



## information session

20 May 2020 – 14h00-16h30

### EU #CORONAVIRUS RESPONSE

2nd call for an Expression of Interest

**in behaviour, socioeconomics, cohorts,  
manufacturing, medical and digital solutions**

**€122 million**

#UnitedAgainstCoronavirus #StrongerTogether #GlobalResponse



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*This information session will be recorded  
and available for viewing after the event.*

*The presentations will also be available.*

*Questions by email only  
during corresponding presentation  
[RTD-HEALTH-INFODAY@ec.europa.eu](mailto:RTD-HEALTH-INFODAY@ec.europa.eu)*

*Disclaimer: The information presented in the slides is indicative; applicants must refer to  
the official call documents available on the EC's Funding and Tenders website*



information session

**2<sup>nd</sup> special “call for an expression of interest  
for innovative and rapid health-related approaches  
to respond to COVID-19 and to deliver quick results for society  
for a higher level of preparedness of health systems”**

20 May 2020

**DG Research & Innovation**

**DG Communications Networks, Content and Technology**

*Disclaimer: The information presented in the slides is indicative; applicants must refer to the official call documents available on the EC's Funding and Tenders website*

# Agenda

- 14:00 Welcome  
[ questions by email during corresponding topic presentation [RTD-HEALTH-INFODAY@ec.europa.eu](mailto:RTD-HEALTH-INFODAY@ec.europa.eu) ]
- 14:05 Key messages
- 14:15 Basic principles of call for EoI
- 14:30 Topic 1: Repurposing of manufacturing for vital medical supplies and equipment
- 15:00 Topic 2: Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Levels (TRL)
- 15:30 Topic 3: Behavioural, social and economic impacts of the outbreak response
- 16:00 Topic 4: Pan-European COVID-19 cohort(s)  
Topic 5: Networking of existing EU and international cohorts
- 16:30 (end)

## Key messages

**Irene Norstedt**, Director, Directorate E – People, **DG Research and Innovation** (DG R&I)

**Jakub Boratynski**, Director, Directorate H - Digital Society, Trust and Cybersecurity,  
**DG Communications Networks, Content and Technology** (DG CNECT)

**Peter Dröll**, Director, Directorate F – Prosperity, **DG Research and Innovation** (DG R&I)



European  
Commission



Irene Norstedt



Jakub Boratynski



Peter Dröll







# 2<sup>nd</sup> special call for Expressions of Interest

## Basic principles



*Henriëtte van Eijl, DG R&I, unit E.6*



## ERAvsCorona Action Plan:

## 10 priority actions

1. Coordination of R&I funding against the Coronavirus
2. Extending and supporting EU wide clinical trials for clinical management of patients
- 3. New funding for innovative and rapid health-related approaches to respond to coronavirus and deliver quick results relevant to society => 2<sup>nd</sup> EoI**
4. Increasing support to innovative companies
5. Creating opportunities for other funding sources to contribute to R&I actions
6. Establish a one-stop shop for Coronavirus R&I funding
7. Establish an ad-hoc High Level R&I Task Force on the Coronavirus
8. Access to Research Infrastructures
9. Research data sharing platform
10. Pan-EU Hackathon to mobilise European innovators and civil society

## Research action Vs Coronavirus: *Before the crisis*

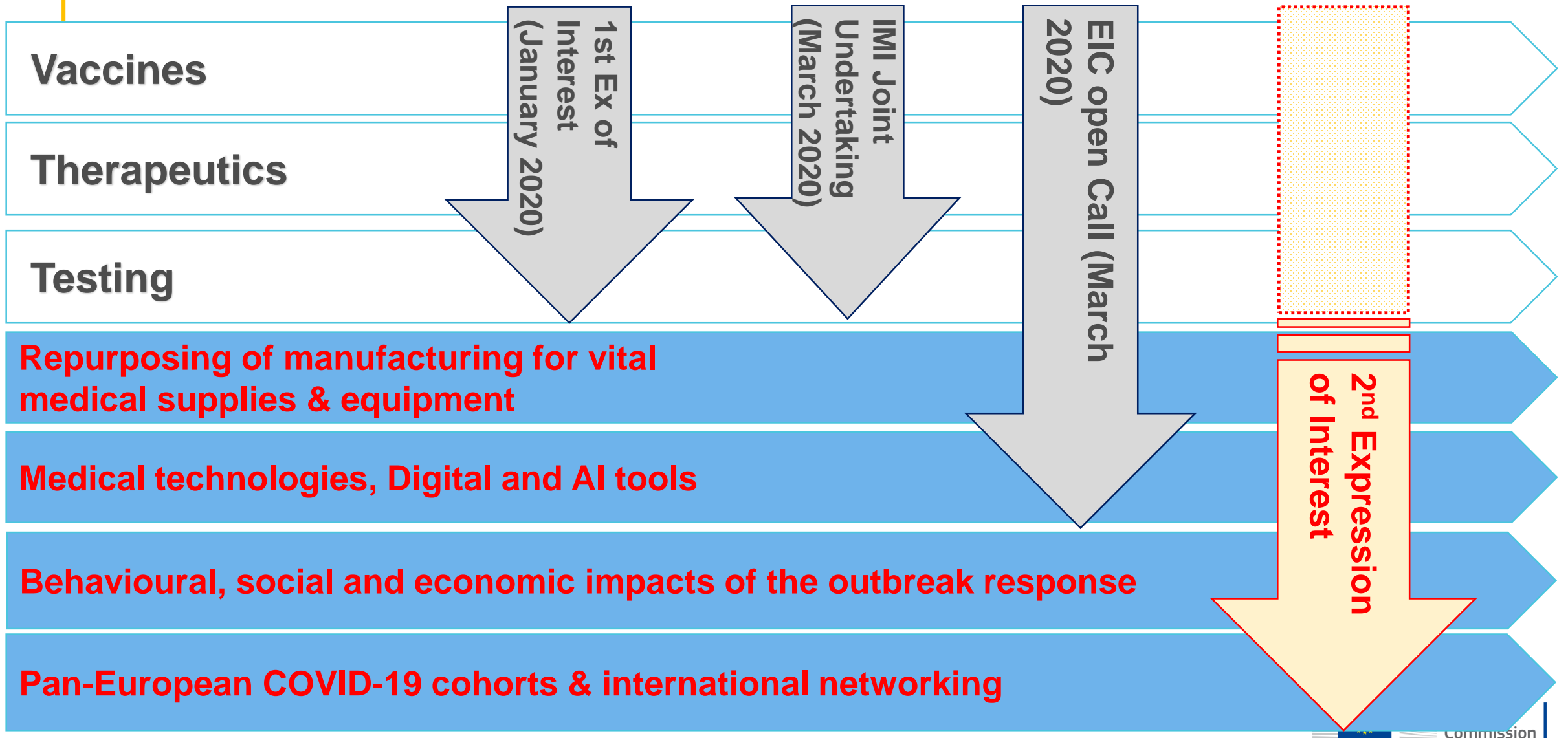
- > €5 billion (so far) for research on infectious diseases (2007-2019) through FP7 and Horizon 2020 and also in IMI and EDCTP
- Emergency funding for outbreaks: Ebola, Zika and now coronavirus
- Understanding disease, diagnostic, treatment & vaccines, but also preparedness & response
- “Global research collaboration for infectious disease preparedness”  
GLOPID-R network to facilitate cooperation between 23 research funding organisations across the world



## Research action Vs Coronavirus: *What are we doing now*

- January 2020: “request for Expressions of Interest” by ‘Other Action’ emergency budget (€10m => €48m). 18 projects on diagnostics, treatments, vaccines, improving preparedness for outbreaks
- IMI fast-track call in March 2020 for treatments and diagnostics.  
EC contribution €45m => €72m + industry €45m => €117m for 8 projects diagnostics & treatments
- EIC accelerator funding increased to allow funding more coronavirus-related applications
- EDCTP: 3 specific calls with €25m R&I and capacity of African countries to deal with outbreaks
- Contacted beneficiaries of H2020 projects related or potentially contributing to addressing coronavirus
- communicate actions, stakeholder and media queries,  
website: [https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/coronavirus-research-and-innovation\\_en](https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/coronavirus-research-and-innovation_en)

# Research action Vs Coronavirus: *main H2020 funding till now*



*In addition: support for data sharing and infrastructures and for EU-wide clinical trials*

## Why a 2<sup>nd</sup> Expression of Interest:

### Surviving and living with COVID-19: areas of urgent unmet needs - especially in the coming 18 months

- To contain and mitigate the outbreak: policy makers need better evidence-based guidelines
- Healthcare provision, protection and care for patients, survivors, vulnerable groups, frontline (health) care staff and their communities:
  - adaptive, resilient production methods and solutions for immediate needs
  - understand what factors influence the susceptibility to infection, clinical manifestation, therapeutic response and clinical outcomes.
- Strong involvement of end-users (including civil society organisations) and/or strategic partners during the course of the project

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## Second Call for Expressions of Interest

- Implements ERAvsCorona Action Plan - action 3.
- 5 topics (in four areas)
- First 3 topics: wide scale, rapid (within 3-24 months) applications of solutions to respond quickly to immediate needs of the ongoing health emergency.
- Deadline 11 June 2020, inform successful applicants possibly mid-August
- Eligible costs can be covered from the **date of submission of the proposal**, but at the applicant's own risk.
- Indicative budget € 122 million
- Signature of the grant agreements and the grant amounts are subject to the adoption of the revised financing decision for the year 2020 expected for late May 2020.

## 2<sup>nd</sup> Expression of Interest: *'How'* – proposals are expected to have:

- **critical social factors** intersecting with sex/gender, such as age, social origin, ethnicity/migration, and disability.
- **not to develop new diagnostics**, therapeutics or vaccine compounds or solutions, but rather to complete and deploy readily available solutions.
- **Open for International Cooperation** with legal entities from third countries, and/or regions including those not automatically eligible for funding (see in General Annex A).



## 2<sup>nd</sup> Expression of Interest: ‘How’ – topic conditions (major points):

- **Short proposals:** maximum 45 pages, and **high threshold evaluation criteria:**
  - SC1-PHE-CORONAVIRUS-2020-2B (Medical technologies, Digital tools, AI): 3 for (Excellence), 3 (Impact) and 3 (Implementation), cumulative threshold = 10.
  - Other four topics: 4 (Excellence), 4 (Impact) and 4 (Implementation), cumulative threshold = 12.
- **Open Access:** beneficiaries must make research data accessible and re-usable, for example by [www.covid19dataportal.org](http://www.covid19dataportal.org)
- **Draft data management plan (DMP)** included preferably in proposal and latest before the signature of the grant agreement.
- **Exploitation obligations:** to ensure rapid availability and accessibility of results at fair conditions. This includes an obligation to license on a non-exclusive basis and at fair and reasonable conditions.



# 2<sup>nd</sup> special call for Expressions of Interest

## Topic presentations



## 2<sup>nd</sup> call for an Expression of Interest

- 1) **Repurposing of manufacturing for vital medical supplies and equipment**  
SC1-PHE-CORONAVIRUS-2020-2A – Innovation action (IA) – €23 million
- 2) **Medical technologies, Digital tools and Artificial Intelligence analytics to improve surveillance and care at high Technology Readiness Levels**  
SC1-PHE-CORONAVIRUS-2020-2B – Innovation action (IA) – €56 million
- 3) **Behavioural, social and economic impacts of the outbreak responses**  
SC1-PHE-CORONAVIRUS-2020-2C – Research & Innovation action (RIA) – €20 million
- 4) **Pan-European COVID-19 cohorts**  
SC1-PHE-CORONAVIRUS-2020-2D – Research & Innovation action (RIA) – €20 million
- 5) **Networking of existing EU and international cohorts of relevance to COVID-19**  
SC1-PHE-CORONAVIRUS-2020-2E – Coordination and Support action (CSA) – €3 million



## Topic 1:

# Repurposing of manufacturing for vital medical supplies and equipment

*Carmine Marzano, DG R&I, unit F.3*



# 1) Repurposing of manufacturing for vital medical supplies and equipment

## Scope

- re-orientation and repurposing of production capacities to meet urgent needs
  - repurposing, adaptation and ramp-up of production lines to quickly adjust to new and urgent production needs, notably medical equipment, diagnostic technologies already deployed based on advanced materials and/or biotechnologies, as well as service systems and automated systems of disinfection,
  - Demonstrate flexibility models for the supply chain for the repurposing of production lines and proper risk management in case of disruption of supply chains,
  - Automation technologies that are less dependent on work force present in factories, certification/ calibration/ accreditation of production lines that have been repurposed or restarted after a shutdown,
  - Qualification of operators/technicians for new/repurposed production lines.



# 1) Repurposing of manufacturing for vital medical supplies and equipment

## Expected impact

- To foster industry's adaptation capacity and resilience in strategic sectors (e.g. manufacturing of medical equipment, PPE, etc.).
- Demonstrate a flexible 48-hour industrial response capability for requalification or release of repurposed production lines.
- To support industry and interested parties, in particular SMEs, by providing services for design, assessment, testing and regulatory issues.
- Deliver results within 3-18 months to end-users at scale.
- Solutions should foresee their application to other industrial sectors that might be explored in future calls.

# 1) Repurposing of manufacturing for vital medical supplies and equipment

## **Additional guidance and conditions**

- Addressing any manufacturer able to deliver demonstrators of a flexible 48-hour industrial response capability at scale
- Open Innovation Testbeds, laboratories, other technology infrastructures and maker communities may in particular be relevant
- Proposals are expected to foster links with relevant R&I projects and initiatives at national, European and global level in order to accelerate and maximise impact.
- Activities should start at least at TRL 6 and achieve TRL 8 at the end of the project.
- Indicative EU contribution between EUR 5 and 6 million
- SC1-PHE-CORONAVIRUS-2020-2A – Innovation action (IA)  
– indicative budget: €23 million

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## Repurposing of manufacturing for vital medical supplies and equipment

€23 million

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Link for topic SC1-PHE-CORONAVIRUS-2020-2A: <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-details/sc1-phe-coronavirus-2020-2a>

### Questions

- via email [RTD-HEALTH-INFODAY@ec.europa.eu](mailto:RTD-HEALTH-INFODAY@ec.europa.eu) – only during corresponding topic presentation session
- Questions not addressed during the session will be answered subsequently
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## Topic 2:

# Medical technologies, Digital tools and Artificial Intelligence analytics to improve surveillance and care at high Technology Readiness Levels

*Saila Rinne, John Magan, DG CNECT*



## 2) Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Levels (TRL)

### Scope

- Innovation Actions of **one of the** following **two categories** to:
  - 1) Support solutions that are close-to-market (TRL7); have /about to receive the CE marking to proceed to large scale testing, piloting and deployment operations in critical healthcare areas (type 1);
  - 2) Support market innovation (from lab-to-fab) for innovative solutions; have already been validated in lab environments (TRL 6-7 or higher) with the aim to help accelerate developments and achieve conformity assessment (CE marking) (type 2).



## 2) Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Levels (TRL)

### Scope

- addresses innovative technology providers, including SMEs, **and/or** organisations.
- technology providers can be either **members** of the applicant consortia or selected through **open calls** organised by the consortium using financial support to third parties.
- support offered could include access to product development, accelerator, incubator and technical services; testing and experimentation, expertise, prototyping, design, engineering or pilot manufacturing services; support for medical certification and clinical validation.
- any use of **third party grants** must result in minimal administrative burden for participants, and allow the fastest possible launch of the projects.
- competitive calls should be ready within a month of start and proceed to fast-track proposal selection and launch of the selected projects.

## 2) Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Levels (TRL)

### Scope

The proposals should address **one or more** of the following areas:

- a)** fast, cost-effective and easily deployable sampling, screening, diagnostic and prognostic systems, including new methods for screening of lungs, using for example AI or advanced photonics solutions, to detect the presence of the pathogen related parameters especially in an early stage of infection;
- b)** environmental surveillance (sewage, air, etc) systems and data analytics as a sentinel for viral (re)emergence and spread in communities, based for example on optical biosensors or genetic detection;
- c)** low cost sensors, smart wearable devices and robotics/AI for telemedicine, telepresence and continuous remote monitoring of patient parameters;

## 2) Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Levels (TRL)

### Scope (continued)

**d)** protection of healthcare practitioners and the general public improving for example the wetting and filtering properties of fabrics used for face masks; sensors, sterilisation, including robotics and AI solutions, for disinfection and social distancing in environments such as healthcare, public spaces and buildings;

**e)** innovative data-driven services and tools combining data assets from various relevant privately held and/or publicly available sources. These could include AI-based solutions exploiting such data and possibly additional sensor-based signals, for diagnostics, prevention, treatment, or rehabilitation.

Where appropriate, privacy, data protection and anonymity in the use of mobile warning and prevention applications should be ensured, ref. Commission Recommendation C(2020) 2296 of 8 April 2020.

## 2) Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Levels (TRL)

### Expected impact

- To contribute to the public health preparedness and response in the context of the ongoing epidemic of COVID-19 and to ensure the availability of critical technologies and tools.
- To contribute to the acceptability, adoption, appropriateness, feasibility, fidelity, implementation cost, coverage, and sustainability of diagnosis and clinical management of patients and survivors of COVID-19.
- To contribute to proposing recommendations for changes that would allow a fast recovery and a better preparedness, including in the health care systems, for future health emergencies.
- To accelerate the deployment & market uptake of mature health technologies for the prevention and optimised treatment of the COVID-19 disease, by delivering results within 3-24 months to end-users at scale.

## 2) Medical technologies, Digital tools and Artificial Intelligence (AI) analytics to improve surveillance and care at high Technology Readiness Levels (TRL)

### Additional guidance and conditions

- Indicative EU contribution between EUR 2 and 5 million
- For proposals with financial support to third parties, up to EUR 10 million may be requested.
- The proposers must specify which type of category 1) or 2) they are addressing; at least one proposal will be selected in each category.
- The maximum duration is 2 years.
- Financial support to third parties as described in [part K of the General Annexes](#) of the Work Programme, typically in the order of EUR 20.000 to 100.000 per third party.
- SC1-PHE-CORONAVIRUS-2020-2B – Innovation action (IA)  
– indicative budget: €56 million



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**Medical technologies, Digital tools and Artificial  
Intelligence analytics to improve surveillance and care**

**€56 million**

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**Link** for topic SC1-PHE-CORONAVIRUS-2020-2B: <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-details/sc1-phe-coronavirus-2020-2b>

## Questions

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## Topic 3:

# Behavioural, social and economic impacts of the outbreak responses

*Pilar González Pantaleón, DG R&I, unit E.4*



### 3) Behavioural, social and economic impacts of the outbreak responses

#### Scope

- Proposals should focus on lessons learnt:
  - i) how to mitigate social and economic impacts of the outbreak response related to health systems;
  - ii) identify non-intended consequences of epidemic-control decisions; and
  - iii) provide answers to social, including gendered, dynamics of the outbreak and the related public health response.

Proposals should analyse the effects and efficiency of these responses (including resilience factors), democratic governance, multi-level cooperation, critical gaps and various exit strategies, their underlying methodologies and regional adaptations.

Proposals are expected to develop guidelines and best 'next practices', and implement interventions to mitigate impacts and boost wellbeing.

### 3) Behavioural, social and economic impacts of the outbreak responses

#### Scope

- Integrate multiple medical, social sciences and humanities disciplines, including anthropology, psychology, sociology, epidemiology, implementation science, journalism & communication, economics and political sciences, as well as gender studies and intersectional research, to address:
  1. **Analyse and compare outbreak responses across Europe and impacts on human behaviour and social dynamics** to develop guidance for health behavioural patterns to positively influence adherence to behavioural advice and prevent disinformation.
  2. **Mental health and health inequalities:** immediate and long-term mental health impact and potential exacerbation of health inequalities affecting:
    - frontline healthcare workers, taking into account ethical challenges, suboptimal working conditions and traumatic stress.
    - In addition, proposals could focus on mental health and health inequalities impacts for vulnerable groups

### 3) Behavioural, social and economic impacts of the outbreak responses

#### Expected impact

- Improve the resilience, wellbeing and mental health of the population, frontline workers and, in particular, of the most vulnerable groups and mitigate health inequalities;
- Better understanding of impact, effectiveness, the public health preparedness and responses;
- Assess social, economic and political impacts of the outbreak and its responses; propose evidence-based policy measures to improve industry's and society's adaptation capacity and resilience;
- Contribute to a holistic public health preparedness and response
- Provide guidance for further public health interventions, and to support implementation of actions to; mitigate or manage consequences of current policies, and to better tailor future pandemic management strategies



### 3) Behavioural, social and economic impacts of the outbreak responses

#### **Additional guidance and conditions**

- To deliver results within 3 - 36 months to end-users at scale.
- Moreover, in case there is more than one funded project, cooperation, communication, collaboration and coordination across research groups will be strongly encouraged.
- Indicative EU contribution between EUR 4 and 10 million.
- Of note, a proposal requesting the maximum envisioned contribution must be able to deliver on all the dimensions mentioned above, to include partners from a wide range of disciplines and to deliver results that are representative of the whole EU27 and associated countries.
- SC1-PHE-CORONAVIRUS-2020-2C – Research & Innovation action (RIA)  
– Indicative budget: €20 million



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**Behavioural, social and economic  
impacts of the outbreak responses**

**€20 million**

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## Questions

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## Topic 4:

# Pan-European COVID-19 cohorts

*Christian Desaintes, DG R&I, unit E.1*



## 4) Pan-European COVID-19 cohorts

### Scope

- Establish new and/or build on existing large-scale cohorts to rapidly advance the knowledge on the control of the SARS-CoV-2 infection, develop evidence-based recommendations for effective prevention of the spreading, protection of the population in the coming months/years, and optimized treatment of the COVID-19 patients. They should also inform on longer-term consequences.
- The population-based COVID-19 cohort should include non-infected and infected individuals; should be large enough to provide valid and reliable evidence and robust recommendations, and be suitable for the conduct of retrospective and prospective studies.

Should include both sexes, all ages, all conditions, all clinical outcomes, and a large spectrum of different clinical management practices and treatments.

Inclusion of SARS-CoV-2-negative individuals should enable a prospective follow up and an analysis of vaccination response when vaccines will be available.

## 4) Pan-European COVID-19 cohorts

### Scope

1. The population-based cohort should allow to rapidly identify what risk and protective factors influence the susceptibility to infection, clinical manifestation, therapeutic response and clinical outcome in order to deliver evidence-based recommendations on the best strategies to control the spread of the virus and to protect the entire population.
2. It should allow to identify the most successful clinical management options and treatments since the start of the outbreak, from primary infection up to post-recovery multidisciplinary rehabilitation. It should take stock of the evidence produced by large-scale studies and/or local practices in order to develop recommendations for optimized treatment and management of future patients.
3. It should also assess short/medium/long-term impact of COVID-19 and the varying mitigating national/regional measures on health, well-being and socio-economic factors of individuals.

## 4) Pan-European COVID-19 cohorts

### Expected impact

- In the short-term, to provide robust evidence on the best strategies for the control the SARS-CoV-2 spread and the protection of the population, as well as the optimized clinical management and treatment of COVID-19 patients.
- In the medium/long-term, to evaluate the impact of vaccination and provide robust evidence on best vaccine options and strategies.
- In the short/long-term, to assess the impact of COVID-19 on health and its effects on socio-economic features of individuals and propose recommendations for the optimal management of future outbreak.



## 4) Pan-European COVID-19 cohorts

### Additional guidance and conditions

- The cohort should cover a wide geographical area in Europe and other parts of the world. Interaction with national and/or European biobanks could be of high relevance.
- Special attention should be given to harmonisation of data collection and standardisation of protocols, as well as the newly established European COVID-19 research data sharing platform.
- Collaboration is strongly encouraged with Members States of the EU and Associated Countries. Worldwide international collaboration is strongly encouraged.
- The cohort should liaise with the coordinated and support action (CSA) on cohorts.
- Collaboration is encouraged among successful proposals & with ongoing projects.
- Indicative EU contribution between EUR 15 and 20 million.
- SC1-PHE-CORONAVIRUS-2020-2D – Research & Innovation action (RIA)  
– indicative budget: €20 million



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**Pan-European  
COVID-19  
cohorts**

**€20 million**

**Collaboration of existing EU and  
international cohorts of relevance to  
COVID-19**

**€3 million**

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## Questions

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## Topic 5:

# Networking of existing EU and international cohorts of relevance to COVID-19

*Beatrice Lucaroni, DG R&I, unit E.1*



## 5) Networking of existing EU and international cohorts of relevance to COVID-19

### Specific challenge

- Several large-scale cohorts are supported in Europe and the world with valuable information on health of individuals and various factors that might be associated to the perturbation of health. Such existing cohorts might provide key information relevant to COVID-19, including on risk factors, benefits and risks of healthcare interventions, incl. medicines, and on the impact of vaccination. However, the challenge is to be able to identify and extract a sufficiently high number of cases with corresponding high-quality data that can be used across the different cohorts. Consequently, existing cohorts should be brought together in a common effort to standardise data associated to COVID-19 and extract information that will help ensuring optimal prevention, protection and treatment of citizens.

## 5) Networking of existing EU and international cohorts of relevance to COVID-19

### Scope

- Support international networking of existing, mainly longitudinal, cohorts in order to extract jointly agreed standardized data on COVID-19 diagnosed/serotyped and matched non-infected individuals.
- Contribute to:
  - Identifying key factors influencing the susceptibility to infection and clinical manifestation,
  - assess optimized therapeutic and clinical management options,
  - derive lessons on the health and socio-economic impacts of the pandemic.
- Develop cohort readiness to adapt rapidly to future crisis.

Proposals should consider strategies to interact with the COVID-19 cohort(s) that will be funded under this expression of interest and international initiatives on cohorts, as well as liaising with the network of clinical trials on COVID-19.

## 5) Networking of existing EU and international cohorts of relevance to COVID-19

### Expected impact

- Pooling of data from multiple existing cohorts that will inform on key aspects related to COVID-19
- Provide evidence-based recommendations for health policies in preventive strategies, protective actions, and disease management.
- Create a cohort framework to rapidly address pandemics in the future.

### Additional guidance and conditions

- Coordination and support action (CSA)
- Indicative EU contribution between EUR 2 and 3 million
- Indicative budget for topic EUR 3 million



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**€3 million**

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## Questions

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Thank you  
for your attention

## More information

- Funding and Tenders Opportunities :  
<https://ec.europa.eu/info/funding-tenders/opportunities/portal/>
- EU-funded R&I on coronavirus:  
[https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/coronavirus-research-and-innovation\\_en](https://ec.europa.eu/info/research-and-innovation/research-area/health-research-and-innovation/coronavirus-research-and-innovation_en)

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