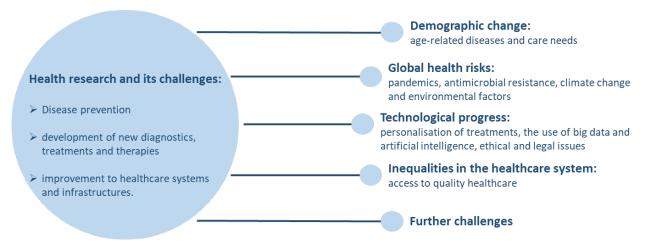
Position Paper of the Group of EU Liaison Officers of German University Hospitals on the 10th Framework Programme for Research and Innovation of the European Commission: Health



I. The importance of health research for European society

The European Commission (EC) Framework Programmes for Research and for Research and Innovation have consistently included health research. Thus, the need to address health and well-being at the European level has long been emphasized. Considering the many challenges to maintain and improve the health and well-being of European citizens, health research and innovation in health-related areas are deemed crucial and should remain an autonomous part of the Framework Programme (FP) 10.

Future challenges in the healthcare sector for the years 2028 – 2034



Research and innovation in the healthcare sector are essential for several reasons:

- **Improvements to healthcare**: Research leads to the development of new treatments, drugs and therapies that can improve healthcare and better manage disease.
- **Disease prevention**: Research can identify risk factors for different diseases and develop measures to prevent or delay the onset of disease.
- Improved understanding of diseases: Research allows for an in-depth understanding of the causes of disease, which include genetic, environmental and behavioural factors. Improved understanding enables the development of targeted treatments.
- **Innovation and progress**: Research results in the development of new technologies and medical procedures that will improve healthcare and save lives.
- Tackling global health challenges: Research plays a key role in addressing global health challenges such as pandemics, infectious and non-communicable diseases, consequences of climate change and other public health crises.
- **Economic impact**: Health research generates economic benefits through innovation and can create new jobs, safeguard the workforce and thus, further boost the economy.

Overall, health research is vital to improve and protect the health and the well-being of the people in Europe and across the world.

I.1 Challenges of healthcare policy in Europe

Health policy in Europe requires a comprehensive and sustainable strategy to identify and offer solutions to major challenges facing the European continent and its population. Key areas include research funding, digitalisation, skills shortages, disease prevention, and regional inequalities.

Addressing these points at issue requires a holistic and coordinated policy that emphasizes long-term solutions and prioritises research, innovation, and European collaboration.

A holistic and coordinated policy for research and innovation in Europe requires strategic planning and long-term objectives. It should lead to improved prevention, protection and overall optimization of public health, as well as an efficient and reliable development of the digital health infrastructure. Increasing the supply of health professionals and improving their working conditions are crucial, as are regionalized care strategies that address specific needs. Similarly, transparent, participatory decision-making processes and continuous evaluation are of high priority. This interrelated approach will ensure that healthcare systems meet the needs of the European population and continue to provide high-quality care.

1.2 Challlenges of demographic change for health and well-being in Europe

Research on the impact of demographic change on healthcare systems ought to be prioritized, focusing on healthcare providers, treatment guidelines and evolving societal needs. Healthcare systems need to adapt to an ageing population, which requires specialised services and barrier-free access. Specific healthcare needs of older people, such as chronic disease management and palliative care, must be investigated. The increasing demand for aged care services and the decreasing number of skilled workers across Europe require the anticipation of future needs and the development of innovative aged care models. Research on health behaviour and prevention in old age is essential to promote healthy lifestyles. Technology, such as telemedicine and robotics, can support older adults, but its acceptability needs to be assessed first. Social inequalities in access to healthcare need to be investigated to develop equitable strategies. Interdisciplinary research and collaboration can provide innovative solutions to meet the challenges of an ageing society.

1.3 Challenges for maintaining a healthy society in Europe

In Europe, many major causes of death are preventable and treatable. Non-communicable diseases such as cardiovascular diseases, e.g., heart attacks and strokes, are linked to modifiable risk factors including high blood pressure, smoking, and obesity. Type 2 diabetes, linked to poor diet and obesity, can be managed to prevent complications. Cancer is frequently associated with lifestyle factors and can benefit from early detection and advanced treatments. Respiratory diseases such as chronic obstructive pulmonary disease, are a major cause of death, commonly due to smoking and air pollution. Liver disease can often be prevented or managed by reducing alcohol consumption and limiting the exposure to hepatitis. Infectious diseases still contribute to mortality, although vaccination and access to healthcare have reduced their impact. Rare, particularly genetic, diseases and disorders affect millions of people, but early diagnosis and treatment could provide an opportunity to enhance the life quality of patients and their families. Finally, unintentional injuries, such as road traffic accidents and falls, are a major cause of death, especially among younger people. Public health initiatives and healthcare policies are crucial in tackling these causes of death.

However, addressing major causes of death in Europe requires a multi-faceted approach involving governments, universities and research organisations, healthcare providers, public health organizations, communities, and individuals. Strategies include launching public health campaigns to raise awareness of risk factors and promote preventive measures, ensuring universal access to high-quality healthcare, and promoting healthy lifestyles through policies and programs. Environmental measures to reduce pollution and improve community safety, as well as the expansion of screening programs for early detection of diseases, are essential. Investment in research and innovation for new prevention strategies, novel diagnostics, treatments and interventions, is required to reduce preventable deaths and maintain a healthy society across the European continent.

Given these challenges, the European Commission's future Framework Programme for Research and Innovation should prioritize human health and ensure its critical importance is reflected with sufficient funding. Ensuring collaboration between universities, research institutions, companies, and public authorities is essential to tackle future health challenges and improve the well-being of European citizens.

II. Recommendations for Pillar II with focus on Cluster I Health

With more than €53 billion, the majority of the Horizon Europe's total budget of €96 billion is spent on Pillar II. Out of these 53 billion, 8 billion are allocated to Cluster 1 – Health. The programme as such is well structured and we expect that this structure and the instruments will be maintained in the near future. As the global challenges can only be addressed through joint efforts, we need a strong European programme for research and innovation. Therefore, we welcome the emphasis on collaborative research.

Looking specifically at Pillar II, there is a number of critical needs we would like to highlight:

II.1 Need for equal distribution across all technology-readiness levels (TRLs)

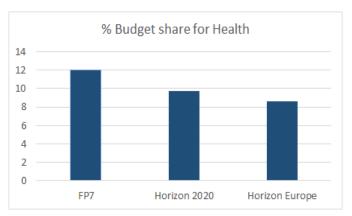
Following the shift from research to innovation i.e., from the 7th Framework Programme for Research and Innovation (FP7) to Horizon 2020, and from Horizon 2020 to Horizon Europe, a transition towards short-term, close-to-market activities is currently taking place at the policy level, addressing some of Europe's key societal challenges with calls at high TRLs. This leads to an imbalance between basic research (lower TRLs) and applied research (higher TRLs) for the collaborative parts of the programme. High TLR-level projects are valuable in contributing to short-term solutions and in applying existing knowledge but need to be complemented to a much greater extend by additional calls addressing basic research topics that will improve our understanding of the challenges themselves. The development of the Covid-19 vaccine, which was made possible through basic research, provides an excellent example of the interplay between groundbreaking basic research and its translation into practice. Therefore, to maximise the impact of the programme, it is essential that the funding for collaborative projects is extended to the full range of TRLs in Cluster 1.

II.2 Need for simplification through limiting of the diversity of initiatives and instruments

Horizon Europe has introduced new instruments and initiatives which have increased the diversity of the programme. This resulted in increased complexity which impedes the participation of new actors in the programme. To achieve simplification, the conditions for all partnerships should be standardised and aligned with the existing conditions for the core work programme. Information on work programmes and open calls should be made accessible through the Funding and Tenders Portal of the EC to increase the visibility and accessibility of these funding opportunities. Furthermore, there is a need for fewer, stronger and thematically clear partnerships of broad EU interest, where enhanced national and EU alignment is considered essential. More information should be provided on the synergies between the missions, partnerships and clusters that could address similar issues. The portion of the budget allocated to the partnerships should be significantly reduced within Horizon Europe to encourage fewer partnerships. In contrast, the budget for collaborative projects funded directly through the work pogrammes of the specific clusters should be increased.

II.3. Need to overcome budgetary constraints

The share of funding for health research is decreasing compared to the last Framework Programmes (see Figure 1 below), although the topics remain of utmost importance across Europe.



Percentage of budget share of the Framework Programmes for the "Health" topic/challenge/cluster.

Simultaneously, new health emergency initiatives and additional health research areas are included e.g., Mission Cancer, coprogrammed and co-funded partnerships, health data and bioinformatics research. Consequently, the available budget has to be shared between multiple research areas and initiatives, leading to a significant underfunding of health topics focusing on basic research. This results in high oversubscription rates for the latter.

Overall, success rates remain low due to budgetary constraints and oversubscription,

with up to 88% of all proposals deemed not eligible for funding, including many high-quality applications. Therefore, increasing the budget of the Framework Programme is considered a priority to ensure sufficient national investment in Research Development & Innovation (RD&I). The increase in research funding should be in line with the agreed target of allocating 3% of GDP to RD&I, which is key to generating solutions to address health challenges and boosting Europe's competitiveness. Stable conditions for research and innovation, particularly a fixed budget, aids in reducing instability caused by annual discussions on proposed budget cuts and regular re-allocation of the budget from the Framework Programme to new political priorities proposed at the EU level (e.g., New European Bauhaus, European Chips Act). These emerging priorities fund their initiatives by reducing the pool of money designated for Horizon Europe whilst focusing on capacity building rather than research and innovation.

In addition, for calls where a large number of competitors is expected, a two-stage approach should be employed, with the budget distributed to multiple smaller projects rather than to a limited number of larger projects. This way, the impact of the EU funding will become broader whilst still addressing important points of issue such as specific diseases. This approach facilitates the participation of early career stage researchers, Small to Medium Enterprises (SMEs), and new actors in the calls, allowing for testing of creative ideas on a smaller scale. This can be further linked to the need to re-evaluate citizen participation and co-creation, its effectiveness, and the role it should play in FP10.

In conclusion, health research continues to be of utmost importance for the European society.

Different challenges, such as ageing population, antimicrobial resistance, global threats to human health and the risk of pandemic outbreaks, demonstrate the necessity for large-scale investment in health research. Increasing the budget of the Framework Programme for Pillar II, and especially Cluster 1, is needed. The funding should be allocated to collaborative research projects funded directly through the work programmes of the respective clusters. The partnerships should display a higher degree of consolidation and have their number minimised. Consequently, some of the funds reserved for the partnerships could be redistributed to the calls of Cluster 1. Projects addressing basic research must continue to be funded, as there has been less funding allocated to ground-breaking research, with excellence of the research projects constituting the most important evaluation criterion. Finally, standardization and simplification of participation rules among different funding schemes are recommended to enable less experienced researchers and smaller organisations to participate in the programme.

For further information please visit https://www.uni-giessen.de/health.