Национальная контактная точка «Здравоохранение»
Рамочной программы ЕС «Горизонт 2020»

ИНФОРМАЦИОННЫЙ БЮЛЛЕТЕНЬ

ноябрь 2017

Новости

Опубликована Рабочая программа по здравоохранению на 2018-2020 гг. Рамочной программы Горизонт 2020

7 ноября 2017 года Еврокомиссия открыла подачу заявок на конкурсы Рабочей программы по здравоохранению на 2018-2020 гг. Рабочая программа включает в себя более 30 конкурсов, из них 28 конкурсов открыты к подаче в 2018 году и 5 конкурсов - в 2019 году. http://www.h2020-health.ru/ru/node/537

Особое внимание российским ученым следует обратить на Скоординированный конкурс Россия-ЕС по инфекционным заболеваниям.

Объявлению конкурса предшествовала работа, проделанная представителями Минобрнауки России, Минздрава России, Европейской Комиссии и экспертов по согласованию приоритетных тематик исследования.

В Рабочей программе конкурс находится по идентификатору **SC1-BHC-21-2018: Research on HIV, tuberculosis (TB) and/or hepatitis C (HCV) in patients with mono-, co-infections and/or comorbidities in the context of fostering collaboration with the Russian Federation**.

На сайте НКТ «Здравоохранение» создана страница, посвященная скоординированному конкурсу. Страница содержит основную информацию о конкурсе и ответы на часто задаваемые вопросы. http://www.h2020-health.ru/ru/competition-ru-eu

В декабре 2017 года НКТ «Здравоохранение» проведет информационный день, посвященный публикации Рабочей программы на 2018-2020 гг. и, в частности, скоординированному конкурсу Россия-ЕС.

Все вопросы относительно данного конкурса и других конурсов вы можете задать по электронной почте: mail@fp7-health.ru

HORIZON 2020 INFO DAYS

Russian Federation, 6 & 8 December 2017

Еврокомиссия проведет информационные дни, посвященные публикации Рабочей программы на 2018-2020 гг. Рамочной программы ЕС Горизонт 2020 в Казани и Санкт-Петербурге

Еврокомиссия проведет информационные дни, посвященные публикации Рабочей программы на 2018-2020 гг. в Казани и Санкт-Петербурге.

Ключевыми темами семинаров станут:

- Условия участия в Рамочной программе ЕС Горизонт 2020,
- Возможности финансирования российских участников,
- Новые Рабочие программы на 2018-2020 гг ,
- Подготовка и подача заявки,
- Поиск партнеров для подачи заявки.

В Казани семинар состоится 06 декабря 2017 года с 10.00-16.00.

Регистрация открыта до 01 декабря https://h2020-kazan2017.teamwork.fr/en/registration

В Санкт-Петербурге семинар состоится 08 декабря 2017 года с 10.00 до 16.00.

Регистрация открыта до 01 декабря https://h2020-st-petersburg2017.teamwork.fr/en/registration

Участие в семинарах бесплатно.

Открытые международные конкурсы

Конкурсы по здравоохранению
Рамочной программы Горизонт 2020 на 2018-2020 гг.

Call - Better Health and care, economic growth and sustainable health systems
H2020-SC1-BHC-2018-2020

This call will aim at reconciling better health and healthy ageing with the need to develop sustainable health and care systems and growth opportunities for the health and care related industries. The scope of the call may range from prevention, diagnosis, stratified approaches, predictive toxicology, the development of novel and repurposed therapeutic approaches, including medical technologies and advanced therapies, cohorts and registries-based research, to integration of care and systemic digital solutions for health and ageing well. It aims to translate new knowledge into innovative applications and accelerate large-scale uptake and deployment in different health and care settings, making health and care systems and services more accessible, responsive and efficient in Europe and beyond. To this end, the inclusion of private companies and other innovators in the projects is encouraged.

1.1 Personalised medicine

This priority will aim at delivering personalised health and care solutions to benefit citizens. It will generate and translate knowledge on disease aetiology and technological innovation into personalised health and care solutions. Areas of application include chronic, rare and communicable diseases. This priority targets any type of population, including children, the ageing population and high-risk groups. Relevant links with the European Reference Networks will be sought. Research under this priority will also attempt to develop an understanding of the economic impact and the potential of personalised medicine to transform health systems.

The expected key impact of this priority is improved health outcomes for the citizens. Additional impacts are to:

(i) establish Europe as a global leader in personalised medicine research;

(ii) support the personalised medicine science base through a coordinated approach to research;

(iii) provide evidence to policy makers of the benefit of personalized medicine to citizens and healthcare systems.

The International Consortium on Personalised Medicine will be instrumental to achieve these aims.

SC1-BHC-01-2019: Understanding causative mechanisms in co- and multimorbidities

Proposals should identify and validate causative mechanisms (e.g. molecular, genetic, correlative, drug-drug interaction) combining mental and physical disorders through the integration of basic, pre-clinical and/or clinical research. Applicants should prove the relevance of the identified mechanisms for co-morbid development. Where pertinent, development of

biomarkers and other technologies for diagnosis and monitoring of comorbid conditions in patients is encouraged. A purposeful exploitation of existing data, biobanks, registries and cohorts is expected, but does not exclude generation of new data. Sex and gender aspects, age, socio-economic, lifestyle and behavioural factors and any other non- health related individual attributes should be taken into consideration. SME participation is strongly encouraged.

EU contribution: 4-6 million euro

Deadline: **02 Oct 2018 (First Stage)**, 16 Apr 2019 (Second Stage)

SC1-BHC-02-2019: Systems approaches for the discovery of combinatorial therapies for complex disorders

Research should aim to understand at systems level the pathophysiology of a disorder in groups of patients responding well or poorly to particular therapies and further develop combinatorial therapies tailored to the needs of individuals or stratified patient groups.

Projects should focus on already available and/or authorised therapies and have access to standardized biobank samples derived from retrospective or currently running clinical studies. These patient samples should be re-analysed with modern high-throughput technologies. The existing and newly produced data should be integrated using systems approaches, which could combine sub-cellular/cellular and/or organ level in-silico models and network analysis as appropriate, and used to build more sophisticated computational frameworks to predict patient responses to combinatorial therapies. These predictions should be validated in pre-clinical and clinical studies taking into account sex and gender differences. Funding of late stage clinical trials is not within the scope of this topic.

EU contribution: 4-6 million euro

Deadline: **02 Oct 2018 (First Stage)**, 16 Apr 2019 (Second Stage)

SC1-BHC-03-2018: Exploiting research outcomes and application potential of the human microbiome for personalised prediction, prevention and treatment of disease

The aim is to achieve understanding of balanced states of health and on that basis to deliver personalised approaches and clinical tools for predicting and preventing diseases. Proposals should integrate and use high quality microbiome, metabolome and other -omics data produced by large scale international initiatives. They should combine and expand these data with approaches including disease-oriented functional analysis, endogenous and exogenous factors, innovative imaging, functional, structural and lifestyle, ageing, dietary data, environmental data, mental disorders and/or any other comorbidity. Proposals should build on data from existing microbiome projects and, as appropriate, on data from other international initiatives. Focussed production of new data should make subject coverage more comprehensive with the aim of delivering more valuable clinical tools. Proposals should address relevant ethical implications, take into account sex and gender differences, the effect of country-specific issues and should include a section on research data management.

EU contribution: 10-15 million euro

Deadline: **18 Apr 2018**

SC1-BHC-04-2018: Rare Disease European Joint Programme Cofund

The overall objective is to implement a European Joint Programme (EJP) Cofund for Rare Diseases which would create a research and innovation pipeline "from bench to bedside" ensuring rapid translation of research results into clinical applications and uptake in healthcare for the benefit of patients. The initiative should follow the policies and contribute to the objectives of the International Rare Diseases Research Consortium (IRDiRC).

The specific objectives of the EJP Cofund are to improve integration, efficacy, production and social impact of research on rare diseases through the development, demonstration and promotion of sharing of research and clinical data, materials, processes, knowledge and know-how, and to implement and further develop an efficient model of financial support for research on rare diseases including basic, clinical, epidemiological, social, economic, and health service research. Reaching these objectives requires support of a wide range of activities and participants which cannot be achieved with an ERA-NET-Cofund.

EU contribution: 50-55 million euro

Deadline: **18 Apr 2018**

SC1-BHC-05-2018: International flagship collaboration with Canada for human data storage, integration and sharing to enable personalised medicine approaches

To build a collaboration of stakeholders in Europe and Canada in the domain of repositories storing and sharing human –omics data that will create a framework for long-term cooperation. In order to do so, this programme aims to enhance and standardise data deposition, curation and exchange procedures thus ensuring better data reuse and increased benefit to the scientific communities worldwide. The selected projects should build on the data quality metrics, standards and access policies developed by major international initiatives (e.g., IHEC, ICGC, IHMC, MME).

EU contribution: 4-6 million euro

Deadline: **18 Apr 2018**

SC1-HCO-01-2018-2019-2020: Actions in support of the International Consortium for Personalised Medicine

Each action should focus on one of the following fields:

- International aspect: The action should focus on building links with third countries by analysing the potential and advantages of collaboration in personalised medicine (PM) with those countries, studying areas of interest for Europe in PM collaboration and promoting international standards in the field. In particular the uptake of personalised approaches in health systems and healthcare should be addressed, taking into account social and cultural aspects, health economy issues and equitable healthcare. For the 2018 call, the project should focus on CELAC as a group of countries, and for the 2019 call on China. Due to the specific challenge of this topic, in addition to the minimum number of participants set out in the General Annexes, proposals shall include at least one participant from the international partner region CELAC or from China, respectively.

- Regional aspect: The action should establish and support networking between regions and interregional cooperation in different European countries, in particular linking remote or

sparsely populated regions with regions harbouring critical mass of medical and PM expertise while taking into account broader socio-economic and cultural aspects. The focus of the action can include aspects of genomic analysis, me-Health (mobile and electronic Health), telemedicine etc. but should aim at structuring PM application at regional level. Linkage to existing inter-regional projects (financed by INTERREG programmes) or interregional partnerships of Thematic Smart Specialisation Platforms will be actively encouraged. (2018 call).

- Healthcare- and pharma-economic models for personalised medicine, interlinking European public health approaches with medical practice and financing. The action should carry out studies in support of research in and development of new health- and pharma economic models for PM, including prevention, to capture value and to develop relevant health financing models. Analysing mid- and long-term impacts of innovative products designated for sub-sets of patient populations on the patients themselves and on public health systems. Assessing the benefits of personalised medicine development for citizens and their broader social environment while ensuring patient safety, access, equity, solidarity, data safety and financial sustainability of public health systems in the EU. The action should involve different relevant stakeholders and take into account work being carried out by other EU funded initiatives, such as EUnetHTA. SME participation is encouraged. Results of the studies and workshops should be actively disseminated to a wider audience, including relevant authorities, professionals and the wider public. (2018 call).

- Standardisation for clinical study design. Establishment of innovative clinical trial design methodology for PM, including guidelines for research and reflection papers. The action should take into account sex/gender differences as well as the work done by relevant stakeholders and authorities such as EMA37 and the HMA network38, as well as the European legal framework. SME participation is encouraged. The results of the studies and workshops should be actively disseminated to a wider audience, including, industry, researchers and other professionals. (2019 call).

EU contribution: 1,5-2 million euro

Deadline: **18 Apr 2018,** 16 Apr 2019

SC1-HCO-02-2018: Data integration and data-driven in-silico models for enabling personalised medicine - a European standardization framework

The proposal should establish a forum for in-silico methodologies applied in translational and clinical research, where different transnational initiatives should meet and debate on their standardisation strategies. The project should evaluate the data integration and data-driven in-silico models strategies and identify best practices for integrating and modelling heterogeneous human disease data transnationally. The project should focus on those heterogeneous types of human data which are best structured (addressing relevant ethical implications and sex and gender differences) and thus pose fewer technical challenges for transnational sharing of data. Such data could be in principle biological and clinical data and the models should comprise of several computational models e.g. systems biology, physiological modelling, network analysis etc.

EU contribution: 1,5-2 million euro

Deadline: **18 Apr 2018**

SC1-HCO-04-2018: ERA-NET to support the Joint Programming in Neurodegenerative Diseases strategic plan (JPND)

Proposals should pool the necessary financial resources from participating national or regional research programmes in the area of neurodegenerative diseases research by implementing a transnational joint call for proposals resulting in grants to third parties with EU co-funding, with a view to scale-up the implementation of the JPND Research Strategy. Proposers are requested to also implement other joint activities, including training and additional joint calls without EU co-funding.

Proposals should also promote the strategic alignment of research activities related to neurodegenerative diseases across Europe, such as developing and aligning national research plans and strategies, making data bases more accessible and interoperable, harmonisation of measurements and methodologies, networking of already existing structures and studies, training etc.

Proposals should demonstrate the expected impact on national and transnational programmes as well as the leverage effect on European research and competitiveness, and should plan the development of key indicators for supporting this.

Participation of legal entities from third countries is encouraged in the joint call as well as in other joint activities including additional joint calls without EU co-funding. Participants from these countries may request a Union contribution (on the basis of the ERA-NET unit cost) for the coordination costs of additional activities.

EU contribution: 4-5 million euro

Deadline: **18 Apr 2018**

1.2 Innovative health and care industry

This priority will focus on turning innovative knowledge and technologies into practical applications benefiting citizens, healthcare systems and businesses. It will support the most innovative stakeholders in Europe in the area of health and care research. Areas of research will include innovative diagnostics and therapeutics, including advanced therapies. SMEs will be an important component and target of this priority. Actions under this priority are expected to demonstrate clear exploitation potential and socioeconomic benefits for patients and sustainable health systems.

SC1-BHC-07-2019: Regenerative medicine: from new insights to new applications

Regenerative medicine replaces or regenerates human cells, tissue or organs, to restore or establish normal function. Projects should focus on innovative translational research to develop regenerative processes towards the ultimate clinical goal of addressing unmet clinical needs of large patient groups. Proposals should be based on new approaches such as genome editing or gene therapy, transdifferentiation or in vivo reprogramming, cell therapy and transplantation, 3D bioprinting, organoids or use of combined products (non-exhaustive list for illustrative purposes only). In all cases, proposals should explain in what way their approach is regenerative. Research on improved methods of tissue and organ transplantation is included on the condition that there is a clear regenerative step in the process. The project may focus on any step(s) on the innovation

chain, from early testing and characterization of regenerative mechanisms to preclinical research, proof of concept or clinical trial. Sex and gender differences should be investigated, where relevant. Projects should include a section on the proposed therapy's exploitation potential, regulatory and commercialisation strategy and how it would be made available and delivered to patients.

EU contribution: 6-8 million euro

Deadline: 16 Apr 2019

SC1-BHC-09-2018: Innovation platforms for advanced therapies of the future

Building on European strengths and using the definition set out in Regulation (EC) 1394/2007, projects should create knowledge, testing and exploitation platforms around innovative concepts for advanced therapy development. Platforms should comprise the components and expertise necessary to create a solid foundation on which to build possible new therapeutic approaches and/or aim to overcome particular development bottlenecks. Possible components could include studying the basic biology of the potential therapy and investigating its mode of action, proof of concept (in vitro, in animal models – where necessary - or first-in–man studies); safety, efficacy, characterisation, refinement and manufacturing of the product could be considered. Projects should also propose a business model for exploiting results and carry out appropriate outreach and public information activities. Examples of issues that have been identified as holding back the field include gene delivery to cells, reducing off-target effects in gene therapy, immunogenicity of potential new therapies, cell homing and tracking, lack of adequate pre-clinical models, or responding to regulatory concerns, such as potency assays, product characterization, or bank-to-bank variability (non-exhaustive list for illustrative purposes only). Sex and gender differences should be investigated, where relevant. Potential ethical issues should be addressed.

EU contribution: 12-15 million euro

Deadline: **18 Apr 2018**

SC1-BHC-10-2019: Innovation Procurement: Next generation sequencing (NGS) for routine diagnosis

The objective is to implement NGS in routine diagnostics for personalised medicine and scale up demand-driven innovation for healthcare systems. This includes organisational, economical, technical and clinical aspects. It should lead to NGS tests, clinically validated procedures (including sex analysis), quality assurance schemes, tools and methods for data collection, management, analysis and interpretation, with a view to assist clinical decision- making and foster medical research and innovation. Transferability and cloud based NGS data analyses should be considered, as appropriate. Input from initiatives like the EJP Cofund on rare diseases and ERNs should be considered when relevant. Ethical issues should be addressed.

EU contribution: 9-11 million euro

Deadline: 16 Apr 2019

SC1-HCO-05-2018: Strengthening regulatory sciences and supporting regulatory scientific advice

Proposals should; (i) establish, regularly update and disseminate a comprehensive inventory43 of existing support activities for regulatory Scientific Advice and Protocol Assistance in Europe such as the Innovation Task Force (ITF44) briefing meetings; (ii) analyse the effectiveness of existing support activities and develop a common strategy for training programmes to strengthen regulatory sciences and improve support for successful outcomes from regulatory Scientific Advice and Protocol Assistance based on identified best practices; (iii) support and/or advice for the delivery of corresponding pilot training programmes in an efficient and collaborative manner, and (iv) assess the need for and possibly propose additional mechanisms sustainably supporting academic groups in regulatory Scientific Advice and Protocol Assistance procedures.

EU contribution: 1,5-2 million euro

Deadline: **18 Apr 2018**

1.3 Infectious diseases and improving global health

This priority will tackle infectious diseases and the health of vulnerable groups. Taking a 'One Health'- and a more personalised approach, it will target the improvement of risk assessment and surveillance tools, and the development of innovative medical countermeasures addressing in particular antimicrobial resistance, emerging and re- emerging infectious diseases (public health emergencies) and poverty-related and neglected diseases. Also relevant to this priority are maternal and newborn health, global collaboration on non-communicable diseases and on brain research, up-scaling interventions in specific diseases to populations in low-and middle-income countries and in vulnerable populations of high-income countries and the connection between global health and extensive migration waves. This priority links to the EDCTP, the EU and WHO (World Health Organisation) Global AMR action plans, the European One Health Action Plan against Antimicrobial Resistance, the global coordination of emerging infectious diseases research, and further multi-lateral research initiatives.

SC1-BHC-13-2019: Mining big data for early detection of infectious disease threats driven by climate change and other factors

It is expected that proposals develop:

- the technology to allow the pooling, access, analysis and sharing of relevant data, including next generation sequencing;

- the innovative bio-informatics and modelling methodologies that enable risk modelling and mapping; and

- the analytical tools for early warning, risk assessment and monitoring of (re-)emerging infectious disease threats.

EU contribution: 12-15 million euro

Deadline: 16 Apr 2019

SC1-BHC-14-2019: Stratified host-directed approaches to improve prevention, treatment and/or cure of infectious diseases

Proposals should test emerging concepts in drug and/or vaccine development in order to address the problem of antimicrobial drug resistance and to optimize therapeutic, curative or preventive measures against infectious diseases of major concern for Europe. Proposals should

capitalize on knowledge of the role of host factors, immune-modulators or of host- pathogen interactions influencing disease outcome that can be utilized to strengthen the response to treatment or prevention measures. This should lead to new enhanced therapies, cures and/or preventive measures. Differences in factors such as age, gender and genetic variation among the human population should be taken into consideration.

The proposals should focus on late pre-clinical and/or clinical research, supporting proof of concept and selecting relevant biomarkers for clinical validation. They should take advantage of existing or newly established cohorts to help identify factors for predicting the course of the disease and its response to the intervention in stratified patients.

EU contribution: 6-10 million euro

Deadline: **02 Oct 2018 (First Stage)**, 16 Apr 2019 (Second Stage)

SC1-BHC-15-2018: New anti-infective agents for prevention and/or treatment of neglected infectious diseases (NID)

The topic bridges the gap between preclinical and early clinical development of drugs and/or vaccines against neglected bacterial and parasitic diseases56. Therefore, the proposed actions should focus on late preclinical (e.g. validation in animal models, toxicology, Good Manufacturing Practices (GMP) production, preparation of Investigational Medicinal Product Dossier) and early clinical (up to phase 1) development of already existing lead drug and vaccine candidates. Multidisciplinary platforms bringing together academic and industry research teams, from European and disease-endemic countries, with the capacity to exploit existing experience and propose innovative solutions addressing several relevant pathogens are particularly encouraged. Sex and gender differences should be taken into account where relevant.

EU contribution: 5-10 million euro

Deadline: **06 Feb 2018 (First Stage)** 04 Sep 2018 (Second Stage)

SC1-BHC-16-2018: Global Alliance for Chronic Diseases (GACD) - Scaling-up of evidence-based health interventions at population level for the prevention and management of hypertension and/or diabetes

Proposals must focus on the scale-up of interventions at population level for hypertension and/or diabetes prevention and/or management in LMIC, and/or in vulnerable populations in HIC. Proposals addressing comorbidities with either hypertension or diabetes, including between them, are encouraged.

Proposals must align with commitments or planned commitments at a regional or country level to implement evidence-based interventions (including evidence of cost-effectiveness and affordability) across health or other sectors. Policymakers, intervention payers (excluding research funding agencies), researchers (including local researchers), implementers and beneficiaries should be involved at all stages of the intervention development and implementation design to identify the challenges to intervention delivery in real settings. Such partners will be integral to the success and sustainability of the programme and it is essential that they are engaged early, and participate actively in the design of the research proposal. Researchers should collaborate closely with the authorities responsible for the programme's delivery. Those authorities must pay for and provide the interventions, possibly through loans contracted from development banks or other

financial providers. Proposals will carry out the research associated with the scale-up of the intervention.

EU contribution: 2-4 million euro

Deadline: **18 Apr 2018**

SC1-BHC-18-2018: Translational collaborative cancer research between Europe and the Community of Latin American and Caribbean States (CELAC)

Proposals must focus on translational and multidisciplinary research to identify specific patient groups in view of improving one or more of the following aspects: screening, early detection, diagnosis, and/or prognosis.

Proposals must build on the diverse genetic backgrounds, risk factors, cancer incidence67, geographical environment, and/or different healthcare models (including social care and volunteers) in European and CELAC countries.

Proposals may integrate molecular, behavioural, nutritional, clinical, social and environmental epidemiology data from cohorts; registries; biobanks; repositories; research infrastructures;

Considerations of effectiveness and potential clinical benefit should be integrated in the proposals where relevant.

Specific population age groups, sex and gender aspects, socio-economic, ethical, ethnic, cultural, lifestyle and behavioural factors and any other non-health related individual attributes should be taken into consideration where relevant.

Due to the specific challenge of this topic, in addition to the minimum number of participants set out in the General Annexes, proposals shall include at least two participants from two different CELAC countries.

EU contribution: 2-4 million euro

Deadline: **18 Apr 2018**

SC1-BHC-19-2019: Implementation research for maternal and child health

Proposals should focus on implementation research for improving maternal and child health with a focus on the first '1000 days' from pregnancy until two years of age. This research can take place in either high income countries or low and middle income countries, or in a combination thereof.

The implementation research in the first 1000 days may cover:

• new or improved health service delivery interventions that strengthen maternal and child health; and/or

• the scaling up and/or adapting of existing evidence-based interventions to new contexts. Neither pre-clinical research nor clinical trials in the context of product development are within the scope of this call.

EU contribution: 2-4 million euro

Deadline: **02 Oct 2018 (First Stage)**, 16 Apr 2019 (Second Stage)

SC1-BHC-21-2018: Research on HIV, tuberculosis (TB) and/or hepatitis C (HCV) in patients with mono-, co-infections and/or comorbidities in the context of fostering collaboration with the Russian Federation

Proposals should address one or more of the following subtopics:

- TB: To investigate biomarkers or new diagnostic tests for early screening of TB risk groups for TB infection and identification of antimicrobial drug resistance.

- HIV: To investigate the susceptibility to HIV and/or disease progression rate after infection, including various HIV subtypes and/or transmission clusters, and/or the development of adverse effects during antiretroviral therapy and concomitant diseases (comorbidities and/or co-infections, including with tuberculosis).

- HCV: To evaluate the genetic determinants of the virus and the host, and comorbid conditions that can be involved in disease progression and create the basis for the development of future HCV treatment strategies.

In performing the research agenda to address one (or more) of the listed subtopics, the applicants might make use of already established European cohort networks or establish new collaborations thus widening their geographical scope and include HIV, HCV and/or TB mono or co-infected individuals and perform retrospective or prospective studies. Proposed actions should take into consideration vulnerable groups and target populations, which may include, but not limited to: ageing subjects, injecting drug users and other social risk groups. Sex and gender differences should be taken into account where relevant.

EU contribution: 2-3 million euro

Deadline: **18 Apr 2018**

SC1-HCO-06-2018: Establishment of an International Network of Social Sciences Research Centres to help address governance and other challenges in the preparedness for and the response to infectious threats

The scope of this Coordination and Support Action (CSA) is to: I. Initiate, in an organised and coordinated manner, the International Network of Social Sciences Research Expertise, addressing governance challenges, engage with stakeholders on behalf of network members, and work with research funding agencies to grow the network to an effective, internationally representative scale. The proposed network would have the following main objectives:

- Strengthen research capacity and catalyse social sciences researchers to generate and apply new knowledge about effective governance arrangements for infectious disease preparedness, combating antimicrobial resistance, and prevention and response efforts. This would include addressing the ethical, legal and social aspects (ELSA) as well as among others the issue of accessibility;

- Foster cross-region and global research collaborations to better connect researchers currently working in isolation and to support bigger, more robust social science research on the governance aspects of infectious threat prevention and response;

- Facilitate ongoing engagement between researchers and global policymakers to inform national and global decision-making on appropriate governance arrangements for effective prevention and response measures;

- Inform and enable better preparedness and response efforts through the application of knowledge, sharing of lessons learned, and creation of improved governance arrangements. But also be a source of advice in case of a public health emergency, to inform priority setting and response from a social science perspective. In this respect flexibility will be expected from the consortium.

Deadline: **18 Apr 2018**

SC1-HCO-08-2018: Creation of a European wide sustainable clinical research network for infectious diseases

Proposals should build on successful European collaborative initiatives such as PREPARE and COMBACTE and further advance clinical research in the field of infectious disease by supporting the establishment of a European wide multidisciplinary clinical research network. Such a network should be capable of performing all clinical trial aspects encompassing study design, execution and reporting (sex and gender differences analysis to be included where relevant). It should develop and allow for innovative research approaches and enable flexibility in responding to unpredictable events and signals. The network should provide clear and direct access for stakeholders including academic organizations, SMEs and larger industry to perform clinical studies. The proposal should develop a business plan to ensure the sustainability of the network. The network should actively disseminate information and contribute to awareness rising. Furthermore, it should also create synergies with global initiatives, enabling quick and smooth interactions and collaboration across the world.

EU contribution: 2-3 million euro

Deadline: **18 Apr 2018**

SC1-HCO-09-2018: Building international efforts on population and patient cohorts

Building on existing cohorts and in close alliance with relevant research infrastructures, proposals should establish a strategy for the development of the next generation of integrated cohorts, including:

- Map the cohort landscape in Europe and large international initiatives. The mapping should include, for instance meta-data on purpose, coverage and measurements and any other relevant information.

- Identify best strategies for cohorts' integration, taking into account relevant ethical issues.

- Promote the harmonisation of past and future data collection and provide recommendations on standards to improve future sample and data collection.

- Foster the inclusion of data emerging from new technologies (e.g. ICT, social platforms), new type of data (e.g. lifestyle, geographical, genetic, eHealth records) and exposure, including to new and emerging products (e.g. novel tobacco products, e-cigarettes, waterpipes).

- Promote best practises to optimise access to existing and future cohorts.

- Contribute to define an international strategic agenda for better coordination of cohorts globally.

EU contribution: 1-2 million euro

Deadline: **18 Apr 2018**

SC1-HCO-10-2018: Coordinating European brain research and developing global initiatives

Proposals should:

-Identify areas of neurosciences where the need for enhanced coordination of research communities into active clusters is particularly acute;

- Accelerate exchange between researchers in different European research initiatives to promote cooperation and to minimise fragmentation and duplication;

- Support the emergence of these clusters, facilitate links with research infrastructures and other major initiatives, in coordination with European Commission services, with the aim of sharing data and enhancing the exploitation of results, fostering new collaborations and identifying future research objectives;

- Identify and develop tools and support activities implemented by EU funded initiatives and infra-structures suitable to develop Open Science policy in the neurosciences by sharing and better utilisation of clinical data via IT platforms and also considering any relevant regulatory requirements and policies;

- Explore possibilities for broader scale cooperation at global level by fostering dialogue with researchers outside Europe in coordination with research funders around the world, in order to foster the global brain research agenda.

EU contribution: 1-2 million euro

Deadline: **18 Apr 2018**

SC1-HCO-11-2018: Strategic collaboration in health research and innovation between EU and China

The objective of this action is to support networking between European and Chinese policy makers, programme owners and funders, with the following goals:

- To develop a sustainable platform between EU and China that will facilitate a constant dialogue on addressing common health R&I challenges.

- To identify health challenges, whose solution may benefit from closer bi-lateral and/or multi-lateral cooperation between EU and China, to facilitate and develop collaborative research initiatives between EU and Chinese stakeholders.

EU contribution: 0,8-1 million euro

Deadline: **18 Apr 2018**

1.4. Innovative health and care systems - Integration of care

This priority will aim at developing effective, accessible and sustainable health interventions and integrated care systems. This aim is particularly relevant in the context of personalised medicine, management of chronic diseases and health promotion. It includes the further development of health technology assessment methods, and the evaluation of community- and population-based intervention strategies, both retrospectively and prospectively. It addresses also the dimension of new financing and business models, which will also require contributions from the disciplines of social sciences and humanities. This priority includes the integration of the care dimension by better coordinating primary and community care with the specific needs of the patient.

The expected impact of this priority is better evidence for the development of more sustainable and resilient health systems, including through better and more coordinated health technology assessment, resulting in increased access to quality care for everyone and better health promotion. It should also provide a path to implementation of integrated care programmes, and to strengthen the procurement communities and the links between the demand (care authorities) and supply (technology providers) sides.

SC1-BHC-22-2019: Mental health in the workplace

Proposals should develop and implement intervention(s) that an employer/organization can take to promote good mental health and prevent mental illness in the workplace. These interventions can be newly developed or improvements on existing ones. They should address challenges in mental health in the workplace90 in the EU. The interventions should be assessed in terms of direct and indirect individual and collective health outcomes and cost- effectiveness, implementation facilitators and barriers.

Proposals should build on existing knowledge but may well go beyond. Co-morbidities in mental and/or physical health should be addressed. Research should be multidisciplinary, including social sciences and the humanities. The stigma attached to mental ill health is important to consider as well as other social and cultural factors which may be relevant to improving the working environment. Mixed-methods research91 is encouraged. Proposals should involve key partners such as employers and employees in the private and public sector, policy makers, insurers, social partners and civil society in developing initiatives. Proposals should address relevant gender issues (e.g. gender equality at the workplace). Ethics and data protection aspects should be addressed where they are relevant.

EU contribution: 0,8-1 million euro

Deadline: **02 Oct 2018 (First Stage)**, 16 Apr 2019 (Second Stage)

SC1-BHC-23-2018: Novel patient-centred approaches for survivorship, palliation and/or end-of-life care

Proposals should demonstrate, the effectiveness and cost-effectiveness of new, improved or specifically adapted pharmacological and/or non-pharmacological interventions to either relieve symptoms (e.g. pain) and suffering caused by life-threatening non- communicable diseases (including disabilities), or serious late and long-term side effects of disease treatments in patients and survivors, or symptoms that occur at the end of life. Randomised clinical trials or observational studies of new or improved patient and/or family centred94 interventions, targeting children95 and/or adults, should be considered for this topic. Proposals should give a sound feasibility assessment justified by available publications or preliminary results.

Proposals should prove the feasibility of integrating the proposed interventions in current pain management, palliative and/or end-of-life and/or survivorship care regimes and healthcare systems across Europe while taking into account the complex human aspects which are necessarily managed by such regimes and systems.

The proposals should address sex, gender, age and socio-economic factors in health and any other factors (e.g. ethical, familial, cultural considerations, including personal beliefs and religious perspectives, etc.) that could affect health equity.

EU contribution: 3-4 million euro

Deadline: **18 Apr 2018**

SC1-BHC-25-2019: Demonstration pilots for implementation of personalised medicine in healthcare

The pilot projects should demonstrate the benefit for individuals as well as the implementability and economic viability of personalised medicine approaches in real life healthcare settings. The pilots should be tailored to the needs of citizens, making use of a wide variety of data and proposing prediction, prevention or treatment solutions, focusing on diseases with high burden to society (taking due account of sex/gender differences) and including multi-morbidity conditions if relevant. The use of big data approaches and high performance computing is encouraged. Applicants should ensure coordination with national, regional or local authorities engaging in healthcare environments and should aim at linking different institutions (hospitals, other healthcare facilities, public health authorities, payers etc.). The pilot projects should engage partners in regions or cities having adopted or that are in advanced planning for introducing PM approaches. Patient representatives as well as partners from countries that are in the process of upgrading their healthcare systems should be involved, ensuring a wide European dimension. Applicants should address the health economic, ethical, legal and societal aspects of the proposed action. Taking into account the advances already achieved for PM approaches in cancer and rare diseases, projects with primary focus on these diseases are excluded from the scope of this topic.

EU contribution: 18-20 million euro

Deadline: **02 Oct 2018 (First Stage)**, 16 Apr 2019 (Second Stage)

SC1-BHC-26-2018: HTA research to support evidence-based healthcare

Proposals should develop new or improved methodological approaches and frameworks, and foster methodological consensus-building

Deadline: **18 Apr 2018**

SC1-HCO-12-2018: Innovation in healthcare - a CSA towards using pre-commercial procurement and public procurement of innovative solutions in healthcare systems

The objective of this coordination and support action (CSA) is to create a Europe-wide consortium of healthcare providers and public procurers in the health and social care sector that define together unmet procurement needs to implement innovative solutions in healthcare.

Deadline: **18 Apr 2018**

1.5 Decoding the role of the environment, including climate change, for health and well- being

This priority will assess the impact of environment (i.e. factors external to the human body and to health and healthcare systems, including climate change) on health and well-being, and the related socio-economic impacts. This priority will address three main items: (i) the development of new testing and screening methods to identify endocrine disrupting chemicals; (ii) the development of the 'human exposome', allowing the assessment of the totality of the life-long environmental influences that individuals are exposed to and their health impacts; (iii) the development of a European environment and health research agenda for the future. This priority contributes to the

Ostrava Declaration on Environment and Health and the EU chemical and other sectoral policies. Where appropriate, this priority will build on existing results from projects funded under previous EU research framework programmes and create links to the European Human Biomonitoring Initiative.

SC1-BHC-27-2018: New testing and screening methods to identify endocrine disrupting chemicals

New and improved approaches are needed to increase the quality, the efficiency and the effectiveness of existing methods to meet demanding and evolving regulatory requirements worldwide. In consultation with relevant regulatory bodies, research should improve and harmonise screening and testing protocols/strategies and hazard/risk assessments by developing better and faster tools, test methods or models, including in vitro and in vivo tests, high-throughput and in silico methods (e.g. QSAR), potentially combined with research on adverse outcomes pathways. For in vitro tests, appropriate coupling of their results to human health effects should be ensured. Information is also needed as regards how epidemiological and field monitoring data, which are also to be considered as data sources in a regulatory context, can be used to gain information about possible associations between levels of exposure to specific chemicals and ED-related effects. Focus should be on the most urgent regulatory needs, e.g., methods addressing the thyroid axis, developmental neurotoxicity, metabolic disorders, female reproduction and non-genotoxic carcinogenicity. Proposals should involve, in addition to academic researchers, regulatory agencies and other actors as appropriate. Proposers should consider sex and gender analysis when relevant. International cooperation is essential. Proposals are required to describe how they will contribute to ongoing international ED related activities (e.g. OECD work, EU level databases), including decision schemes under development. To speed up regulatory uptake of tests, validation is an essential step to be included in the proposals.

Deadline: **18 Apr 2018**

SC1-BHC-28-2019: The Human Exposome Project: a toolbox for assessing and addressing the impact of environment on health

Applicants should take advantage of the last decade's rapid technological advances which have opened up new opportunities to collect, combine and analyse large data sets offering new possibilities to understand the contribution of environmental factors to the global health burden of common chronic diseases. Proposals should use innovative approaches to the systematic and agnostic identification of the most important environmental risk factors for the development of major NCDs across the life course (including in utero), leading to preventive interventions at the individual, group or population level and contribute to sustainable healthcare. Well-designed retrospective epidemiological studies may be included and proposals may envisage the creation of a prospective Europe-wide exposomics cohort and biobank, integrating behavioural, socio-economic factors and clinical records.

Deadline: 16 Apr 2019

SC1-HCO-13-2018: Setting the priorities for a European environment, climate and health research agenda

The aim is to establish a research/policy coordination group consisting of relevant science and policy actors in environment and health from H2020-funded activities and national/EU regulatory bodies as well as relevant international actors. The objective is to identify proactively key policy areas requiring scientific support for environment, climate change and health related issues in the next decade and develop a European medium-term research and innovation strategy and agenda covering key research and policy aspects – from causality research and new technologies and approaches to evaluation of socio-economic impacts of environment and health problems and preventive actions, also in occupational settings. In addition to this strategy, a set of guidelines, agreed by the stakeholder community, reflecting the current state-of-art for health impact and risk assessment of environmental factors applicable across key sectors, should be developed. The action is invited to structure its work in an inclusive way, ensuring the engagement of all stakeholders including from European countries with less developed environment and health research and policy. The proposal should contain a clear work plan for 3 years, but be open for modifications required to meet the needs of the relevant policy processes (e.g. development of the next EU research framework programme, WHO environment and health process).

Deadline: **18 Apr 2018**

Подробная информация о конкурсах в Рабочей программе: http://www.h2020-health.ru/ru/node/537

FWF
Der Wissenschaftsfonds.

Двусторонние конкурсы РФФИ и Австрийского научного фонда

Задача Конкурса – развитие международного сотрудничества в области фундаментальных научных исследований, финансовая поддержка инициативных научно-исследовательских проектов, осуществляемых совместно учеными из России и Австрии.

На конкурс могут быть представлены проекты фундаментальных научных исследований, согласованно выполняемые физическими лицами из России и Австрии в области "Биология и медицинские науки"

Срок выполнения Проектов – 3 года.

Российские участники и австрийские участники, согласовывают между собой содержание исследований и название проекта и подают проекты на конкурс **до 01 февраля 2018 года.**

РФФИ: http://www.rfbr.ru/rffi/ru/contest/o_1930312

FWF:

http://www.fwf.ac.at/en/research-funding/fwf-programmes/international-programmes/joint-projects/

Двусторонние конкурсы РФФИ и Национального центра научных исследований Франции

Задача Конкурса – развитие международного научного сотрудничества, поддержка инициативных проектов фундаментальных научных исследований, осуществляемых совместно российскими и французскими учеными в рамках международных ассоциированных лабораторий и международных научных объединений.

На Конкурс могут быть представлены проекты фундаментальных научных исследований, согласованно реализуемые учеными из научных организаций России и Франции, входящих в состав международных ассоциированных лабораторий и международных научных объединений, по тематике соответствующих международных ассоциированных лабораторий и международных научных объединений:

- *«От молекулярной к клеточной картине в человеческих патологиях»* («From Molecular to Cellular Events in Human Pathologies») - GDRI MCEHP (МНО) (Соглашение о создании МНО действует до 31.12.2018)
- *«Направленные транспорт РНК в митохондрии: от механизма к терапии митохондриальных болезней»* («Targetting RNA into mitochondria: mechanisms, functions, biomedical applications») - LIA ARNmitocure (МАЛ) (Соглашение о создании МАЛ действует до 31.12.2018)
- *«Франко-российская лаборатория исследований в области онкогенеза: исследование эпигенетических маркеров и структуры ядра в канцерогенезе»* («French - Russian Oncology Research Laboratory») - LIA LFR2O (МАЛ) (Соглашение о создании МАЛ действует до 31.12.2019)

Срок выполнения проекта, представляемого на Конкурс –1, 2, 3 или 4 года.

Российский ученый или коллектив российских ученых имеют право представить проект на Конкурс только в том случае, если НЦНИ подтвердил финансирование проекта в части, выполняемой французскими учеными.

Оформление Заявок на участие проектов в Конкурсе в КИАС РФФИ проходит с 22 мая 2017 года до 23:59 по московскому времени до **01 декабря 2017 года.**

Внимание: Название Проекта в Заявках российских участников должно соответствовать названию проекта, финансирование которого подтвердил НЦНИ.

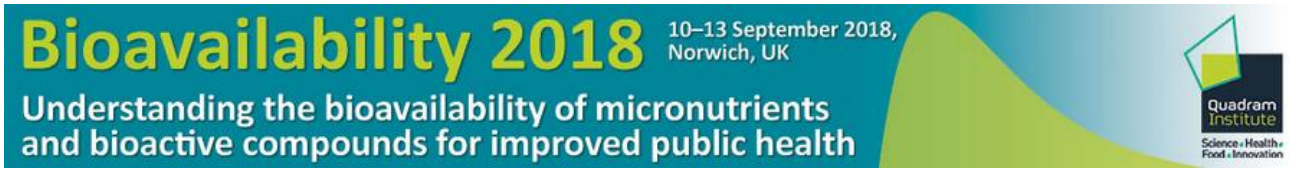
Максимальный размер гранта - 700 000 рублей.

РФФИ: http://www.rfbr.ru/rffi/ru/contest/o_2041715

CNRS: http://www.cnrs.fr/derci/spip.php?article883&lang=en

Мероприятия

Cell Symposia: Translational Immunometabolism
Date: 24-26 June 2018
Location: Basel, Switzerland
Web-site: http://www.cell-symposia.com/immunometabolism%2D2018/



Bioavailiability 2018
Date: 10-13 September 2018
Location: Norwich, UK
Web-site: https://www.elsevier.com/events/conferences/bioavailability

International Conference on Molecular Epidemiology and Evolutionary Genetics of Infectious Diseases
Date: 6-9 November 2018
Location: Sitges, Spain
Web-site: https://www.elsevier.com/events/conferences/meegid