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UFUK AVRUPA

From Idea to Proposal: Key Steps & Best Practices

Nikolaos FLORATOS
Sr. Training Expert

Horizon Europe National Info Day
22 December 2025, İstanbul

REPUBLIC OF TÜRKİYE MINISTRY OF INDUSTRY AND TECHNOLOGY
#NATIONAL TECHNOLOGY INITIATIVE

COMPETITIVE SECTORS PROGRAMME

TÜBİTAK

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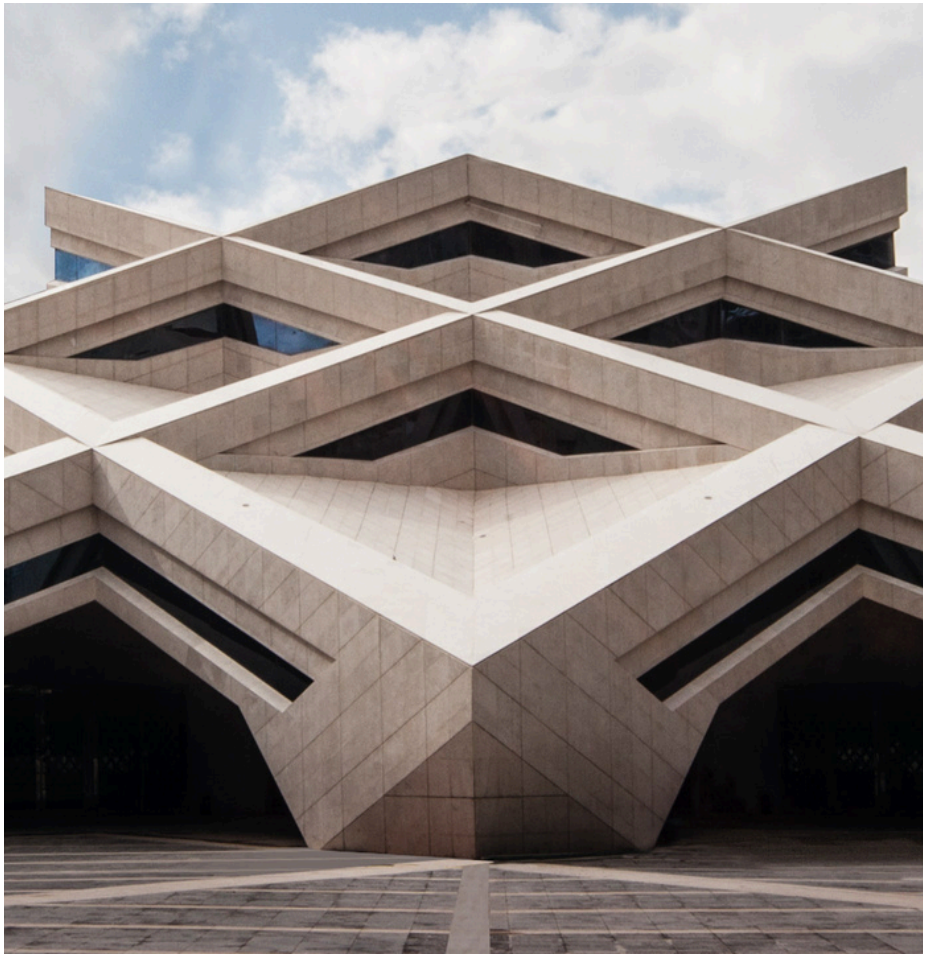
From Idea to Proposal: Key Steps & Best Practices (60')

- *Understanding Horizon Europe calls and work programmes effectively.*
- *Essentials of forming a strong consortium and defining roles.*
- *Critical best practices in proposal writing (focus on clarity, impact, and innovation).*
- *Key insights from an evaluator's perspective (common pitfalls to avoid).*
- *Practical tips for newcomers to get started.*

Technical Project Management in Horizon Europe (45')

- Work package design and deliverables.
- Project monitoring and reporting.
- Risk management and amendments
- Practical insights into maintaining compliance and collaboration throughout the project lifecycle.



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Understanding Horizon Europe calls and work programmes effectively

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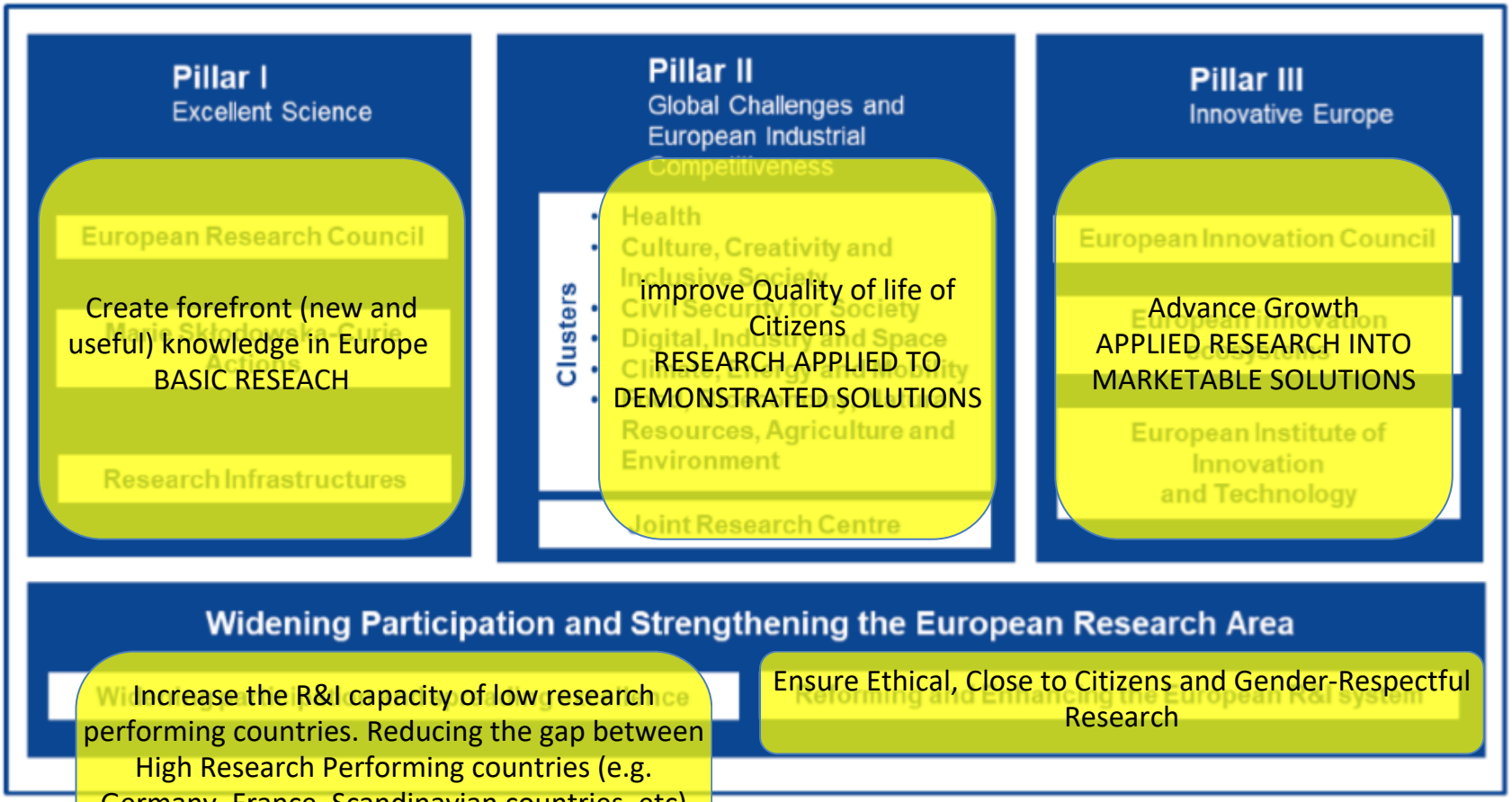

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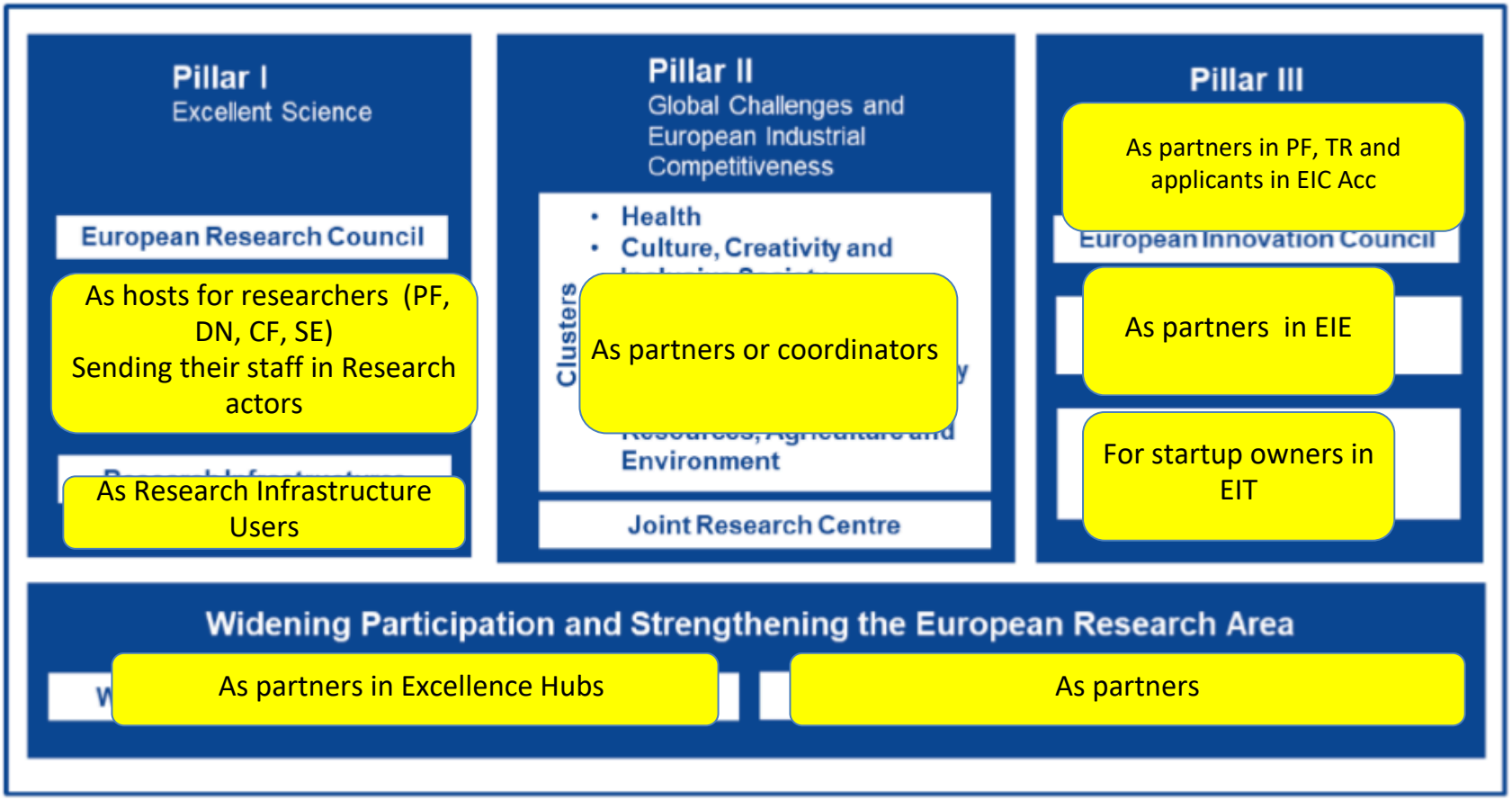

Important Note: Horizon Europe in not only for Research Actors!!!

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Intelligence behind Horizon Europe Structure/Actions and TRLs

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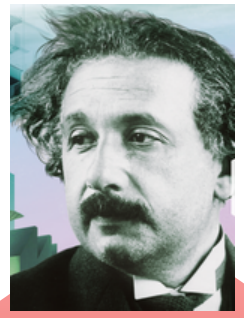
Horizon Europe and TRLs Paradigm



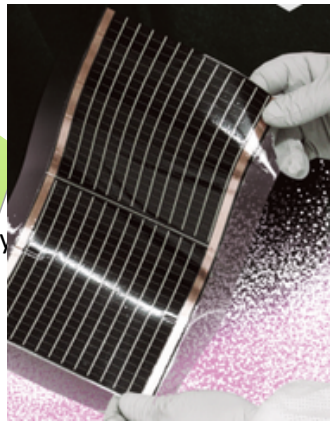
Year 1905
Albert Einstein laid the foundations for understanding solar cells with his theoretical explanation of the photoelectric effect and proved that solar cells can convert sunlight into electricity

Bell Laboratories

Year 1954
The first solar cell is created in the US at Bell Labs. It had an energy conversion efficiency ~ 5%

Flisom
Flexible Solar Modules

Year 2018
ETH Zurich and Empa via the spin-off company Flisom produce flexible thin-film solar cells with energy conversion efficiency 20.4%



TRL 1: Basic Principles

TRL 2: Technology Formulation

TRL 3: First laboratory tests

TRL 4: System/**Technology validated in lab**

TRL 5: **Technology validated in relevant environment**

TRL 6: **Technology demonstrated**

TRL 7: Demonstrated system

TRL 8: System complete and qualified

TRL 9: Commercial system

Basic Research → Market

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Horizon Europe Projects TRLs Increase

TRL 1: Basic Principles	TRL 2: Technology Formulation	TRL 3: First laboratory tests	TRL 4: System/**Technology validated in lab**	TRL 5: **Technology validated in relevant environment**	TRL 6: **Technology demonstrated**	TRL 7: Demonstrated system	TRL 8: System complete and qualified	TRL 9: Commercial system

Basic Research → Market

~ two TRLs increase are expected within Horizon Europe Project lifecycle

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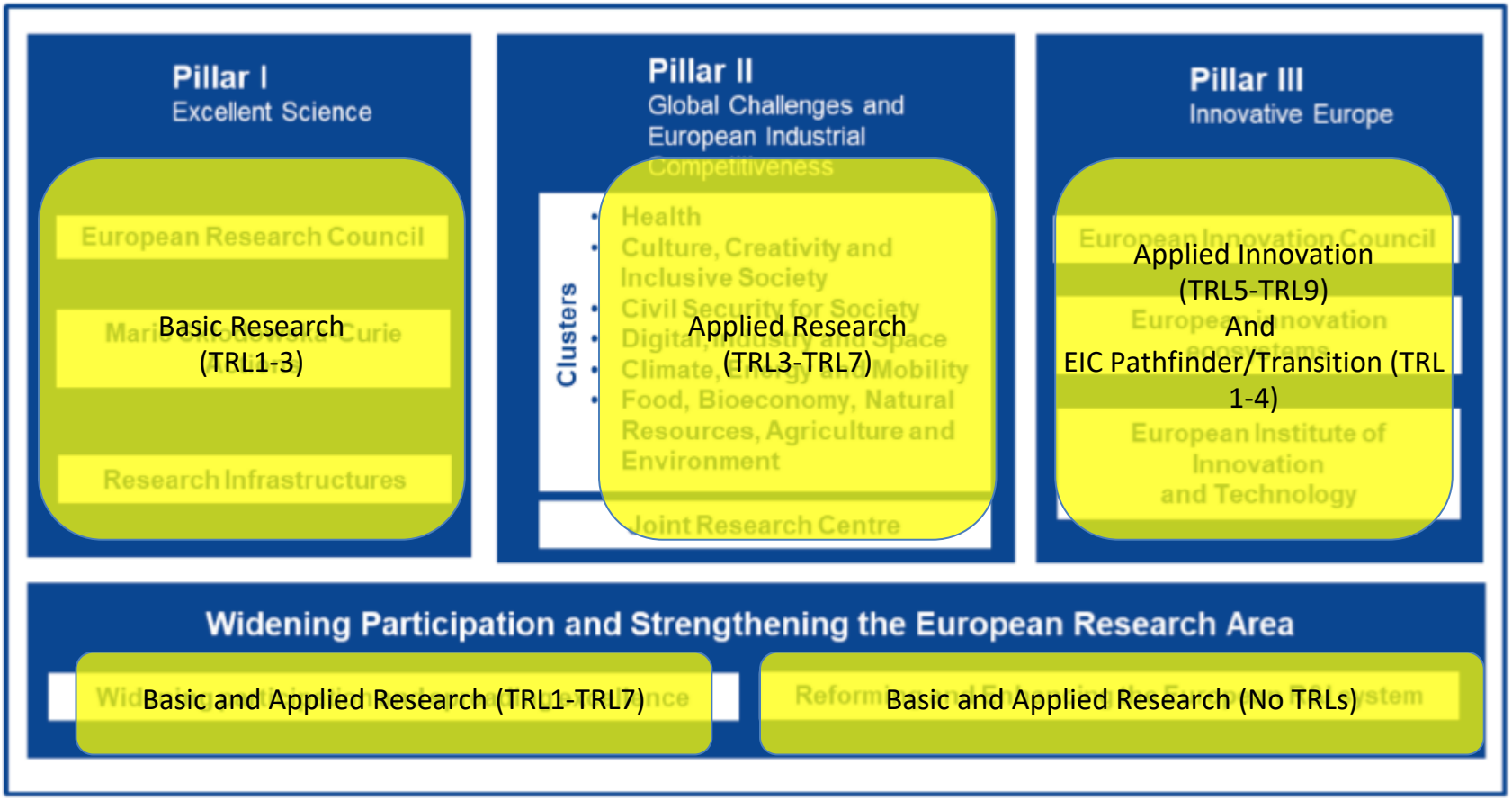

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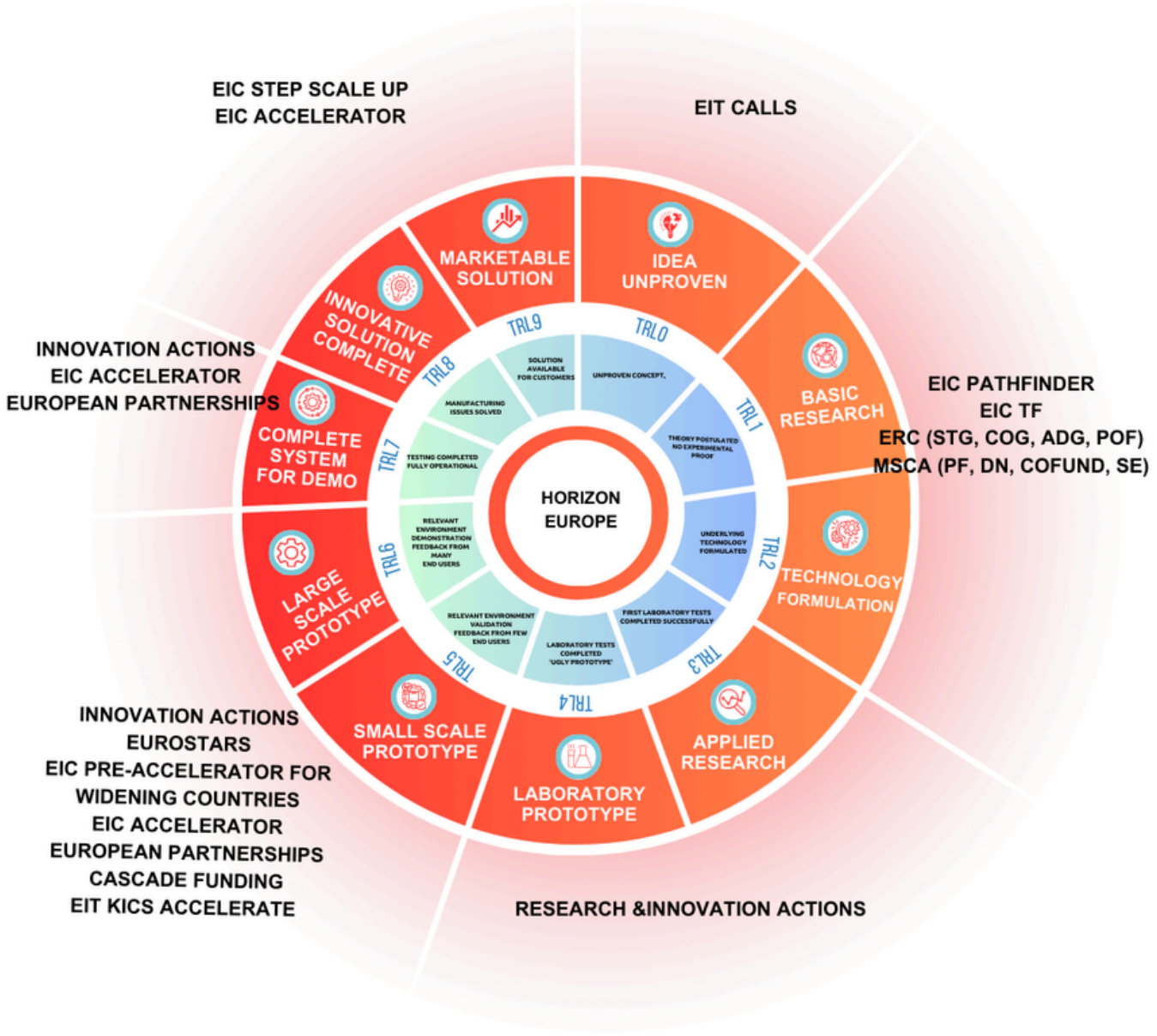

Horizon Europe 😊

- Attractive Funding rate (70-100%)
- Advance Payments of up to 40% within 45-90 days
- Collaboration with top research & innovation actors in your area
- Open new markets
- Non-bureacratical or non-heavy administrative procedures
- Calls with Lump Sum payments

Horizon Europe ☹️

- European and beyond competition
- Hard to join a consortium
- Difficult to write a successful proposal
- Complex funding maze

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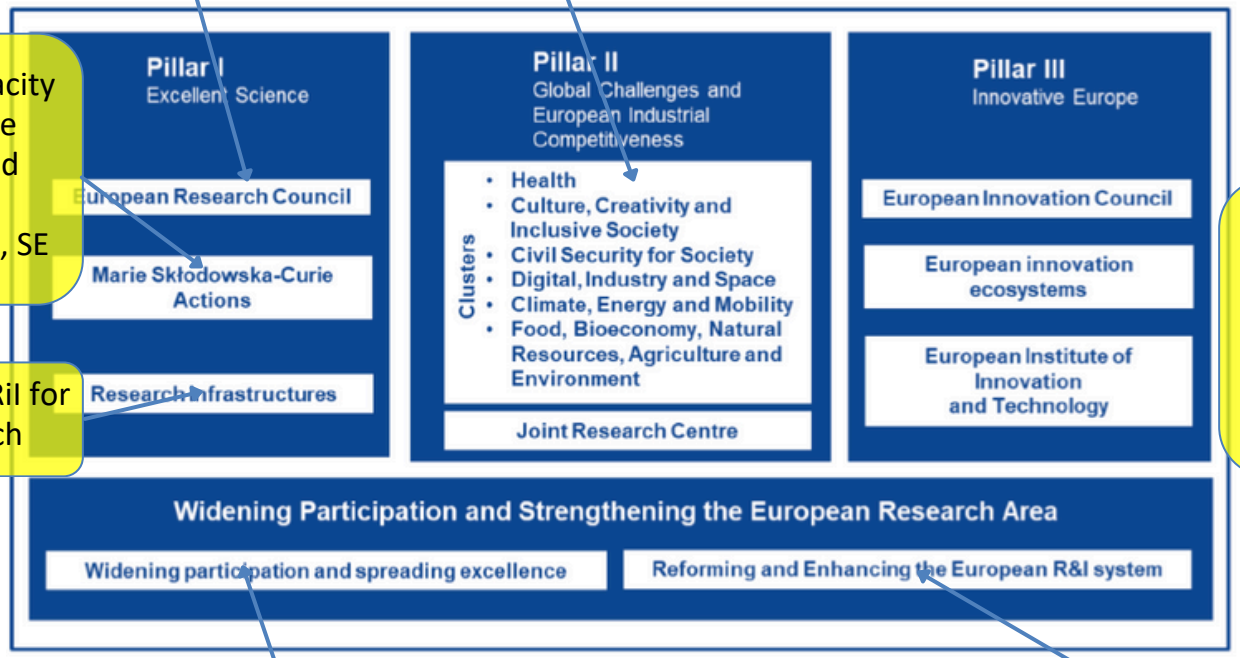
ERC: Funding for Breakthrough basic research wrt PI's experience (StG, CoG, AdG, SyG, PoC)

Collaborative applied research actions with specific prescribed goals.
With focus on Research (RIA) or Innovation (IA)

MSCA: Funding for capacity building of early stage researchers (PhDs and Postdocs)
MSCA PF, DN, COFUND, SE

Building and advancing RiI for breakthrough research



Grants for transforming research outcomes into innovative solutions
EIC Pathfinder, Transition, Accelerator,
EIT support actions or EIE accelerations

Basic and Applied Research for reducing the R&I gap

No research actions just support ones for Responsible Research

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Intelligence behind Horizon Europe Top-Down and Bottom-up Concepts

B-U, T-D

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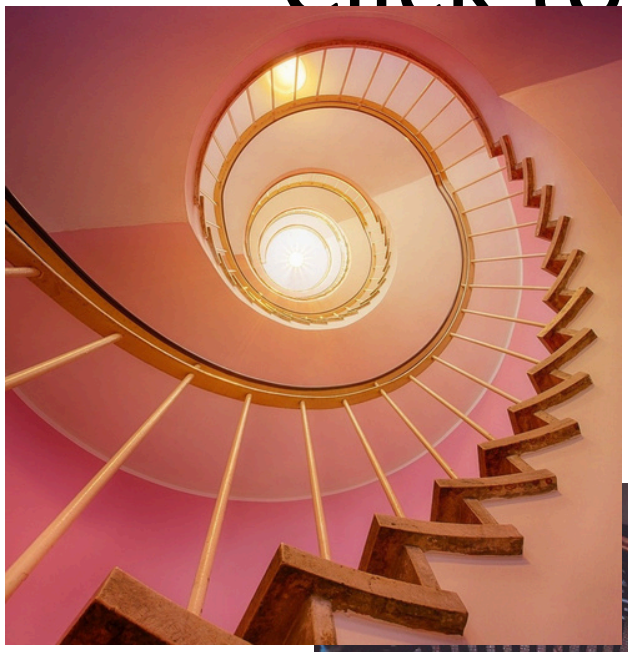

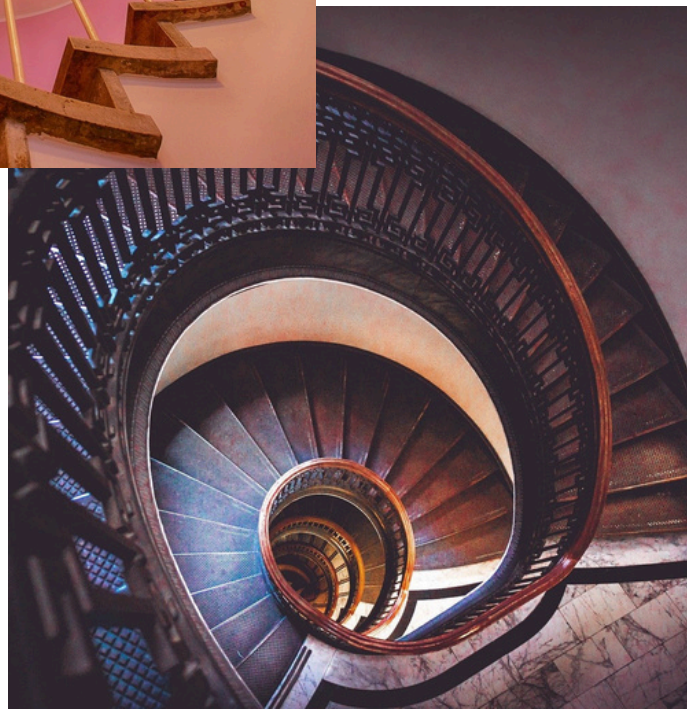

- Project ideas are either based on call topics, i.e.
  - open and
  - proposer-driven
- or Project ideas are based on **top-down** call topics, i.e..
  - Prescriptive by EC and
  - Impact driven

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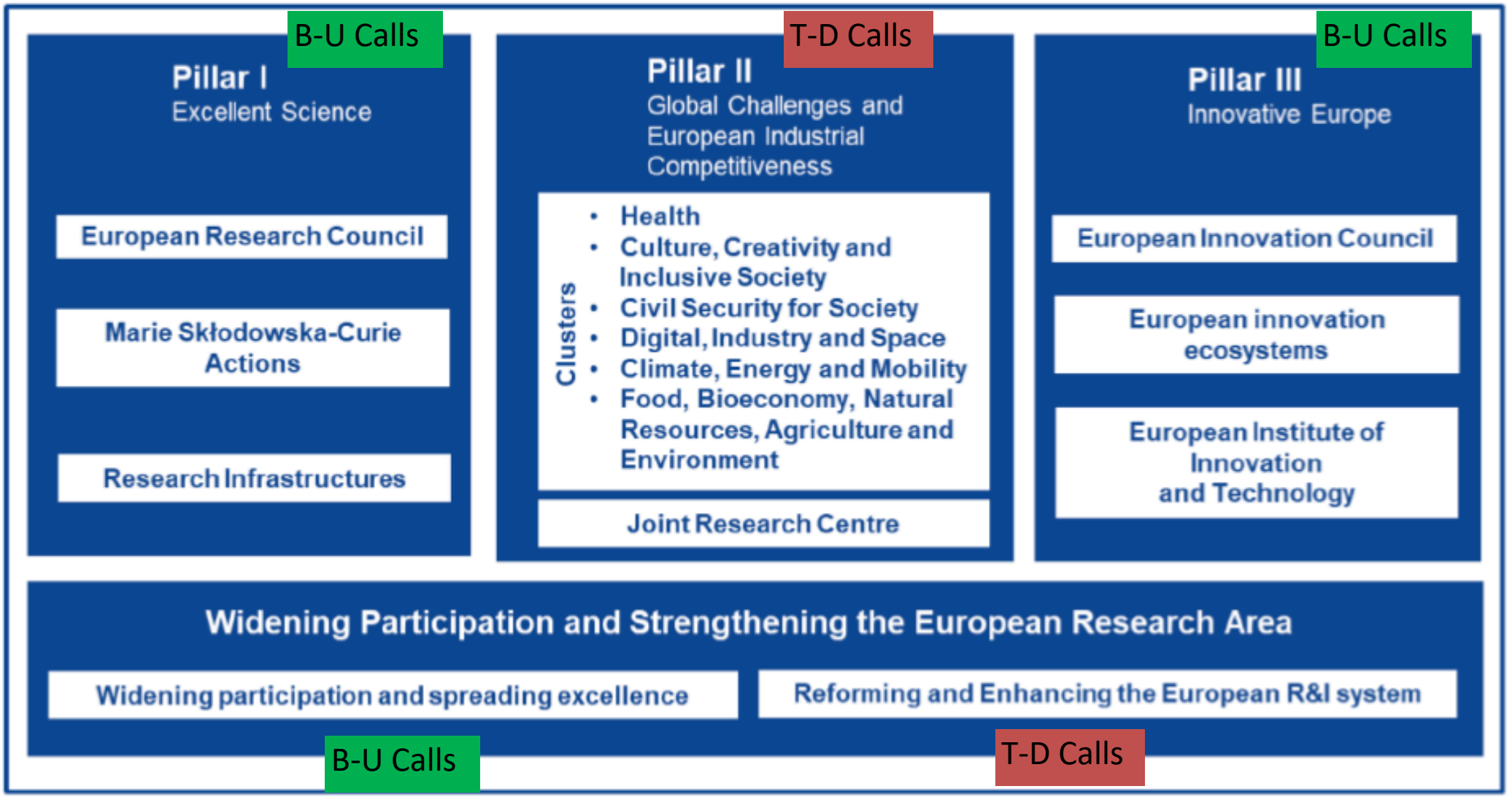

Source: EC

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Intelligence behind Horizon Europe Pillar 2 Workprogrammes

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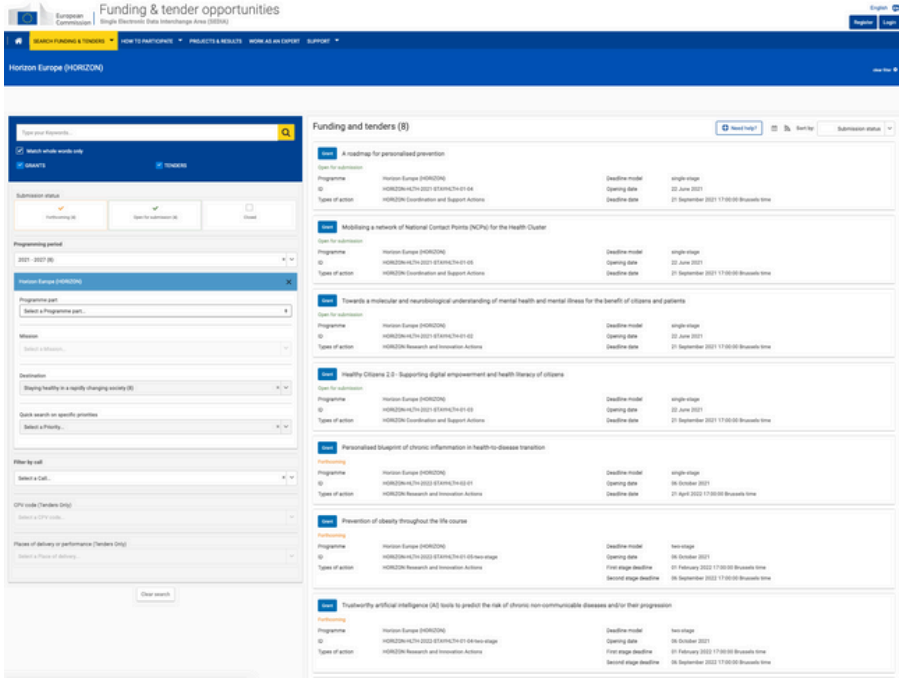

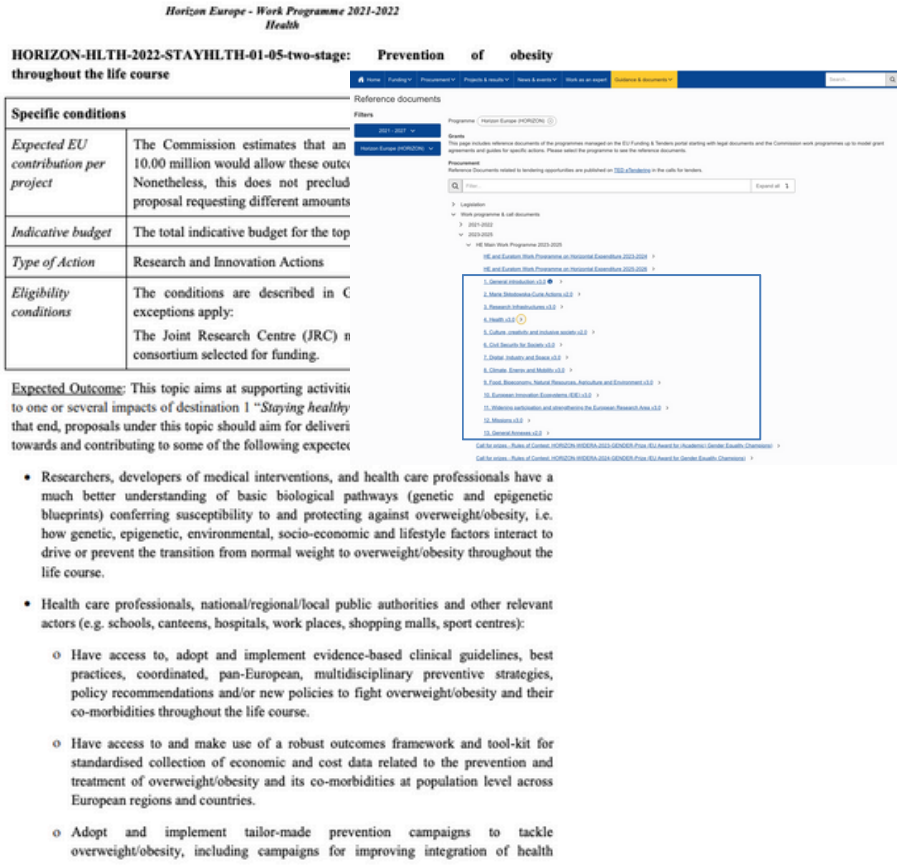

Horizon Europe - Work Programme 2021-2022
Health

HORIZON-HLTH-2022-STAYHLTH-01-05-two-stage: Prevention of obesity throughout the life course

Specific conditions	
Expected EU contribution per project	The Commission estimates that an 10.00 million would allow these outc Nonetheless, this does not preclud proposal requesting different amounts
Indicative budget	The total indicative budget for the top
Type of Action	Research and Innovation Actions
Eligibility conditions	The conditions are described in C exceptions apply: The Joint Research Centre (JRC) n consortium selected for funding.

Expected Outcome: This topic aims at supporting activiti to one or several impacts of destination 1 "*Staying healthy* that end, proposals under this topic should aim for deliveri towards and contributing to some of the following expecte

- Researchers, developers of medical interventions, and health care professionals have a much better understanding of basic biological pathways (genetic and epigenetic blueprints) conferring susceptibility to and protecting against overweight/obesity, i.e. how genetic, epigenetic, environmental, socio-economic and lifestyle factors interact to drive or prevent the transition from normal weight to overweight/obesity throughout the life course.
- Health care professionals, national/regional/local public authorities and other relevant actors (e.g. schools, canteens, hospitals, work places, shopping malls, sport centres):
  - Have access to, adopt and implement evidence-based clinical guidelines, best practices, coordinated, pan-European, multidisciplinary preventive strategies, policy recommendations and/or new policies to fight overweight/obesity and their co-morbidities throughout the life course.
  - Have access to and make use of a robust outcomes framework and tool-kit for standardised collection of economic and cost data related to the prevention and treatment of overweight/obesity and its co-morbidities at population level across European regions and countries.
  - Adopt and implement tailor-made prevention campaigns to tackle overweight/obesity, including campaigns for improving integration of health

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Source 1: Funding and Tenders Portal

Source 2: Workprogramme Full Text in pdf Under Reference Documents

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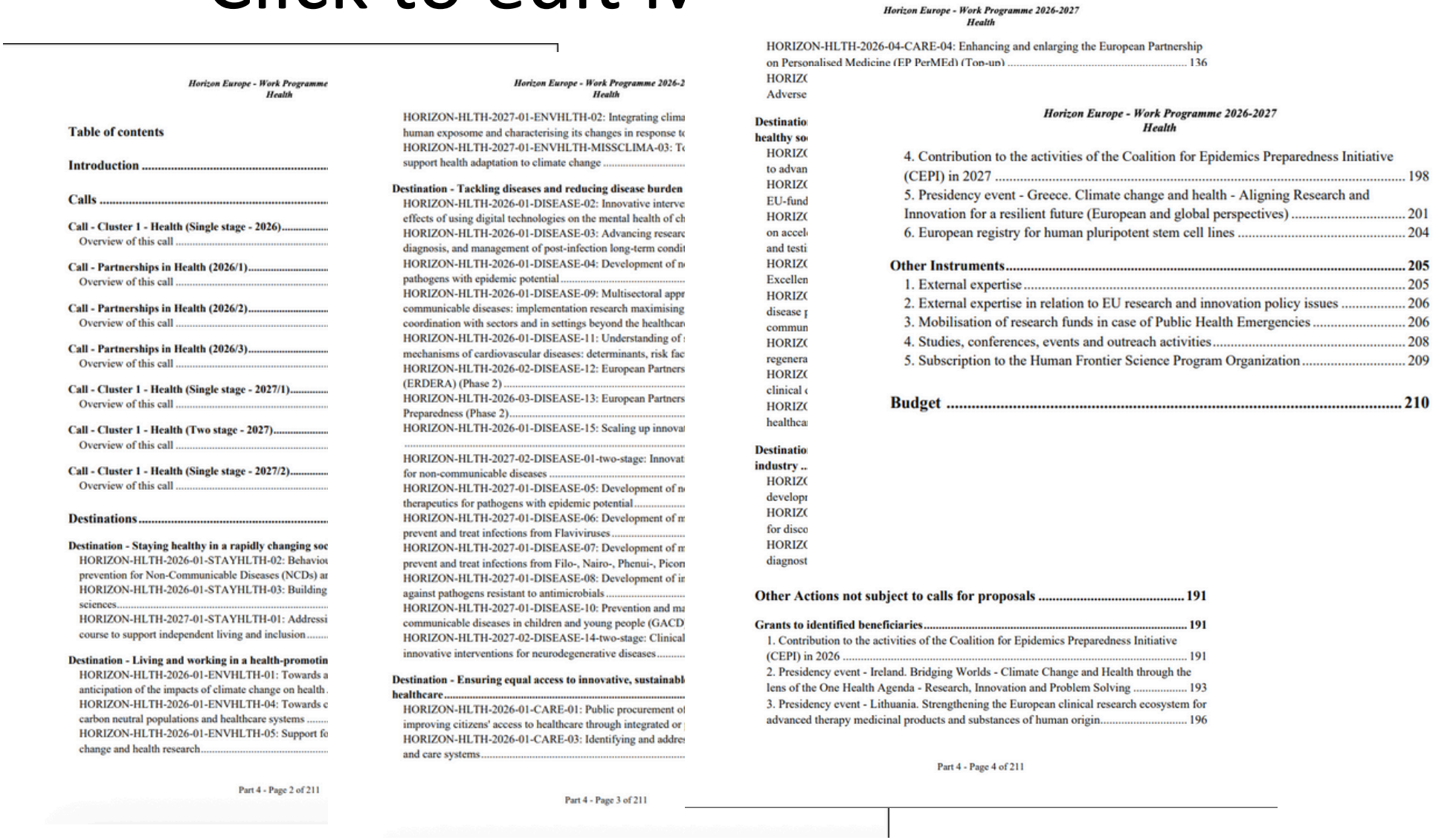

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Health

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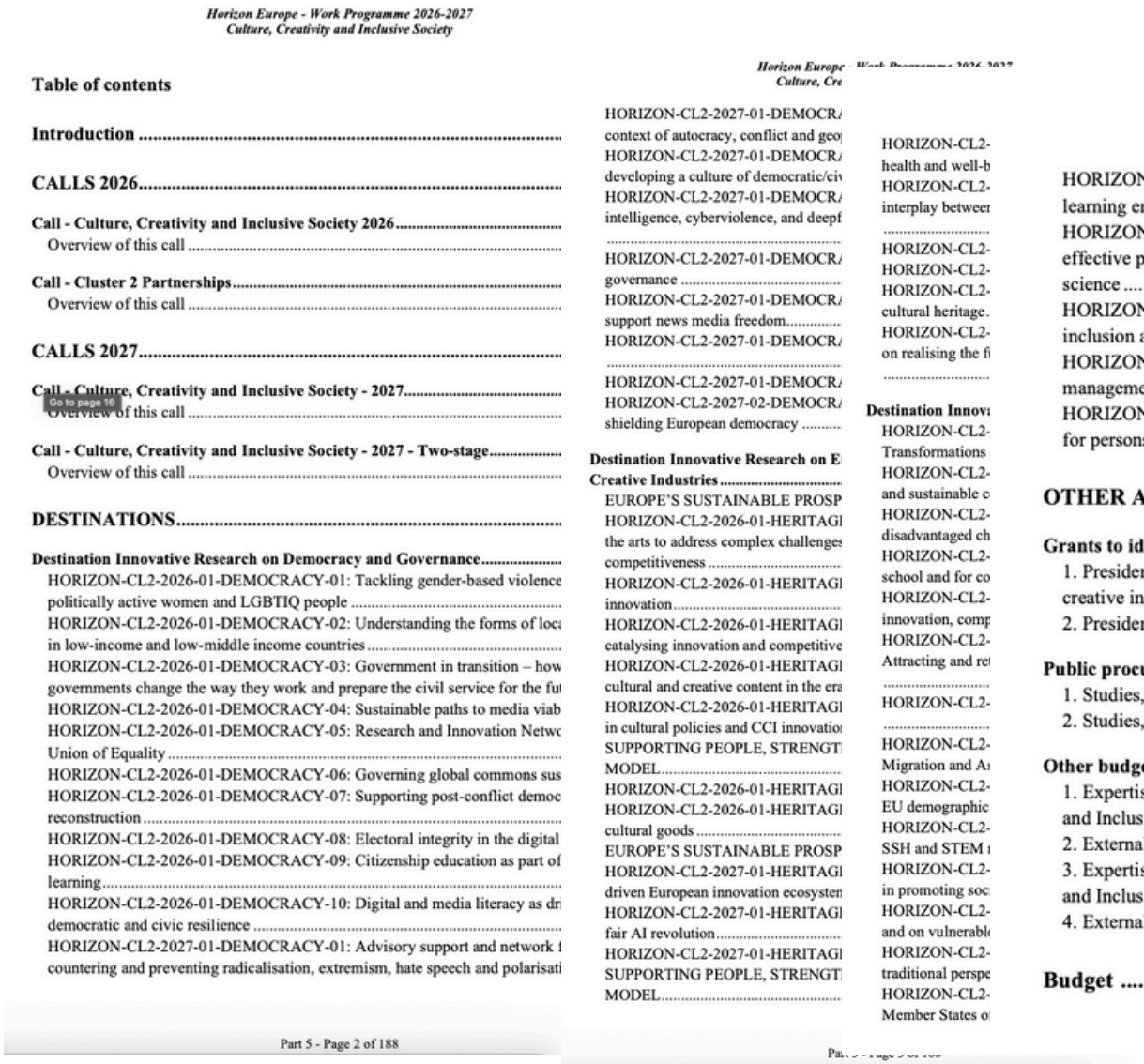

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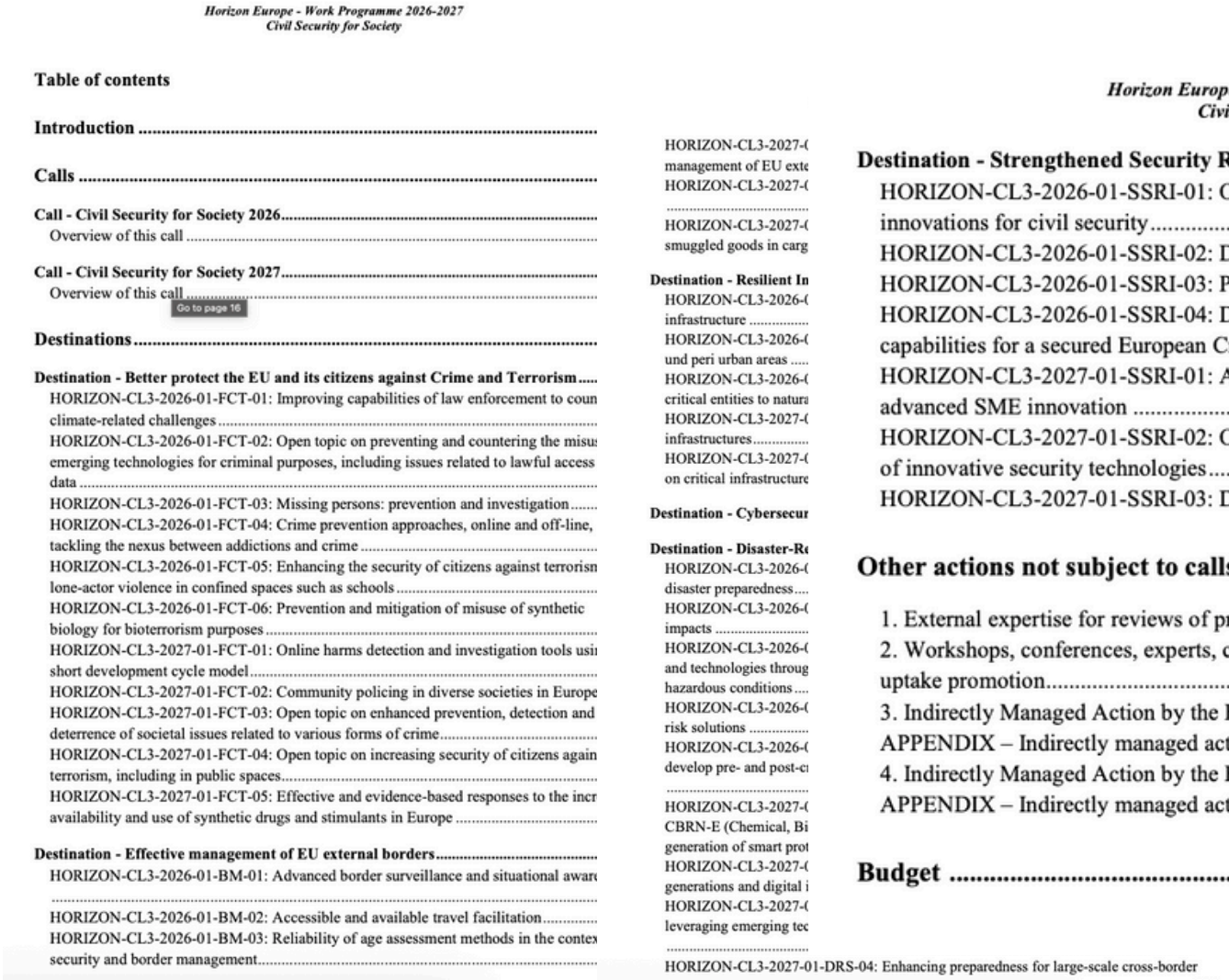

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Homework-Hands On practice

Step 1: Download the workprogrammes you are interested
Step 2: Identify those calls that are aligned with your research

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  - Second level
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Call topic and full title	Core purpose of the call	Role for VHIR and why VHIR should participate
HORIZON-HLTH-2026-01-STAYHLTH-02: Behavioural interventions as primary prevention for Non-Communicable Diseases (NCDs) among young people	Design and test behaviour change approaches that reduce later NCD risk in young people.	VHIR as clinical and public health partner: design intervention logic, define outcomes, run pilots with youth and families, and link to clinical risk markers and follow up.
HORIZON-HLTH-2027-01-STAYHLTH-01: Improving the quality of life of persons with disabilities through new interventions, including digital solutions	Develop and test interventions (including digital and assistive tech, rehab, care models) that support independent living and inclusion.	VHIR as clinical lead site: recruit patient groups across ages, run evaluation studies, connect disability to underlying health conditions, and validate digital and rehab pathways in real care settings.
HORIZON-HLTH-2026-01-DISEASE-02: Innovative interventions to prevent the harmful effects of using digital technologies on the mental health of children and young adults	Build evidence on harms and benefits of digital tech and test interventions that prevent harm and promote healthy use (incl. multi source data and possible AI).	VHIR as WP lead for clinical studies: cohorts, clinical assessments, ethics, and evaluation of digital interventions with children, young adults, families, and schools.
HORIZON-HLTH-2026-01-DISEASE-03: Advancing research on the prevention, diagnosis, and management of post-infection long-term conditions	Improve prevention, diagnosis, and care for post infection long term conditions, with clinical studies encouraged.	VHIR as cohort and clinical pathway leader: deep phenotyping, imaging, biomarker work, care pathway testing, and real world follow up.
HORIZON-HLTH-2026-01-DISEASE-09: Multisectoral approach to tackle chronic non-communicable diseases: implementation research beyond the healthcare system (GACD)	Implementation research for NCD prevention and management that works with sectors and settings outside healthcare.	VHIR as implementation research partner: test models that combine health care with community, school, workplace, and local services; measure uptake, equity, and outcomes.
HORIZON-HLTH-2027-02-DISEASE-01-two-stage: Innovative healthcare interventions for non-communicable diseases	Develop and test new healthcare interventions for NCDs (two stage).	VHIR as clinical validation and scale up site: pragmatic studies, patient reported outcomes, and health system adoption evidence.
HORIZON-HLTH-2027-01-DISEASE-10: Prevention and management of chronic non-communicable diseases in children and young people (GACD)	Implementation research on prevention, screening, diagnosis, and management of NCDs in ages one to twenty four, often in low and middle income countries or underserved groups.	VHIR as paediatric and adolescent clinical partner: define care pathways (including transition to adult care), test digital tools for screening and follow up, and support capacity building with partners.
HORIZON-HLTH-2026-01-DISEASE-11: Understanding of sex and or gender-specific mechanisms of cardiovascular diseases: determinants, risk factors and pathways	Identify sex and gender related mechanisms, risks, and pathways in cardiovascular disease to improve prevention and care.	VHIR as clinical and translational lead: patient cohorts, imaging, omics and biomarkers, and evidence that can change guidelines and risk tools.
HORIZON-HLTH-2026-01-DISEASE-15: Scaling up innovation in cardiovascular health	Support scale up and uptake of validated cardiovascular innovations in real health systems.	VHIR as major hospital test and adoption site: run multi site evaluations, health economics, implementation plans, and clinician and patient uptake work.
HORIZON-HLTH-2027-01-CARE-02: Personalised approaches to reduce risks from Adverse Drug Reactions due to administration of multiple medications	Reduce risks from polypharmacy using personalised approaches (clinical, data driven, decision support).	VHIR as clinical lead in ageing and chronic disease: real world medication data, ADR detection, decision support testing, and measurable safety outcomes.
HORIZON-HLTH-2027-02-DISEASE-14-two-stage: Clinical trials for advancing innovative interventions for neurodegenerative diseases	Run clinical trials (phase one and two style) that advance innovative interventions for neurodegeneration, including digital tech and imaging where relevant.	VHIR as trial site and WP leader: recruitment, imaging and biomarker endpoints, remote monitoring, and patient involvement.
HORIZON-HLTH-2027-02-TOOL-01-two-stage: Development of predictive biomarkers of disease progression and treatment response using AI methodologies for chronic non-communicable diseases	Build and validate predictive biomarkers and AI methods, with clinical validation in independent cohorts and real world data.	VHIR as data and validation powerhouse: provide cohorts and biobanks, lead clinical validation studies, and support regulatory engagement for biomarker and AI qualification.
HORIZON-HLTH-2027-03-TOOL-04: Virtual Human Twins (VHTs) for integrated clinical decision support in prevention and diagnosis	Create patient level multi scale models to support prevention and diagnosis through clinical decision support.	VHIR as clinical deployment site: supply high quality clinical data, test VHT based decision support in real workflows, and measure safety, bias, and impact.
HORIZON-HLTH-2027-02-IND-02-two-stage: Portable and versatile Point-of-care diagnostics	Develop point of care diagnostics that are faster and more accurate, with strong clinical utility and usability.	VHIR as clinical evaluation and needs owner: define use cases, run clinical performance studies, usability testing, and pathways for adoption in emergency and outpatient settings.
HORIZON-HLTH-2026-01-IND-03: Regulatory science to support translational development of patient-centred health technologies	Update methods and evidence approaches used in regulation, including new data and digital solutions, to speed safe uptake.	VHIR as clinical evidence generator: provide real world evidence designs, clinical investigation methods, and stakeholder input (clinicians, patients) for practical guidance.
HORIZON-HLTH-2026-01-TOOL-07: Establishing a European network of Centres of Excellence (CoEs) for Advanced Therapies Medicinal Products (ATMPs)	Create a coordinated EU network of ATMP centres, with roadmap, policy needs, and shared capacity.	VHIR should join as a CoE member if it fits: contribute cell and gene therapy clinical trials, manufacturing and GMP links (where present), and patient access pathways.
HORIZON-HLTH-2027-03-TOOL-02: Advancing bio-printing of living cells for regenerative medicine	Advance bio printing units and translation toward clinical use in regenerative medicine.	VHIR as clinical pull partner: define unmet needs (tissue and organ targets), support preclinical to early clinical translation planning, and set clinical evaluation endpoints.
HORIZON-HLTH-2026-01-TOOL-03: Integrating New Approach Methodologies (NAMs) to advance biomedical research and regulatory testing	Speed use and acceptance of NAMs (non animal methods) in research and regulatory testing for medicines and devices.	VHIR as clinical relevance partner: connect NAM outputs to human disease biology, provide human sample access under ethics, and help show fit to clinical questions.
HORIZON-HLTH-2026-01-ENVHLTH-04: Towards climate resilient, prepared and carbon neutral populations and healthcare systems	Improve resilience and reduce climate and environment health risks, including preparedness and health system action.	VHIR as “living lab” hospital: test heat and air quality response, care continuity plans, surveillance links, and low carbon care changes with measurable outcomes.
HORIZON-HLTH-2027-01-ENVHLTH-MISSCLIMA-03: Tools and technologies to support health adaptation to climate change (PCP)	Pre commercial procurement to develop and test solutions for climate related health adaptation and risk reduction.	VHIR as procurer and test site: define requirements with clinicians, run pilots in hospital and community care, and help suppliers prove performance and uptake.
HORIZON-HLTH-2026-01-DISEASE-04: Development of novel vaccines for viral pathogens with epidemic potential	Develop vaccine candidates for viruses with epidemic potential and move them through key preclinical and early clinical steps.	VHIR as clinical trial and immunology partner: early phase studies, immune monitoring, patient and volunteer recruitment, and links to surveillance networks.
HORIZON-HLTH-2027-01-DISEASE-05: Development of novel small molecule antiviral therapeutics for pathogens with epidemic potential	Discover and develop small molecule antivirals for epidemic threat pathogens.	VHIR as translational and clinical partner: access to patient samples, clinical input on target product profile, and early clinical evaluation capacity.
HORIZON-HLTH-2027-01-DISEASE-06: Development of monoclonal antibodies to prevent and treat infections from Flaviviruses	Develop monoclonal antibodies for prevention and treatment of flavivirus infections.	VHIR as clinical and translational partner: evaluation planning, patient sample access, and clinical trial readiness and conduct.
HORIZON-HLTH-2027-01-DISEASE-08: Development of innovative antimicrobials against pathogens resistant to antimicrobials	Develop new antimicrobials for resistant pathogens and support translation toward clinical use.	VHIR as AMR clinical partner: stewardship context, resistant pathogen clinical data and samples, and trial site role for difficult infections.
HORIZON-HLTH-2026-02-DISEASE-12: European Partnership on Rare Diseases (ERDERA) (Phase 2)	Top up funding to continue and extend the rare disease partnership.	This is a partnership top up: usually only the existing partnership coordinator can submit. VHIR should seek entry as an added partner and then target ERDERA joint calls with strong clinical registry and trial capacity.
HORIZON-HLTH-2026-03-DISEASE-13: European Partnership for Pandemic Preparedness (Phase 2)	Top up funding to continue the pandemic preparedness partnership.	Same top up logic: VHIR should try to join the partnership network and position for follow up joint calls (clinical studies, surveillance, diagnostics, and preparedness pilots).
HORIZON-HLTH-2026-04-CARE-04: Enhancing and enlarging the European Partnership on Personalised Medicine (EP PerMEd) (Top-up)	Extend the personalised medicine partnership.	Eligibility is restricted to the current PerMEd coordinator consortium, so VHIR should join via that route if possible and mainly plan for PerMEd joint calls where VHIR can lead clinical translation work.

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How to read a T-D call and identify what benefits are expected

Intelligence behind the call-topic description

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Expected Impacts:
Expected **project contributions** up to x (say **5 years) after the end of the project (Long term)**

- **Type of Project and budget**
- **Expected Outcomes:** Expected project contributions by **the end of the project**
- **Societal or Economical challenges** to be addressed
- **Expected Project Objectives**
- **Hints on approach**

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Destination - Developing and using new tools, technologies and digital solutions for a healthy society

services, tailored to specific population groups, ultimately improving patient outcomes and reducing health inequalities.

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- Europe's scientific and technological expertise and know-how, its capabilities for innovation in new tools, technologies and digital solutions, and its ability to take-up, scale-up and integrate innovation in healthcare is world-class.
- Citizens benefit from targeted and faster research resulting in safer, more sustainable, efficient, cost-effective, accessible and affordable tools, technologies and digital solutions for improved (personalised) disease prevention, diagnosis, treatment and monitoring for better patient outcome and wellbeing, in particular through increasingly shared health resources (interoperable data, infrastructure, expertise, citizen/patient driven co-creation)[357].
- The EU gains high visibility and leadership in terms of health technology development, including through international cooperation.
- The burden of diseases in the EU and worldwide is reduced through the development and integration of innovative diagnostic and therapeutic approaches, personalised medicine approaches, digital and other people-centred solutions for healthcare.
- Both the productivity of health Research and Innovation, and the quality and outcome of healthcare is improved thanks to the use of health data and innovative analytical tools, such as AI supported decision-making, in a secure, ethical and inclusive manner, respecting individual integrity and underpinned with public acceptance and trust.
- Citizens trust and support the opportunities offered by innovative technologies for healthcare, based on expected health outcomes and potential risks involved.

Legal entities established in China are not eligible to participate in both Research and Innovation Actions (RIAs) and Innovation Actions (IAs) falling under this destination. For additional information please see "Restrictions on the participation of legal entities established in China" found in the Annex B of the General Annexes of this Work Programme.

The protection of European communication networks has been identified as an important security interest of the Union and its Member States. Entities that are assessed as high-risk suppliers[358] of mobile network communication equipment (and any entities they own or control) are not eligible to participate as beneficiaries, affiliated entities and associated partners to topics identified as "subject to restrictions for the protection of European communication networks". Please refer to the Annex B of the General Annexes of this Work Programme for further details.

Proposals are invited against the following topic(s):

[357] Commission Communication on the digital transformation of health and care; COM(2018) 233 final
[358] Entities assessed as "high-risk suppliers", are currently set out in the second report on Member States' progress in implementing the EU toolbox on 5G cybersecurity of 2023 (NIS Cooperation Group, Second report on Member States' progress in implementing the EU Toolbox on 5G Cybersecurity, June 2023) and the related Communication on the implementation of the 5G cybersecurity toolbox of 2023 (Communication from the Commission: Implementation of the 5G cybersecurity Toolbox, Brussels, 15.6.2023 C(2023) 4049 final).

Expected Impacts:
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- **Type of Project and budget**
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- **Societal or Economical challenges** to be addressed
- **Expected Project Objectives**
- **Hints on approach**

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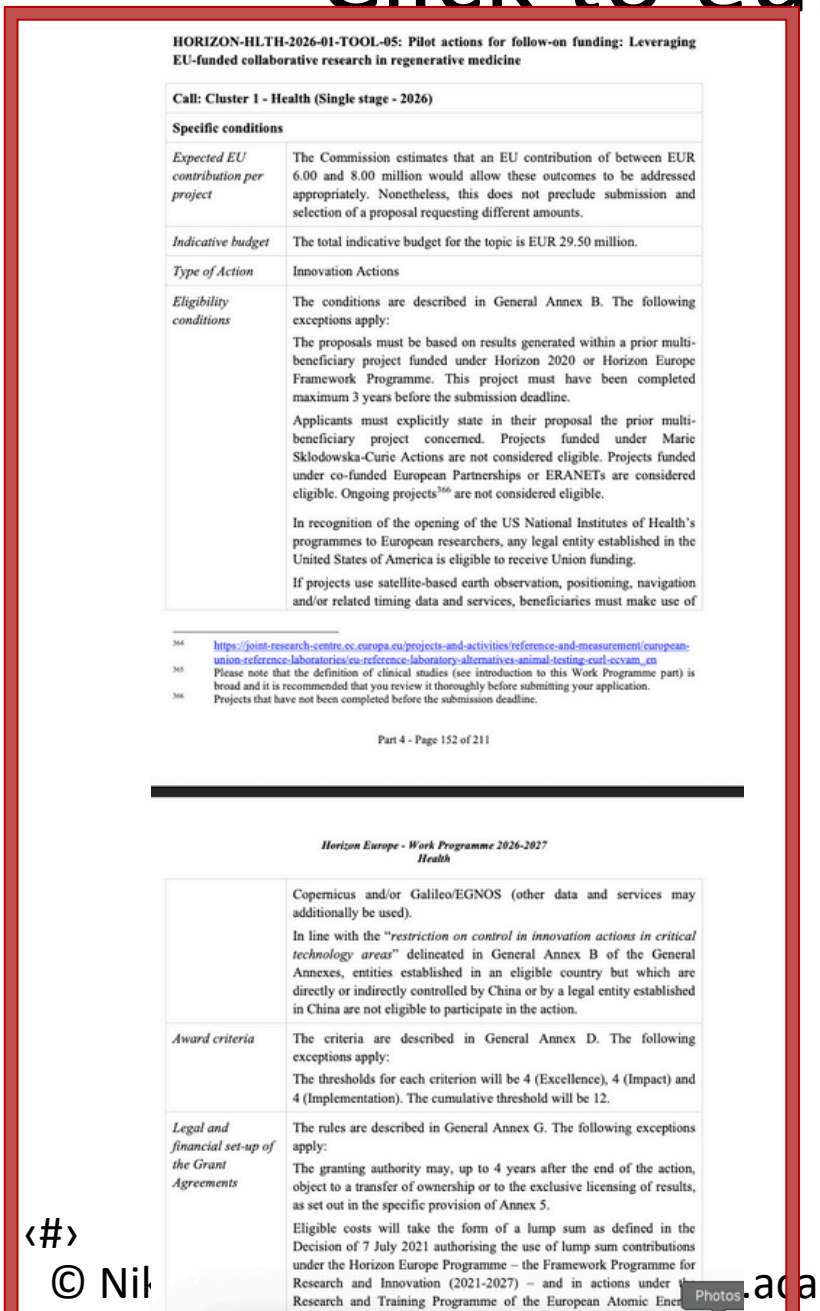

HORIZON-HLTH-2026-01-TOOL-05: Pilot actions for follow-on funding: Leveraging EU-funded collaborative research in regenerative medicine

Call: Cluster 1 - Health (Single stage - 2026)	
Specific conditions	
Expected EU contribution per project	The Commission estimates that an EU contribution of between EUR 6.00 and 8.00 million would allow these outcomes to be addressed appropriately. Nonetheless, this does not preclude submission and selection of a proposal requesting different amounts.
Indicative budget	The total indicative budget for the topic is EUR 29.50 million.
Type of Action	Innovation Actions
Eligibility conditions	The conditions are described in General Annex B. The following exceptions apply: The proposals must be based on results generated within a prior multi-beneficiary project funded under Horizon 2020 or Horizon Europe Framework Programme. This project must have been completed maximum 3 years before the submission deadline. Applicants must explicitly state in their proposal the prior multi-beneficiary project concerned. Projects funded under Marie Sklodowska-Curie Actions are not considered eligible. Projects funded under co-funded European Partnerships or ERANETs are considered eligible. Ongoing projects[366] are not considered eligible. In recognition of the opening of the US National Institutes of Health's programmes to European researchers, any legal entity established in the United States of America is eligible to receive Union funding. If projects use satellite-based earth observation, positioning, navigation and/or related timing data and services, beneficiaries must make use of

[364] https://joint-research-centre.ec.europa.eu/projects-and-activities/reference-and-measurement/european-union-reference-laboratories/eu-reference-laboratory-alternatives-animal-testing-eurl-ecvam_en
[365] Please note that the definition of clinical studies (see introduction to this Work Programme part) is broad and it is recommended that you review it thoroughly before submitting your application.
[366] Projects that have not been completed before the submission deadline.

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	Copernicus and/or Galileo/EGNOS (other data and services may additionally be used). In line with the "*restriction on control in innovation actions in critical technology areas*" delineated in General Annex B of the General Annexes, entities established in an eligible country but which are directly or indirectly controlled by China or by a legal entity established in China are not eligible to participate in the action.
Award criteria	The criteria are described in General Annex D. The following exceptions apply: The thresholds for each criterion will be 4 (Excellence), 4 (Impact) and 4 (Implementation). The cumulative threshold will be 12.
Legal and financial set-up of the Grant Agreements	The rules are described in General Annex G. The following exceptions apply: The granting authority may, up to 4 years after the end of the action, object to a transfer of ownership or to the exclusive licensing of results, as set out in the specific provision of Annex 5. Eligible costs will take the form of a lump sum as defined in the Decision of 7 July 2021 authorising the use of lump sum contributions under the Horizon Europe Programme – the Framework Programme for Research and Innovation (2021-2027) – and in actions under the Research and Training Programme of the European Atomic Ener

- **Expected Funding per project**
- **Total Funding per call**
- **No. of projects to be funded**
- **Type of Action**
- **Eligibility Conditions**

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	The thresholds for each criterion will be 4 (Excellence), 4 (Impact) and 4 (Implementation). The cumulative threshold will be 12.
Legal and financial set-up of the Grant Agreements	The rules are described in General Annex G. The following exceptions apply: The granting authority may, up to 4 years after the end of the action, object to a transfer of ownership or to the exclusive licensing of results, as set out in the specific provision of Annex 5. Eligible costs will take the form of a lump sum as defined in the Decision of 7 July 2021 authorising the use of lump sum contributions under the Horizon Europe Programme – the Framework Programme for Research and Innovation (2021-2027) – and in actions under the Research and Training Programme of the European Atomic Energy Community (2021-2025) [367].

Expected Outcome: This topic aims at supporting activities that are enabling or contributing to one or several expected impacts of destination "Developing and using new tools, technologies and digital solutions for a healthy society". To that end, proposals under this topic should aim to deliver results that are directed at, tailored towards and contributing to all the following expected outcomes:

- The overall competitiveness of the EU biotechnology sector is strengthened through the further development of closer-to-deployment health innovations.
- The EU benefits from greater impact of the EU's Research and Innovation (R&I) Framework Programmes through successful leveraging of previous EU funding in the field of regenerative medicine.
- EU innovators secure further funding to finalise the last stages of development.
- Patients benefit faster from solutions that improve their health and wellbeing.

[367] This decision is available on the Funding and Tenders Portal, in the reference documents section for Horizon Europe, under 'Simplified costs decisions' or through this link: https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/guidance/ls-decision_he_en.pdf

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- **Benefits from each of the funded projects expected by their completion**

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Scope: R&I is essential for economic growth and boosting the competitiveness of the EU's life sciences sector. Through the Horizon 2020 and Horizon Europe Framework Programmes, the EU has supported projects that significantly impact our health by fostering scientific discoveries and developing new solutions. Transformational health innovations, such as mRNA vaccines, highlight the importance of collaboration among businesses, research institutions, and healthcare providers. Furthermore, sustained funding throughout the entire value chain is crucial for maximising impact and ensuring more products reach patients faster. The main aim of this topic is to pilot a follow-on funding mechanism, supporting the stepwise development of biotech innovations through collaboration, resulting from previously supported EU R&I actions in the field of health. This topic contributes to strengthening the R&I ecosystem within the EU and supports the implementation of the "Strategy for European Life Sciences"[368]. Given the importance of biotechnology as a critical technology[369], this topic aims to ensure that promising research results are efficiently taken further along the value chain, speeding the time to market or patient through stepwise funding and increasing the EU's competitiveness. The chosen area of focus is regenerative medicine as it has the potential to heal or replace tissues and organs damaged by age, disease, or trauma, as well as to normalise congenital defects. Proposals should focus on prototyping, demonstrating and validating health innovations from TRL 5, moving beyond early-stage research to clinical development, testing, or eventual large-scale manufacturing. The previously funded EU research on which the proposal is build should be applicable to the field of regenerative medicine and should have clear exploitation potential and/or socio-economic benefits for the patients.

From the Scope

- **Key** Project **Challenge/Purpose**

- Demonstrate in their proposal that the health product, therapy or service, has been successfully validated at preclinical level in the prior EU funded project and provide justification of the innovation potential with qualitative and quantitative data (e.g. publications, patent/trademark/design applications, spin-out/start-up track record, regulatory procedures, venture capital pitches, funds raised etc).
- Justify the proposed composition of the consortium and explain how this differs from the previous grant, and demonstrate how the health product, therapy or service to be developed further qualifies as regenerative medicine.
- Demonstrate adequate protection of the idea or Intellectual Property Rights or ensure freedom to operate until full deployment.
- Have a clear vision on the intended pathway to patients and/or route to market, including regulatory compliance. This includes defining specific milestones together with concrete

[368] https://research-and-innovation.ec.europa.eu/strategy/strategy-research-and-innovation/jobs-and-economy/towards-strategy-european-life-sciences_en; https://ec.europa.eu/commission/presscorner/detail/en/ip_25_1686

[369] Commission Recommendation on critical technology areas for the EU's economic security for further risk assessment with Member States: https://defence-industry-space.ec.europa.eu/system/files/2023-10/C_2023_6689_1_EN_annexe_acte_autonome_part1_v9.pdf

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to normalise congenital defects. Proposals should focus on prototyping, demonstrating and validating health innovations from TRL 5 onwards, beyond early-stage research to clinical development, testing, or eventual large-scale manufacturing. The previously funded EU research on which the proposal is build should be applicable to the field of regenerative medicine and should have clear exploitation potential and/or socio-economic benefits for the patients.

Applicants are expected to:

- Demonstrate in their proposal that the health product, therapy or service, has been successfully validated at preclinical level in the prior EU funded project and provide justification of the innovation potential with qualitative and quantitative data (e.g. publications, patent/trademark/design applications, spin-out/start-up track record, regulatory procedures, venture capital pitches, funds raised etc).
- Justify the proposed composition of the consortium and explain how this differs from the previous grant, and demonstrate how the health product, therapy or service to be developed further qualifies as regenerative medicine.
- Demonstrate adequate protection of the idea or Intellectual Property Rights or ensure freedom to operate until full deployment.
- Have a clear vision on the intended pathway to patients and/or route to market, including regulatory compliance. This includes defining specific milestones together with concrete

[368] https://research-and-innovation.ec.europa.eu/strategy/strategy-research-and-innovation/jobs-and-economy/towards-strategy-european-life-sciences_en; https://ec.europa.eu/commission/presscorner/detail/en/ip_25_1686

[369] Commission Recommendation on critical technology areas for the EU's economic security for further risk assessment with Member States: https://defence-industry-space.ec.europa.eu/system/files/2023-10/C_2023_6689_1_EN_annexe_acte_autonome_part1_v9.pdf

and verifiable Key Performance Indicators (KPIs) to assess progress towards the market or healthcare settings.

- Identify the target patient group(s) (how many patients to be treated during the project and the potential patient population that could benefit) and product development milestones including a financial plan (for each milestone).

In the case of innovations with commercial potential, proposals should present the investor and market readiness towards commercialisation and deployment (market research, value proposition, business case and business model, prospects for growth, intellectual property protection, competitor analysis etc.) as well as aspects of regulation, certification and standardisation and reimbursement.

In the case of innovations with evidenced limited commercial potential but high patient benefit, proposals should contain a deployment and sustainability plan including aspects related to regulations, certification and standardisation and patient access through healthcare providers.

Proposals should take into account sex, gender, age and other relevant socio-demographic variables to ensure the scientific robustness, clinical value and applicability of the targeted regenerative medicine innovation.

Applicants should provide details of their clinical studies[370] in the dedicated annex using the template provided in the submission system. As proposals under this topic are expected to include clinical studies, the use of the template is strongly encouraged.

From the Scope
- **Key** Project **Objectives**

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and verifiable Key Performance Indicators (KPIs) to assess progress towards the market or healthcare settings.

- Identify the target patient group(s) (how many patients to be treated during the project and the potential patient population that could benefit) and product development milestones including a financial plan (for each milestone).

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HORIZON-HLTH-2026-01-TOOL-06: Support to European Research Area (ERA) action on accelerating New Approach Methodologies (NAMs) to advance biomedical research and testing of medicinal products and medical devices

Call: Cluster 1 - Health (Single stage - 2026)

From the Scope (Cont.)

- **Hints on the approach**
- **Hints on the consortium synthesis**

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Essentials of forming a strong consortium and defining roles

Incl. practical tips for newcomers to get started

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a. **A**[illegible] ompetent partners (direct and indirect ones)

- **Direct** Partners are the ones responsible for implementing the proposed solution and **sign** the contract with the EC for receiving also the Horizo
- **Indirect/Associate** partners are mainly stakeholders that have strong interest in your innovation and they don't receive funding
  - They don't sign the contract but can participate at your **advisory board**

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- *Your proposal could include stakeholders highly interested in your project results as Associate Partners*
- *In this way, the high value of your project is significantly enhanced*
- *Inclusion of Associate Partners as indirect partners has <u>high value</u>*

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Sources for competent direct and indirect partners

- Your own network
- Partner Search Facilities
- Related events (infodays/brokerage events)
- Social Media (related Linkedin and Facebook groups) – very useful if exploited properly
- List/Summaries of previously funded projects!!! - (very useful) Cordis and Horizon Dashboard

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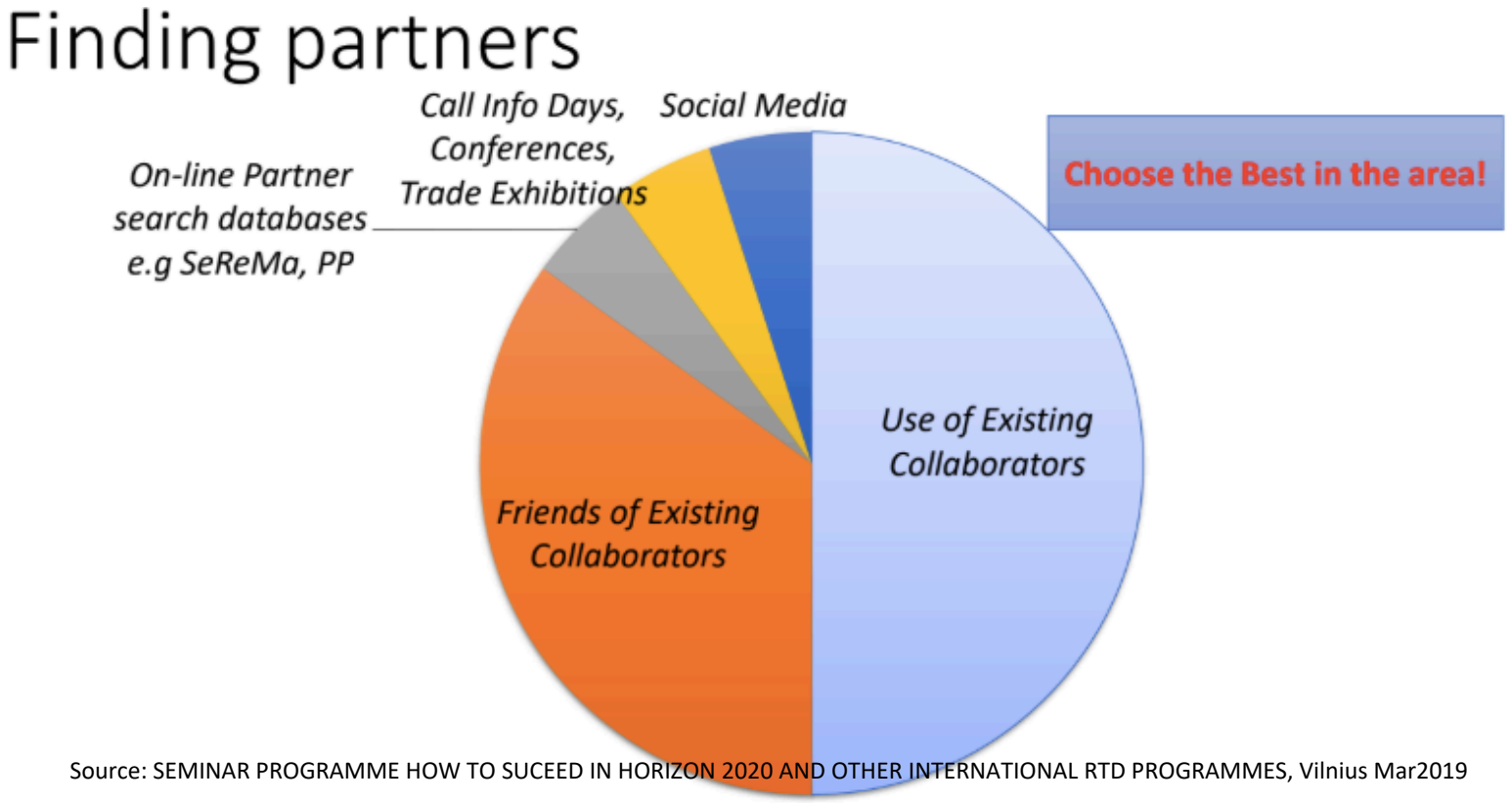

Source: SEMINAR PROGRAMME HOW TO SUCEED IN HORIZON 2020 AND OTHER INTERNATIONAL RTD PROGRAMMES, Vilnius Mar2019

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How to contact **intelligently** identified key actors

e.g. for
joining as partner (especially as a newcomer),
inviting them to your project
extending your network, etc.

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  - Second level
    - Third level
      - Fourth level
        - Fifth level

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- Click to edit Master text styles
  - Second level
    - Third level
      - Fourth level
        - Fifth level

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Homework-Hands On practice

Step 1: Prepare an email to offer on a voluntary service some support on running projects of your interest
Step 2: Prepare an email with your assets and invite project actors that you collaborated to partner for a specific call

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Critical best practices in proposal writing (focus on clarity, impact, and innovation)

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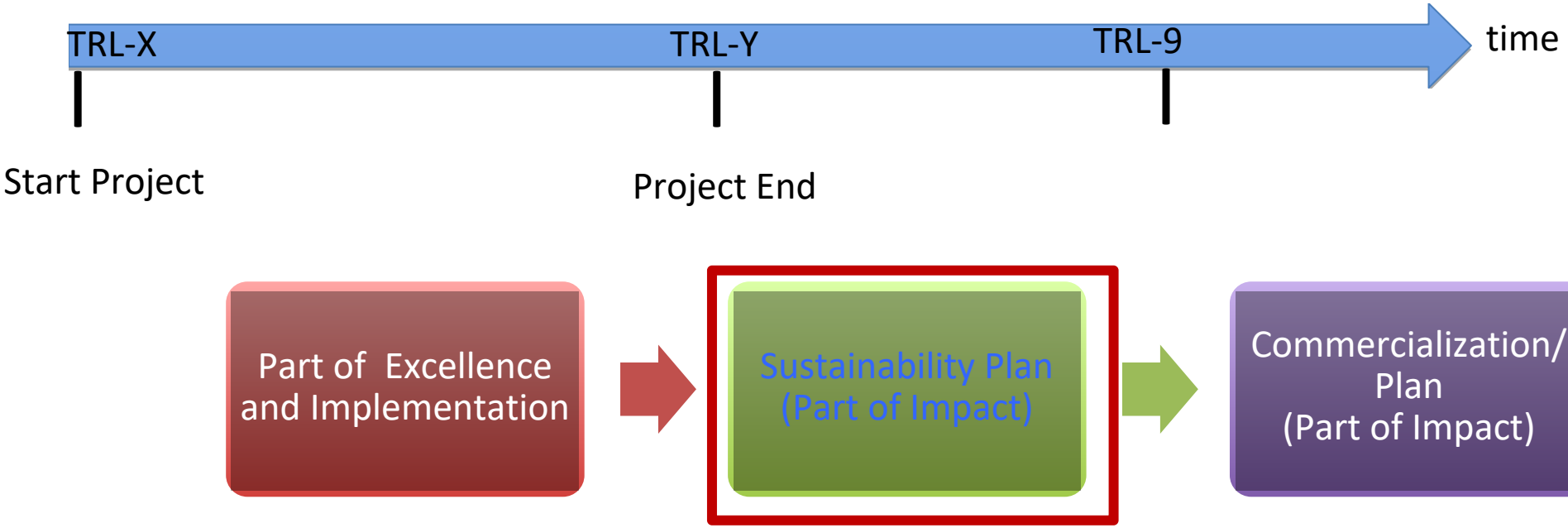

The lower the TRL-Y the less detailed the sustainability and commercialisation plans

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Fit-All Text should be avoided

Be as specific as you can. General statements of the type *" ...The draft plan presented herein contains measures to be implemented both during and after the project. These measures will address the full range of potential users and uses including research, commercial, investment and environment and are tailored to the specific technical, market and organizational issues addressed. The aforementioned draft plan will be then updated through project execution. Concerning dissemination of results, such activity will be conducted under the dedicated tasks in WP7, as agreed to by all members of the consortium. Three main target audiences for the dissemination of project results have been identified: 1) Scientific community; 2) Industry; and 3) General audience. As for those audiences the main aim is to provide free access to the information in order to wider impact. ..."* **are hated by the reviewers!!!**

Source: TH2020II/CERTH

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Project objectives	Related Workpackage activities	Necessary Resources and Expertise	Expected Projects Results	Milestones
			Proof of principle: The main ideas of the envisioned future technology are feasible by validating its scientific and technological basis Top-level scientific publications in open access Formal protection of the generated Intellectual Property (e.g. a patent application)	

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Bad examples by EC in the Horizon Europe Pathfinder full proposal template!

Table 3.2d: List of milestones

Milestone number	Milestone name	Related work package(s)	Due date (in month)	Means of verification

KEY

Due date

Measured in months from the project start date (month 1)

Means of verification

Show how you will confirm that the milestone has been attained. Refer to indicators if appropriate. For example: laboratory prototype that is 'up and running' software released and validated by a user group; field survey complete and data quality validated.

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- A laboratory prototype that is “up and running” **with min 80% prediction accuracy**
- …

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Key insights from an evaluator´s perspective
(common pitfalls to avoid)

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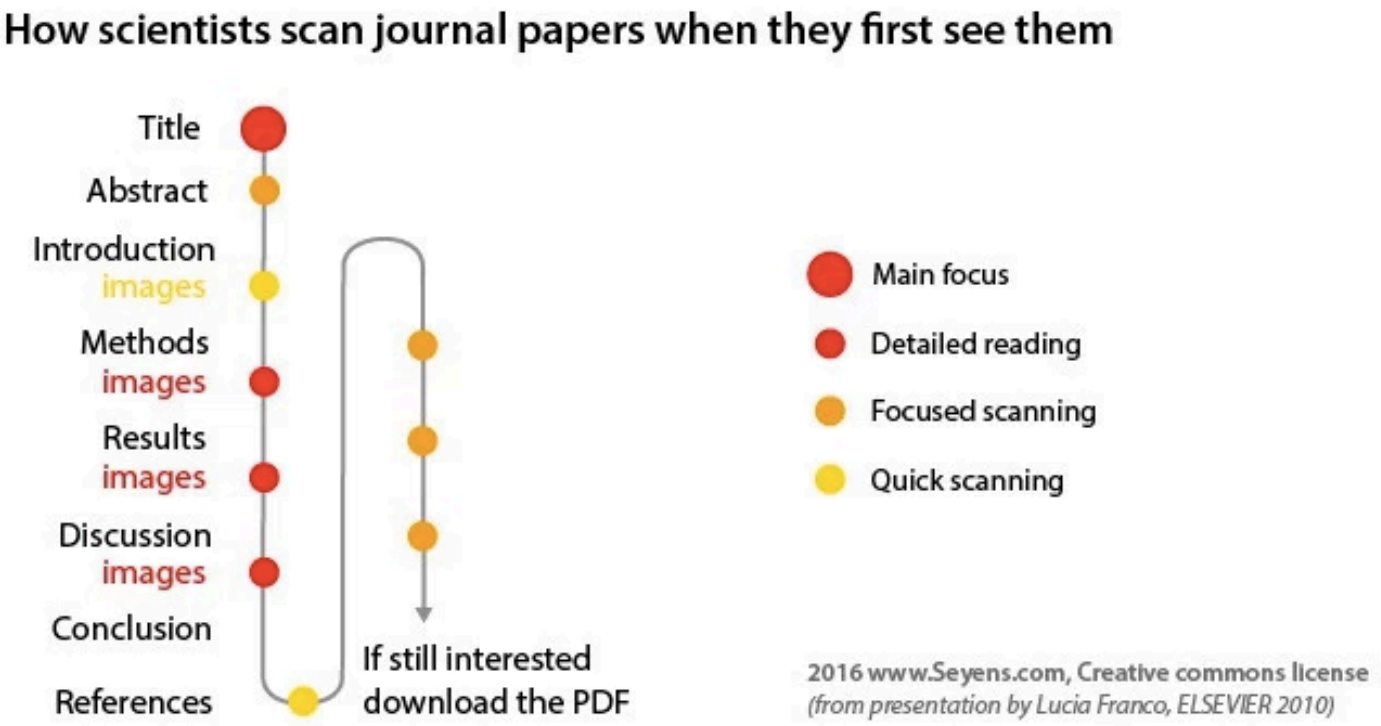

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- Abstract
  - Why this, Why now, why you, why in this way?
- Consortium composition
  - Is the consortium balanced (interdisciplinary) with all value chain players?
- Proposal Structure
  - Headings and Subheadings
  - Illustrations (figures, diagrams, tables, etc)

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- SoA Depth
  - Rationale on Scientific limitations
- Approach Quality
  - What makes this project capable of overcoming the
    - scientific limitation and reaching project objectives
    - Societal barriers and reaching expected short term and long term benefits

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Practical Tips for newcomers to get started

Additional

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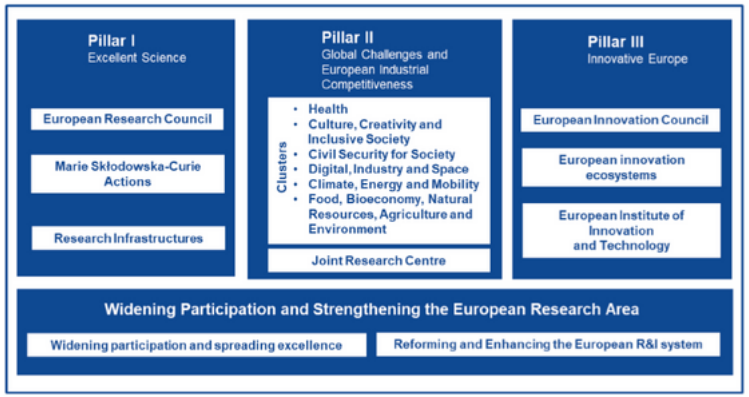

- European Climate, Infrastructure and Environment Executive Agency
  - Pillar II: Cluster 5: Climate, energy and mobility
- European Health and Digital Executive Agency
  - Pillar II: Cluster 1: Health
  - Pillar II: Cluster 4: Digital, industry and space
- European Research Executive Agency
  - Pillar I: Marie Sklodowska-Curie Actions
  - Pillar I: Research Infrastructures
  - Pillar II: Cluster 2: Culture, Creativity and Inclusive Society
  - Pillar II: Cluster 3: Civil Security for Society
  - Pillar II: Cluster 6: Food, Bio-economy, Natural Resources, Agriculture and Environment
  - Widening participation: Spreading excellence and widening participation
  - Strengthening the European Research Area: Reforming and enhancing the European R&I System
- European Innovation Council and SMES Executive Agency
  - Pillar III: The European Innovation Council (EIC) and European Innovation Ecosystems
- European Research Council Executive Agency
  - Pillar I: The European Research Council (ERC)

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Technical Project Management in Horizon Europe

Nikolaos FLORATOS

Horizon Europe Infoday

Antalya Oct 2025

TÜBİTAK

Workpackage Design and Deliverables

Use of the P.O.W.E.R.™ tool

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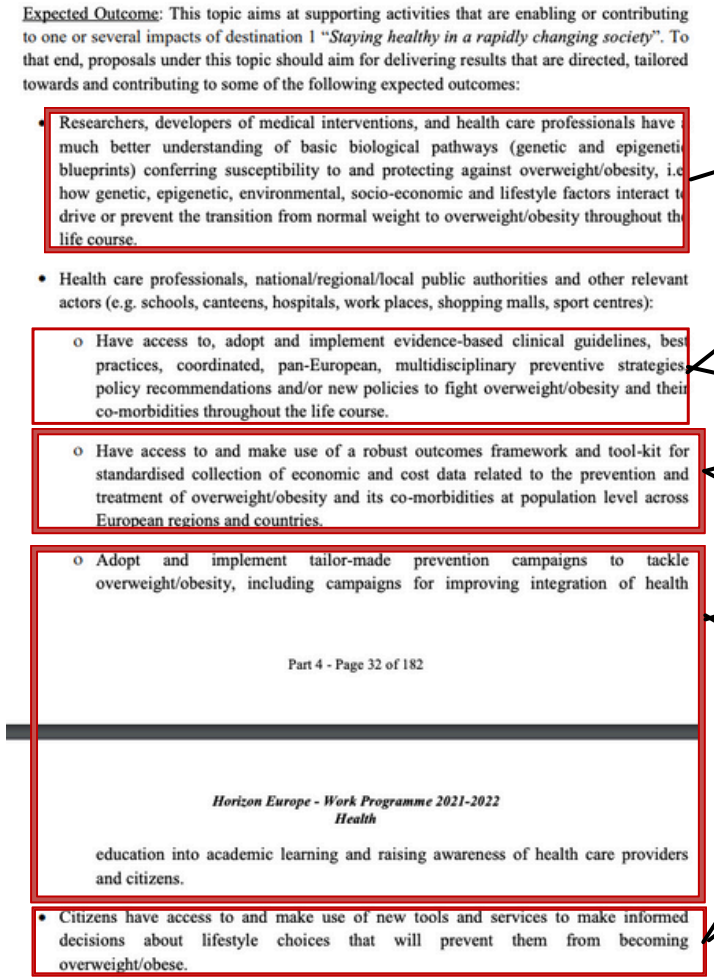

Expected Outcome: This topic aims at supporting activities that are enabling or contributing to one or several impacts of destination 1 "*Staying healthy in a rapidly changing society*". To that end, proposals under this topic should aim for delivering results that are directed, tailored towards and contributing to some of the following expected outcomes:

- Researchers, developers of medical interventions, and health care professionals have a much better understanding of basic biological pathways (genetic and epigenetic blueprints) conferring susceptibility to and protecting against overweight/obesity, i.e. how genetic, epigenetic, environmental, socio-economic and lifestyle factors interact to drive or prevent the transition from normal weight to overweight/obesity throughout the life course.
- Health care professionals, national/regional/local public authorities and other relevant actors (e.g. schools, canteens, hospitals, work places, shopping malls, sport centres):
  - Have access to, adopt and implement evidence-based clinical guidelines, best practices, coordinated, pan-European, multidisciplinary preventive strategies, policy recommendations and/or new policies to fight overweight/obesity and their co-morbidities throughout the life course.
  - Have access to and make use of a robust outcomes framework and tool-kit for standardised collection of economic and cost data related to the prevention and treatment of overweight/obesity and its co-morbidities at population level across European regions and countries.
  - Adopt and implement tailor-made prevention campaigns to tackle overweight/obesity, including campaigns for improving integration of health

Part 4 - Page 32 of 182

Horizon Europe - Work Programme 2021-2022
Health

education into academic learning and raising awareness of health care providers and citizens.

- Citizens have access to and make use of new tools and services to make informed decisions about lifestyle choices that will prevent them from becoming overweight/obese.

Expected Outcomes => Key challenges NOW=>quantified data & qualitative analysis at EU and at partners' countries)

1. Lack of concrete knowledge on the basic biology of obesity and new ways to prevent it (how much we know on the basic biology of obesity?)
2. Any current evidence-based clinical guidelines, best practices, pan-European, multidisciplinary preventive strategies, policy recommendations to fight obesity and its co-morbidities in life?
3. If so, how effective they have been (each one)?
4. Any processes, initiatives, tools/tool-kit for standardized collection of economic and cost data related to the prevention and treatment of obesity/its co—morbidities?
5. If so, how effective they have been?
6. Any tailor-made prevention campaigns to tackle obesity
7. Any campaigns for integrating health education into academic learning
8. How effective these campaigns have been (each one)?
9. Any tools and services for empowering citizens to make responsible decisions about their lifestyle choices for not becoming obese?
10. If so, how effective they have been (each one)?

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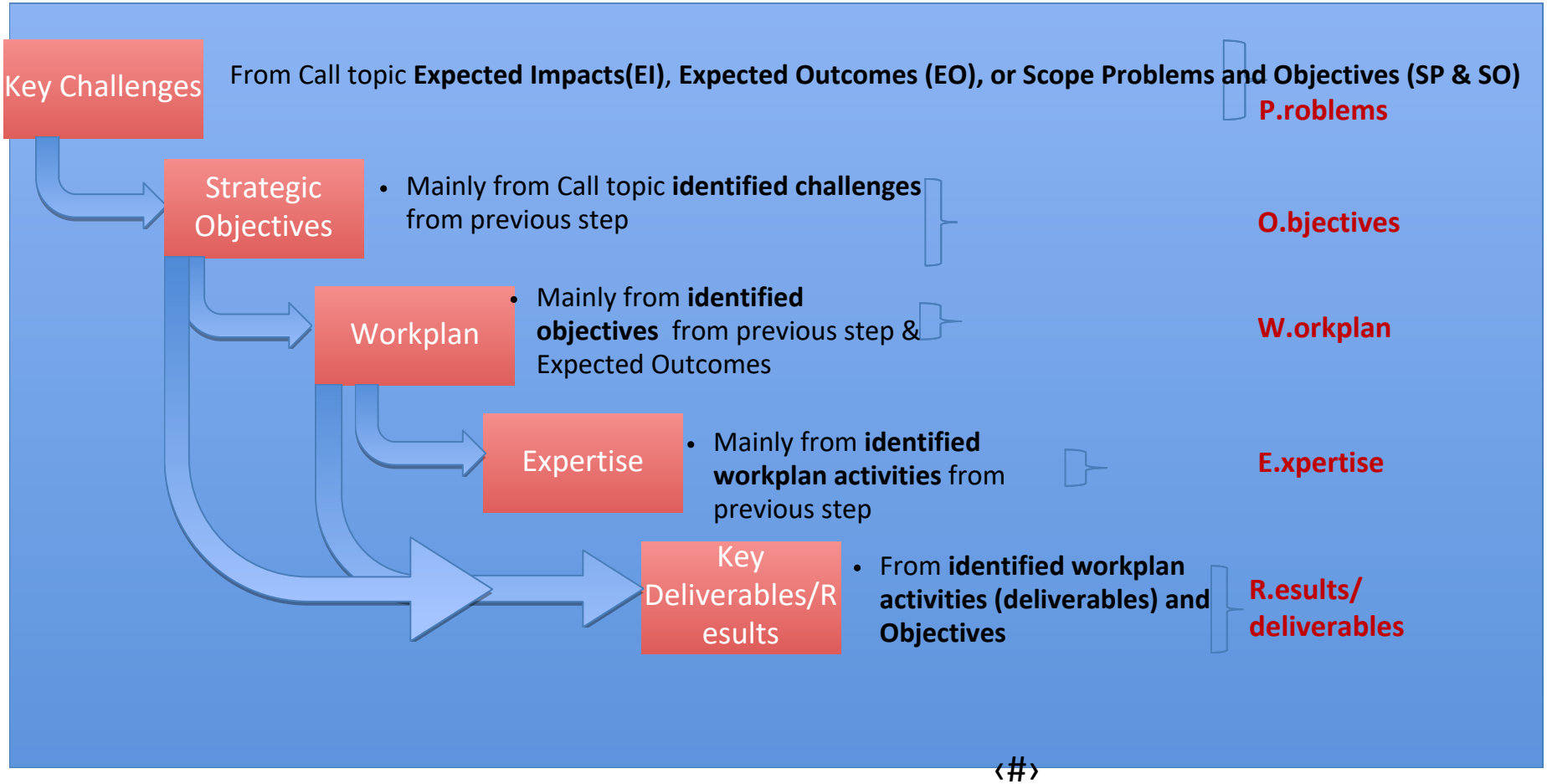

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Project Monitoring and Reporting

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An example of a project management chart for R&I Projects

Profile photos/logos

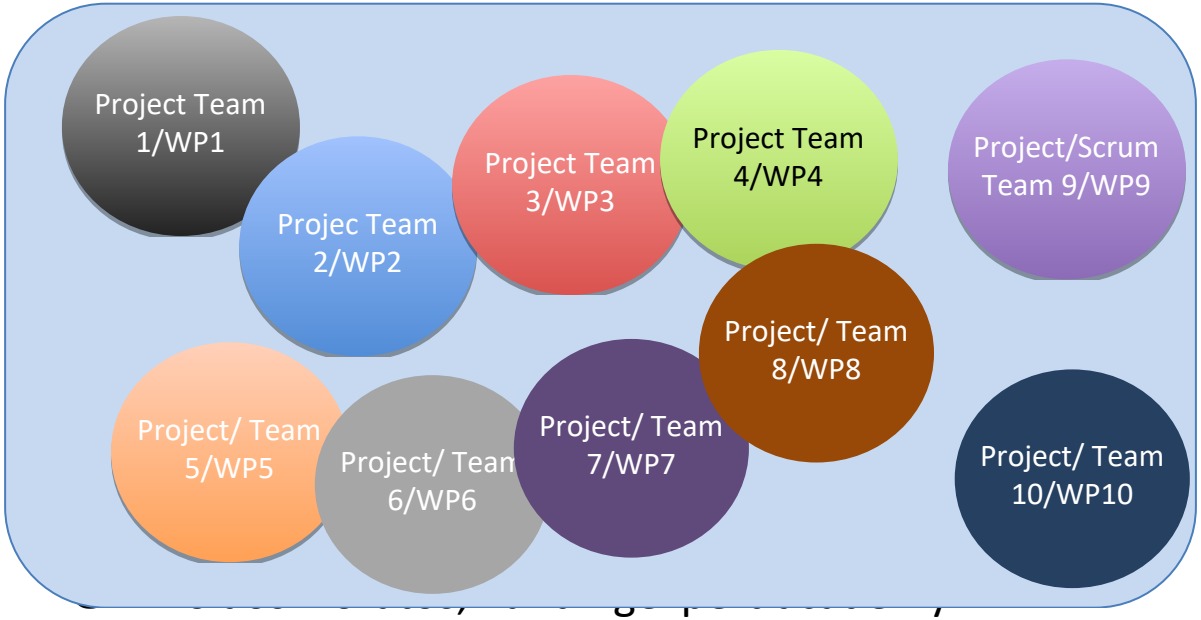
Dr. Gandi Pau (PC/PO)

Dr. Giannis Arzis (TL/PO)

Technical Committee (TC)

Steering Committee (SC)

WP Teams



Advisory Committee (AC)

Dr. Gandi Pau (chair)

DE Manager

Mr. John Schwan

Communication Manager (CM)

Ms. Sarah Leute

Ethics Manager (EM)

Mrs. Maria Jhann

ext. Quality Evaluator

Mr. Peter Floratos

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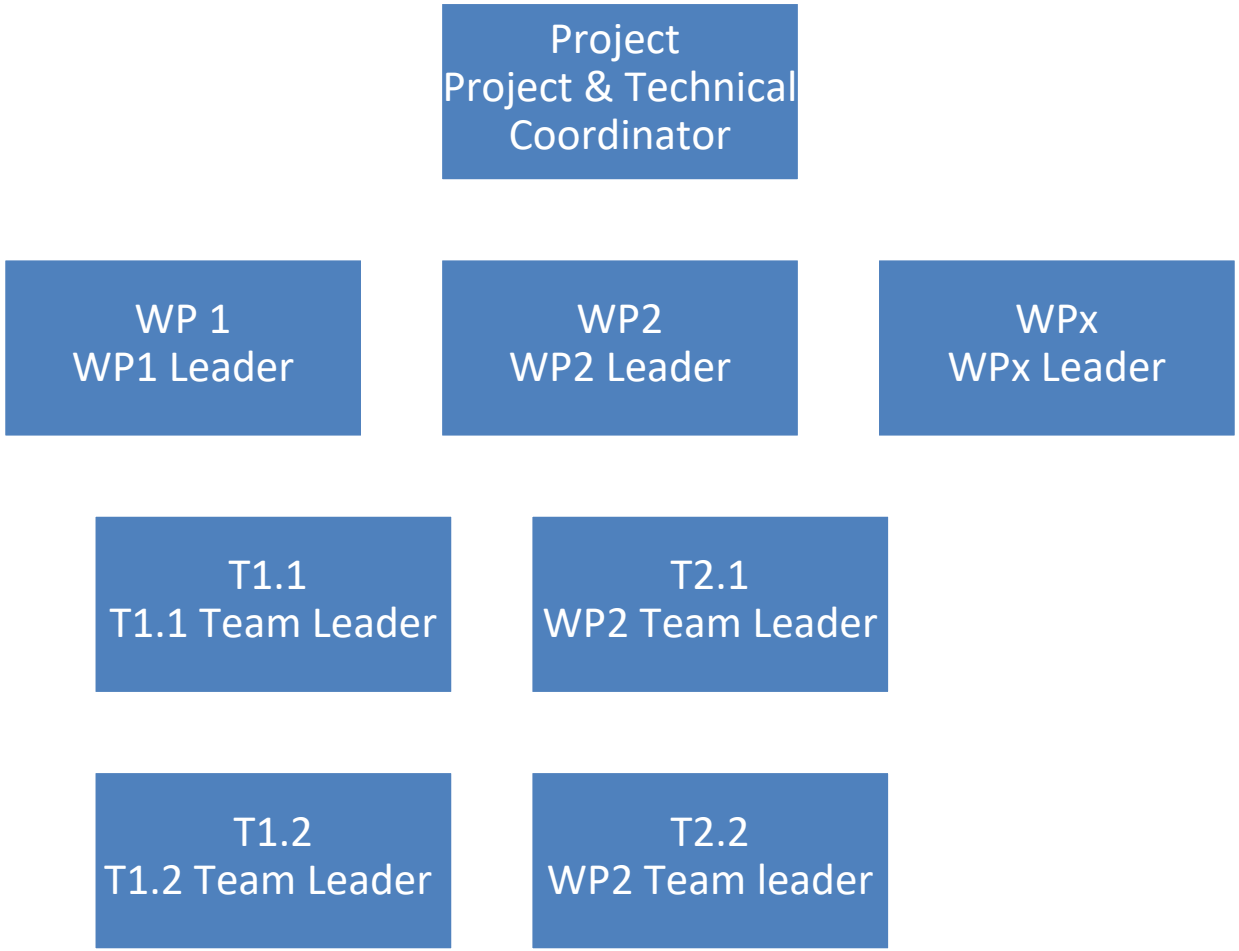

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One of the biggest reasons why projects run late is lack of resources when we need them. So

- We need to know **how** many people and **when** we will need and **well in advance**
- Gannt Chart the only way for this to check
  - how many full-time people per month/week
  - Which months/weeks are the most intensive ones from the person effort point of view
  - Which months/weeks are the most intensive from the no. of tasks point of view
- If some months/weeks too intensive, then
  - move the floating tasks forwards/backwards to periods that are not that intensive
  - Plan for more resources (more people)
  - Last option (last resort) to break/stop the critical path tasks for some months while busy with the floating tasks. The project now will get longer for those breaking months

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
	WP Leader	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24	Total		
WP1: User Needs Analysis	Partner 3	30	30	30	30	30																				150		5.11%
WP2: State of the Analysis and review of related solutions	Partner 4			35	35	35	35																			140		4.77%
WP3: Design of proposed solution & continuous consultation with stakeholders	Partner 2					90	90	90	90	90	90															540		18.39%
WP4: Development of proposed solution & continuous consultation with stakeholders	Partner 5									120	120	120	120	120	120	120	120									960		32.69%
WP5: Integration of developed modules &continuous coordination with stakeholders	Partner 5														30	30	30	55	55	55						255		8.68%
WP6: Pilot testing, validation/solution revision and demonstation with end-users	Partner 3																			20	50	50	50	140	140	450		15.32%
Delivered Project																												
WP7 Dissemination & Exploitation	Partner 1	10	10	20	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	250		8.51%
WP8: Project Management	Partner 1	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	192		6.54%
TOTAL Person days		48	48	93	83	173	143	108	108	228	228	138	138	138	168	168	168	73	73	93	68	68	68	158	158	2937		
No. of full-time personnel (one full time person works 18 person days in a month)		2.7	2.7	5.2	4.6	9.6	7.9	6	6	13	13	7.7	7.7	7.7	9.3	9.3	9.3	4.1	4.1	5.2	3.8	3.8	3.8	8.8	8.8			

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- Use Gannt chart as the main tool for monitoring progress
  - Convert months into actual months as soon as your project is granted and starts
  - Color in what you have done and
  - Make sure you keep-up with the today line (every month at a different point)
- Use the Gannt chart for checking how much the project is **planned to cost**
- Update the Gannt chart for checking how much the project has **actually costed** up today and answer the following
  - Are we under budget, if so why?
  - Are we behind schedule, if so why?
  - Are we over budget, if so why?
  - Are we ahead, if so why?
- Then act accordingly

		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	
	WP Leader	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24	Total
WP1: User Needs Analysis	Partner 3	30	30	30	30	30																				150
WP2: State of the Analysis and review of related solutions	Partner 4			35	35	35	35																			140
WP3: Design of proposed solution & continuous consultation with stakeholders	Partner 2					90	90	90	90	90	90															540
WP4: Development of proposed solution & continuous consultation with stakeholders	Partner 5									120	120	TODAY 0	120	120	120	120	120									960
WP5: Integration of developed modules &continuous coordination with stakeholders	Partner 5														30	30	30	55	55	55						255
WP6: Pilot testing, validation/solution revision and demonstation with end-users	Partner 3																			20	50	50	50	140	140	450
Delivered Project																										
WP7 Dissemination & Exploitation	Partner 1	10	10	20	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	250
WP8: Project Management	Partner 1	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	192
TOTAL Person days		48	48	93	83	173	143	108	108	228	228	138	138	138	168	168	168	73	73	93	68	68	68	158	158	2937
Total person days planned to be consumed by end Nov 22- TODAY												1398														
No. of full-time personnel (one full time person works 18 person days in a month)		2.7	2.7	5.2	4.6	9.6	7.9	6.0	6.0	12.7	12.7	7.7	7.7	7.7	9.3	9.3	9.3	4.1	4.1	5.2	3.8	3.8	3.8	8.8	8.8	
Average planned cost per month (Assume 5000 EUR per month average person month)		13,333	13,333	25,833	23,056	48,056	39,722	30,000	30,000	63,333	63,333	38,333	38,333	38,333	46,667	46,667	46,667	20,278	20,278	25,833	18,889	18,889	18,889	43,889	43,889	
Accumulated planned personnel cost		13,333	26,667	52,500	75,556	123,611	163,333	193,333	223,333	286,667	350,000	388,333	426,667	465,000	511,667	558,333	605,000	625,278	645,556	671,389	690,278	709,167	728,056	771,944	815,833	
Add any other planned costs (Overheads, equipments, travel, subcontracting, other costs)		30000			35000			23000					35000				40000					34000			30000	
Total planned costs per month		43,333	13,333	25,833	58,056	48,056	39,722	53,000	30,000	63,333	63,333	38,333	73,333	38,333	46,667	46,667	86,667	20,278	20,278	25,833	18,889	52,889	18,889	43,889	73,889	
Total Accumulated planned costs		43,333	56,667	82,500	140,556	188,611	228,333	281,333	311,333	374,667	438,000	476,333	549,667	588,000	634,667	681,333	768,000	788,278	808,556	834,389	853,278	906,167	925,056	968,944	1,042,833	
Total person days actually consumed per month up today		48	48	93	83	173	143	108	18	18	18	18	0	0	0	0	0	0	0	0	0	0	0	0	0	
Actual total cost per month based on partners individual reporting on effort and costs		42070	12557	26840	59348	47456	38397	53017	6048	5458	4589	5027														
Accumulated total costs up today		42070	54627	81467	140815	188271	226668	279685	285733	291191	295780	300807														

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Risk Management

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Possible Risks (for the successful implementation)

- Delay in the collection and analysis of the research/end-users data
- Low involvement of end-users and stakeholders during the implementation process
- Poor communication between partners and late detection of problems related to the technical implementation n of the project
- Poor dissemination & exploitation strategy and low level of achievement of expected impacts
- Low innovation capacity and not highly innovative project results.
- Conflict of interest within the consortium on background knowledge, IPRs, ownership of prototypes and future competition
- Ethical issues and challenges during project implementation
- Poor quality of deliverables or completion with delay
- Unbalanced (Low or over-expected) absorption of funds
- Withdrawal of a partner
- Withdrawal of coordinator

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Risk description	od level	Severance level (H/L)	e level (HH,	(Preventive)	Contingency (Reactive) Measures

Table 3.1e: Critical risks for implementation #@RSK-MGT-RM@#

Description of risk (indicate level of (i) likelihood, and (ii) severity: Low/Medium/High)	Work package(s) involved	Proposed risk-mitigation measures

Definition critical risk:
A critical risk is a plausible event or issue that could have a high adverse impact on the ability of the project to achieve its objectives.

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Action before the Project Meeting

1. Plan the meeting
2. **Draft the Meeting Agenda** clearly indicating the main points to be discussed
3. Send out the **Meeting Agenda** in advance
4. Ensure the **attendance** of the required participants
5. Address **any logistical needs** and prepare documentation or hand-outs for the meeting
6. Specify and inform what **each partner** is expected to present at the project meeting

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During the Execution of Project Meeting:

1. Ensure that someone is designated to take **the Minutes of Meeting (MoM**), including action points
2. Follow the related **Project Work Plan** from the **Grant Agreement** with the appropriate level of detail
3. **Clarify/Discuss** the expectations of the Project Core Team/Technical Committee, the Workpackage/task leaders and participants
4. Revise/update the Risk Management Plan
5. If conflicts, follow the **conflict resolution** process and present the escalation procedure as part of the **Consortium Agreement**
6. Ensure that **everyone** leaves the **Meeting** with **crystal clear idea** on **what is expected** by him/her, the **resources** and the **partners to engage/collaborate** (Applicable for all meetings f2f or virtual)

After Executing Project Meeting:

- Send out the **Minutes of Meeting (MoM**) to the relevant stakeholders. The minutes should include
  1. a summary of project issues raised, risks identified, decisions taken and changes proposed.
  2. Note that the issues, risks, decisions and project changes should also be recorded in the relevant logs.

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Congratulations!

You did it! You are familiar now with the Intelligence behind Horizon Europe and you are in the top 20% of individuals active in this programme

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