EP PerMed
European Partnership
for **Personalised Medicine**

Research, Innovation and Technology Call (2026)

Test and Demonstration of Multimodal Data Approaches for Personalised Medicine ("MultiPMData2026")

(EP PerMed Grant 101137129)

Call Text

Important Deadlines

Submission of pre-proposals: 12 January 2026 at 14:00 (CET)

Submission of invited full proposals: 27 April 2026 at 14:00 (CEST)

Link to the electronic proposal submission tool:

https://ptoutline.eu/app/EPPERMEDRITC2026

For further information, please visit our website: www.eppermed.eu

or contact the EP PerMed Joint Call Secretariat (JCS)

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EP PerMed
European Partnership
for Personalised Medicine

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1 Introduction and aims of EP PerMed

Personalised Medicine (PM) represents a paradigm shift from a "one size fits all" approach to an optimised strategy for the prevention, diagnosis and treatment of disease for each individual, based on their unique characteristics, including biological features (e.g. phenotype, endotype, genotype), as well as lifestyle and environmental factors. Accordingly, PM puts the patient at the very centre of healthcare, aiming for optimised health promotion, treatments and management of disease or predisposition to disease. Today, the field of PM has been advancing rapidly, and the range of technologies, methodologies and information utilised is much broader, supporting improved healthcare, diagnostics and tailormade treatments, including rehabilitation, and prevention strategies.

Definition of Personalised Medicine:

EP PerMed adheres to the definition stated in the PerMed SRIA: 'Shaping Europe's Vision for Personalised Medicine' (2015)[1], adopted from the Horizon2020 Advisory Group[2]:

*"**Personalised Medicine** refers to a medical model using characterisation of individuals' phenotypes and genotypes (e.g. molecular profiling, medical imaging, lifestyle data) for tailoring the right therapeutic strategy for the right person at the right time, and/or to determine the predisposition to disease and/or to deliver timely and targeted prevention."*

Some additional information can be found in the 2018–2020 Advice of the Horizon 2020 Advisory Group for Societal Challenge 1, "Health, Demographic Change and Well-being":

"Different synonymous terms have been used alongside 'personalised medicine', most commonly 'precision medicine' and 'stratified medicine'. While there may be subtle differences in the literal meanings of these terms, they usually refer to the same concept when applied in practice. Stratified medicine (mainly used in the UK) is more treatment-dependent, while precision medicine (mostly used in US) has a relatively broad meaning as it refers to 4P (predictive, preventive, personalised and participatory) medicine. We use the term personalised medicine because this term best reflects the ultimate goal of effectively tailoring treatment based on an individual's 'personal profile', as determined by the individual's genotype and phenotype data. Based on individuals' profiles, PM aims to identify the optimal treatment regime by avoiding the treatment-failure approach commonly used in current evidence-based medicine."

The **European Partnership for Personalised Medicine**, **EP PerMed**, is a platform for joint programming of national and European regional research and innovation (R&I) programmes putting into action "The Strategic Research & Innovation Agenda (SRIA) for Personalised Medicine (2023)"[3], **SRIA for PM (2023)**, through dedicated research, development and innovation funding. The funding of transnational collaborative research is a joint activity to further enhance the cooperation between stakeholders across Europe and beyond to maximise the benefits of PM approaches and thus pooling resources and achieving investments of scale in this field. Furthermore, to ensure efficient utilisation and

[1] **https://www.eppermed.eu/wp-content/uploads/2023/09/EPPerMed-SRIA.pdf**
[2] European Commission. Advice for 2016/2017 of the Horizon 2020 Advisory Group for Social Challenge 1, "Health, Demographic Change and Wellbeing", July 2014: **https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ%3AC%3A2015%3A421%3AFULL**
[3] **https://www.eppermed.eu/action-areas/sria/**

accessibility of new and improved PM approaches, project consortia should be both multidisciplinary and intersectoral in EP PerMed calls for proposals. This includes involving academia (universities, research performing organisations both public and private not for profit), clinical settings and public health organisations, and enterprises (spin-offs, start-ups, small and medium size enterprises, biotechnology and health/pharma industries). Participatory research approaches are also encouraged involving patients, citizens, clinicians and healthcare providers.

2 Participating regions, countries and funding organisations

The funding organisations listed below are jointly launching the EP PerMed Research, Innovation and Technology Call 2026 (RITC2026): Test and Demonstration of Multimodal Data Approaches for Personalised Medicine, "MultiPMData2026", co-funded by the European Union (EU). The RITC2026 is managed by the EP PerMed Joint Call Secretariat (JCS).

The call is opened and simultaneously supported by the following (19) funding organisations in their respective regions or countries:

Country/Region	Funding Organisation*	Acronym
Belgium (Flanders)	Vlaams Gewest - VLAIO Flanders Innovation & Entrepreneurship	**FIO (VLAIO)**
Belgium (Wallonie)	Service Public de Wallonie	**SPW EER**
Czech Republic	The Ministry of Health of the Czech Republic / Czech Health Research Council	**MZCR/ AZVCR**
Finland	Business Finland	**BFRK**
France	The French National Research Agency	**ANR**
Ireland	Health Research Board	**HRB**
Israel	Ministry of Health, The Chief Scientist Office	**CSO-MOH**
Israel	Israel Innovation Authority	**IRERD**
Italy	Italian Ministry of Health	**IT-MoH**
Latvia	Latvian Council of Science	**LZP**
Lithuania	Research Council of Lithuania	**LMT**
Portugal (Centro Region)	Comissão de Coordenação e Desenvolvimento Regional do Centro	**CCDRC**
Romania	Executive Unit for Research, Development and Innovation Higher Education Funding	**UEFISCDI**
Slovak Republic	Centrum vedecko-technických informácií Slovenskej republiky	**CVTI SR**
South Africa	South African Medical Research Council	**SAMRC**
Spain (Andalusia)	Consejeria de Salud y Consumo de la Junta de Andalucia, Andalusian Regional Ministry of Health and Consumer Affairs	**CSCJA**
Spain (Navarre)	Government of Navarre	**CFN**
Sweden	Sweden's Innovation Agency	**VINNOVA**
Turkiye	The Scientific and Technological Research Council of Turkiye	**TUBITAK**

*The German Aerospace Center e.V. – Project Management Agency (DLR), Germany, is not participating in this call as a national funder, but is responsible for the central administration of the financial support for patient organisations or citizen organisations requesting budget from EP PerMed.

3 Timeline of the call

July 2025	Pre-announcement of the call
1 October 2025	Publication of the call
28 October 2025	Information day – online webinar
12 January 2026 (14:00, CET)	Deadline for pre-proposal submission
Expected around 19 March, 2026	Communication of the results of the pre-proposal assessment and invitation to the full proposal stage
27 April 2026 (14:00, CEST)	Deadline for full proposal submission
End of June 2026	Rebuttal stage
Expected for beginning of September 2026	Communication of the funding decisions to the applicants
End of 2026, beginning of 2027	6-months starting phase (development of Consortium Agreement, Data Management Plan and Ethics Approvals). Expected scientific project start. Establishment of funding contracts with funding organisations (according to regional/national funding regulations).

4 Rationale of the call

The integration of PM into European healthcare systems holds great potential but also presents significant challenges. Although countries across the EU have made substantial progress in areas such as advanced diagnostics, innovative treatment modalities, and digital health technologies including artificial intelligence (AI), the widespread adoption of these innovations remains limited. Test and demonstration environments serve as enablers bridging this gap. These controlled yet realistic settings enable healthcare providers, innovators, researchers and patients to evaluate and refine new solutions under controlled real-world conditions, increasing the chances of innovations reaching end-users and a broader implementation as well as ensuring equal access to these innovative healthcare services.

Multimorbidity, i.e. the presence of two or more chronic conditions in an individual, is a major and growing, global concern, affecting 20–40% of middle-aged adults and up to 80% of older adults (WHO, Multimorbidity Working Group). Combinations of multiple chronic disorders present great challenges for healthcare professionals, place a substantial economic burden on society, and significantly reduce the quality of life for patients and families. Further, multimorbid conditions require holistic approaches for optimal care, which is very challenging to many secondary healthcare settings that are specialised towards single-condition cases.

Managing chronic diseases and multimorbidity presents several challenges. Patients often depend on healthcare systems for extended periods, leading to high societal costs and reduced quality of life. Disease progression can be unpredictable, with relapses and remissions complicating management. Diagnosing and treating multiple conditions simultaneously adds complexity, as combined treatment regimens can result in drug interactions and other harmful side effects. Additionally, patients may struggle to adhere to long-term therapies. Further, a lack of synergy between care providers further exacerbates these issues, with sub-optimal use of health data hindering effective care coordination.

Developing more personalised approaches through the integration of multimodal health data from multiple sources holds great potential to address the complex challenges of managing chronic disease and multimorbidity. To fully leverage this potential, **there is an urgent need to find more efficient ways to utilise multimodal health data to support clinical decision-making, improve disease management and empower patients as active participants in their own care**.

The development of innovative approaches tackling these multi-faceted challenges require extensive testing and demonstration in settings of high complexity to mimic the challenges of the real world. Test beds and learning environments bridge the gap between innovation and implementation in healthcare. They provide a guarded, structured, and collaborative space where new technologies, processes, and care models can be explored, validated, and refined before being scaled into routine practice. These environments allow innovators, clinicians, patients, and other stakeholders to engage in hands-on testing and co-development, ensuring that solutions are not only technically sound but also meaningful, sustainable, and ready for real-world adoption

5 Aim of the call

This call aims to bring together enterprises with clinical actors, including healthcare providers, patients, and researchers, to test innovative solutions in controlled real-world settings to address clear needs in managing multimorbidity.

EP PerMed will fund innovation projects in human health that focus on multimodal data usage for PM approaches aiming to provide **more efficient and personalised management of patients with multimorbidity, having at least two chronic diseases that require management and adhere to the definition** in the text box below.

In this call, **a chronic disease is defined as a long-term health condition lasting 6 months or more, requiring management and significantly affecting health or activities of daily living**. Chronic diseases include, but are not limited to, the following categories:

- Cardiovascular
- Metabolic
- Respiratory
- Neurological
- Immunological (including autoimmune)
- Gastrointestinal
- Uro-genital
- Cancer
- Mental health disorders

Projects should address one or more of the following aspects:

- Detection or characterisation of co-morbidities in chronically ill patients.
- Diagnosis, follow-up or monitoring of disease progression, including remissions and relapses.
- Promoting a shift from in-patient to out-patient care through remote monitoring or reporting using wearables or other technical solutions.
- Decision support for disease intervention strategies (e.g., medication type and dosage).
- Tracking and managing multiple treatments (including drug combinations) to improve effectiveness or reduce adverse effects and potential harmful drug interactions.
- Adherence to long-term treatment regimens.

While clinical studies (exploratory/proof-of-concept/early stage clinical studies or sub-studies) can be funded in this call, larger clinical trials are out of scope.

The testing environments

Funded projects are required to test and further develop innovative solutions in **controlled real-world environments**. A variety of test settings with different degree of complexity can be employed such as, but not limited to:

- **Hospital-based test environments:** Either real-world evidence platforms or dedicated test environments within hospitals allow for testing of solutions in active clinical workflows. These

settings are particularly suited for innovations that require integration with electronic health records, diagnostic systems, or multidisciplinary care teams.

- **Out-patient care environments:** Testing in out-patient clinics, primary care centres, or even patients' homes can be essential for solutions aimed at supporting disease management, remote monitoring, or home-based care.
- **Simulated clinical environments:** These include mock clinical settings or simulation labs that replicate workflows and patient interactions. They can be valuable for testing user interfaces, clinical decision support tools, and training protocols without involving real patients but voluntary test subjects.
- **Virtual test environments:** Digital twins and other simulation platforms, including the use of synthetic datasets, offer scalable, flexible alternatives to physical testing. To be effective, virtual environments must replicate the complexity of real-world clinical settings.

Projects should clearly describe the chosen test environment in their proposal, including its level of complexity, relevance to the intended use case, and readiness for implementation.

Innovations

Solutions being tested should **at least have reached the technology readiness level (TRL) 3** which in the current call is considered as successful proof-of-concept on relevant biological systems or clinical data. See eligibility and evaluation criteria in section 8 and Annex III for support when defining the developmental stage of the solution in the proposal. Innovations can be **physical** such as a device or an instrument, a kit or a tool or **non-physical** such as software, a process or procedure, or a novel approach. The innovation can have been conceived in an entrepreneurial setting or directly derived from research findings with translational potential.

Data strategy

In addition to the mandatory Data Management Plan described in section 12, proposals must also present a comprehensive strategy detailing how the project aligns with the call scope in the collection, processing, and use of multimodal health data:

- **Data collection:** Projects should leverage on high-quality diverse data types (e.g. textual, numerical and graphical data) derived from multiple sources (multimodal health data). The data can be directly patient-sourced, e.g. patient-reported outcomes or health status indicators (e.g. pain, discomfort, mental well-being) as well as data derived from healthcare-settings such as biobank-linked clinical data or clinical records including patient medical history, diagnoses, treatments, outcomes, and longitudinal health data. Additionally, data from genetic and multi-omics analyses, imaging, histology, and laboratory tests that capture molecular and physiological characteristics (phenotypes) may be included.
- **Data processing:** To uncover novel disease patterns or risk profiles it is encouraged to use cutting-edge data science approaches such as artificial intelligence (AI).
- **Data usage:** The processed data should directly support the PM approach under development in the project. It should also address the clinical interphase, where clinicians and patients interact, by enhancing communication, promoting proactive patient involvement in decision-making and ensuring findings translate into improved care practices and health outcomes.

The enabling elements

This call promotes a holistic systems approach, emphasising the integration of six enabling elements. These elements are designed to lower the threshold for future implementation of innovative solutions into routine clinical practice. Proposals should include a clear description of how the projects align with, and integrate, each of the following enabling elements (further information is provided in "Guidelines for applicants"):

1) **Knowledge integration:** Projects should build on existing knowledge while integrating new insights throughout their duration to support continuous improvement. The inclusion of research components such as implementation research is encouraged to strengthen evidence-based development and adaptation.
2) **Technologies, products, methods and processes:** Projects should combine novel innovations and knowledge with existing tools, methods and organisational frameworks to ensure compatibility and interoperability and to enhance the overall impact and facilitate adoption in clinical settings.
3) **Infrastructure utilisation:** The solutions tested in the project should be designed to fit within and make optimal use of existing infrastructures. This includes both physical (e.g. facilities, biobanks, testbeds and labs) and digital infrastructures (e.g. unified health IT systems, interoperable data hubs, clinical registries and data platforms).
4) **Business/value model:** Proposals should describe a realistic pathway to future market adoption, and include a basic business model, a plan for securing future financing and steps to prepare end-users such as health care providers for procurement and implementation after the project concludes.
5) **Policies and regulations:** Projects should show awareness of relevant policies and regulatory challenges. Proposals must ensure regulatory compliance, and are encouraged to address gaps and barriers that could hinder future implementation.
6) **Organisation, behaviour and values:** Solutions should be adaptable to real-world organisational contexts and proposals should consider behavioural factors and promote transferability across settings and align with the values of healthcare professionals and patients to ensure sustainable adoption.

The core objectives of this call are to advance PM approaches in human health that provide more efficient and personalised management of multimorbidity by funding projects that:

- Address a clearly defined and pressing need by leveraging multimodal health data from multiple sources,
- Advance and test innovative solutions that have reached at least TRL3 and that combine technologies, procedures and research insights,
- Are tested in controlled real-world settings such as a physical testbed or advanced virtual test settings that closely mimic actual clinical conditions,
- Integrate key enabling elements including knowledge, technologies, infrastructures, business models, regulatory requirements and organisational adaptability to increase the probability of broader implementation and transferability.

Collaborative synergies

In addition to **clearly demonstrating the potential impact on disease management through PM**, funded projects must, as described above, be **inter-sectoral as well as interdisciplinary** through the integration of the enabling elements and convincingly show the **added value of the transnational collaboration.** This includes sharing of resources (e.g. registries, diagnoses, biobanks, models, databases, electronic health records, diagnostic and bioinformatics tools), platforms/infrastructures, ensuring interoperability of data harmonisation strategies and sharing of specific knowledge important for the project and the PM field. Proposals also need to **adhere to the Scientific Data Open Access Policy**. Information should be as open as possible as closed as necessary. Please read the "Guidelines for Applicants", section 9, for further information.

Inclusive and participatory aspects

For the successful and sustainable development of PM, a wide representation of populations is of outmost importance. **Applicants are strongly encouraged to integrate sex and gender research, as well as to consider underrepresented populations** (e.g. ethnic minorities), or underrepresented patient sub-groups, e.g. children or elderly, as well as social components, e.g. different economic, educational backgrounds, in proposals submitted to the EP PerMed call (please also read the "Guidelines for Applicants", section 8).

Patient or citizen representing organisations can act as full consortium partners, with two alternative approaches for funding: either through the same process as for other consortium partners (on own funds or by requesting funding from a regional/national funding organisation), **OR** through funding centrally provided by EP PerMed (administered by DLR) limited to a total of 50,000 € over three years and per project (see Annex II in the "Guidelines for Applicants" for eligibility rules). Consortia submitting proposals to this call are asked to describe the level of patient and citizen involvement throughout the various stages of the project design, planning, conduct/implementation, analysis and dissemination and utilisation of the results. The extent of involvement may vary depending on the context of the study proposed. The development of a patient/citizen involvement plan (to be uploaded electronically as annex 6 to the pre- and full proposal) is requested to describe the activities and methodologies for the involvement. Annex 6 of the application forms is **mandatory** in both stages if funding is requested from EP PerMed (administered by DLR; see also Annex II of the "Guidelines for Applicants document). If patient/citizen involvement is not deemed appropriate within a research project, this should be explained and justified.

Responsible Research and Innovation (RRI) and ethical compliance

Proposals should follow the principles of Responsible Research and Innovation (RRI). Consortia submitting a proposal to this call should demonstrate a commitment to investigating and addressing social, ethical, political, environmental or cultural dimensions of the proposed research.

Furthermore, proposed research must respect fundamental ethical principles. Applicants must describe any potential ethical aspects of the work to be carried out, and how the project will fulfil

applicable requirements in institutional, regional/national and European Union legislation (including the ethical standards and guidelines of Horizon 2020/Horizon Europe[4]).

Further information is available in the "Guidelines for Applicants" document, and consortia are requested to elaborate on these dimensions, in the proposal application forms.

6 Expected Outcome and Impacts

Projects funded in this call are expected to result in one or more of the following aspects of managing multimorbidity:

- Evidence on functionality and accuracy of novel diagnostic-, prognostic- or decision support tools for patients with multimorbidity.
- New approaches to optimise the use of complex health data combined from several sources to support management of multimorbidity.
- Demonstration of wearables and other devices or solutions suited for remote monitoring of patient health including disease progression/remission/relapse.
- Personalised approaches to predict the patient-specific responses to, and hazards of, combination treatments for multimorbidity patients.
- Solutions to support patient adherence to long-term treatments.
- Scientific publications on the tested solution regarding aspects on implementation, scalability, health economics, and public health including the quality of life.

Projects funded in this call are expected to contribute to one or more of the following outcomes for the management of multimorbidity:

- Implementation of innovative solutions that improve disease management through improved characterisation of the individual patients based on multimodal health data.
- More personalised medications and treatments leading to more optimal choice of treatment, as well as reduced risk of harmful drug interactions and toxicities.
- Decreased dependency on in-hospital stay leading to improved quality of life of patients and their families.
- Increased understanding for, and use of, systems-perspective approaches to push research and innovation closer to the employment of PM approaches in healthcare through development in controlled real-world settings. This also includes regulatory awareness already at early stages of innovation development.
- Established and improved routines and work processes in testbeds and other physical and virtual test and demonstration settings, which facilitates future testing of innovations.
- Access for healthcare providers to new knowledge on how to improve healthcare delivery, as well as the value of new methods and processes.

[4] **https://ec.europa.eu/research/participants/docs/h2020-funding-guide/cross-cutting-issues/ethics_en.htm**

In addition, the call aims at funding projects supporting objectives central to EP PerMed:

- Promoting the 'Personalised Medicine System of Health'[1] through transnational, multidisciplinary, intersectoral and public-private collaborations that connect actors in research, innovation and implementation. This will contribute to a comprehensive and faster uptake of PM approaches from pre-clinical to clinical research, innovation and implementation in a circular and bidirectional manner and support the development of innovative tools, technologies and digital solutions for health and care.
- Increased awareness and acceptance of PM approaches in the society.
- An increased understanding of diseases and translation of research achievements including diagnostic tools, biomarkers, clinical strategies, advanced therapies, prevention strategies and digital solutions, big data, health economics, and ethical, legal and societal implications (ELSI) towards personalised care.

Further, activities funded in this call are expected to support Europe's strategy to stay in the forefront of research and innovation and foster synergies between regions and countries. In the longer perspective, PM approaches are expected to greatly improve health and care systems through more targeted and customised activities leading to more efficient diagnostic/prognostic and treatment options as well as new drug and technology production, faster adoption of innovation and increased European competitiveness.

7 Application

A. Eligibility criteria

- Only transnational projects will be funded.
- **Each consortium must include at least three partners from three different EU Member States or Associated Countries[5] whose funding organisations participate in the call** (see list above)[6]. **Each of these partners must be eligible and request funding from the respective funding organisation**. The legal entities must be independent of each other.
- **At least one project partner must represent an enterprise (SME or industry), and at least one additional partner must be a clinical partner,** adhering to categories A and B (more indications in "B. Funding recipients" of this section 7).
- The **project coordinator (i.e. the principal investigator and the applicant's organisation) must be eligible to be funded** by their regional/national participating funding organisation. The project coordinator (i.e. the principal investigator and applicant's organisation) cannot be changed during the application process.

[5] Indications for Associated Countries and Third Countries to Horizon Europe: **https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/common/guidance/list-3rd-country-participation_horizon-euratom_en.pdf**

[6] If ERDF funds are used, the following applies: *"(…) must involve at least three Member States, or alternatively two Member States and at least one associated country whose (…)"* Please consult the "Guidelines for Applicants" document.

Consortium composition:

- **In both, the pre- and full proposal stage, no more than three partners from the same country, including partners on own funding, is allowed.** Note that for some funding organisations, the maximum number of eligible partners who can be funded in one project is limited and may be fewer than three (see also "Guidelines for Applicants" for individual funding regulations).
- In the **pre-proposal phase**, the maximum number of partners is seven.
- **Widening concept[7]:** Consortia are allowed to include in the **full proposal phase** an additional project partner that is eligible to receive funding from a funding organisation that is underrepresented in the second stage of the call and that agrees to participate in the widening option (a list of underrepresented regions/countries will be provided to coordinators invited to submit full proposals).
- **No more than two partners on own funds is allowed** (partners on own funds must be additional to the minimum three partners eligible and requesting funding; more indications in "B. Funding recipients" of this section 7).
- **Exception:** To facilitate the integration of organisations representing patients or citizens in consortia, they can be added as additional partners at the pre-proposal stage or full proposal stage either on own funds or by applying for funding, if eligible, from EP PerMed (see page 10) or the respective funding organisations. The consortia must follow all above-mentioned rules regarding the consortia composition but without counting the patient/citizen representing organisations. The following rule must be respected: **Within one consortium, no more than three partners can request funding from the same funding organisation, including patient/citizen organisations.** For some funding organisations, the maximum number of eligible partners who can be funded in one project is limited and may be fewer than three.

Although proposals will be submitted jointly by research teams from several regions/countries, research groups will be funded by the respective funding organisation of the region/country from which they have applied. **Applicants are therefore subject to the eligibility criteria of the respective funding organisations** (see also "Guidelines for Applicants" including its Annex III). They should therefore read the funding rules and eligibility criteria of their funding organisations carefully. **Applicants are strongly advised to contact their relevant funding organisation** (see also Annex I) **prior to submission; please note that this step might be mandatory for some regions/countries** (see also Annex III of the "Guidelines for Applicants")**.**

If a partner is found to be ineligible by one of the funding organisations, the entire proposal may be rejected without further review.

Applicants shall not apply to different calls for same research activities. Double funding is not allowed.

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[7] **Widening concept:** Consortia are allowed to include in the full-proposal phase a new project partner that is eligible to receive funding from a funding organisation that is underrepresented in the first stage of the call and that agrees to participate in the widening option.

B. Funding recipients

Joint research proposals may be submitted by applicants belonging to an entity according to the following categories (subject to regional/national funding regulations; see "Guidelines for Applicants"):

A) Enterprise (for-profit) of all sizes, e.g. SME[8] (small and medium-sized enterprises) and industry.

B) Clinical partner, public or private health sector represented by research teams or clinicians (e.g. medical doctors, nurses or pharmacists) working in hospitals/public health or other healthcare settings and health organisations.

C) Academia, research teams working in universities, other higher education institutions or public or private research institutes.

D) Private non-profit partners, e.g. foundations, associations or non-governmental organisations.

Consortia submitting applications to this call must include partners from categories A) and B), and are strongly encouraged to also include partners from categories C) and D) in line with the crosscutting/multidisciplinary nature of the call, where the aim is to include partners at different levels in the value chain. The number of participants, the category of partner organisations and their research contribution should be appropriate to the aims of the call (section 5), the aims of the research project and should be reasonably balanced in terms of international participation (the different points are reflected in the three evaluation criteria). Each collaborative project should represent the critical mass necessary to achieve the ambitious scientific goals and should clearly demonstrate the added value for the cooperation.

Number of partners in the proposal*	**Pre-proposal**					**Full proposal** (only by inclusion of one underrepresented region/country)
	3*	**4***	**5***	**6***	**7***	**+1**
Maximum number of partners on own funds**	0	1	2	2	2	2
Maximum number of partners per country***	1	2	3	3	3	3

* at least three partners being eligible and requesting funding from three different EU Member States or Associated Countries[5] whose funding organisations participate in the call[6]. The maximum number of partners in the pre-proposal stage is seven, including the partners on own funds. Patient/citizen representing organisations are not included in this calculation.

** patient/citizen representing organisations are not included in this calculation and can be added as partners participating on own funds at the pre- and full proposal stage. A consortium must include at least three partners eligible for and requesting funding before a partner participating on own funds can be added.

*** Patient/citizen representing organisations are not included in this calculation and can be added as additional partners in the pre-proposal or full proposal stage. They can participate either on own funds or apply for funding, if eligible, from the

[8] https://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en

regional/national funding organisation or EP PerMed. Please note: **within one consortium, not more than three partners can request funding from the same funding organisation, including patient/citizen organisations.** For some funding agencies, the maximum number of eligible partners who can be funded in a project may be fewer than three.

Partners on own funds - Organisations or teams not eligible for funding in this joint transnational call, e.g. from countries not having a funding organisation participating in this call or not being fundable according to regional/national regulations of the participating funding organisations, may participate if they are able to secure their own funds. They are treated as full partners and must be included in the pre- and full proposal templates as such. Please note that **no more than two partners on own funds** are allowed and the consortium must contain at least three partners eligible for funding. A letter of commitment must be included as an annex to the proposal at the full proposal stage, summarising the commitment of the partner/s participating in the project with own funds and demonstrating the source of funding.

If the only role of an organisation is of minor contribution to the project such as to provide patient data or samples for the proposed study, this organisation should not be treated or included as a partner of the consortium, but can be included otherwise, e.g. via cooperation agreements or subcontracting.

Coordinators - Each project partner must be represented by **one principal investigator (PI),** who will be the contact person for the JCS and the relevant regional/national funding organisation. Each consortium must nominate one **project coordinator** among the project's PIs. The nomination of a project co-coordinator is not allowed. **The coordinator must be eligible to be funded by their regional/national participating funding organisation and cannot be changed during the application process** (including the PI and the applicant's organisation). The project coordinator will represent the consortium externally and in dealings with the JCS and the **Call Steering Committee**[9] **(CSC)**, and will be responsible for its internal scientific management, such as project monitoring, reporting, intellectual property rights (IPR) management and contact with the JCS.

C. Financial and legal aspects

A maximum project duration of three years may be applied for in accordance with EP PerMed funding organisation regulations. The studies performed should be finalised at the latest within the third year of the funding period. **Eligible costs and funding provisions may vary according to the respective funding organisation's regulations**. Project partners must refer and adhere to their own regional/national regulations and scientific remits, as detailed in the relevant regional/national announcements (see Annex II of this document and Annex III of the "Guidelines for Applicants").

D. Submission of joint proposals

A **two-step submission and evaluation procedure** has been established for joint applications: pre-proposals and full proposals. In both phases, one joint proposal document shall be prepared by the partners of a joint transnational project. The document must be submitted to the JCS by the project

[9] Call Steering Committee: comprises a single representative from each country's/region's funding organisation.

coordinator by uploading it via the electronic submission system (**https://ptoutline.eu/app/ep-permedRITC2026**). The proposals must be written in English, must follow the template form in terms of overall size and section page and character limits, and must strictly adhere to the "Guidelines for Applicants". The pre-proposal form can be downloaded from the EP PerMed website (**www.ep-permed.eu**). Pre-proposals that do not use the respective template will be declared ineligible. **Pre-proposals** must be received by the JCS in electronic format no later than **12 January, 2026 at 14:00 CET**.

The decision on which applicants are selected to submit a full proposal will be communicated to the project coordinators solely by the JCS around March 19, 2026. The JCS will provide a full proposal application template to the coordinators of those research proposals invited to the full proposal stage.

Full proposals must be received by the JCS in electronic format no later than **27 April, 2026 at 14:00 CEST**. Please note that **joint full proposals will be accepted only from those applicants explicitly invited by the JCS to submit.** Full proposals that do not use the respective template are ineligible.

Any fundamental changes between the pre- and full proposal concerning the composition of the consortium, project objectives or requested budget must be communicated to the JCS and to the regional/national funding organisations. In exceptional cases, these changes may be accepted if detailed justification is provided and if they are approved by the CSC.

Further information on electronic submission of pre- and full proposals is available on the EP PerMed website (**www.eppermed.eu**) and in the "Guidelines for Applicants". Applicants should take note of individual regional/national rules and should contact their regional/national funding organisation if they have any questions.

Applicants of some regions/countries may be required to submit the additional regional/national proposal or other information (in some cases before the deadline of this call) directly to their relevant regional/national funding organisations. Applicants are therefore **strongly advised** to check their funding organisation's specific regulations. See "Guidelines for Applicants" for more details.

Ethical and legal issues must be addressed in each application, according to the relevant region's/country's regulations.

The EP PerMed CSC will take all lawful steps to ensure the confidentiality of the information and documents obtained during the joint call evaluation and selection procedure.

E. Further information

Applicants are strongly advised to contact their relevant regional/national funding organisation to enquire about eligibility prior to submitting an application (see regional/national contact details in Annex I). Please note that this step might be mandatory for some regions/countries. The funding regulations for each participating funding agency are available in the "Guidelines for Applicants" document (**www.eppermed.eu**). Adherence to the regional/national funding regulations is mandatory. For additional information, please contact the JCS (**EPPerMed@agencerecherche.fr**).

8 Formal check and evaluation of proposals

A. Formal check and evaluation of pre-proposals

The JCS will check all proposals to ensure that they meet the call's formal criteria (see also "*7. Applications, A. Eligibility Criteria*"). In parallel, the JCS will forward the proposals to the regional/national funding organisations, which will perform a check for compliance with their regional/national regulations.

Please note that if a proposal includes an ineligible partner, the whole proposal may be rejected, without further review (for the definition of eligible partners see "Guidelines for Applicants" and regional/national funding regulations and contact the concerned regional/national contact person/s listed in Annex I).

After passing the eligibility check (performed by the JCS and the participating funding agencies), pre-proposals will be sent to at least three independent reviewers for the first evaluation (see evaluation criteria below, "*8. Formal check and evaluation of proposals, C. Evaluation criteria*"). The reviewers will assess the pre-proposal and complete a written evaluation form with scores and comments for the evaluation criteria.

In addition, the independent reviewers will assess whether the projects described in the pre-proposal documents fit the aim and scope of the call.

The CSC members will meet to decide which pre-proposals will be invited for full proposal submission based on the reviewers' scores and recommendations, and to ensure a reasonable balance of requested and available regional/national budgets.

B. Formal check and evaluation of full proposals. Rebuttal stage

The JCS will review the full proposals to ensure that they meet the call's formal criteria and have not changed substantially from the respective pre-proposals prior to sending them to the independent reviewers. In parallel, the JCS will forward the proposals to the regional/national funding organisations, which will perform a check for compliance with their regional/national regulations.

Each full proposal will be allocated to at least three independent reviewers. The reviewers will assess the full proposal and complete a written evaluation form with scores and comments for each criterion (see evaluation criteria below).

Rebuttal stage: Before the Peer Review Panel (PRP) plenary meeting to discuss the full proposals, the JCS will provide the independent reviewers' assessment (by email or other electronic means) to each project coordinator who will have the opportunity to study the assessments and to provide comments on the arguments and evaluations of the reviewers, who remain anonymous. This stage allows applicants to comment on factual errors or misunderstandings that may have been committed by the independent reviewers while assessing the proposal, and to reply to reviewers' questions. However, issues that are not related to reviewers' comments or questions cannot be addressed, and the work plan cannot be modified at this stage. Answers sent after the notified deadline, or not related to reviewers' comments or questions, will be disregarded.

The independent reviewers in the PRP will discuss all proposals (and the rebuttal letters), to produce a joint assessment report for each full proposal, to be sent by the JCS to the project coordinators, and a ranking list of proposals recommended for funding. The composition of the PRP may be communicated through the EP PerMed website at the end of the entire review process.

C. Evaluation process

Pre-proposals and full proposals will be assessed according to specific evaluation criteria using a common evaluation form. A scoring system from 0 to 5 will be used to evaluate the proposal's performance with respect to the different evaluation criteria.

Scoring system:

0: Failure. The proposal fails to address the criterion or cannot be assessed due to missing or incomplete information.

1: Poor. The criterion is inadequately addressed, or there are serious inherent weaknesses.

2: Fair. The proposal broadly addresses the criterion, but there are significant weaknesses.

3: Good. The proposal addresses the criterion well, but a number of shortcomings are present.

4: Very Good. The proposal addresses the criterion very well, but a small number of shortcomings are present.

5: Excellent. The proposal successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.

Evaluation scores will be awarded for the three main criteria, 1) Excellence, 2) Impact and 3) Quality and efficiency of the implementation, each as a whole, and not separately for the different aspects listed below the criteria. The three criteria are weighted equally and the maximum total score for the three evaluation criteria that can be achieved in the remote evaluation is 15 points. The threshold for every individual criterion based on the evaluation of the three independent reviewers will be 3 (overall threshold of 9 for proposals in both steps of the evaluation process).

Evaluation criteria:

1. Excellence:

a. Soundness of the proposed methodology, including the underlying concepts, models, assumptions, multidisciplinary and intersectoral approaches;

b. Clarity and pertinence of the project's objectives and them fitting to the scope of the call, and the extent to which the proposed work is ambitious, and goes beyond the state-of-the-art;

c. The innovative potential, efficient use of multimodal health data and the potential for the solution to reach implementation in the longer perspective;

d. Clear integration in the proposal of the six enabling elements: 1) Knowledge integration; 2) Technologies, products, methods and processes; 3) Infrastructures utilisation; 4) Business/value models; 5) Policies and regulations; and 6) Organisations, behaviours and values;

e. Appropriate consideration of the gender dimension and sex aspects, underrepresented populations, or specific sub-groups in research and innovation content;

f. Consideration of sex aspects and underrepresented populations in research teams, if applicable;

g. Quality of open science practices, if applicable, including sharing and management of research outputs (data management) and engagement of citizens, patients or patient representatives, civil society and other concerned stakeholders where appropriate.

2. Impact:

a. Credibility of the pathways to achieve the expected outcomes and impacts specified in the call text, and the likely scale and significance of the contributions due to the project, also considering potential barriers and proposed mitigation measures;

b. Potential impact with respect to the development, innovation and implementation of PM (e.g. clinical and other health-related applications, translatability of the proposed PM approach to practice in healthcare; elaboration on the translational aspect considering implementation or health economics research);

c. Suitability and quality of the measures to maximise expected outcomes and impacts as set out in the dissemination and exploitation plan, including communication activities;

d. Added value of the transnational collaboration; sharing of resources (registries, diagnosis, biobanks, models, databases, diagnostic and informatics tools, etc.), platforms/ infrastructures, harmonisation of data and sharing of specific know-how.

Sub-criterium 2c will be evaluated only at the full proposal evaluation stage.

3. Quality and efficiency of the project implementation:

a. Quality, effectiveness including check points and room for adjustments in the work plan (including adequacy of the time schedule) and appropriateness of the effort assigned to work packages, and the resources overall;

b. Capacity and role of each participant, and extent to which the consortium as a whole brings together the necessary expertise. This includes appropriate expertise of partners responsible for proposed work packages (i.e. for considered enabling elements, international competitiveness of participants in the field(s) and previous work supporting the proposed study with preliminary data);

c. Interdisciplinary and intersectoral collaboration: coherent integration of suitable project partners to successfully accomplish the proposed work, i.e. to test and demonstrate personalised medicine approaches;

d. Appropriateness of the management structures and procedures to address risk assessment (i.e. critical risks to implementation and their proposed mitigation measures), innovation and intellectual property management and RRI, including ethical considerations;

e. Sustainability of the research capacities initiated by the project (e.g. FAIR[10] data management, Open Science practices).

Sub-criteria 3d and 3e will be evaluated only at the full proposal evaluation stage.

D. Conflicts of interest (Evaluation panel)

All necessary steps will be taken by the JCS and the CSC to ensure that there is no conflict of interest concerning PRP members for those proposals assigned to them for review. The PRP members will be required to formally declare that no conflict of interest exists at any point in the evaluation process and to declare confidentiality concerning all documents and the entire review process. Any PRP member who breaches the conflict-of-interest rule will be excluded from the panel. Projects assigned to that reviewer will be assigned to another reviewer.

After receiving the proposals, the independent reviewers are requested to indicate whether there is a conflict of interest with any of the researchers or research groups in the proposals for review. Reviewers will be asked to declare that they will not participate in the call, nor have any conflicting interests regarding the researchers or research groups participating in the projects that are reviewed.

9 Ethical clearance - evaluation

It is mandatory for applicants to complete at the full proposal stage an "Ethical self-assessment" (Annex 1 of the full proposal application form). After the PRP meeting, an evaluation of Ethics and RRI aspects will take place for the full proposals which are recommended for funding by the PRP and selected for funding by the CSC, to verify alignment with ethical norms and regulations. If further clarifications are necessary, the consortium will be contacted to take respective actions or submit additional documents. The ethics experts may put forward additional conditions that need to be fulfilled by the applicants. Only those proposals approved by both the scientific evaluation and ethical assessment, complying with the central Horizon Europe and regional/national ethical requirements, will be funded.

Please note: This ethical clearance process does not replace any ethical application procedures or approvals given by a dedicated Research Ethics Committee. All ethical and legal requirements necessary must be met before the research can begin. To ensure this, is the responsibility of the applicant and cannot be substituted by the EP PerMed ethical clearance process.

[10] Findable, Accessible, Interoperable and Reusable (FAIR): **http://ec.europa.eu/research/participants/data/ref/h2020/grants_manual/hi/oa_pilot/h2020-hi-oa-data-mgt_en.pdf**

10 Final decision on funding

Based on the ranking list established by the PRP, the ethical clearance and on available funding, the CSC will recommend projects to be funded to the regional/national funding organisations. Based on these recommendations, final decisions will be made by the regional/national funding organisations, subject to budgetary considerations. The regional/national funding organisations will follow the ranking list established by the PRP members.

The project coordinator will be informed by the JCS of the decision. The project partners should be informed by their project coordinator.

11 Redress procedure

Applicants can appeal against the evaluation outcome if they suspect a breach in the application of the evaluation and selection procedures. This redress procedure only covers the procedural aspects evaluation and/or central formal eligibility checks. Requests for redress on national/regional eligibility decisions will not be handled by the JCS and need to be addressed to the responsible national contact point. The redress will not call into question the scientific or technical judgement of appropriately qualified experts/evaluators.

Applicants shall submit their appeal to the JCS via email (**EPPerMed@agencerecherche.fr**) up to seven (7) calendar days following the dispatch of the evaluation outcome email by the JCS at the end of each stage (first and second step). The proposal outcome email containing the results of the evaluation will give information on the appeals procedure, which is described below.

Admissibility of appeals

For an appeal to be admissible the following conditions must be met:

- The appeal must be submitted by the coordinator of the proposal to which the appeal relates;
- Only one appeal per proposal will be considered;
- The appeal must be submitted via email within a seven (7) calendar days deadline. The appeal must contain the following minimum information:
    - The name of the call for proposals;
    - The proposal acronym;
    - The title of the proposal;
    - A description of the alleged shortcomings of the evaluation procedure.

The appeal must demonstrate a procedural irregularity, factual error, manifest error of assessment, misuse of powers, or a conflict of interests. Appeals that do not meet the above conditions, or do not deal with the evaluation of a specific proposal or express mere disagreement with the result or the reasoning of the evaluation might be judged as not suitable for redress.

Procedure

Upon receipt of an appeal, an acknowledgement of receipt will be sent by the JCS within seven (7) calendar days. The acknowledgement shall report the redress process and the anticipated date by which a decision on the appeal will be communicated to the appellant.

All appeals received by the seven (7) calendar days deadline will be processed together, and the decision of the CSC will be communicated to the appellant by the JCS within seven (7) calendar days from the deadline for submitting the appeals.

12 Project Start, Consortium Agreement and Data Management Plan

Project coordinators will be responsible for drafting the mandatory Consortium Agreement (CA) specific to their consortium to manage the delivery of the project activities, intellectual property rights (IPR) and decision-making, and to avoid disputes that could compromise the completion of the project. The CA must state that funding and administrative matters are not regulated by the CA and are issues addressed bilaterally between each project partner and its funder in the relevant Grant Agreement (GA). After the communication of the funding decision, the project consortium has a preparatory phase of six (6) months to develop and send the signed CA before the official project start date to the JCS. Please note that regional and national funding agencies' regulations concerning the requirement for a CA may apply. Further instructions will be provided by the JCS to the coordinators of the projects selected for funding. The coordinator is responsible for sending the CA signed by all partners to the JCS. The CA will be made available to the relevant funding organisations.

Furthermore, within the six-months preparatory phase, a Data Management Plan (DMP) must be submitted to the JCS and an updated DMP at the end of the project (template to be available: **www.ep-permed.eu**).

All necessary ethical approvals to conduct the proposed work are to be obtained in the 6-months preparatory phase.

Consortium members of projects selected for funding must fix a common scientific project start date, which will be the reference date for the mid-term progress report and final reporting. The common scientific project start date must be stated in the Project Consortium Agreement (CA) and should lay after the 6-month preparatory phase.

13 Reporting requirements and Open Access to publications

On behalf of all participating project partners, each project coordinator shall submit a mid-term scientific progress report, in English to the JCS, in the second year, and a final project report of the transnational project at the end of the project duration. A report template will be provided by the JCS stating the scientific progress, the goals that have been met and corrective measures in the event that the initial project plan has not been executed. The project partners' principal investigators may also be required to submit individual reports to their respective funding agency/body in accordance with

the respective regional/national regulations. In addition, project coordinators may be asked to present the project results at EP PerMed meetings and may be invited to attend at least two status seminars. Travel expenses to attend these mandatory meetings should be included in the proposal budget plans. In case of events being organised online, all partners of the consortia will be encouraged to participate. Funded project consortia shall participate in follow-up surveys up to two years after the project has officially been ended.

The coordinator must inform the JCS in case of ANY significant changes in the work plan or in the consortium composition. The JCS will inform the relevant funding organisations, who will decide upon the proper action to be taken.

Upon notification, project coordinators are required to deliver a project abstract suitable for communication and dissemination purposes.

In addition, the funding recipients are expected to participate in, and contribute to, any communication activity or evaluation surveys initiated by EP PerMed during the funding period (mandatory) and beyond.

Publication of the scientific outcomes of the project is mandatorily subject to open access (see also section 9 of the "Guidelines for Applicants"), and a corresponding budget should be allocated for this in the proposal's budget plan. Research projects funded through EP PerMed are eligible to publish on Open Research Europe (ORE)[11], an open access publishing platform of the EC.

Importantly, all funding recipients must ensure that all outcomes (publications, etc.) of transnational EP PerMed-funded projects include proper acknowledgement of the EP PerMed and the respective funding partner organisations:

"This project received funding from [name of funding organisations, or an acknowledgment as requested by your regional/national funding organisation] under the frame of the European Partnership for Personalised Medicine, EP PerMed, (GA N° 101137129 of the EU Horizon Europe Research and Innovation Programme)".

[11] **https://open-research-europe.ec.europa.eu/**

14 Annex I. Regional/National Contact Details

Name of participating organisation	*Country/Region*	*Regional/National contact*
Vlaams Gewest - VLAIO Flanders Innovation & Entrepreneurship, (FIO (VLAIO))	Belgium (Flanders)	Ariane Tiberghien Ariane.Tiberghien@vlaio.be Tel.: +32479291349
Service Public de Wallonie, (SPW EER)	Belgium (Wallonie)	Vinciane Grimard vinciane.grimard@spw.wallonie.be Tel.: +32 81 778 718
The Ministry of Health of the Czech Republic / Czech Health Research Council, (MZCR/AZVCR)	Czech Republic	Monika Kocmanova Monika.kocmanova@azvcr.cz Tel.: +420 778 973 186 Olga Laaksonen Olga.laaksonen@mzd.gov.cz Tel. : +420 604 786 141
Business Finland, (BFRK)	Finland	Norma Jäppinen norma.jappinen@businessfinland.fi Tel: +358 50 5577 012
Agence Nationale de la Recherche, (ANR)	France	Mylène Vaillancourt Tel.: +33 1 78 09 80 36 Mérick Machouri, Tel.: +33 1 72 73 06 72 EPPerMed@agencerecherche.fr
Health Research Board, (HRB)	Ireland	John-Mark Fitzpatrick HRB-JTCs@hrb.ie Tel.: +353 1 234 5000
Chief Scientist Office, Ministry of Health, (CSO-MOH)	Israel	Liron Even-Faitelson Liron.ef@moh.gov.il Tel.: +972-2-5082168
Israel Innovation Authority, (IRERD)	Israel	Sarah Chiche sarah.c@innovationisrael.org.il Tel.: +972 3 5118122
Italian Ministry of Health, (IT-MoH)	Italy	Maria Jose Ruiz Alvarez mj.ruizalvarez-esterno@sanita.it Simona Carmen Ursu sc.ursu@sanita.it
Latvian Council of Science, (LZP)	Latvia	Maija Bundule Maija.Bundule@lzp.gov.lv Tel.: +371- 26514481 Uldis Berkis Uldis.Berkis@lzp.gov.lv Tel.: +371-29472349
Research Council of Lithuania, (LMT)	Lithuania	Živilė Ruželė zivile.ruzele@lmt.lt Tel.: (+370) 676 14383
Comissão de Coordenação e Desenvolvimento Regional do Centro, (CCDRC)	Portugal (Centro Region)	Sophie Patrício ccdrc.projects@ccdrc.pt Tel.: +351 239 400 100

Name of participating organisation	*Country/Region*	*Regional/National contact*
Executive Unit for Research, Development and Innovation Higher Education Funding, (UEFISCDI)	Romania	Mihaela Manole mihaela.manole@uefiscdi.ro Nicoleta Dumitrache nicoleta.dumitrache@uefiscdi.ro
Centrum vedecko-technických informácií Slovenskej republiky, (CVTI SR)	Slovak Republic	Magdaléna Švorcová magdalena.svorcova@cvtisr.sk Tel.: (+421) 917 733 493 Erika Jankajová erika.jankajova@cvtisr.sk Tel.: (+421) 904 859 228
South African Medical Research Council, (SAMRC)	South Africa	Rizwana Mia Rizwana.Mia@mrc.ac.za Tel.: +27 21 938 0984
Consejería de Salud y Consumo de la Junta de Andalucía, (CSCJA)	Spain (Andalusia)	Alicia Milano Curto ep.fps@juntadeandalucia.es
Government of Navarre, (CFN)	Spain (Navarre)	Javier Larrea flarreal@navarra.es Tel.: +34 848 42 76 47
Sweden´s Innovation Agency, (VINNOVA)	Sweden	Casper Ullsten-Wahlund casper.ullsten-wahlund@vinnova.se Tel.: +46 8 473 32 06 Malin Eklund malin.eklund@Vinnova.se Tel.: +46 730 20 39 53
The Scientific and Technological Research Council of Turkey, (TUBITAK)	Turkiye	N. Selcan Türker selcan.turker@tubitak.gov.tr Tel.: +90 312 298 1760

Please note: The German Aerospace Center e.V. – Project Management Agency (DLR), Germany, is not participating in this call as a national funder, but is responsible for the central administration of the financial support for patient organisations or citizen organisations requesting budget from EP PerMed.

15 Annex II. Indicative funding commitments of the participating organisations of the EP PerMed RITC2026

(This table is provided for initial overview only. Please refer to the regional/national guidelines for details.)

Name of participating organisation	*Country / Region*	*Funding academic or clinical/ academic partner**	*Funding private partners**	*Tentative initial funding commitment (M€ for 3 years)*	*Envisaged number of teams potentially funded with the tentative initial funding commitment*
Vlaams Gewest - VLAIO Flanders Innovation & Entrepreneurship, (FIO (VLAIO))	Belgium (Flanders)	✓	✓	1.0	4
Service Public de Wallonie, (SPW EER)	Belgium (Wallonie)	✓ academic partners × clinical partners	✓ For-profit × Not for-profit	1.0	2-3
The Ministry of Health of the Czech Republic / Czech Health Research Council, (MZCR/AZVCR)	Czech Republic	✓	✓	0.25	2
Business Finland, (BFRK)	Finland	✓	✓ For-profit × Not for-profit	2.0	5
Agence Nationale de la Recherche, (ANR)	France	✓	✓	1.5	5
Health Research Board, (HRB)	Ireland	✓	×	0.96	2-3

Name of participating organisation	*Country / Region*	*Funding academic or clinical/ academic partner**	*Funding private partners**	*Tentative initial funding commitment (M€ for 3 years)*	*Envisaged number of teams potentially funded with the tentative initial funding commitment*
Chief Scientist Office, Ministry of Health, (CSO-MOH)	Israel	✓	×	0.32	2
Israel Innovation Authority, (IRERD)	Israel	✓ academic partners (according to IIA's guidelines) × clinical partners	× For-profit ✓ Not for-profit	0.5	2
Italian Ministry of Health, (IT-MoH)	Italy	× academic partners ✓ clinical partners	× For-profit ✓ Not for-profit	0.5	1-2
Latvian Council of Science, (LZP)	Latvia	✓	✓ For-profit × Not for-profit	0.6	2
Research Council of Lithuania, (LMT)	Lithuania	✓	✓ (not directly, but through clinical or academic partner, see more information from LMT in the "Guidelines for Applicants")	0.9	1-4
Comissão de Coordenação e Desenvolvimento Regional do Centro, (CCDRC)	Portugal (Centro Region)	✓ academic partners × clinical partners	× For-profit ✓ Not for-profit	0.3	2-3
Executive Unit for Research, Development and Innovation Higher Education Funding, (UEFISCDI)	Romania	✓ academic partners × clinical partners	× For-profit ✓ Not for-profit	1.0	4-5

Name of participating organisation	*Country / Region*	*Funding academic or clinical/ academic partner**	*Funding private partners**	*Tentative initial funding commitment (M€ for 3 years)*	*Envisaged number of teams potentially funded with the tentative initial funding commitment*
Centrum vedecko-technických informácií Slovenskej republiky, (CVTI SR)	Slovak Republic	✓	✓	0.6	2-4
South African Medical Research Council, (SAMRC)	South Africa	✓	✓	0.447	3
Consejería de Salud y Consumo de la Junta de Andalucía, (CSCJA)	Spain (Andalusia)	✓	× For-profit ✓ Not for-profit	0.25	1-2
Government of Navarre, (CFN)	Spain (Navarre)	✓	✓	0.2	3-4
Sweden´s Innovation Agency, (VINNOVA)	Sweden	✓	✓	2.1	4-6
The Scientific and Technological Research Council of Turkey, (TUBITAK)	Turkiye	✓	✓ For-profit × Not for-profit	0.4	2-3

* subject to regional/national eligibility criteria and funding rules. All applicants and partners must comply with the State Aid rules (http://ec.europa.eu/competition/state_aid/overview/index_en.html). Please see more information from each individual funding agency in the "Guidelines for Applicants"

Please note: The German Aerospace Center e.V. – Project Management Agency (DLR), Germany, is not participating in this call as a national funder, but is responsible for the central administration of the financial support for patient organisations or citizen organisations requesting budget from EP PerMed. The total central budget for patient/citizen organisation is 500.000 € for an envisaged number of 10 patient/citizen organisation potentially funded.

16 Annex III. Definitions of Technology Readiness Levels (TRL) levels for this RITC2026

TRL	General	Pharmaceuticals	Med Tech including diagnostics	e-Health (research based)	e-Health (concept based)
1	*Basic principles and research data observed and reported*	Scientific research findings are reviewed and assessed, and translation into applied research begun. Potential targets and disease mechanisms evaluated. Focus is still on discovery.	Scientific research findings are reviewed and assessed, and translation into applied research and new technologies begun.	Scientific research begins to be translated into applied R&D activities. Concepts evaluated that can be implemented in development of e/m-technology (software, sensors, devices, infrastructure or process).	Observed need for either improved treatment procedure (process efficiency) or novel solution where e/m-technology (software, sensors, devices, infrastructure or process) can be advantageous.
2	*Technology concept and/or practical application formulated*	Hypothesis, research ideas, protocols and experimental designs are developed. Potential therapeutic targets for intervention are identified.	Hypothesis, research ideas, protocols and experimental designs are developed. The potential ability of particular technologies, materials, and processes to address certain health problems identified.	Invention of potentially practical e/m-technology solutions addressing particular needs.	Invention of potentially practical e/m-technology or novel setup of existing technology solutions addressing particular needs.
3	*Analytical and experimental Proof of Concept of critical function and /or characteristics*	Active R&D initiated. Hypothesis testing and target identification and potential candidates' characterisation, data collection, exploration of alternative approaches and early proof of concept in a limited number of *in vitro* & *in vivo* models.	Active R&D initiated. Hypothesis testing, data collection, identification and evaluation of critical technologies and components and early proof of concept in laboratory models including *in vivo* studies.	Active R&D initiated. Analytical studies to validate predictions of e/m-technology components of the technology that satisfy a need – forming the system application. System application tested in laboratory environment	Active development initiated. Studies to validate predictions of separate e/m- technology components of the concept that satisfy a need. System application tested in laboratory environment
4	*Validation of the technology in the laboratory*	Preclinical R&D. Optimisation of candidates and *in vivo* demonstration of activity and efficacy. Identification and integration of critical technologies (animal models, biomarkers, assays, etc.) in continued characterization of and development of potential candidates. Initiation of GMP process development and manufacturing of non-GMP material and drug formulations.	Preclinical R&D. Laboratory testing of critical components and processes. Proof of concept of device demonstrated in relevant laboratory and animal models.	System components integrated and tested regarding preliminary efficiency and reliability. Software architecture and other system components development to address reliability, scalability, operability, security etc. Other system components development	System components integrated and tested for preliminary efficiency and reliability. Software architecture and other system components development to address reliability, scalability, operability, security etc.

		Evaluation of safety, pharmacodynamics and pharmacokinetic properties.			
5	*Validation of technology in a relevant environment*	Further characterization of candidate, i.e. absorption, distribution, metabolism and elimination. A manufacturing process established amenable to large scale GMP manufacturing and consistent with the intended use of the drug. Development of in process controls and relevant analytical assays. Continued development of animal models for efficacy and dose-ranging studies. Selection of candidate drug. GLP safety studies for IND submission and Phase 1	Further development of device candidates and system solutions. Validation of system components and processes in relevant laboratory environment. Classification of device by appropriate regulatory body and when appropriate an Investigational Device Exemption (IDE) prepared and submitted for review.	System component architecture established. System tested in relevant testing environment as expected in the operational environment. Verification, validation and accreditation when appropriate initiated.	System component architecture established. System tested in relevant testing environment as expected in the operational environment. Verification, validation and accreditation when appropriate initiated.
6	*Demonstration of technology in relevant environment*	Clinical development. GMP production, IND submission and Phase I clinical evaluation performed proceeding to Phase II. Appropriate safety evaluations conducted to support further Development.	System/device prototype demonstrated in an operational environment. Clinical testing to demonstrate safety may be required. Depending on the classification of the device re-market approval or Premarket notification (510(K)) applies.	Representative model or prototype system demonstrated in relevant live or simulated environment. System component releases are "beta" versions and configuration controlled. Support structure in development and verification and validation and when needed accreditation for safety reasons in progress.	Representative model or prototype system demonstrated in relevant live or simulated environment. System component releases are "beta" versions and configuration controlled. Support structure in development and verification and validation and when needed accreditation for safety reasons in progress.
7	*Technology prototype demonstrated in an operational environment*	Phase II clinical study is completed. Manufacturing process scale-up and process validation initiated and stability testing ongoing. Continued safety studies to support further clinical testing. The TPP refined when necessary. Phase III clinical plans defined and approved by regulatory authorities.	Clinical safety and effectiveness trials conducted using a fully integrated prototype version of the medical device in an operational environment. Data evaluated to support further development. The final product design validated and final prototype and/or device intended for	System tested in an operational environment. Support structure in place and System component releases in distinct versions. Verification, validation and when appropriate accreditation completed.	System tested in an operational environment. Support structure in place and System component releases in distinct versions. Verification, validation and when appropriate accreditation completed.

			commercial use produced and tested.		
8	*Technology system completed and qualified through test and demonstration*	Manufacturing processes validated. Pivotal clinical Phase III testing and safety studies completed. NDA or BLA prepared and submitted. Approved by appropriate regulatory authorities.	Premarket application or premarket notification submitted and approved	Development completed. System demonstrated to work under real life conditions. Testing of design specifications. System component releases are production versions. Support structure in place to resolve technical issues.	Development completed. System demonstrated to work under real life conditions. Testing of design specifications. System component releases are production versions. Support structure in place to resolve technical issues.
9	*Technology system in its final form ready for full (commercial) deployment in relevant operating environment*	Product launched. Post-marketing studies (Phase IV) and surveillance	Product launched. Post-marketing studies and surveillance	Product launched.	Product launched.