the transformation

of health and social care systems. For this purpose, a catalogue of the synergies' projects will be developed and regularly updated.

Task 10.1.3 Knowledge hub – capacity-building support (M13-M24) Leader: SG; Partners: All WP10 partners

Description of the task

The aim of this task is to facilitate and implement capacity-building support activities for the transformation of health and social care systems in Europe, tailored to the users' needs and local context in order to prepare the ground for the transformation of health and social care systems. Informed by the outcomes of WP4 (THCS transferability framework) but also other Work Packages (WP5 and WP9), the following capacity-building activities are envisaged in 2024:

• 4 online knowledge exchange webinars raising awareness about good practices identified in THCS.

• 1 study visit organised – informed by the outcomes of the assessment of good practices and webinars which can be potentially linked to the local/regional event.

• 5-10 Podcasts to showcase local good practice, innovation ecosystems and policy dialogue' examples of transforming health and social care systems.

• 1(2) face-to-face/online training workshop(s) organised as part of European, national or regional event (dependency with WP5/WP9).

Task 10.1.4 Knowledge hub – adaptation, localisation and its guidance (M13-M24) Leader: SG; Partners: All WP10 partners

Description of the task

The aim is to develop a guidance on how to use Knowledge Hub as platform to access the existing resources, adapt and transfer them in different health and social care settings as well as platform to facilitate capacity-building activities and exchange of good practices which is a critical element for its successful uptake and use in local settings. The following activities are envisaged:

• Documenting the evolving Hub through its main stages and development of specific training materials alongside;

• Organisation and delivery of 2 online tutorial webinars introducing 3 different prototypes of THCS Knowledge Hub, its functionalities and further development.

• Developing the guidance (illustrative) documents, online tutorials on how to use THCS Knowledge Hub.

• Capturing the experience of users with using the first prototypes of the Hub (at least 5 short videos).

Deliverables already foreseen in Part B of the proposal

No deliverable foreseen for 2024.

Additional Deliverables

n/a

3.2 GANTT

Activities AWP	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24
PILLAR PROGRAMME MANAGEMENT												
WP1: Governance and Annual WorkPlan development												
Activity 1.1 - Partnership Governance maintenance	■	■	■	■	■	■	■	■	■	■	■	■
Governance implementation	■	■	■	■	■	■	■	■	■	■	■	■
General Assembly Meetings		■				■				■		
Strategic Board Meetings	■			■		■			■		■	
Advisory Boards meetings and link with NMG				■	■		■	■				
FAB meetings		■	■	■	■							■
Activity 1.2 - Development of AWP 2025		■	■	■	■	■	■	■	■	■	■	■
Phase 1 - Brainstorming and inputs		■	■	■	■							
Phase 2 - AWP Building						■	■	■	■	■		
Phase 3 - AWP Approval											■	
Mid-term revision of AWP2024						■						
WP2 – Coordination, Management												
Activity 2.1 -Coordination, management and reporting	■	■	■	■	■	■	■	■	■	■	■	■
Maintenance of the PMP and DMP	■	■	■	■	■	■	■	■	■	■	■	■
THCS Management	■	■	■	■	■	■	■	■	■	■	■	■
THCS internal communication	■	■	■	■	■	■	■	■	■	■	■	■
Activity 2.2 -Monitoring and Impact Assessment	■	■	■	■	■	■	■	■	■	■	■	■
Partnership and AWP2 Monitoring	■	■	■	■	■	■	■	■	■	■	■	■
WP 3: Strategic Relationship and Impact Maximisation activities												
Activity 3.1 Leveraging Synergies with key initiatives	■	■	■	■	■	■	■	■	■	■	■	■
Maintenance of the "Synergies Database and Network of ambassadors"	■	■	■	■	■	■	■	■	■	■	■	■

Synergy workshop													
Activity 3.2 – Communication, Dissemination and Exploitation Plan and launch of the Partnership													
Implementation of the Communication, Dissemination and Exploitation Plan													
Activity 3.3 A path towards SRIA Update													
Roadmap upgrade													
PILLAR SCIENCE&INNOVATION TO POLICY AND PRACTICE													
WP4 - Methodological and Assessment Framework													
Activity 4.1 Definition of the THCS Methodology for Priority setting regarding the Transforming Health and care systems													
Results of a first survey among expert and stakeholder audience													
Consultation meetings with various stakeholder groups													
Development of a methodology for RDI gap analysis													
Activity 4.2. Warm-up on Methodological framework for transferability													
Preparing the testing of the first draft of the framework for supporting transferability and implementation of practices													
Testing of the first draft of the framework for supporting transferability and implementation of transforming practices													
WP5 - Bridging Evidence to Policy													
Activity 5.1 Toolbox to support policy dialogue for the uptake of results into policy													
Design of a toolbox to support the translation of R&I results to policy													

Task														
Drafting the toolbox														
Wide dissemination of the toolbox														
Implementation of the toolbox while ensuring its sustainability after the end of the THCS project														
Activity 5.2 Dialogue between policymakers and researchers to improve the uptake of research and innovation results into policy														
Support mutual learning among policy makers														
Establish a multi-year roadmap														
Coordinate with other relevant institutions to foster mutual learning among policy makers														
Review of relevant programs/experimentations														
PILLARS RESEARCH AND INNOVATION FUNDING														
WP6 - Call texts definitions of research and innovation topics														
Activity 6.1 JTC 2025 preparation														
Organise JTC2025 Call Steering Committee														
JTC2025 topic selection and eligibility criteria														
Preparation of the JTC2025 call documents														
Activity 6.2 Funding decision JTC 2024														
WP 7- Joint transnational call secretariat														
Activity 7.1 JCS management														
Updating of the Standard Operating Procedure (SOP) manual														
Set up of the IT System for Proposal Submission and Management														
Activity 7.2 JTC 2024 Management														
The Establishment of the Joint Call Secretariat for JTC2024														
Pre-publication, publication and launch of the call														
Eligibility checks and (pre)proposal evaluation														
A Establishment of the list of evaluators														

Activity												
Review of pre-proposals for research projects						▨	▨					
Review of full proposals for research projects							▨	▨				
PRP meeting to discuss the full proposals and establish a ranking list							▨	▨	▨	▨	▨	
Proposal evaluation towards ranking list							▨	▨	▨	▨	▨	
WP 8 - Project Monitoring, including Technical Report assessment and Assessment of Projects' results and Impact												
Activity 8.1 - Project Monitoring												
Indicators update according to 2024 JTC	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Coordination of a monitoring subgroup including procedures	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Develop and implement a monitoring tool for funded projects	▨	▨	▨	▨	▨	▨						
Monitoring of the funded projects	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Activity 8.1 - Impact Assessment												
Impact assessment of Joint Transnational Call	▨	▨	▨									
Impact assessment of projects funded	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
PILLAR SUPPORT TRANSFERABILITY AND STRENGHTENING ECOSYSTEMS												
WP9 - Strenghtening Ecosystems												
Activity 9.1 -Strenghtening Ecosystems												
Establish strategic links to other ecosystem-related activities	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Transformative Ecosystems	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Working Group of forerunner countries and commence national/regional/local activities	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
WP10 - Knowledge Hub to support the transferability of best practices												
Activity 10.1 Knowledge Hub												
Co-design of the platform	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Building the community	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Capacity-building support	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨
Adaptation, localisation and its guidance	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨	▨

3.2.1 AWP Set of Activities

Activity N.	Activity Title	Lead Participant N.	Short name of lead participant	Person-Months	Start Month	End month
A1.1	Partnership Governance maintenance	1	IT MOH	37,14	13	24
A1.2	Development of Annual Work Plan	1	IT MOH	37,14	13	24
A2.1	Coordination, management and reporting	1	IT MOH	64,28	13	24
A2.2	Monitoring and Impact Assessment	1	IT MOH	64,18	13	24
A3.1	Leveraging Synergies with key initiatives	4	UCSC	34,88	13	24
A3.2	Communication and Dissemination Strategy	1.2	PROMIS	39,6	13	24
A3.3	A path towards SRIA Update	4	UCSC	33,9	13	24
A4.1	Definition of the THCS Methodology for Priority setting regarding the Transforming Health and care systems	14	THL	33,52	13	20
A4.2	Warm-up on Methodological framework for transferability	14	THL	43,51	13	24
A5.1	Toolbox to support policy dialogue for the uptake of results into policy	31	UBB	36,92	13	24
A5.2	Dialogue between policymakers and researchers to improve the uptake of research and innovation results into policy	16	FR MOH	36,91	13	24
A6.1	JTC 2025 preparation	26	RCN	76,5	15	24
A6.2	Funding decision	26	RCN	27,48	18	22
A7.1	JCS management	25	ZonMow	18,5	13	15
A7.2	JTC 2024 Management	25	ZonMow	121	13	24
A8.1	Projects Monitoring	20	CSO MOH	27,28	13	24
A8.2	Impact Assessment	44	MEYR	27,29	13	24
A9.1	Strengthening Ecosystems	5	FFG	79,62	13	24
A10.1	Knowledge Hub	55	SG	66,92	13	24
			Total Person Months	906,57		

3.2.2 Annual Deliverables List

The following table provides an overview of the additional deliverables due in Year 2, only those not provided in

part B of the proposal

AD N.	Deliverable Name	Activity N.	Lead Part. Short Name	Type	Dissemination Level	Delivery Date
AD 1.2.4	Mid term revision of AWP2024	A1.2	IT MOH	R	PUB	M18
AD7.1.2	Updated Standard Operating Procedure for the Management of the JTC	A7.1	ZonMw	R	SEN	M14

3.3 Participation in Annual Work Programme activities

3.3.1 *Partner Profiles*

PP1 MINISTERO DELLA SALUTE (IT MOH)	
Profile	The Ministry of Health (IT-MoH) is the central body of the National Health Service and, as such, performs the functions belonging to the State regarding the protection of human health and the coordination of the National Health System. The Ministry of Health develops guidelines in the field of prevention, care and research in different health sectors and oversees National Health activities. Concerning international activities, IT-MoH is involved in all European Coordination and Support Actions accompanying measures (standardisation, dissemination, policy, dialogues etc) and is also the governmental body of connection with the World Health Organization, the European Commission (health sector), the European Medicines Agency and OECD.
	The Ministry of Health is the main public body funding biomedical research and biomedical innovation in Italy, while also overseeing research policy and stimulating the use of the generated knowledge in order to help improving the population well-being and the healthcare system in Italy. In particular, through yearly calls IT-MoH funds research for the improvement of the population's health through the rapid translation of research results into new or improved preventive, diagnostic, and treatment products and processes, and incorporation into health policies and practice.
	At the international level, the Ministry of Health is involved in multiple European projects supporting research. In particular, it is involved in a wide range of ERA-NETs and CSAs (e.g. Euronanomed 2&3, ERACoSysMed, ERA-CVD, Eranet-AMR, TO-REACH CSA and IC PERMED) and Joint Programming initiatives (JPND, JPI MYBL, EJP RD and JPIAMR). It is also committed to supporting EU projects on the development of the European Strategy Forum on Research Infrastructures (ESFRI) in the health research sector (ECRIN, EATRIS, BBMRI). IT-MoH is also a member of GLOPID-R, Global Research Collaboration for Infectious Disease Preparedness.
Main Tasks	Research Funding Organisation. Coordinator of THCS Partnership. It is leader of A1.1, A.1.2, A2.1, A2.2 and it participates in all the other Activities

AE1.1 ISTITUTO SUPERIORE DI SANITA' (ISS)

Profile	The Istituto Superiore di Sanità (ISS, Italian National Institute of Health) is the main center for research, control and technical-scientific advice on public health in Italy. Alongside the Ministry of Health, the Regions and the entire National Health Service (NHS), ISS guides health policies on the basis of scientific evidence. ISS undertakes research, experimental, control and training functions in relation to Public Health in Italy
Main Tasks	Affiliated Entity of ITMOH. It is a Research Performing Organisation.
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A10.1.
	No involvement in the Activities related to Call Text Definition is foreseen, nor in Drafting the Annual Work Plan (expect for a preliminary brainstorming phase where inputs are collected)

AE1.2 AZIENDA ULSS 4 VENETO ORIENTALE (PROMIS)	
Profile	ProMIS is a network which involves the Italian Ministry of Health, the 21 Italian Regions / Autonomous Provinces (APs) and the National Agency for Regional Health Services (AGENAS). It was established to strengthen regional cooperation and links between Italian representative bodies of regional health practices and policies and the European initiatives on health. ProMIS promotes across Italy the dissemination of EU policies and funding opportunities in the framework of health, research and innovation. ProMIS has supported since 2012 Italian regions to apply to become EIP-AHA Reference Sites (15 in 2019) and it has also started promoting its model in the Reference Site Collaborative Network (RSCN). It's embraced by a community of experts, a dedicated network that facilitates the interaction between the innovation ecosystems of Regions, increasing the knowledge and experience about innovative and digital European active and healthy ageing initiatives and projects. Moreover, since 2020 it has set up a specific focus group of selected Italian Regions/APs with the aim of defining strategies for digitalising the National Health System according to the EU funding opportunities (as a EIP-AHA spin off focus group). The aim of the dedicated group is to: a) ease the intersection between supply and demand of "digital innovation" in the social-health field and RIS3; b) align regional policies with the regional health ecosystems activities (DIHs, academia, SMEs and patient and civic associations).
Main Tasks	Affiliated Entity of ITMOH. Leader of A 3.2
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.3, A8.1, A8.2, A9.1, A10,1.

PP2 MINISTERO DELL'UNIVERSITA' E DELLA RICERCA (MUR)

Profile	The Italian Ministry for Universities and Research (MUR), formerly MIUR, is the key RTD policy actor and funding agency in Italy at state level. MUR is in charge to prepare and to submit the National Research Programme (PNR – Piano Nazionale della Ricerca) proposal to the Government and to directly manage it. Besides, the Ministry, in charge of definition of strategic priorities in Research and higher education, has the following responsibilities:
	• coordination, assessment and evaluation of the national university system and advanced training schools;
	• supporting and fostering basic research in university and research institutions, programming intervention in public research institutions;
	• coordination, regulation and funding of national research institutions;
	• coordination of the research activities promoted by other Ministries;
	• monitoring and supporting the integration between the research system and industries;
	• integration between public research and applied research;
	• promoting and supporting research in the industry system;
	• funding research programmes for southern regions;
	• promoting initiatives such as the Funds for the diffusion of scientific culture;
	• enforcement of EU and international rules on university education and research.
	The Ministry also has key responsibilities for international co-operation. It concludes bi and multilateral agreements on research and technology collaboration and is in charge of coordinating Italy's participation in the European Union's Framework Programme.
Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP3 REGIONE TOSCANA (RT)
Profile	Tuscany is a region in central Italy with an area of about 23,000 square kilometres and a population of about 3.8 million inhabitants. Regione Toscana (Tuscany Region) is the regional authority and administrative body of the region; it has legislative, administrative, and financial autonomy and is responsible, on a regional level, for issues including education, social issues, healthcare, international cooperation, and the environment. The Tuscan health system includes three Local Health Authorities and four university hospitals. The health system is the sector to which the region commits the largest share of its budget and organizational structure, and constitutes an infrastructure of services and activities that can generate positive effects throughout the region. Regione Toscana is also actively involved in the promotion of the Tuscan Life Sciences Cluster which is acting as "glue" between the specialist industrial

	dimension and the institutional and systemic one, promoting dialogue among companies and the network of excellence present in the field of research and technology transfer in the region. Tuscany Region promotes health research and innovation policies to structure an integrated and synergistic research and innovation system in a coordinated context among Tuscan university hospitals and other institutions of the Regional Health Service.
Main Tasks	Research Funding Organisation. It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP4 UNIVERSITA' CATTOLICA DEL SACRO CUORE (UCSC)

Profile	The Università Cattolica del Sacro Cuore (UCSC) (www.unicatt.it), founded in 1921, includes four campuses (Milano, Brescia, Piacenza-Cremona, Roma), 14 faculties, 52 three-year major tracks, 42 graduate level degrees, 1 four-years degree, over 100 master tracks, 53 specializations. The University plays a pivotal role in the Italian community through the Medical School, established in Rome in 1961, with the teaching hospital Fondazione Policlinico Universitario Agostino Gemelli (www.policlinicogemelli.it), that represents almost 10% of the entire productive capacity of Lazio Regional Health Service with 1559 Beds (of which 203 for day hospital + 37 for rehabilitation), and almost 100,000 patients each year. The School of Medicine is at present a world-class training ground for future leaders in medical research and practice - including every modern medical discipline as well as some of the most respected medical scholars all over the world - public health, and biomedical science. The Section of Hygiene of the Department of Life Sciences and Public Health will participate in this Partnership providing its expertise in Public Health, Health Economics, Management of Health Systems, Clinical Epidemiology, Genetic Epidemiology and Personalized Medicine, Health Policy research, Health Technology Assessment, Environmental Health, Bioethics. UCSC
Main Tasks	Research Performing Organisation. Task leader in Activity 3.1 and 4.1. It participates in A1.1, A1.2, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A10.1 No involvement in the Activities related to Call Text Definition is foreseen, nor in Drafting the Annual Work Plan (except only for a preliminary brainstorming phase where inputs are collected)

PP5 OSTERREICHISCHE ORSCHUNGSFORDERUNGSGESELLSCHAFT MBH (FFG)

Profile	The Austrian Research Promotion Agency (FFG) is the national funding agency for industrial research and development in Austria. FFG funding schemes play an important role in generating new knowledge, developing new products and services,

and enhancing competitiveness in the global marketplace. They make it easier, or possible, to finance research and innovation projects, and help to absorb the risks involved in research. The FFG supports international networking and encourages careers in science.

Main Tasks	Funding Agency that will manage Austrian Research Funding provided by BMK and BMBF.
	Leader of Activity 9.1. It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP6 BUNDESMINISTERIUM FUER KLIMASCHUTZ, UMWELT, ENERGIE, MOBILITAET, INNOVATION UND TECHNOLOGIE (BMK)

Profile	The Austrian Federal Ministry for Climate Action is not only responsible for the Austrian climate and energy policy, it is also the largest funder of R&I in Austria.
	With a series of programmes on applied R&I it covers a wide range of technologies, from ICT and industrial technologies to transport & mobility and energy & environmental technologies.
Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A3.2, A4.1, A4.2, A9.1.
	Call management will be handled by FFG on its behalf.

PP8 FONDS INNOVEREN EN ONDERNEMEN (FIO)

Profile	Fonds voor Innoveren en Ondernemen is the legal entity that provides the funds for R&D&I projects in Flanders. Fonds voor Innoveren en Ondernemen han no personnel, VLAIO acts on behalf of Fonds voor Innoveren en Ondernemen
Main Tasks	Research Funding Organisation providing cash contribution for Joint Transnational Call. No involvement in activities is foreseen as Call management will be handled by VLAIO on its behalf.

AE8.1 MINISTERIES VAN DE VLAAMSE GEMEENSCHAP/VLAAMSE GEWEST (VLAIO)

Profile	Flanders Region (Ministeries van de Vlaamse Gemeenschap) is the legal entitity encomppassing agencies and departments of the Flemish Region in Belgium, amog others VLAIO (Flanders innovation and entrepreneurship), which will take the lead for Flanders Region in this partnership. VLAIO encourages and supports innovation and entrepreneurship, and contributes to a favourable business climate. By being a one-stop-shop, VLAIO builds a bridge towards stronger entrepreneurship. In this capacity VLAIO acts on behalf of Fonds voor Innoveren en Ondernemen for all aspects pertaining

	to funding for R&D&I projects. Also, other relevant agencies and departments of Flanders Region will be involved, e.g. Welzijn, Volksgezondheid en Gezin (WVG) for health and care related aspects and the department of economy science & innovation (EWI).
Main Tasks	Affiliated Entity to FIO. Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A8.1, A8.2, A9.1, A10.1

PP10 FEDERATION WALLONIE-BRUXELLES (FWB)

Profile	In Belgium, scientific research is an area shared by the Federal State, the Regions and the Communities. Education - including university education - is the major competence of the Communities. The legislator has therefore entrusted them with the competence in the field of basic scientific research, which is essentially carried out in the universities. The Wallonia-Brussels Federation is also responsible for the training of research doctors; this is entirely the responsibility of the universities and university academies. Applied research, on the other hand, is the responsibility of the Regions. However, the Wallonia-Brussels Federation is nevertheless competent for that carried out in the university colleges (Hautes Ecoles). Since 2019, these can submit applications for funding for research projects through the FRHE instrument (Funding of Research in Hautes Ecoles). Research implemented in the university colleges has an applied character, which by definition makes it a suitable candidate for research to be funded by European Partnerships.
Main Tasks	Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP11 FONDS DE LA RECHERCHE SCIENTIFIQUE- FNRS (F.R.S.-FNRS)

Profile	The mission of the Scientific Research Fund - FNRS is to develop basic scientific research within the framework of initiatives presented by researchers. It promotes the production and development of knowledge by supporting, on the one hand, individual researchers and, on the other hand, by funding research programs carried out in laboratories and services located mainly in the universities of the Wallonia-Brussels Federation. Based on the sole criterion of scientific excellence, the financial support of the F.R.S.-FNRS is provided in several ways: - the temporary or permanent remuneration of individual researchers, - funding of research teams, - participation in international networks and programs, - the allocation of scholarships and credits to promote scientific exchanges,

	- the awarding of scientific prizes. The F.R.S.-FNRS is also responsible for promoting European research and innovation programs in which the Wallonia-Brussels Federation participates to researchers, and supporting researchers for participation in these programs.
Main Tasks	Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP12 SUOMEN AKATEMIA (AKA)	
Profile	The Academy of Finland is an expert organisation in science and research that funds high-quality scientific research, provides expertise in science and science policy and strengthens the position of science and research. We are a government agency within the administrative branch of the Finnish Ministry of Education, Science and Culture. We promote excellent, responsible and high-impact research to ensure that society can make the best possible use of the results. Our goal is the renewal, diversification and increasing internationalisation of Finnish research. Our activities cover the full spectrum of scientific disciplines. We promote the impact and renewal of research by encouraging researchers to submit boundary-crossing funding plans that involve risks but are of high scientific quality. We produce high-quality data and analyses and support the use of scientific knowledge in policymaking. We increase national expertise by promoting research and by collecting and opening data. Our work supports the renewal of the Finnish society with knowledge and know-how. We also collaborate with key stakeholders to improve the quality and impact of research, education and innovation.
Main Tasks	Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP13 TAMPEREEN KORKEAKOULUSAATIO SR (TAU)	
Profile	Tampere University is the second largest comprehensive university in Finland, with 21 000 students and close to 4000 employees. Almost all internationally recognised fields of study are represented, and broad areas of strength are technology, health and society. According to its new strategy 2030, the purpose of TAU is to build together a sustainable world. One of four strategic priority areas for research and education is "The Furture of Wellbeing", where TAU searches for new solutions to promote health and wellbeing, guided by an in-depth understanding of changes in the societal landscape, and realised by combining competences in technology, medicine, society, economics, and management. As embodiments of this strategic priority area, TAU has invested in two related major research programmes: Sustainable Welfare Systems and

	Health Data Science. Additionally, a 4+4 year research platform "TRANSFORM - towards effective ane+d equitable welfare services" has been launched in 2021.
Main Tasks	Research Performing Organisation.
	Leader of task 9.1.2. It participates in A1.1, A1.2, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A9.1, A10.1
	Conflict of Interest firewall are put in place to ensure that access to Call Text Definition is foreseen and Annual Work Plan is restricted.

PP14 TERVEYDEN JA HYVINVOINNIN LAITOS (THL)	
Profile	The Finnish Institute for Health and Welfare (THL) studies, monitors, and develops measures to promote the well-being and health of the population in Finland.
Main Tasks	Research Performing Organisation.
	Leader of A4.2. It participates in A1.1, A1.2, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A5.1, A5.2, A9.1, A10.1
	Conflict of Interest firewall are put in place to ensure that access to Call Text Definition is foreseen and Annual Work Plan is restricted.

PP15 AGENCE NATIONALE DE LA RECHERCHE (ANR)	
Profile	The French National Research Agency (ANR) was established by the French government in 2005 to fund research projects, based on competitive schemes giving researchers the best opportunities to carry out their projects and paving the way for ground-breaking new knowledge. The main mission of ANR is to fund the best basic research, but also targeted and applied research in particular through partnerships between companies and public sector laboratories. Its action is thus intended to support French research excellence at both academic and technological levels by means of a rigorous selection process based on evaluation by peer review. Finally, it is also the ANR's mission to strengthen international cooperation by contributing in particular to the funding of international consortia in partnership with other funding agencies in Europe and beyond. ANR funds are available in all scientific fields, for both fundamental and industrial research. Since 2010, ANR has also been the principal operator of the Investments for the Future programme in the field of higher education and research. In this role it ensures the selection, funding and monitoring of projects relating to the centres of excellence, health, biotechnologies, and the transfer of technology and the creation of value from research. Since its inception in 2005, the ANR agency awarded approximately 15,600 grants investing 6,5 billion €. In 2016 for example, 1,257 projects were awarded for an amount of 595,5 M€. Developing European and international collaborations is one of the priorities of the ANR. The ANR has participated/is participating in multiple ERA-NETs, CSAs and JPIs. Currently the Health & Biology Department is contributing to 13 ERA-Nets (JPI-EC-AMR, SEA-EU-NET, ERA-HDHL, HDHL

	INTIMIC, JPI-JPcofuND, NEURON, FLAG-ERA II, ERA-CVD, ERACoSysMed, ERA PerMed, EuroNanoMedIII and E-Rare-3) and coordinates two of them (E-Rare and ERA-HDHL). ANR also participates in 3 JPIs (JPND, JPAMR, JPI HDHL), as well as other type of collaborative initiatives like IC PerMed or CRCNS (computational neurosciences).
Main Tasks	Research Funding Organisation. In Year two it is one of the three Funding Agencies supporting the Joint Call Sectretariat (A7.1 and 7.2). It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.1, A7.2, A8.1, A8.2

PP16 MINISTERE DES AFFAIRES SOCIALES ET DE LA SANTE (FR MOH)

Profile	The Ministry of Solidarity and Health prepares and implements French government policy in the areas of solidarity, social cohesion, public health and the organization of the health system. Among these missions: - It draws up and implements policy relating to family, childhood, the elderly and dependency. - It is in charge of the organisation of health and prevention. - In collaboration with other competent ministries, it participates in the government actions relating to research and innovation promotion in health sector. - It draws up and implements the rules relating to the schemes and the management of social security as well as complementary bodies. - It participates, in conjunction with the Minister for Ecological Transition, in the preparation and implementation of the policy for the development of the social and solidarity economy. - It develops and implements poverty reduction programs
Main Tasks	Research Funding Organisation Leader of A.5.1, A5.2 It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1, A10.1

AE16.1 INSTITUT NATIONAL DE LA SANTÉ ET LA RECHERCHE MÉDICALE (INSERM)

| Profile | Founded in 1964, Inserm is a public scientific and technological institute which operates under the joint authority of the French Ministries of Health and Research. The institute is dedicated to biomedical research and human health, and is involved in the entire range of activities from the laboratory to the patient's bedside. Since it was founded, Inserm has played an active role in major medical breakthroughs, including the first prenatal diagnostic tests, decoding of the HLA system mechanisms, the first in vitro fertilization, identification of the AIDS virus, cancer radiotherapy, the first skin graft, deep brain stimulation, gene therapy.

It also partners with the most prestigious research institutions in the world that are committed to scientific challenges and progress in these fields. Inserm is broken down into 9 institutes, including the Institute for Public Health (IPH) who coordinates 83 research teams and several infrastructures, such as nation-wide cohorts. Several teams are involved in health systems research, these teams often including researchers working as well in university hospitals. |
|---|---|
| Main Tasks | Affiliated Entity to FR MOH. Research Performing Organisation.

Strong involvement in A9.1 where it is task leader. It participates in A1.1, A1.2, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A10.1

No involvement in the Activities related to Call Text Definition is foreseen, nor in Drafting the Annual Work Plan (except only for a preliminary brainstorming phase where inputs are collected) |

PP17 GENIKI GRAMMATIA EREVNAS KAI KAINOTOMIA	
Profile	The General Secretariat for Research and Innovation (G.S.R.I.) of the MINISTRY OF DEVELOPMENT AND INVESTMENTS is the state agency responsible for the design and planning of the national policy for research, coordination of its implementation as well as launching, funding and monitoring of research and Innovation programs.

G.S.R.I. supports the research and innovation activities of both the country's research and academic organizations and those of its productive industry. It supervises and funds 11 very active and successful Research Centers and 3 Technological Organizations. It promotes international cooperation activities and represents Greece in relevant institutions of the European Union, OECD and International Research Organizations (CERN, EMBL etc), thus bringing the country's research and technology activities into line with the requirements of the international community. It encourages activities aimed at raising public awareness about research and innovation issues.G.S.R.I. has been involved in 65 EU programs (ERANETS CO-FUND, ERANET PLUS, INCO-NET, OMC-NET, CSAs, EAs, etc.) since 2004 and has a considerable experience as a full partner contributing to or leading several tasks and as a Funding Party in many of the above schemes, supporting, only during the current programing period (2014-2020), (92) projects with Greek participants and (49) are due to be contracted. |

Main Tasks	Research Funding Organisation. It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1

PP18 RANNSOKNAMIDSTOD ISLANDS (RANNIS)

Profile	Rannis administers the main public competitive funds in the fields of research, innovation, education and culture in Iceland. Rannis coordinates and promotes Icelandic participation in European cooperation programmes, such as Horizon Europe, Erasmus+ and Creative Europe, as well as other international programmes.
Main Tasks	Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A4.1, A4.2, A6.1, A6.2, A7.2, A8.1, A8.2

PP19 THE HEALTH RESEARCH BOARD (HRB)

Profile	The Health Research Board (HRB) is a statutory agency under the aegis of the Department of Health in Ireland. It has a complement of 80 staff, an annual budget of approximately €45m, and manages contracts valued at approximately €250m. It is funded mainly by the Department of Health and is accountable, legally, to the Department. However, it is scientifically, administratively and organisationally independent. The HRB is the lead agency in Ireland responsible for supporting and funding health research, information and evidence. Our vision is for better health through excellent research, data and evidence. Our mission is to support research that improves people's health, promotes evidence-informed care and creates solutions to societal challenges. We are committed to ensuring that people remain at the very heart of everything we do, led by our values as an organisation: leadership, independence, accountability, quality, responsiveness, collaboration and inclusiveness.
Main Tasks	Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A5.1, A5.2, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1

PP20 MINISTRY OF HEALTH (CSO MOH)

Profile	The Chief Scientist Office (CSO) of Israeli Ministry of Health (MOH) through its Medical Research Administration is a pivotal organization in Israel for managing and funding of bio-medical and medical research.

	Our strategic approach is to support investigator-initiated, health-related research projects performed in hospitals, universities and research institutes.
	Grant proposals received in response to public Calls for Applications issued by the Research Fund, are peer reviewed in various research-disciplines review committees (Study Sections). Funding of feasibility studies and fellowships to Physicians-Researchers is also available. CSO-MOH is also mandated to regulate animal experimentation, genetic human experimentation and homeland security aspects of biomedical research in Israel.
Main Tasks	Research Funding Organisation
	Leader of A8.1
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1, A10.1

PP21 LATVIJAS ZINATNES PADOME (LZP)	
Profile	The Latvian Council of Science (LZP) is a governmental institution under the authority of the Ministry of Education and Science which deals with science and research within the country as well as international cooperation since 1990. LZP acts as a research funding organizations (RFO) through the distribution of State budget resources allocated to scientific activity in accordance with the procedures specified by the Cabinet of Ministers and the supervision of the utilisation thereof, as well as the provision of opinions regarding the scientific usefulness of the utilisation of allocated State budget resources. The distribution of allocated resources are based on competitive R&D funding. LZP has a profound role in determining the perspective directions of research and innovation, evaluating the scientific activity in Latvia, designing the research policy, disseminating achievements of research, emphasising the social dimension of research. Beyond its role as the research council, LZP acts as integrator for multidisciplinarity in science relying on 5 major expert teams (natural sciences, engineering, biomedical/medical/health sciences, social sciences and humanities, agriculture and environment), promotes social innovation based on scientific evidence. LZP is responsible for balancing the social and the technical components in scientific advancement. LZP supports the central platform for experts from various science fields in Latvia, and actively promotes collaboration of experts on various levels fostering horizontal integration of research. LZP has followed the social innovation component in the decision making, decision support, providing support to emerging research. International cooperation is one of the main objectives of LZP. LZP has been setting the priorities for Latvian participation in various LZP instruments, and the full meeting of the LZP is a platform of priority setting among all relevant ministries and bodies of Latvia. According to the Law on Scientific of Activity of Latvia LZP expresses binding opinion on reforms, institutional transformations and priorities related to research in Latvia

Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP22 LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA (SAM)	
Profile	The Ministry of Health of the Republic of Lithuania is an institution that exercises executive powers, carries out State administration functions established by the laws and other legal acts in the health care sector, and implements State policy in the health care sector.
	Strategic goals of the Ministry of Health: Assurance of public health care by strengthening the health of the population, prevention and control of diseases. Improvement of public health care activities in compliance with the requirements of EU legal acts. Assurance of effective prevention of diseases, reduction of the morbidity and mortality of the population, giving special attention to the health care of pregnant women and infants, health preservation and improvement of children and youth. Reduction of morbidity from communicable and non-communicable diseases by removing them causing factors as well as reducing consequences that occur due to traumatic events and accidents. Mission is to form and implement health policy that ensures public health, high quality health promotion activities, and rational use of resources. We work to ensure smooth functioning of the health care in Lithuania. To achieve that we need to make new decisions and restore the previously proven elements. However, what we need most is the willingness to change and knowledge how to implement the changes. We have organised a professional team, and with your confidence we will revive the health system of Lithuania.
Main Tasks	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A9.1, A10.1

PP23 LIETUVOS MOKSLO TARYBA (LMT)	
Profile	LMT is the main national institution executing competitive funding in the country to the national research and education institutions for R&D from the state budget, EU instruments and other sources. LMT is developing and implementing national funding streams, as well as participating in the international cooperation programmes providing joint support to transnational research projects. LMT participated in 12 international coordination initiatives under H2020 schemes in 2020 and in 2021 joined 3 new ERA-NET COFUNDs and participated in 11 joint transnational calls.
Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP24 NEDERLANDSE ORGANISATIE VOOR WETENSCHAPPELIJK ONDERZOEK (NWO)

Profile	NWO has a longstanding tradition of participating and leading in international research programming and networks. NWO is one of the most important science funding bodies in the Netherlands and realises quality and innovation in science. It invests in curiosity-driven research, research related to societal challenges and research infrastructure. NWO facilitates excellent, curiosity-driven disciplinary, interdisciplinary and multidisciplinary research. In this role, NWO focuses on all scientific disciplines and on the entire knowledge chain with an emphasis on fundamental research. NWO connects researchers from various disciplines and across the entire knowledge chain and brings researchers and societal partners together. NWO funds the personnel and material cost for scientific research and knowledge exchange and impact activities of Dutch universities and public research institutes.
Main Tasks	Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1

PP25 ZORG ONDERZOEK NEDERLAND ZON (ZonMw)

Profile	The Netherlands Organization for Health Research and Development (ZonMw) is a national organization that promotes quality and innovation in the field of health research and health care, initiating and fostering new developments. ZonMw also actively promotes knowledge transfer and implementation, ensuring knowledge is exchanged between all relevant stakeholders (health researchers, health professionals, patients/consumers and the general public). This in turn facilitates the structured implementation of newly developed knowledge and guarantees emerging health care issues a place on the research agenda. The majority of ZonMw's commissions come from the Ministry of Health, Welfare and Sport (VWS) and the Netherlands Organization for Scientific Research (NWO).
Main Tasks	Research Funding Organisation Leader of A7.1 and 7.2. It coordinates the Joint Call Secretariat in the JTC2023. It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A71, A7.2, A8.1, A8.2, A9.1, A10.1

PP26 NORGES FORSKNINGSRAD (RCN)

Profile	The Research Council of Norway is the national research strategy and research funding body. The Research Council distributes annually around ten billion kroner (approximately 1 billion EUR) for research purposes. The Research Council is the most important research policy adviser to the government, the ministries and other central institutions and environments with connection to research and innovation. We have a

special responsibility for following up the government's long-term plan for research. The Research Council implements national research policy decisions through a number of financing schemes. In collaboration with the research communities, the business community and the public sector, The Research Council work to give Norwegian research an economic and quality boost, and to promote innovation and knowledge. The Research Council works for greater international collaboration and increased participation in the EU's research and innovation program. Other important tasks are to create meeting places for and dialogue between researchers, users of research and actors who fund research.

Main Tasks	Research Funding Organisation
	Leader of A6.1 . It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2, A10.1

PP27 NARODOWE CENTRUM BADAN I ROZWOJU (NCBR)

Profile	The National Center for Research and Development (NCBR) is a Polish executive agency. NCBR is a partner in over 100 international initiatives, including ERA-Nets, Joint Programming. Initiatives, Joint undertakings, bilateral programmes and art. 185 and 187 TFEU based public public and public-private partnerships and actively co-organises calls for proposal por international R&D projects.
Main Tasks	Research Funding Organisation. In Year one it is one of the three Funding Agencies supporting the Joint Call Sectretariat (A7.1 and 7.2).
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.1, A7.2, A8.1, A8.2, A9.1, A10.1

PP28 AICIB - AGÊNCIA DE INVESTIGAÇÃO CLÍNICA E INOVAÇÃO BIOMÉDICA (AICIB)

Profile	The Agency for Clinical Research and Biomedical Innovation (AICIB) is an entity created by a Resolution of the Portuguese Council of Ministers, in 2018, to be the link between the Ministry of Health and the Ministry of Science and Technology. Its main mission is to promote, coordinate and support activities in the areas of clinical and translational research and biomedical innovation, contributing to the optimization of Portugal's clinical, scientific and technological potential. AICIB's mission is also to coordinate research to be priority-oriented based on several political instruments such as the National Health Plan, the Priority Health Programs, the Integrated Strategy for Rare Diseases or European Framework Programs for R&D in Health.
Main Tasks	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A9.1

PP29 FUNDACAO PARA A CIENCIA E A TECNOLOGIA (FCT)

Profile	FCT's vision is: To establish Portugal as a global reference in science, technology, and innovation. To ensure that knowledge generated by scientific research is used fully for economic growth and the well-being of all citizens.
	Mission: FCT's mission is to continuously promote the advancement of knowledge in science and technology in Portugal, attain the highest international standards in quality and competitiveness, in all scientific and technological domains, and encourage its dissemination and contribution to society and to economic growth.
	FCT pursues its mission through the attribution, in competitive calls with peer review, of fellowships, studentships and research contracts for scientists, research projects, competitive research centres and state-of-the-art infrastructures. FCT ensures Portugal's participation in international scientific organisations, fosters the participation of the scientific community in international projects and promotes knowledge transfer between R&D centres and industry. Working closely with international organisations, FCT coordinates public policy for the Information and Knowledge Society in Portugal and ensures the development of national scientific computing resources
Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2, A10.1

PP30 COMISSÃO DE COORDENAÇÃO E DESENVOLVIMENTO REGIONAL DO CENTRO (CCDRC)	
Profile	CCDRC is a regional agency of the Portuguese government, and in particular a decentralised body of the Ministry for Territorial Cohesion, that deals with: environment (environmental impact assessments, air quality, …); land use and urban planning (regional land management plan); local administration (support); and regional development in Centro Region of Portugal.
Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1, A10.1

PP31 UNIVERSITATEA BABES BOLYAI (UBB)	
Profile	The Babeș-Bolyai University is today the oldest, the largest and, in many ways, the most prestigious university in Romania. The University has a wide portfolio of research projects funded by national (CNCSIS, CEEX, PNII) and international programs (NIH, FP6, FP7).
Main Tasks	Research Performing Organisation.

Strong involvement in A5.1 and A5.2 where it is task leader. It participates in A1.1, A1.2, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A10.1

No involvement in the Activities related to Call Text Definition is foreseen, nor in Drafting the Annual Work Plan (except only for a preliminary brainstorming phase where inputs are collected)

PP32 MINISTERSTVO ZDRAVOTNICTVA SLOVENSKEJ REPUBLIKY (MOH SR)	
Profile	The Ministry of Health (MoH) is a central state budgetary organization for a) health care, b) health protection, c) public health insurance, c) further education of health professionals, d) natural healing spas, natural healing resources, natural mineral waters, e) pricing policy in the area of prices of products and services in healthcare and f) control of the restriction of biological weapons. Within the scope of its competence, the MoH can establish non-profit organizations, state enterprises and can establish contributory organizations and budgetary organizations. The Ministry of Health is active in several international and bilateral cooperation. MoH have internal project department, coordinates biomedical research and development activities, and participates in the coordination of projects funded by the Structural Funds and Horizon 2020 and Horizon Europe. In recent years, the MoH very intensively prepared the reform of the Health Care System in Slovakia. This reform is also one of the key points of the Recovery and Resilience Plan.
Main Tasks	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A9.1, A10.1

PP32.1 UNIVERSITY HOSPITAL MARTIN (UHM)	
Profile	The Martin University Hospital (Slovak: Univerzitná nemocnica Martin, abbreviated to UNM) is a Slovak public university hospital located in the Martin municipality, in the county of Zilina, north-east of the Slovak capital Bratislava. It is a teaching hospital and it is the main university hospital affiliated with the Jessenius School of Medicine. The hospital has over 1,700 employees. Martin University Hospital has 900 beds in total including all sectors
Main Tasks	Affiliated Entity to MOH SR. Research Performing Organisation It participates in A1.1, A1.2, A1.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A9.1 No involvement in the Activities related to Call Text Definition is foreseen, nor in Drafting the Annual Work Plan (except only for a preliminary brainstorming phase where inputs are collected)

PP33 OFFICE OF THE GOVERNMENT OF THE REPUBLIC OF SLOVENIA FOR DIGITAL TRANSFORMATION (ODT)

Profile	The Digital Transformation Office monitors and analyses the process of digital transformation at the state level and in individual regions, draws up strategic national documents and policies related to digital transformation, and coordinates and monitors their implementation. Other tasks include preparing and coordinating the measures of institutions at the national level related to the digital transformation policy, as well as monitoring and coordinating their implementation, and preparing and implementing key national projects in accordance with the national digitalisation strategy to improve digital indicators.
Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A8.1, A8.2, A10.1

PP34 MINISTRY OF HEALTH OF THE REPUBLIC OF SLOVENIA (SI MOH)

Profile	The Ministry of Health (MoH) is responsible for the development, regulation and supervision of the health system and for strategic health policy development, ensuring that public health and health care services are provided in accordance with national legislation and regulations.
Main Tasks	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A10.1

AE34.1 NACIONALNI INSTITUT ZA JAVNO ZDRAVJE (NIJZ)

Profile	The National Institute of Public Health (NIJZ) is the central Slovenian institution for public health practice, research and education. Its academic staff work on various tasks covering the areas of epidemiology of communicable and non-communicable diseases, health promotion, health protection, health system research and national coordination of preventive programmes in primary health care. It also functions as the central statistical authority in health. Although public health practice is not in the exclusive domain of a single type of organisation or profession, in Slovenia as in many other countries, the majority of important public health functions and services are provided by NIJZ. The main function of NIJZ is to provide research in the field of health, protect and increase the level of health of the population by raising the awareness of population and carrying out other preventive measures. NIJZ's main activities are funded by the Ministry of Health and include national health statistics and research in the field of public health including health care systems; activities to identify health threats and design measures for their control; designing and providing health promotion programmes and preparing a scientific background for health-friendly

policies, programmes and measures for disease prevention. NIJZ is a public institute. Following legislation changes brought about by the Slovenian Health Services Act in 2013, the previous institution (also named the National Institute of Public Health) underwent organisational restructuring. From 2014 onward, NIJZ is organised as one central unit with nine regional offices. NIJZ employs over 400 staff members. NIJZ has successfully coordinated and participated in various international projects. NIJZ has also taken on the role of lead partner in three prominent EU-funded Joint Actions: EPAAC – European Partnership for Action Against Cancer, PARENT – Cross-border Patients' Registries Initiative and CANCON – Development of a European Guide on Quality Improvement in Comprehensive Cancer Control.

Main Tasks	Research Performing Organisation. Affiliated Entity to SI MOH
	Strong involvement in A5.1 where it is task leader. It participates in A1.1, A1.2, A1.2, A2.1, A2.2,A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A9.1, A10.1
	No involvement in the Activities related to Call Text Definition is foreseen, nor in Drafting the Annual Work Plan (except only for a preliminary brainstorming phase where inputs are collected)

PP35 AGENCIA ESTATAL DE INVESTIGACION (AEI)	
Profile	The State Research Agency encourages R+D+I through its competitive financing with public resources, promotes excellence and collaboration between the agents of the Spanish Science, Technology and Innovation System.
Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP36 FUNDACION INSTITUTO DE INVESTIGACION MARQUES DE VALDECILLA (IDIVAL)	
Profile	IDIVAL is the Health Research Institute of Cantabria, was created as a place for biomedical research, knowledge generation and socioeconomic tractor for the region as a result of the relationship that has been maintained over the years between the Marqués de Valdecilla University Hospital (HUMV) and the University of Cantabria (UC).
	Since its constitution in 2010, on March 2015, IDIVAL is an accredited institution by the Health Institute Carlos III (ISCIII), and re accredited on June 2020 for a 5 years period, meaning that the work performed at IDIVAL meets the highest standards of quality.
	The close collaboration between IDIVAL, UC, MVUH and the Health System, is allowing IDIVAL to foster basic-clinical collaborations and a fast-growing and excellent research activity, specifically oriented to generate new knowledge helping to solve the medical problems of the population. The Institution is made up of more than 750 people (workers, researchers and administrative staff). The scientific structure of IDIVAL includes 32 research groups distributed according to three categories (22 consolidated

	groups, 6 associated groups and 5 emerging groups), that focus their activity on six areas: cancer; neurosciences; transplantation; infection and immunity; metabolism, aging and lifestyle habits; and transversal research.
Main Tasks	Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1

PP37 CONSEJERÍA DE SALUD Y CONSUMO DE LA JUNTA DE ANDALUCÍA (CSFJA)	
Profile	The Regional Ministry of Health and Families of Andalusia (https://www.juntadeandalucia.es/organismos/saludyfamilias.html) is fully responsible for public health, health policy, planning and regulation, healthcare management and provision in Andalusia, as well as the leadership of the Andalusian Public Healthcare System (APHS). The APHS, with more than 100,000 employees, is in charge of the provision of healthcare to all the population of Andalusia, one of the largest regions in Europe, with 8.41 million inhabitants. It is a wide network based on a high-quality, patient-centred and accessible care. The main goals of the Regional Ministry of Health and Families of Andalusia are the improvement of the Public Healthcare System, based on the values of universality, access to good quality care, equity and solidarity; the modernization of health organizations, making them more flexible and patient-centred in order to ensure clinical governance and transparency; and the increase of the value of the Public Service System
Main Tasks	Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A6.1, A6.2, A7.2, A8.1, A8.2, A10.1

AE37.1 FUNDACIÓN PÚBLICA ANDALUZA PROGRESO Y SALUD (FPS)	
Profile	The Progress and Health Foundation (https://www.juntadeandalucia.es/fundacionprogresoysalud) is a non-for-profit organization which belongs to the Andalusian Regional Ministry of Health and Families. FPS provides services to the Andalusian Public Health System through three lines of activity: R&I, Information and Communication Technologies (ICT); and IAVANTE, which includes training and evaluation of professional expertise. FPS goals is to boost health research and innovation in the region through the R&I area, which is responsible for giving facilities and support to the centres and research groups during the whole scientific process, especially for biomedical research. Since 2005 FPS collaborates with the Regional Ministry of Health and Families and with the Andalusian Health Service in the management of the Research and Innovation calls for proposals and it also launches its own calls

Main Tasks	Research Funding Organisation. Affiliated Entity to CSFJA
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A6.1, A6.2, A7.2, A8.1, A8.2, A10.1

PP38 INSTITUTO ARAGONES DE CIENCIAS DE LA SALUD (IACS)

Profile	IACS is the entity that promotes research, innovation and knowledge brokering in biomedicine and health sciences for the Regional Health System contributing to high quality care in the public health system, supporting innovation, excellent research and benchmark training, as well as supporting the creation of wealth and economic growth in Aragon. IACS supports stable research groups in clinical and translational medical research, biomedicine, public health, health systems and policy research. IACS manages 11 research core facilities supporting biomedical research, linking to national and European networks, providing scientific and technical services and advice and is the regional authority for authorization and monitoring of clinical trials and post authorization observational studies for drugs and medical devices. IACS aims to improve the quality, safety and sustainability of the Healthcare System by providing HTA and evidencebased products, is responsible of the regional and node of the national Network of HTA Agencies and holds the secretary of the national clearinghouse of clinical practice for the adoption of evidence based products.
Main Tasks	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A9.1

PP39 FORSKNINGSRADET FOR HALSA ARBETSLIVOCH VALFARD (FORTE)

Profile	Forte is a government agency under the Swedish Ministry of Health and Social Affairs. Our operations are guided by governmental directives and an annual letter of appropriation. On behalf of the government we initiate, finance, evaluate and communicate research in the areas of health, working life and welfare. Forte distributes around SEK 700 million every year to both basic and needs-driven research. This ranges from individual project grants to larger efforts to build world-class research environments. Forte also works actively to stimulate international research collaborations, both within the EU and worldwide.
Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A6.1, A6.2, A7.2, A8.1, A8.2

PP40 VERKET FOR INNOVATIONSSYSTEM (VINNOVA)

Profile	Vinnova – the Swedish Governmental Agency for Innovation Systems - is Sweden's innovation agency. Our mission is to promote sustainable growth by improving the conditions for innovations, as well as funding needs-driven research. Vinnova also supports the private sector focusing on SMEs as well as demonstrations/pilots and mission driven approaches. Every year Vinnova invests about SEK 3 billion in various initiatives. Since co-financing from actors must total at least the same amount, the funds for addressing societal challenges are doubled. In addition, Vinnova is the Swedish Government's expert authority in innovation policy.
Main Tasks	Research Funding Organisation

It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2 |

PP42 AGENZIA REGIONALE PER LA SALUTE ED IL SOCIALE (ARESS)	
Profile	A.Re.S.S. is a technical-operational and instrumental body of the Apulia Region in support of the definition and management of social and health policies. It operates as an agency of study, research, analysis, verification, consultancy and technical-scientific support. A.Re.S.S. aims to organize and improve, through monitoring and continuous verification of outcomes, the responsiveness of the regional health system to the needs and expectations of the health demand of Apulian citizens. To this end, it identifies, plans and promotes lines of development in the field of health and social welfare, also defining and implementing strategies for innovation of health and social services, aimed at the full satisfaction of health needs, declined in the dual perspective of prevention and health care.
Main Tasks	Research Funding Organisation

It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1, A10.1 |

PP43 INSTITUTO DE SALUD CARLOS III (ISCIII)	
Profile	The National Institute of Health Carlos III (ISCIII) is the main public body in the fields of biomedicine and health sciences in Spain, providing research funding, and performing research. For over 25 years, its mission focuses on basic disease, person and population oriented, translational and applied research, as well as health technology assessment. In addition to this, ISCIII performs intramural activities (research, reference services, post-graduate training) and has a regulatory role as far as on bio-banking and accreditation of health research institutes is concerned. It is also responsible for managing the Spanish Strategic Action for Health Research and developing the short-to-long term funding scheme within the R+D+I Plan framework of Spain.

Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP44 MINISTRY FOR EDUCATION, SPORT, YOUTH, RESEARCH AND INNOVATION (MEYR)

Profile	MCST (programme manager) is the governmental body responsible for R&I, space, science and technology. MCST was established by central government in 1988 with the mandate of advising government on science and technology policy. Today its remit has expanded to include responsibilities associated with R&I policy and strategy, science communication and the management of various R&I programmes. It presently falls under the remit of the Ministry for Education, Sport, Youth, Research and Innovation (programme owner). MCST provides policy advice to government on local as well as EU developments, whilst it represents government in various EU fora related to R&I. It is also responsible for developing the national strategy on R&I. Furthermore, responsibilities extend to the management and administration of various R&I Programmes funded by Central Government. It is also an active member of a number of internationalisation initiatives, most notably PRIMA, other transnational joint actions (such as JPI Oceans) and ERA-NETs.
Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2, A10.1

PP45 STICHTING NEDERLANDS INSTITUUT VOOR ONDERZOEK VAN DE GEZONDHEIDSZORG (NIVEL)

Profile	NIVEL is an independent research institute, legally a not-for-profit foundation. NIVEL is the national institute for health services research, and has a double mission: to conduct scientific applied research activities which provide results that are relevant for stakeholders in health care. NIVEL holds an ISO:9001 certificate which guarantees its high quality. NIVEL's roots go back to 1965 when its predecessor was founded as the scientific office of the Dutch College of General Practitioners. Currently, its research domain covers the entire health care system. NIVEL receives basic funding from the Dutch Ministry of Health, covering about 35% of its annual turn-over which amounts to 13 m€. NIVEL's staff includes appr. 100 researchers from multiple disciplines, more than half holds a PhD degree. Appoximately 10% of NIVEL's turnover is funding from international sources (incl. the European Commission (Framework Programmes, Health Programme) and WHO). Since 1987, NIVEL is a WHO Collaborating Centre for Primary Health Care and Health Services Delivery. It is member of the Health Services and Policy Monitor (HSPM) network, led by the European Observatory on Health Systems and Policies as National Leading Institute (NLI) for the Netherlands. NIVEL also hosts a number of international organisations, including the European Public Health Association (EUPHA) and the European Forum for Primary Care (EFPC).

Main Tasks	Research Performing Organisation
	Leader of A4.1. It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A7.2, A10.1

PP46 SOTSIAALMINISTEERIUM (MSA)

Profile	The Ministry of Social Affairs of Estonia (Estonian: Eesti Sotsiaalministeerium) is a government ministry of Estonia. It was established on 1 February 1993 as a result of the merger of the Ministry of Social Welfare, the Ministry of Health and the Ministry of Labour.
	There are two ministers working in the ministry. The Minister of Health and Labour the Minister of Social Protection.
	The Ministry has five strategic objectives:
	• to ensure people's economic prosperity and their good work.
	• to ensure people's social coping and development.
	• to support the well-being of children and families.
	• to promote people's mutual care, equal opportunities, and gender equality.
	• to ensure people's long and high-quality life.
	In the field of health, the main tasks of the Ministry of Social Affairs are to develop the public health policy as well as the health care policy and organise their implementation. The objective of the Ministry of Social Affairs is to increase people's life expectancy, improve their quality of life, and reduce health inequality. It ensures the availability, quality, and safety of health care and raises residents' awareness of and satisfaction with health services.
Main Tasks	Research Funding Organisation
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A5.1, A5.2, A6.1, A7.2, A8.1, A8.2

PP47 SIHTASUTUS EESTI TEADUSAGENTUUR (ETAg)

Profile	The Estonian Research Council (ETAg, website: http://www.etag.ee) is a private body fulfilling public functions, responsible to the Ministry of Education and Research. Its main goal is to support the most promising research initiatives in all fields of basic and applied research including humanities and social sciences. The ETAg includes several national programmes for research: Health R&D programme, Environmental Conservation and

	Environmental Technology R&D Programme and Estonian Research Infrastructures Roadmap activities.
	The ETAg acts as National Contact Point for the Horizon 2020, coordinates participation in the COST network and consults mobile researchers through the EURAXESS network and manages the Estonian R& Liaison Office in Brussels.
	Estonian Research Council is also responsible for coordination of several international, bi- and multinational cooperation programmes (BONUS, ERA-NETs, EUROCORES and other). The ETAg is the authorized processor of the Estonian Research Information system, the information channel for submitting and processing grant applications, as well as submitting and confirming project reports.
	The ETAg runs a wide variety of science communication activities, and leads a national programme for science popularization.
Main Tasks	Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A7.2, A8.1, A8.2

PP48 INNOVATIONSFONDEN (IFD)	
Profile	Innovationsfonden was established as of 1 April 2014 by bringing together research, technology development and innovation grants from the Danish Council of Strategic Research, the Danish National Advanced Technology Foundation and the Danish Council for Technology and Innovation into one new powerful foundation.
	The overall aim of IFD is to support the development of knowledge and technology, including advanced technology, in order to strengthen research and innovative solutions that may benefit growth and employment in Denmark. In this view, IFD creates a framework for entrepreneurs, researchers and businesses so they can develop innovative and viable solutions to society's challenges. For example, new climate mitigating solutions, healthier food, a more effective health care, cleaner environment, green transport, and start-up journeys. All projects IFD invests in, have requirements of societal engagement, transparency, education and ethics
Main Tasks	Research Funding Organisation It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

PP49 DEPARTAMENTO DE SALUD GOBIERNO VASCO (DPTO SALUD)	
Profile	DPTO SALUS is the department of the Basque Government responsible for the community's public health care system. It has the commitment and the obligation to ensure the health of all people. DPTO SALUD aims to guarantee the health care of all the people who live in Euskadi and to safeguard the healthcare system as a public, universal and quality system. DPTO SALUD acts on all the determinants of health by developing

	policies and projects of promotion and prevention and work in a transversal way with the rest of the Basque Government and institutions.
Main Tasks	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1, A10.1

AP49.1 FUNDACIÓN VASCA DE INNOVACIÓN E INVESTIGACIÓN SANITARIAS (BIOEF)	
Profile	BIOEF is an instrument to support the health authorities of the Basque Country for the design and deployment of R&D&I strategies, also ensuring the coordination of R&D&I activities carried out by the research institutes. Its mission is to promote innovation and research in the Basque Health Service, Osakidetza, to achieve continuous development and improvement in the capacity of the service to care for the health of the people in the region. In particular, BIOEF seeks to provide a framework for collaboration, cooperation and communication between the sectors involved in health research, development and innovation at regional, national and international levels.

BIOEF participates in the development of strategic plans, programs or initiatives, promotes the gradual structuring of health's R&D&I and its professional management, disseminates the results of these activities and values them, triggers transfer and exploitation of the results, and supports the Ministry for Health and Basque Public Health Service-Osakidetza in R&D&I. |
| **Main Tasks** | It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1, A10.1 |

PP50 ASOCIACIÓN INSTITUTO DE INVESTIGACIÓN EN SERVICIOS DE SALUD- KRONIKGUNE (KRONIKGUNE)	
Profile	KRONIKGUNE is an Institute for Health Services Research that promotes and carries out management and organization research on health and socio-health services. Its scientific research programme is aligned with the policies of the Basque Department of Health, that pursue the continuous adaptation and transformation of the health system by keeping people at the center of the system and addressing the challenges derived from aging, chronicity and dependency. KRONIKGUNE enables the implementation of innovative practices and generate scientific evidence regarding chronicity and health services sustainability, innovation, outcomes, scalability and transferability.

KRONIKGUNE main research areas are Health policy evaluation, Process and outcome evaluation, Decision support and Development and evaluation of organizational models. KRONIKGUNE is experienced in the coordination and management of European projects

(Horizon 2020 and 3rd Health Programme) and Joint Actions mainly related to research and implementation of innovative health care delivery integration systems |

Main Tasks	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A9.1, A10.1

PP51 UNITATEA EXECUTIVA PENTRU FINANTAREA INVATAMANTULUI SUPERIOR A CERCETARII DEZVOLTARII SI INOVARII (UEFISCDI)

Profile	UEFISCDI is a public institution with legal personality dependent on the Ministry of National Education (MEN), and functional to the advisory councils of the MEN with competences in matter of higher education, scientific research, development and innovation. It coordinated BS-ERA.NET and has participated in 79 networks including FLAG-ERA or NEURON Cofund
Main Tasks	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1, A10.1

AP52 FEDERAL OFFICE OF PUBLIC HEALTH (FOPH)

Profile	As part of the Federal Department of Home Affairs, the Federal Office of Public Health (FOPH) is responsible for public health in Switzerland; it develops Switzerland's health policy and works to ensure that the country has an efficient and affordable healthcare system in the long term. Find out everything you need to know about our tasks and the objectives of our work here. Our tasks: We provide competence in healthcare, promote a healthy lifestyle and work for the general well-being of the public. We are responsible for ensuring that our healthcare system remains efficient and affordable. Our Goal: The people in our country should be able to deal competently and responsibly with their health, and our healthcare system should continue to provide high quality care and be affordable and accessible to all.
Main Tasks	Associated Partner It participates in A1.1, A1.2, A3.2, A4.1, A4.2, A5.1, A5.2, A9.1, A10.1

AP53 SCHWEIZERISCHE AGENTUR FUR INNOVATIONSFORDERUNG (INNOSUISSE)

Profile	Innosuisse's role is to promote science-based innovation in the interests of industry and society in Switzerland. Innosuisse is an entity under public law with a separate legal

	identity, which is composed of four expert bodies. The composition and responsibilities of the bodies are set out in the Federal Act on the Swiss Innovation Promotion Agency. Innosuisse primarily funds innovation projects run jointly by companies, research institutions and other organisations within the innovation ecosystem.
Main Tasks	Associated Partner It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A6.1, A6.2, A7.2, A8.1, A8.2

AP54 SCHWEIZERISCHER NATIONALFONDS ZUR FORDERUNG DER WISSENSCHAFTLICHEN FORSCHUNG (SNSF)

Profile	The Swiss National Science Foundation (SNSF) is the foremost Swiss funding agency promoting scientific research. It mainly works according to a bottom-up approach and supports scientists from all disciplines. As part of its global approach, the SNSF is engaged to participate in multilateral initiatives at the European and global level, fostering synergies between funders, practitioners, researchers, innovators, and the society. Over the years, the SNSF has gathered practical experience in the implementation at the national level of numerous European initiatives, such as JPI Rare Diseases, ERA-Net Neuron, JPND. Moreover, the SNSF runs a National Research Programme "Smarter Health Care", see http://www.nfp74.ch/en
Main Tasks	Associated Partner It participates in A6.1, A6.2, A7.2

AP55 SCOTTISH GOVERNMENT (SG)

Profile	The Scottish Government's Digital Health and Care Directorate supports the delivery of digital health and care services in Scotland. This includes providing expert advice and facilitation for multi-sectoral stakeholders; identifying funding for research and innovation; service redesign and the development of new digitally enabled services; and supporting knowledge exchange with international partners. The Directorate also: • supports implementation of the national Digital Health and Care Strategy for Scotland. • coordinates shared learning activities for digital health and innovation across Scotland. • co-ordinates Scotland's EIPonAHA 4-star Reference Site. • actively participates in key European and international networks, to facilitate ongoing knowledge exchange and collaboration with other regions and countries. • has co-ordinated EU funded health and care projects, in Interreg IVC, Interreg

	VA, EU Health Programme, Horizon Europe, Horizon 2020, CIP and FP7 programmes.
Main Tasks	Associated Partner
	Leader of Activity 10.1, 10.2,10.3 and 10.4
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A6.1, A6.2, A7.2, A8.1, A8.2, A9.1, A10.1

AP56 THE NHS CONFEDERATION (NHSC)	
Profile	The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. NHC empowers and supports healthcare organisations to improve population health, deliver high-quality care and reduce health inequalities. It supports integration across our membership, connecting different parts of the health and care system to share learning and develop solutions to shared challenges.
Main Tasks	Associated Partner
	It participates in A4.1, A4.2, A5.1, A5.2, A9.1, A10.1

AP57 AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)	
Profile	The Agency for Healthcare Research and Quality (AHRQ) is the lead Federal agency charged with improving the safety and quality of America's health care system. AHRQ develops the knowledge, tools, and data needed to improve the health care system and help Americans, health care professionals, and policymakers make informed health decisions. AHRQ works within the U.S. Department of Health and Human Services (HHS) and with other partners to make sure that the evidence is understood and used in an effort to achieve the goals of better care, smarter spending of health care dollars, and healthier people.
Main Tasks	Associated Partner
	It participates in A1.1, A1.2, A2.1, A2.2, A3.1, A3.2, A3.3, A4.1, A4.2, A5.1, A5.2, A10.1

PP58 HEALTH DATA RESEARCH UK (HDR UK)	
Profile	Health Data Research UK (HDR UK) is the national institute for health data science. Our mission is to unite the UK's health data to enable discoveries that improve people's lives. It is funded by UK Research and Innovation, the Department of Health and Social

		Care in England and equivalents in Northern Ireland, Wales and Scotland, and leading medical research charities.
		HDR UK was set up in 2018 to support research on health data at scale to advance our understanding of disease and enable new discoveries that will ultimately improve health and care. We have established national research programmes that use data at scale, and we are building an infrastructure to enable the responsible access and analysis of this data. Our work is structured around three key themes:
		Uniting health data – which includes the UK Health Data Research Alliance and the Health Data Research Innovation Gateway.
		Improving health data – which includes tools, methods, Health Data Research Hubs and the BHF Data Science Centre.
		Using health data – which includes research discoveries and skills development across four national priority areas: Understanding the Causes of Disease, Clinical Trials, Public Health and Better Care.
		We are delivering this strategy through our inclusive, team-oriented One Institute ethos - bringing together NHS, universities, research institutes and charities - built on our values.
		As a non-profit organisation our goals are not commercial. Instead we are seeking to attract people to work and collaborate with us, and to use the products and tools that we are developing to support the UK's research community in answering some of the most challenging health questions of our time.
Main Tasks		Associated Partner
		It participates in A4.1, A4.2, A5.1, A5.2, A9.1, A10.1

3.3.2 Partners' additional information

3.3.2.1 Subcontract

**Does the participant plan to subcontract certain tasks (please note that core tasks of the programme should not be sub-contracted) (article 6.2 B and 9.3 of Model Grant Agreement (MGA))?**

The following Participants are subcontracting tasks in Year 2:

PP1/ **IT MOH**	94.000 €	Support to European Observatory on Health System and Policies (support to WP3, WP4, WP5, WP 8, WP10 for policy dialogue tools, methodological frameworks, dissemination/policy brief and training) – First tranche (20% of 270.000€)
		Maintenance of JTC Submission tool and Monitoring tool (WP7-WP8) – 15.000
		Maintenance of THCS Website (WP3) – 25.000€

PP1.2/ProMIS	85.000 €	Support to Communication and social/media relation management (WP3)
PP5/ FFG	40.000 €	First Tender as outlined in the proposal and in the grant agreement, see task 9.1,
PP16/ FR MOH	45.000 €	Support for the preparation and organisation of task 5.2 workshops /meetings – Annual Instalment

3.3.2.2 Affiliated Entity

Does any participant envisage that part of its work is performed by affiliated entities (article 8 of MGA)?

YES. All the Partners, including their Affiliated Entities are described in Section 2.4.1. AE roles are provided in the relevant description of tasks.

3.3.2.3 In kind contribution

Does any participant envisage the use of in-kind contribution provided by third parties (articles 6.1 and 9.2 of MGA)?

NO. No partner envisages the use of in-kind contribution at this stage.

3.3.2.4 Financial Support to Third Parties

Does the participant envisage the provision of financial support to third parties (articles 6.2 D.1 and 9.4 of MGA)?

YES. The following Research Funding Organisations envisage the provision of the following cash contribution to support the launch of the JTC2024:

Partner Country	Acromym	Financial Support to Third Parties made available for JTC2024
Austria	FFG	1.500.000,00 €
Belgium	FNRS	300.000,00 €
Denmark	IFD	1.000.000,00 €
Estonia	ETAG	300.000,00 €
France	ANR	1.500.000,00 €
France	Fr MoH	4.500.000,00 €
Iceland	Rannís	300.000,00 €
Ireland	HRB	430.000,00 €
Israel	CSO-MOH	300.000,00 €
Italy	AReSS	60.000,00 €
Italy	IT MOH	6.000.000,00 €
Italy	MUR	2.000.000,00 €
Latvia	LZP	600.000,00 €
Lithuania	LMT	300.000,00 €
Malta	MCST	500.000,00 €
Netherlands	ZonMw	1.700.000,00 €
Norway	RCN	2.000.000,00 €
Poland	NCBR	1.450.000,00 €
Portugal	FCT	500.000,00 €
Portugal	CCDRC	400.000,00 €
Romania	UEFISCDI	1.000.000,00 €
Scotland/UK	SG	300.000,00 €
Slovenia	MDT	200.000,00 €
Spain	AEI	700.000,00 €
Spain	IDIVAL	150.000,00 €
Spain	ISCIII	1.000.000,00 €
Spain	CSCJA	500.000,00 €
Sweden	Forte	1.400.000,00 €
Sweden	Vinnova	1.100.000,00 €
Switzerland	SNSF	1.000.000,00 €
Switzerland	Innosuisse	1.800.000,00 €
	TOTAL	**34.790.000,00 €**

3.3.2.5 Associated Partners

Does the Partnership envisage that part of the work is performed by associated partners[1] (Article 9.1 of the MGA)?

YES, the THCS Partnership involves the following Associated Partners:

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[1] Entities which participate in the action, but without the right to charge costs or claim contributions.

PP N.	Organisation Name	Country
57	FEDERAL OFFICE OF PUBLIC HEALTH (FOPH)	SWITZERLAND
58	SCHWEIZERISCHE AGENTUR FUR INNOVATIONSFORDERUNG (INNOSUISSE)	SWITZERLAND
59	SCHWEIZERISCHER NATIONALFONDS ZUR FORDERUNG DER WISSENSCHAFTLICHEN FORSCHUNG (SNSF)	SWITZERLAND
60	SCOTTISH GOVERNMENT (SG)	UK
61	THE NHS CONFEDERATION (NHSC)	UK
62	AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)	USA
63	HEALTH DATA RESEARCH UK (HDR)	UK

The description of Associated Partners including their roles are provided in section 2.4.1.

3.4 Resources to be committed

3.4.1 Summary of staff effort

No.	Participant	A1.1	A1.2	A2.1	A2.2	A3.1	A3.2	A3.3	A4.1	A4.2	A5.1	A5.2	A6.1	A6.2	A7.1	A7.2	A8.1	A8.2	A9.1	A10.1	TOTAL
1	IT MOH	6	6	22,7	22,7	5,3	5,3	5,3	0,5	0,5	3	3	7	3	3	8	4	4	6	4,8	120,1
1.1	ISS	0,3	0,3	0,6	0,6	1,5	1,5	1,5	1,5	1,5	1,5	1,5	0	0	0	0	0	0	0	4	16,3
1.2	PROMIS	0,5	0,5	6,1	6,1	1,5	6	0,5	0	0	0	0	0	0	0	0	1,5	1,5	4,5	5,5	34,2
2	MUR	0,8	0,8	0,6	0,6	0,8	0,8	0,8	0	0	0	0	2,7	0,9	0	6	0,5	0,5	0	0	15,8
3	RT	0,8	0,8	0,6	0,6	0,6	0,6	0,6	0	0	0	0	2,2	0,8	0	3	0,5	0,5	0	0	11,6
4	UCSC	0,1	0,1	0,6	0,6	4,5	4,5	4,5	1,5	1,5	1,5	1,5	0	0	0	0	0	0	0	4	24,9
5	FFG	0,2	0,2	0,1	0,1	0,1	0,1	0,1	0	0	0	0	0,7	0,3	0	0,4	0,9	0,9	5	0	9,1
6	BMK	0,2	0,2	0,1	0	0	0,1	0	0,3	0,3	0	0	0	0	0	0	0	0	1	0	2,2
8	FIO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8.1	VLAIO	0,3	0,3	0,3	0,3	0,1	0,1	0,1	0	0	0	0	0,3	0,1	0	2	0,1	0,1	1	0,3	5,4
10	FWB	0,1	0,1	0,1	0,1	0,1	0,1	0,1	0	0	0	0	0,2	0,1	0	0,2	0,1	0,1	0	0	1,4
11	F.R.S.-FNRS	0,1	0,1	0,1	0,1	0,1	0,1	0,1	0	0	0	0	0,2	0,1	0	0,3	0,1	0,1	0	0	1,5
12	AKA	0,9	0,9	0,6	0,6	0,5	0,5	0,5	0	0	0	0	2,2	0,8	0	3	0,4	0,4	0	0	11,3
13	TAU	0,6	0,6	0,6	0,6	0,5	0,5	0,5	1,5	1,5	1	1	0	0	0	0	0	0	13	2	23,9
14	THL	0,8	0,8	1,8	1,8	0,5	0,5	0,5	4	20	2	2	0	0	0	0	0	0	1	2	37,7
15	ANR	0,9	0,9	0,5	0,5	0,8	0,8	0,8	0	0	0	0	2,7	0,9	3	9	0,5	0,5	0	0	21,8
16	FR MOH	1,5	1,5	3,3	3,3	1,2	1,2	1,2	0	0	6	6	2,2	0,8	0	3	0,5	0,5	1	2	35,2
16.1	INSERM	0,3	0,3	0,6	0,6	0,2	0,2	0,2	0	0	2	2	0	0	0	0	0	0	0	4	10,4
17	GSRI	0,9	0,9	0,6	0,6	0,5	0,5	0,5	0,3	0,3	0	0	2,2	0,8	0	3	0,5	0,5	5	0	17,1
18	RANNIS	0,1	0,1	0,1	0,1	0	0	0	0,1	0,1	0	0	0,2	0,1	0	0,1	0,2	0,2	0	0	1,4
19	HRB	0,9	0,9	0,6	0,6	0,5	0,5	0,5	0	0	1	1	2,2	0,8	0	3	0,8	0,8	1	0	15,1
20	CSO MOH	1,5	1,5	3,3	3,3	1,2	1,2	1,2	3	3	3	3	2,2	0,8	0	3	5,5	5,5	3,5	2	47,7
21	LZP	0,9	0,9	0,6	0,6	0,5	0,5	0,5	0	0	0	0	2,2	0,8	0	3	0,5	0,5	0	0	11,5

#																				
22	SAM	0,6	0,6	0,6	0,6	0,5	0,5	0,5	1	1	1	1	0	0	0	0	0	0	5	1,5	14,4
23	LMT	0,1	0,1	0,1	0,1	0,1	0,1	0,1	0	0	0	0	0,7	0,3	0	1	0,1	0,1	0	0	2,9
24	NWO	0,2	0,2	0,1	0,1	0,1	0,1	0,1	0	0	0	0	0,9	0,3	0	0,4	0	0	1,2	0	3,7
25	ZonMw	1,5	1,5	3,3	3,3	1,2	1,2	1,2	0	0	0	0	5,2	1,8	9,5	28,5	0,7	0,7	5	1,4	66
26	RCN	1,5	1,5	3,3	3,3	1,2	1,2	1,2	0	0	0	0	14,2	4,8	0	3	0,5	0,5	0	2	38,2
27	NCBR	0,9	0,9	0,6	0,6	0,5	0,5	0,5	0	0	0	0	2,5	0,8	3	9	0,5	0,5	1,6	1,5	23,9
28	AICIB	0,3	0,3	0,2	0,2	0,3	0,3	0,3	0,1	0,1	0,1	0,1	0	0	0	0	0	0	1	0	3,3
29	FCT	0,3	0,3	0,2	0,2	0,2	0,2	0,2	0	0	0	0	0,5	0,2	0	0,7	0,2	0,2	0	0,6	4
30	CCDRC	0,3	0,3	0,1	0,1	0,1	0,1	0,1	0	0	0	0	0,5	0,2	0	0,7	0,2	0,2	0,4	0,6	3,9
31	UBB	0,3	0,3	0,6	0,6	0,3	0,3	0,3	1,5	1,5	4,5	4,5	0	0	0	0	0	0	0	1,4	16,1
32	SR MOH	0,1	0,1	0,1	0,1	0,6	0,6	0,6	0,5	0,5	0,9	0,9	0	0	0	0	0	0	1	1,5	7,5
32.1	UHM	0	0	0	0	0	0	0	0,2	0,2	0,2	0,2	0	0	0	0	0	0	0,4	0	1,2
33	ODT	0,9	0,9	0,6	0,6	0,5	0,5	0,5	0,5	0,5	0,5	0,5	2,2	0,8	0	3	0,5	0,5	0	2	15,5
34	SI MOH	0,9	0,9	0,6	0,6	0,6	0,6	0,6	0	0	0	0	0	0	0	0	0	0	0	2	6,8
34.1	NIJZ	0,3	0,3	0,6	0,6	0,3	0,3	0,3	2	2	3	3	0	0	0	0	0	0	5	1,5	19,2
35	AEI	0,5	0,5	0,6	0,6	0,5	0,5	0,5	0	0	0	0	2,2	0,8	0	3	0,5	0,5	0	0	10,7
36	IDIVAL	0,9	0,9	0,6	0,6	0,5	0,5	0,5	0,5	0,5	0	0	2,2	0,8	0	3	0,5	0,5	2	0	14,5
37	CSCJA	0,7	0,7	0,5	0,5	0,4	0,4	0,4	0,5	0,5	0,4	0,4	1,8	0,6	0	2,4	0,3	0,3	0	0,6	11,4
37.1	FPS	1,1	1,1	0,8	0,8	0,6	0,6	0,6	0,8	0,8	0,1	0,1	2,7	0,9	0	3,6	0,7	0,7	0,5	0,9	17,4
38	IACS	0,6	0,6	0,6	0,6	0,5	0,5	0,5	0,5	0,5	1	1	0	0	0	0	0	0	5	0	11,9
39	FORTE	0,4	0,4	0,4	0,4	0,2	0,2	0,2	0,1	0,1	0	0	1	0,4	0	1,4	0,3	0,3	0	0	5,8
40	VINNOVA	0,3	0,3	0,3	0,3	0,2	0,2	0,2	0	0	0	0	0,3	0,1	0	0,4	0,3	0,3	0	0	3,2
42	ARESS	0,8	0,8	0,6	0,6	0,6	0,6	0,6	0	0	0	0	1,9	0,6	0	2	0,5	0,5	0,3	0,3	10,7
43	ISCIII	0,4	0,4	0,3	0,3	0,1	0,1	0,1	0	0	0	0	0,2	0,1	0	0,3	0,3	0,3	0	0	2,9
44	MEYR	0,9	0,9	0,6	0,6	0,5	0,5	0,5	0	0	0	0	2,2	0,8	0	3	2,4	2,4	0	1,5	16,8
45	NIVEL	0,3	0,3	0,6	0,6	0,3	0,3	0,3	8	2	1	1	0	0	0	0	0	0	0	2,5	17,2
46	MSA	0,2	0,2	0,1	0,1	0,1	0,1	0,1	0	0	0,1	0,1	0,1	0	0	0,3	0,1	0,1	0	0	1,7
47	ETAg	0,2	0,2	0,1	0,1	0,1	0,1	0,1	0	0	0	0	0,1	0	0	0,3	0,1	0,1	0	0	1,5
48	IFD	0,4	0,4	0,3	0,3	0,2	0,2	0,2	0	0	0	0	1,1	0,4	0	1,4	0,2	0,2	0	0	5,3

49	DPTO SALUD	0,07	0,07	0,07	0,07	0,09	0,1	0,1	0,07	0,07	0,15	0,14	0,2	0,09	0	0,1	0,07	0,07	0,43	0,29	2,25
49.1	BIOEF	0,07	0,07	0,21	0,21	0,09	0,1	0,1	0,15	0,14	0,07	0,07	0,2	0,09	0	0,1	0,21	0,22	0,29	0,43	2,82
50	KRONIKGUNE	0,4	0,4	0,5	0,5	0,9	0,9	0,9	1,7	1,7	1,3	1,3	0	0	0	0	0	0	4,2	4	18,7
51	UEFISCDI	0,3	0,3	0,6	0,6	0,5	0,5	0,5	0,3	0,3	0,3	0,3	2,2	0,8	0	2	0,5	0,5	0,5	0,5	11,5
52	FOPH	0,2	0,2	0	0	0	0,1	0	0,1	0,1	0,3	0,3	0	0	0	0	0	0	0,4	0,4	2,1
53	INNOSUISSE	0,6	0,6	0,3	0,3	0,3	0,3	0,3	0	0	0	0	1	0,3	0	2	0,5	0,5	0	0	7
54	SNSF	0	0	0	0	0	0	0	0	0	0	0	0,3	0,1	0	0,4	0	0	0	0	0,8
55	SG	0,8	0,8	0,6	0,6	0,7	0,7	0,7	0,8	0,8	0	0	0,7	0,3	0	2	0,5	0,5	0,8	7,1	18,4
56	NHSC	0	0	0	0	0	0	0	1	1	0,7	0,7	0	0	0	0	0	0	2,3	1,4	7,1
57	AHRQ	0,1	0,1	0,1	0,1	0	0	0	0,3	0,3	0,1	0,1	0	0	0	0	0	0	0	0,1	1,3
58	HDR UK	0	0	0	0	0	0	0	0,2	0,2	0,2	0,2	0	0	0	0	0	0	0,3	0,3	1,4
	TOT	**37,14**	**37,14**	**64,28**	**64,18**	**34,88**	**39,6**	**33,9**	**33,52**	**43,51**	**36,92**	**36,91**	**76,5**	**27,48**	**18,5**	**121**	**27,28**	**27,29**	**79,62**	**66,92**	**906,57**

3.4.2 Other major cost items (travel, equipment, infrastructure, goods and services)

PP1/IT MOH	Cost (€)	Justification
Travel&subsistence	30.000	A1.1(4*3pax for GA ad SB meetings);A3.2(2*3pax for Annual Conference); A5.2 (1meeting*1pax); WP9 (6 travels for meetings Working Group);
Other goods, works and services	32.000	A1.1 Advisory Board Experts travels (30 exp) and logistics for meetings (30.000€); WP2 National meetings and audit fee (2.000€)
Total	62.000	
PP3/PROMIS	**Cost (€)**	**Justification**
Travel&subsistence	18.000	A1.1 (3 Meetings*2pax); A3.2 (3pax to participate to the Annual Conference); WP9 (6 travels for meetings Working Group)
Other goods, works and services	127.000	A2.1 National meetings (2.000€), WP3 Organisation of workshops and editing materials (10.000€), WP3 Annual conference (115.000€)
Total	145.000	

PP2/MUR; PP3/RT; PP12/AKA; PP15/ANR; PP18/RANNIS; PP21/LZP; PP34/SI MOH; PP35/AEI; PP39/FORTE; PP40/VINNOVA; PP43/ISCIII; PP58/MEYR

	Cost (€)	Justification
Travel&subsistence	10.800	A1.1 (3 Meetings*2pax); A3.2 (3pax to participate to the Annual Conference)
Goods, works, serv.	2.000	A2.1 National meetings (2.000€)
Total	12.800	
PP5/FFG	**Cost (€)**	**Justification**
Travel&subsistence	28.800	A1.1(4*3pax for GA ad SB meetings);A3.2(2*3pax for Annual Conference); WP9 (6 travels for meeting Working Group);
Other goods, works and services	21.200	A2.1 national meetings (3200€); WP9 (logistics meeting, 10 stakeholders' travels 18.000€)
Total	50.000	

PP6/BMK; PP17/GSRI; PP24/NWO; PP27/NCBR; PP36/IDIVAL; PP37.1/FPS; PP42/ARESS; PP51/UEFISCDI; PP1.2/ISS; PP4/UCSC; PP16.1/INSERM; PP33/ODT; PP45/NIVEL

	Cost (€)	Justification
Travel&subsistence	18.000	A1.1 (3 Meetings*2pax); A3.2 (3pax to participate to the Annual Conference); WP9 (6 travels for meeting Working Group)

Goods, works, serv.	2.000	A2.1 National meetings (2.000€)
Total	20.000	

PP8.1/VLAIO; PP46/MSA

	Cost (€)	Justification
Travel&subsistence	14.400	A1.1 (3 Meetings*1pax); A3.2 (3pax to participate to the Annual Conference); WP9 (6 travels for meeting Working Group)
Goods, works, serv.	2.000	A2.1 National meetings (2.000€)
Total	16.400	

PP10/FWB; PP11/FNRS; PP23/LMT; PP47/ETAg; PP48/IFD

	Cost (€)	Justification
Travel&subsistence	7.200	A1.1 (3 Meetings*1pax); A3.2 (3pax to participate to the Annual Conference);
Goods, works, serv.	2.000	A2.1 National meetings (2.000€)
Total	9.200	
PP13/TAU	Cost (€)	Justification
Travel&subsistence	28.800	A1.1(4*3pax for GA and SB meetings);A3.2(2*3pax for Annual Conference); WP9 (6x2 travels for meeting Working Group)
Other goods, works and services	14.000	A2.1 National meetings (2.000€) ; WP 9 (meeting logistics 6.000€; 5 stakeholders' travels 6.000€)
Total	42.800	

PP14/THL; PP20/CSO-MOH

	Cost (€)	Justification
Travel&subsistence	30.000	A1.1(4*3pax for GA and SB meetings);A3.2(2*3pax for Annual Conference); WP9(6 travels for meeting Working Group);
Other goods, works and services	2.000	A2.1 National meetings (2.000€)
Total	32.000	
PP16/FR MOH	Cost (€)	Justification
Travel&subsistence	31.000	A1.1(4*3pax for GA and SB meetings);A3.2(2*3pax for Annual Conference); WP9(6 travels for meeting Working Group);
Other goods, works and services	12.000	A2.1 National meetings (2.000€); WP 5 (meeting logistics)
Total	43.000	

PP22/SAM; PP32/MOH SR; PP38/IACS; PP34.1/NIJZ; PP19/HRB

	Cost (€)	Justification
Travel&subsistence	19.200	A1.1 (3 Meetings*2pax); A3.2 (3pax to participate to the Annual Conference); A5.2 (1meeting*1pax); WP9 (6 travels for meeting Working Group)
Goods, works, serv.	2.000	A2.1 2 National meetings (2.000€)
Total	21.200	
PP25/ZonMw	**Cost (€)**	**Justification**
Travel&subsistence	28.800	A1.1(4*3pax for GA ad SB meetings);A3.2(2*3pax for Annual Conference); WP9(6 travels for meeting Working Group);
Other goods, works and services	32.000	WP7 (logistics meetings26.000€); WP9 (5 stakeholders' travels 6.000€)
Total	60.800	
PP26/RCN	Cost (€)	Justification
Travel&subsistence	21.600	A1.1(4*3pax for GA and SB meetings);A3.2(2*3pax for Annual Conference)
Other goods, works and services	2.000	A2.1 National meetings (2.000€)
Total	23.600	
PP28/AICB; PP32.1/UHM		
	Cost (€)	**Justification**
Travel&subsistence	15.600	A1.1 (3 Meetings*1pax); A3.2 (3pax to participate to the Annual Conference); A5.2 (1meeting*1pax); WP9 (6 travels for meeting Working Group)
Goods, works, serv.		
Total	15.600	
PP29/FCT	**Cost (€)**	**Justification**
Travel&subsistence	7.200	A1.1 (3 Meetings*1pax); A3.2 (3pax to participate to the Annual Conference);
Goods, works, serv.		
Total	7.200	
PP30/CCDRC	**Cost (€)**	**Justification**
Travel&subsistence	8.400	A1.1 (3 Meetings*1pax); A3.2 (3pax to participate to the Annual Conference);
Goods, works, serv.		

Total	8.400	
PP31/UBB	**Cost (€)**	**Justification**
Travel&subsistence	8.400	A1.1 (3 Meetings*2pax); A3.2 (3pax to participate to the Annual Conference); A5.2 (1meeting*1pax);
Other goods, works and services	7.000	A2.1 National meetings (2.000€), A5.1 editing materials (5.000€)
Total	15.400	
PP49.1/BIOEF	Cost (€)	Justification
Travel&subsistence	3.409	A1.1(1 travel*1pax for GA and SB meetings);A3.2(1*1pax for Annual Conference)
Other goods, works and services	2.000	A2.1 National meetings (2.000€)
Total	5.409	
PP50/KRONIKGUNE	Cost (€)	Justification
Travel&subsistence	16.800	A1.1(3*2pax for GA and SB meetings);A3.2(1*2pax for Annual Conference); WP9(6 travels for meeting Working Group);
Other goods, works and services	2.000	A2.1 National meetings (2.000€)
Total	18.800	