

## Piano di Formazione Nazionale

**Modulo 5 - “Laboratorio per scrivere un progetto di Digital Health in Horizon Europe”**

**Roma, 04/10/2023**



**MARIA CRISTINA BRUGNOLI**

# Call text

# Access to health and care services for people in vulnerable situations

## Programme

Horizon Europe Framework Programme (HORIZON)

€ Budget overview

## Call

Ensuring access to innovative, sustainable and high-quality health care (Two stage - 2024) (HORIZON-HLTH-2024-CARE-04-two-stage)

## Type of action

HORIZON-RIA HORIZON Research and Innovation Actions

## Type of MGA

HORIZON Lump Sum Grant [HORIZON-AG-LS]

🔒 Closed

## Deadline model

two-stage

## Opening date

30 March 2023

## Deadline dates

19 September 2023 17:00:00 Brussels time  
11 April 2024 17:00:00 Brussels time

## Budget overview



Topic	Budget (EUR) - Year : 2024	Stages	Opening date	Deadline	Contributions	Indicative number of grants
HORIZON-HLTH-2024-CARE-04-04-two-stage - HORIZON-RIA HORIZON Research and Innovation Actions	30 000 000	two-stage	30 March 2023	19 September 2023 11 April 2024	4000000 to 6000000	5

<https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-details/horizon-hlth-2024-care-04-04-two-stage>

# Two-stages calls

## *Two-stage calls*

For the evaluation of first-stage applications under a two-stage submission procedure, only the ‘Excellence’ and ‘Impact’ criteria will be evaluated. Within these criteria, only the aspects in **bold** will be considered.

The threshold for both individual criteria will be 4. For each indicative budget-split in the call conditions, the overall threshold applying to the sum of the two individual scores will be set at a level that ensures the total requested budget of proposals admitted to stage 2 is as close as possible to three times the available budget, and not less than two and a half times the available budget. The actual level will therefore depend on the volume of proposals received. The threshold is expected normally to be set at 8 or 8.5.

The evaluation procedure is explained further in *Annex F below*.

[https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2023-2024/wp-13-general-annexes\\_horizon-2023-2024\\_en.pdf](https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/wp-call/2023-2024/wp-13-general-annexes_horizon-2023-2024_en.pdf)

# Single stage vs two-stage submission

- Evaluation procedure and ranking Calls may be subject to either a single-stage submission procedure or a two-stage submission procedure. The evaluation procedure could be organised in one (standard) or several steps.
- In the first stage of two-stage submission, applicants will be requested to submit only an outline application (which will be evaluated against only two award criteria: 'Excellence' and 'Impact').
- Successful applicants will be invited to submit a full application for the second stage (which will be evaluated against the full set of award criteria).

# Admissibility

## Same general admissibility conditions

- Applications must be submitted before the call deadline, **electronically** via the Funding & Tenders Portal
- Applications must be **complete, readable, accessible and printable**, and include a **plan for the exploitation and dissemination of results**, unless provided otherwise in the specific call conditions.

## Proposal page limit

Substantial reduction in maximum length:

- RIAs and IAs type of actions: limit for a full application is **45 pages**
- CSAs: limit is **30 pages**
- First stage proposals: limit is **10 pages**
- EIC Pathfinder: limit is **17 pages**
- Exceptions, if any, would be specified in the call text.

# 1st stage: award criteria



## Evaluation criteria (RIAs and IAs) → FIRST STAGE

### EXCELLENCE

- ✓ Clarity and pertinence of the **project's objectives**, and the extent to which the proposed work is ambitious, and goes beyond the state-of-the-art.
- ✓ Soundness of the proposed **methodology**, including the underlying

*for first  
stage:overall*

### IMPACT

- ✓ Credibility of the **pathways** to achieve the expected **outcomes and impacts** specified in the work programme, and the likely scale and significance of the contributions due to the project.

### QUALITY AND EFFICIENCY OF THE IMPLEMENTATION

*Proposals aspects are assessed to the extent that the proposed work is within the scope of the work programme topic*

# 2nd stage: award criteria



## Evaluation criteria (RIAs and IAs)

### EXCELLENCE

- ✓ Clarity and pertinence of the **project's objectives**, and the extent to which the proposed work is ambitious, and goes beyond the state-of-the-art.
- ✓ Soundness of the proposed **methodology**, including the underlying concepts, models, assumptions, interdisciplinary approaches, appropriate consideration of the **gender dimension** in research and innovation content, and the quality of **open science practices** including sharing and management of research outputs and engagement of citizens, civil society and end users where appropriate.

### IMPACT

- ✓ Credibility of the **pathways** to achieve the expected **outcomes and impacts** specified in the work programme, and the likely scale and significance of the contributions due to the project.
- ✓ Suitability and quality of the **measures to maximize expected outcomes and impacts**, as set out in the dissemination and exploitation plan, including communication activities.

### QUALITY AND EFFICIENCY OF THE IMPLEMENTATION

- ✓ Quality and effectiveness of the **work plan**, assessment of risks, and appropriateness of the effort assigned to work packages, and the resources overall.
- ✓ Capacity and role of each **participant**, and extent to which the **consortium** as a whole brings together the necessary expertise.

*Proposals aspects are assessed to the extent that the proposed work is within the scope of the work programme topic*



# Topic description

## Expected Outcome:

This topic aims at supporting activities that are **enabling or contributing to one or several expected** impacts of destination “Ensuring access to **innovative, sustainable and high-quality health care**”. To that end, proposals under this topic should aim for delivering results that are directed, tailored towards and contributing **to several of the following expected outcomes**:

- **Decision- and policymakers, service providers, and health and care workers** have better availability to and make use of knowledge on barriers to access to health and care services[1] experienced by people in vulnerable situations and at risk of stigma or discrimination (from now on referred to as people in vulnerable situations)[2].
- **Decision- and policymakers, providers and health and care workers** have access to innovative solutions to promote and improve access to health and care services for people in vulnerable situations.
- **Decision- and policymakers and providers** have access to reliable quantitative data on health inequalities in access to health and care services for people in vulnerable situations.
- **People in vulnerable situations** are better equipped in terms of health and digital literacy, knowledge about their rights etc. when it comes to access to health and care services.
- **People in vulnerable situations** are involved in the design and implementation of research and innovation activities concerning access to health and care services.

# SCOPE

- Equal and needs-based access to health and care services are important values of the EU, as well as central principles within the Member States (for example 2006 Council Conclusions on Common values and principles in European Union Health Systems, European Pillar of social rights).
- At the same time, plenty of evidence indicates that there is unmet need for health and care services. Although **financial barriers are an important part** of the explanation[3], it is also evident that even in countries where co-payment is low or even zero, **access to health and care services differs between groups**.
- **Certain groups are more at risk** of not accessing all the health and care services they need, depending among other factors, on their socio-economic and legal status, age, sex and gender identity, (dis)ability, ethnicity and geographical location.
- For example, the life expectancy for the **Roma people** – the largest ethnic minority in the EU – is on average ten years shorter than the general population. This is because, due to poor socio-economic conditions and ethnic segregation, many Roma people live in enclaves where equal opportunities to services including infrastructure are lacking. Due to these inequalities that are also rooted in antigypsism[4], Roma people are facing much greater difficulties accessing and receiving standard health and care services including prevention compared to other citizens[5].

# SCOPE (2)

- There are significant health inequalities between the **LGBTIQ community** and the population as a whole. One part of the explanation is reluctance to seek health and care services because they have experienced or fear hostile reactions. Trans- and intersex people still struggle to access quality and affordable medication and care, both related to general health services and specific health care relating to transition, such as a lack of relevant medication or surgical procedures[6].
- Compared to men, **older women** have a higher poverty risk also due to lower pay and lower pensions. They face a higher risk to live longer in poorer health, so their overall need for health and especially care services is therefore higher.
- **People living in difficult socio-economic situations**, such as **homeless people or people at the risk of poverty** may experience similar issues.
- **For migrants and refugees, uncertain legal status**, fear of public authorities, or language difficulties may cause additional barriers to seeking adequate health and care services.

# SCOPE (3)

- Whilst factors outside the health and care sector also have an impact on people's access to health and care services, **health and care systems can influence and facilitate access** through accessibility, costs, referrals and attitudes.
- Another aspect concerns **access to data regarding certain groups**. Whereas data on access to health and care when it comes to factors related to socio-economic characteristics, geographical barriers, sex, and age is more accessible, data on people in vulnerable situations (often due to the problem of sensitivity of data) is often less accessible, contributing to making the situation of these groups less visible.<sup>7</sup>
- Activities under this call should **focus on groups that are in vulnerable situations** from a social, financial or health perspective, or at risk of discrimination, such as migrants, Roma people, trans and intersex people, specific age and gender groups (that intersects with other aspects of vulnerability, such as elderly women), indigenous people, homeless people, people in poverty or at risk of poverty, people with disabilities or patients with complex conditions.
- Where relevant, activities should use **intersectional approaches to consider**, inter alia, socioeconomic factors, geography, citizenship, age, sex and gender identity, and ethnicity.

Next to the above-mentioned, research and innovation activities under this topic should address several of the following:

- **Different types of barriers** - different barriers to study could be **financial, geographic, social, marginalisation and discrimination**. When relevant, health and digital literacy aspects should be analysed. The selection of factors should be context specific as groups suffering from access barriers vary a lot across EU countries and at subnational level. The principle of needs-based health and care should be taken into account.
- **Access to what?** – for example: what part of the health and care system (**from prevention, primary care and long-term care to tertiary care, any specific services, e.g. mental care**) do different groups have access to? Is integrated care provided for these groups taking into account their particular needs? How much health and care services do different groups access?

- **Solutions** - What measures are needed to counter inequalities in health and care access and make sure that vulnerable groups access health and care services and that access is based on needs (measures to educate, support and empower vulnerable groups can be included here)? What are the costs, at different levels, to develop these solutions? Piloting of measures could be included. Community-based and/or co-created initiatives and peer-support approaches: what works and how can these be supported, sustained and/or integrated in the wider service landscape.

- **Better data** – improving access and quality of data will contribute to identify people in vulnerable situations' health needs and implement targeted measures corresponding to the challenges that each group experiences. The data could for example explore effectiveness of provided care (metrics helping to assess if provided care addresses the root causes of inequalities) or new valid methodologies to identify the unmet health related needs of people in vulnerable situations. Quantitative and qualitative data on inequalities in prevention, prevalence and treatment of different morbidities.
- **Cost analyses** - The cost of inequalities in access to health and care services: Quantitatively and/or qualitatively measure the negative impact on not taking measures for helping people in vulnerable situations have access to health and care services including prevention.

# Esercitazione

(Excellence e  
Impact pathway)



# Esercitazione

- La classe viene divisa in gruppi
- Ad ogni gruppo è assegnato lo stesso topic HEU
- NB: Ogni gruppo, al suo interno, individua un referente. Il referente deve:
  - Tenere i tempi dell'esercizio
  - Mantenere il focus della discussione
  - Relazionare in plenaria sull'esercizio condotto
- Siamo a disposizione per domande e suggerimenti!

# Esercitazione (P1)

- Leggere attentamente il bando
- Individuare una idea di progetto (qui è importante mantenere i tempi!) **Excellence**
- Definire un consorzio (di massima)
- Definire Objectives (→ Outcomes) **Excellence**
- Definire un piano di attività (WP), delle tempistiche e i ruoli (di massima)

## Esercitazione (P2)

### Excellence:

- End users/Target groups + Specific needs
- Outcomes (KPI)
- Methodology

# Esercitazione (P3)

**Excellence:** Attività che coinvolgono gli end users (including co-creation, evaluation, validation, pilot, trials, etc.)

**Impact:**

- Impacts (short and long term)
- Communication, dissemination & exploitation measures

Always include KPI (Key Performance Indicators)

## Esercitazione (P4)

- Si ritorna in plenaria
- Ciascun gruppo presenta il suo progetto (referente)
- Domande dei partecipanti
- Commenti

## 2.3 Summary canvas

*“Provide a summary of this section by presenting in the canvas below the key elements of your project impact pathway and of the measures to maximise its impact.”*

<b>Specific needs</b>	<b>Expected results</b>	<b>CDE Measures</b>
<i>(What are the specific needs triggered by the project?)</i>	<i>(What do you expect to generate at the end of the project?)</i>	<i>(What are the communication, dissemination and exploitation measures will you apply to the results?)</i>

Target groups	Outcomes	Impact
<p><i>Who will use or further up-take the results of the project? Who will benefit from the results of the project?</i></p>	<p><i>What change do you expect to see after successful dissemination and exploitation of project results to the target group(s)?</i></p>	<p><i>What are the expected wider scientific, economic and societal effects of the project contributing to the expected impacts outlined in the respective destination in the work programme?</i></p>