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EIT Health Flagship FAQs

Table of contents

Cross Pillar	3
<i>General questions</i>	
<i>Eligibility</i>	
<i>Sustainability</i>	
Membership/Consortium	4
<i>General questions</i>	
<i>Eligibility</i>	
Call Budget	8
<i>General questions</i>	
<i>Eligibility</i>	
Short Proposal / Cut-Off	9
Support Programme	10
Evaluation	11
Innovation Pillar Related Questions	12
<i>Eligibility</i>	
<i>Sustainability</i>	
<i>Start-up driven project</i>	
<i>Flagship specific</i>	
Education Pillar Related Questions	16
Business Creation Pillar Related Questions	18
Co-Funding and 1/3 Principle	19

Cross Pillar

General questions

1. Should one consortium, who plans to submit a proposal, cover all the activities mentioned under one specific flagship? For instance, should it cover "winter/summer schools" and "modules towards a labelled fellowship programme" and "innovation projects"? If not, how should a consortium present innovation projects linked to education projects?

The idea is to have activities that are inter-related but the consortium does not need to apply to all programmes of one flagship instrument. It is not asked or mandatory for consortia to apply to all pillars or submit the same proposal to several pillars. The cross-pillar approach has been proposed purely to inspire participants to suggest inter-relation among activities when possible.

2. To what extent should synergies among pillars be explained? Will they be already addressed at the short proposal stage?

It is not necessary to specify synergies at the short proposal stage. If your proposal is shortlisted, you will go to the "support programme phase" where you will obtain support to strengthen your proposal in these terms. EIT Health looks for interaction between the different programmes we offer and they don't have to be on the same timeline.

Eligibility

3. Are there any updates regarding the UK associating to Horizon Europe and how UK Partners should look for funding? Concerning next year, and the 2024 call.

UK Partners can apply to up to €60K within the 3-year grant duration. Beyond that, UK Partners need to go through the local reimbursement scheme. The UK safety net is uncertain because it only commits to 31 December 2022 when applications are fully submitted. For more information on this, please see full details in the call document or reach out to the EIT Health Ireland-UK Hub for support.

Sustainability

4. Will sustainability be evaluated during the short proposal phase?

No, sustainability will only be evaluated in full proposals submitted at the end of the support programme.

Membership / Consortium

General questions

5. What does "new" in the term "new organisation" reported in the criteria refer to? New to the network or freshly established?

"New organisation" is related to the openness of the call: it refers to organisations who are not yet part of the EIT Health network.

6. Membership fees for EIT Health Partners will change, what is the added value for paying members applying to the BP2023 Call? (in the context of reduced budget, openness of the call etc.)

The updated membership fee model will take place in 2024. 2023 will be a year of transition and EIT Health is aware of this concern. The Partner Assembly has voted in a proposal for 2023 where we recognise loyalty. For the BP2023 Call, all proposals should include at least one EIT Health member, and at least 50% of the consortium for innovation projects should be EIT Health members.

7. Do external Partners still have a funding limit of €50K per annum?

No, the Horizon Europe programme dictates that we cannot put in place a funding limit. Nevertheless, external entities applying for higher grants than €50K per annum will have to also apply to become members and pay membership fees.

8. What does "Start-up and Partner driven" imply in regards to the cooperation and distribution of roles? Who should take on the role of "Activity Leader"?

A start-up driven project refers to when the core innovation of the project is led by the start-up and, without the start-up, there is no project. Normally, the start-up owns the Intellectual Property and is leading on the commercialisation of the solution. Partner driven projects however, refer to projects without a start-up leading the core innovation. Regardless whether the project is Partner or start-up driven, there is no constraint on the type of activity leader, (with the exception of the DiGinnovation Fast Track, where only start-ups can coordinate).

9. Partner types and funding limits within the Flagship Call for projects: Previously there has been no funding cap limit for Core Partners, a limit of €350K for Associate Partners, and €50K for External Project Partners, will this continue to be the case?

Yes, these funding caps are still in place for Core and Associate Partners. However, to follow Horizon Europe rules, the call must be open to any entity including non-current members of the EIT Health community. If external entities are applying, they will still be considered an external project partner but will have no funding cap. If their project is selected and they request more than €50K per annum, they must also become an EIT Health member with either core or associate status.

10. What is the difference between registered and non-registered external project partners?

From BP2023 onwards, we will use a new application system where there is no difference.

Eligibility

11. Will Linked/Affiliated Parties (LTPs) to Core/Associate Partners now have to become formal Core/Associate Partners if their projects receive funding from EIT Health? Can they lead on projects?

This question arose from the following statement: "As per the H2020 Model Grant Agreement, LTPs performing a substantial part of the work (i.e. Action Tasks) should in principle be beneficiaries (i.e. EIT Health Partners), not LTPs. LTPs should only exceptionally perform a major part of the R&I work."

For BP2023, LTPs can participate and lead on proposals. The respective Core/Associate Partner should be active in the annual BP for the Affiliated Entity to receive funding. In 2024, we will revisit the partnership model and the situation of the LTPs.

12. Can a proposal be made up entirely of non EIT Health members?

At short proposal stage yes, but at full proposal stage, there must be at least one current EIT Health member, and for innovation projects a minimum of 50% of the consortium Partners must be EIT Health members.

13. Are there any specific requirements for a partnership composition in the consortia?

Yes, as long as the proposal makes sense and the industrial partners are identified. Collaborative projects must involve members from a minimum of two countries from two different Regional Innovation Hubs and should integrate at least two sides of the knowledge triangle (activities in education, innovation and business creation). There are also specificities for certain tracks and depending on the stage (short proposal stage vs full) - check details for each activity in the call document.

14. The call is now open to the participation of all entities (including external EIT Health partners). Will external partners be able to lead on projects? Will non partners receive as much funding as EIT Health Partners?

Yes, non-EIT Health members can lead on projects. With the new regulation of Horizon Europe, non-partners do not have a funding cap, but must become Partners if the proposal is selected and they apply to receive more than €50K per year. In addition, management fees will be requested from Partners who are joining due to the call.

15. For the "New Models to Deliver Healthcare" Flagship, consortium should include two healthcare providers and two payors, and 50% of the consortium should be made up of EIT Health members. Does this mean that we should focus on healthcare providers and payors coming from the community? Or just one payor and one healthcare provider from the community, and the rest external? What is your recommendation?

50% of consortium must be EIT Health members in all innovation projects for BP2023. For "New Models to Deliver Healthcare" projects, the consortium must include at final proposal at least two healthcare providers and two linked payors. Following the openness principles of Horizon Europe, there is no obligation to select them exclusively from the EIT Health membership as long as the first requirement is fulfilled. The recommendation from EIT Health to make the most competitive project is to look for the Partners that best fit the proposal idea.

16. Can a Swiss start-up apply and lead a project in a start-up driven project, especially if they are teaming up with other existing EIT Health Partners who do not want to lead?

Yes, Swiss entities can lead projects and are eligible to participate in the flagship programme and receive funding from EIT Health for up to €60K over the three years' grant duration. If they wish to receive more than €60K, they must either cover the cost themselves or avail to the Swiss Government financial guarantee and seek reimbursement from the Swiss State Secretariat for Education, Research and Innovation (SERI). Please see full details in the call document or reach out to the EIT Health Germany-Switzerland Hub for support.

17. Can a research centre be the coordinator of a project proposal? Do you expect a corporate Partner to coordinate the project, or it is sufficient that they are strongly involved and another Partner coordinates?

There are no rules about who should be the activity leader. It can be any member of the consortium. Usually, the activity leader is the member at the centre of the project, the member who is driving it. However, it is important to keep in mind that in all innovation projects, a product or service should be launched to market. Therefore, if a research centre is the activity leader because it's driving the development of the solution, the role of the corporate partner, or of the commercialisation partner, is crucial and should be clearly identified.

18. For the evaluation process, does it make any difference if the application is submitted by an applicant outside of the EIT Health community?

There are different phases of submission. When you apply at the short proposal stage, for example on 2 November for the first cut-off, anyone can submit the proposal. The only requirement is that the consortium is made up of at least two entities, wherever they are coming from. Nevertheless, you need to keep in mind that there are eligibility rules on the overall consortium at full submission stage (end of the support programme). Namely, each innovation proposal will need to have a consortium made up of at least 50% existing members of EIT Health. For education proposals, a minimum of one EIT Health member, Core or Associate, is required. So it is highly recommended to contact various EIT Health members as early as possible to foresee what is feasible, secure their participation, and construct solid consortia.

19. Regarding Swiss entities, what happens to the Option Agreement?

Start-ups can choose either the "backflow" model or the "grant for option" model. The backflow model is still applicable for Swiss entities; however, the grant for option model is not feasible as EIT Health cannot receive options for a grant that EIT has not provided (in this case, it would be SERI that would be providing the funds).

Call Budget

General questions

20. How many projects per flagship and cut-off will be funded? What is the budget distribution between cut-offs?

The number of projects to be selected over the call will depend on the total available budget granted to EIT Health for BP2023-2025, which will be fully confirmed in early 2023. The availability of grants for cut-offs will be determined by the quality of proposals received.

Eligibility

21. Will projects have indirect costs?

Yes. The same percentage as stated in Horizon Europe: 25%.

22. Eligible costs: where can information be found regarding eligible costs for each call within the flagship?

We follow Horizon Europe cost eligibility rules for all our programmes and activities. The Annotated Model Grant Agreement or AMGA is the backbone of all Horizon Europe grant agreements.

Visit [/https://connections.eithealth.eu/page/financial-guidance](https://connections.eithealth.eu/page/financial-guidance) to download the AMGA, which provides the description of eligible costs for Horizon Europe projects.

Short Proposal / Cut-Offs

23. Could you explain the cut-off procedure and what it means in terms of requirements for proposal submission? What are the requirements and conditions?

The cut-off is the moment when you can present your short proposal, in other words, your idea. The proposal will not need to be complete. It works in a similar way to the two-step application process at Horizon Europe. Your consortium does not need to be complete at this early stage, but it must meet the eligibility criteria. The idea has to reach the level of maturity required and, if the proposal proceeds to the next step, the proposal and team will be enrolled in a 2-month support programme, where it will be developed and completed.

24. What are the requirements for the short proposal submission?

At minimum, we ask for the idea that you want to develop, the minimum number of Partners that should be in the consortia, the explanation of the impact that the proposal will create, and the total budget needed for the proposal development. This short proposal must be submitted through the EIT Health application platform. Please refer to the full call document for the platform link.

25. I see three cut-off dates. Does this mean that we have to submit three different proposals?

No, the cut-off dates are opportunities to submit short proposals only - you do not need to respond to more than one. The Call stays open all year round. On these dates, all submitted short proposals are reviewed. Any short proposal submitted after a cut-off date and time will only be reviewed at the following cut-off date.

26. Are resubmissions allowed from one cut-off to another?

Yes, there is no limitation, as long as the deadlines between the cut-offs do not coincide. Please note that cut-offs are designed so that proposals can be submitted when they are ready in terms of requirements and maturity, and not for repeated resubmission.

27. What are the requirements in terms of format for the proposal video that can be uploaded to the application platform?

It must be in English, maximum duration of 5 mins, mp4 format and a maximum size of 2 GB.

Support Programme

28. How will Partners be paid during the support programme?

Partners do not receive payments during the support programme. It is a support phase and helps in strengthening the proposal. The engagement expected from Partners is comparable to assembling the proposal on their own, but with the support of EIT Health and mentors.

29. Who is expected to participate in the support programme, is it just the project leader or should multiple Partners from the consortium attend?

The project leader is expected to attend the support programme and, depending on the type of experience required, a few different Partners may also be recommended to attend. We will offer flexibility to the consortium on who should participate but it should be noted that there may be a limited number of places per consortium.

Evaluation

30. How will the pre-evaluations for the cut-off phase occur? Who will perform them? Can you provide more detail on the specific criteria on the shortlisting stage? And how is EIT Health ensuring neutrality in the shortlisting stage for short proposals?

The criteria on which the filtering will be based are outlined in the call document: strategic fit, potential future impact, and project feasibility. The short proposal provided will be used to perform this assessment and questions in the short proposal template are also following the same structure. In particular:

- For strategic fit, we will be looking at how the proposed solution/service/programme is innovative and if it solves a clearly defined need that falls within the flagship areas
- For potential future impact, we are interested in proposals that clearly describe the impact generated by the project with realistic and achievable target values
- Finally, regarding feasibility for innovation projects, we would be looking for preliminary evidence that the project will be able to achieve the expected markets one year after the end of the EIT Health funding period. For education programmes, we will be looking at whether there is already subject matter expertise linked to the proposed flagship areas, convincing elements of expertise of instructional design, and either understanding of the use of EIT Health Academy Platform, or validated experience running summer/winter schools and/or students' programmes/education.

The filtering of short proposals will be carried out by distributed teams at regional innovation hub level. Following this step, the proposals will go through a remote evaluation step by external experts, depending on the activities. The selected proposals will then go to the eight week support programme. A multidisciplinary, pan-European team of EIT Health staff is assessing the proposals, against eligibility, and then the criteria outlined above. Each proposal is assessed by more than one individual during this stage therefore preventing any potential conflict of interest. During the assessment phase, a pool of subject matter experts will also be on hand to staff to answer specific questions. The final pool of invited projects to the pre-selection stage will be decided at a consensus meeting where all regions will be represented. The outcome of the evaluation process will be always validated by EIT Health's Functional Management Team (FMT).

31. Who are the reviewers and will candidates receive a feedback report?

The first part of the evaluation is a filtering stage where the proposed projects are examined to verify that they meet all the mandatory eligibility criteria of the programme they are applying to and fit with what is expected within the Flagship call document. The second stage is a pitch day where a panel of external reviewers will evaluate the projects. At the end of the pitch days, the proposals will be ranked and the top proposals will be invited to the next stage, the support programme. Yes, feedback reports will be provided to the proposals that are not be invited to the support programme.

Innovation Pillar Related Questions

Eligibility

32. For innovation projects, approval from the ethics committee is required before the project starts: does this refer to the start of the clinical trial or the start of the project? How will delays in obtaining the approval of the ethics committee be handled?

This refers to before the start of the project. In previous years too many projects suffered from delays, negative reviews and ultimately budget reductions because ethical approvals were badly planned or started late. This year, in the support programme, there will be help and guidance in preparing clinical dossiers, as in Horizon Europe programmes, before the project starts. The final approval will not be requested at hearings, but if selected, the project will need to provide it before the project can officially start to prevent unnecessary loss of time and budget. In cases of delay by the ethics committee, EIT Health will be flexible.

33. Projects concerning rare diseases might have difficulties achieving the criteria for number of patients impacted. How is this going to be handled?

The request that the final impact must reach 150,000 citizens/patients is mandatory but does not mean that it must be achieved during the two years of the project. High-impact achievement is a requirement for our project portfolio, so a solution must achieve a specific and measurable impact. For rare diseases, initiatives that can cover several conditions could potentially reach the target number three years after the project ends.

Sustainability

34. Is the backflow model a repayable loan? When the project ends, how will the invoice be issued to the start-up/company once the payments are installed? Is this model applicable to academic Partners?

EIT Health is supporting the innovation of the projects and taking the risk in case the solution is not commercialised or the commercialisation takes place at a lower speed than planned. Partners are committed to return the grant assigned to the project, if the commercialisation is successful. The conditions of the backflow model are defined by the consortium according to their plan and within the boundaries explained in the call proposal.

The exact mechanism of payment (i.e. invoice amounts, instalments) will be defined by the project during the support programme and confirmed with EIT Health during the subsequent contracting phase (for projects accepted into the portfolio). Invoicing will be triggered accordingly, following successful commercialisation of the project. The mechanism of invoicing (i.e. how exactly EIT Health will issue the invoices) is as forthcoming as grant funding - not a loan. Payments are returned on successful commercialisation only, and the terms of payment are defined and agreed by the consortium.

The backflow model is applied to any entity who assumes the commercialisation of the solution in an innovation activity. This could be an academic or service provider too as long as they are the partner commercialising the product service developed in partner-driven project.

Start-up driven projects

35. Can we seek clarification about the following phrase in the call document regarding start-up driven projects: "Have at least 2 paid FTEs working in the start-up at the time of submission and CEO working full-time in the company".

For start-ups applying to start-up driven programmes, the corresponding CEO must be fully dedicated to the start-up and working full-time in the company. The start-up must have two full time equivalent (FTE) paid working employees at the time of submission at the short proposal stage.

36. When will the due diligence for start-ups take place?

If you are applying for the start-up driven project with grant for option model, the due diligence process will start in parallel to the support programme. Therefore it will only take place if you are selected to enter the support programme. However, for the candidates of the fast-track DiGinnovation, the due diligence will start immediately after the short proposal submission. Start-ups that can provide the results of a recent due diligence process may be exempted from another due diligence.

Flagship specific

New Models to Deliver Healthcare

37. How does New Models to Deliver Healthcare differ from last year's High Value Care call?

The approach is similar. What is new is that it is now not mandatory to have the payors already in the consortium at the short proposal submission stage, instead the payors should be included at the end of the support programme. Another difference is that projects should now contribute to EIT Health's sustainability. Finally, EIT Health will support selected projects with the ELSI board and their local ethics approval to avoid delays with the project start.

38. For the service quality assessment, what about letters of commitment? When are they required?

This is a change from last year's call. There is no longer a mandatory requirement anymore. Of course, should a consortium have such a commitment letter, it should absolutely provide it to strengthen their proposal and showcase the link that exists between payors and healthcare providers.

Facilitating the Uptake of Digital Medical Devices & Diagnostics

39. There are two types of innovation in the Flagship "Facilitating the Uptake of Digital Medical Devices & Diagnostics": DiGinnovation fast track and longer projects (Start-up and Partner-driven projects):

- **Does this requirement "The prescription and reimbursement in EU countries for already certified medical devices" mean that the digital medical device shall be CE marked at the time of application?**

Fast track: yes. Longer projects: is not required but must be planned for.

- **What is the exact meaning of "...the focus will be primarily put on patient centred DMDs that fall under the reimbursement requirements."**

For fast track: there is a need for clear rules to enter the market. For longer projects (start-up and Partners-driven projects): entering the market in some areas is clear, but not in others. The proposal has to define how you plan to enter the system and the reimbursement model you are looking for.

Harnessing the full potential of health data

40. The EIT Health call will not enter in the provision of data infrastructure. What will Partners be able to contribute to?

At this stage, the definition of what the European Health Data Space (EHDS) will look like is vague and we don't expect any clearer vision before the November cut-off. Therefore, the requirements for Partners with regards to EHDS in Call BP2023-2025 will be the use of repositories.

Education Pillar Related Questions

41. Several education activities in the call request to award 5 ECTS to the participants. Is this a fixed/unchangeable figure or can it be modified until 15 September?

ECTS requests remain the same between the call outline and full call text.

42. Apparently developed modules will become part of an academy. This is a bit confusing - who will support the delivery and who will be responsible for the maintenance and update once they are there?

The EIT Health Academy Platform is the platform where all educational modules developed by selected consortia will be hosted. This is a service offered to selected consortia who will collaborate with EIT Health to upload/update modules on the platform. At the end of the activity funding, the IP will be the property of the consortia.

43. In relation to the fellowship modules, I understand consortiums have to propose potentials modules that, if successfully selected, will be adopted as part of the labelled pathway. And that each module proposed should provide 5 ECTS. Should each proposal submitted correspond to one single potential module? If a Partner can contribute with two modules, does this mean submitting two different proposals?

Consortia can apply to contribute for shared elements (Recognition of Prior Learning or the Innovation and Entrepreneurship Module) or for flagship-related elements. In the case of flagship related elements, consortia are expected to deliver a combination of modules in the field. Regarding the number of ECTS, the call states that the fellow shall cover at least the equivalent to 30 ECTS by following a journey where the winter/summer school (5 ECTS) can be optional, but the contents on I & E will remain mandatory (at least 5 ECTS) as well as the collaboration with a non-academic setting to solve real-life challenges (cross-organisational collaboration to be equivalent to 3 ECTS). In that sense, consortia can propose modules that allow learners to complete their 30 ECTS pathway, taking into consideration that some of them can count 13 or 8 ECTS in relation to the potential winter/summer school attendance and the mandatory elements mentioned above.

44. Regarding the winter and summer schools, how many are accepted into the portfolio each year? And regarding executive education - health sector executives and managers etc. Will they go under professionals?

We are looking for one summer/winter school per flagship. So, there will be three.
Yes. Education to executives is part of the professionals education pathway.

45. Can you expand on the link between the summer/winter (s/w) schools and labelled fellowships? Is being a winning consortia of s/w schools at the first cut-off a prerequisite for a presenting a proposal for fellowships?

No there is no prerequisite on being a winning consortia in another programme to be able to apply to the fellowship programme. The link is that the EIT labelled fellowship will be a personalised learning journey, so a participant or learner in a fellowship programme could pick one summer school as part of their journey to complete the fellowship, hence the link and the ECTS requirements.

Business Creation Pillar

Related Questions

46. As a ULab, what is the process for being part of the projects selected?

The Business Creation Pillar will launch a new call for ULabs to grow the existing ULabs network and to fill needs based on the flagships. If you are already part of the ULabs network, when the project is funded, matchmaking between ULabs will be provided. You should formulate your interest to your local lab so you are contacted when these events are organised. Selected innovation projects and start-ups will get access to this network in order to validate their products.

47. Will there be just one bootcamp? Will it continue from the previous ones?

We are currently calling for one new bootcamp within the Flagship of New Models of Healthcare Delivery. In early 2022, we closed the call for entrepreneurship education for the 2023-2025 Business Plan which fell outside of the Flagship concept. The selection process has been finalised in July 2022 and, as of 2023, we will be offering a portfolio of four bootcamp programmes. The one called for now under the Flagship will complement this portfolio as of 2024.

48. Consortia guidelines for education/bootcamps: In the call for projects, the only target audience is given for the education and business creation bootcamps. Are there any restrictions on the composition of the consortia who design these courses i.e., minimum/maximum number of Partners, geographical spread etc?

Programme consortia must include a minimum of two institutions, from two different eligible countries. Please see details in the Annex 9 of the EIT Health Flagships Call Document.

49. For start-ups in New Models to Deliver Healthcare, what benefits will the bootcamp provide by for the entrepreneurial landscape? (In terms of hospital or health care provider setting)

The bootcamp is focused on regulatory areas, certification and reimbursement. We see a need within the ecosystem for knowledge on how to address the value based healthcare model and how to structure business models within this concept.

Co-funding and 1/3 principle

50. Regarding the 1/3 of other EU/National co-funding, is EIT Health managing/securing this co-funding or is it the responsibility of each Partner to get this co-funding from its country/region or other EU programmes?

It is the responsibility of the Partners of each consortium. However, Partners can count on EIT Health's support: we can identify potential funding programmes, make introductions with NCPs and support applications but we will not write the application for Partners. There are two roles at the Regional Innovation Hubs that are really crucial for this support. One is the Collaboration Leads, who will establish the concept of network around Europe for the different programmes. And the second is the Stakeholder Relations and Public Affairs Leads who will be aware of what type of calls are open at any given moment and what can be complementary. It is expected that EIT Health support will occur during the support programme, (i.e., the time between the selection of expression of interest and the final submission of the proposals) where you must have a plan on how to look for the 1/3 of external funding.

51. How is EIT Health's contribution (1/3) counted in the overall project budget? If EIT Health's grant is €2M, does this mean that the total project budget is expected to be €6M? Or do we need to count 1/3 of €2M as EIT Health contribution, given the total project budget of €2M?

The 1/3 principle is designed to encourage Partners to implement projects with higher impact. Each project will be treated separately. In your example, both are feasible: "If you want to receive €2M, EIT Health contribution, then yes it means that the total project cost would need to be at minimum €2M +30% own Partner co-funding = €2,857,142. Furthermore, a consortium is encouraged to bring additional sources of external funding. To keep the figures in your example, if the full consortium brings an additional €3,142,858 external funding, the total project cost would then be €6M and you still get €2M EIT contribution. Any combination is possible as long as you respect this ratio (boundary conditions).

52. Is the 1/3 co-funding from own resources compulsory or we can get co-funding from other EU/National programmes?

30% own co-funding is mandatory to demonstrate Partners co-investment commitment.

53. Regarding the optional extra co-funding (external resources like regional, national or other EU funding): Does this source only apply for already funded projects by other agencies?

Not only, it could be that Partners apply to new projects through those agencies to show synergies and complementarity. These new grants could kick in, for example, at month 13 of a 2 year EIT Health project. Likewise, if you use budget from already funded projects, it may cover only parts of the EIT Health project timeline (double funding is not allowed).

54. How will the synergies with other funding programmes be assessed in the application phase? In which phase will they be assessed?

We will assess the level of extra co-funding that will be brought and the risk of implementation. This will happen at long proposal stage evaluation.

55. Can we consider participants' contributions to an education programme as co-funding?

No, the participants' contributions to the programme are revenue, not co-funding of the activity. These should be separated, as both elements will be assessed separately (co-funding and financial contribution to the KIC). If a Partner puts revenues as co-funding and these revenues in the end are less than planned or arrive in another calendar year, they may risk their grant contribution.

56. Will it be possible to cover the 1/3 co-funding rule with private funds from industries/companies?

Yes, as part of the Partner's own resources. The 1/3 co-funding principle is classified as:

- Own resources co-funding
 - EIT Health fund
 - Extra fund/s; any other National/Regional/EU funds, etc.
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57. Could you please clarify more about the "synergies with other EU funding"?

With the 1/3 co-funding principle, the idea is to showcase that we can attract funding from other sources and specifically to show that a project can. You could be funded by EIT Health for some parts that are linked to our strategy, but also other parts of your project could be funded by other programmes. Thanks to the NEFA approach, any other European programme funding could be eligible to be part of the portfolio when these are extra complementary activities to the activity submitted to the EIT Health BP2023 (but not complementary funding for the same activities).

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With the 1/3 co-funding principle, the idea is to showcase that we can attract funding from other sources and specifically to show that a project can. You could be funded by EIT Health for some parts that are linked to our strategy, but also other parts of your project could be funded by other programmes. Thanks to the NEFA approach, any other European programme funding could be eligible to be part of the portfolio when these are extra complementary activities to the activity submitted to the EIT Health BP2023 (but not complementary funding for the same activities).

58. Is the new 1/3 co-funding principle on top of the co-funding Partners have had to provide to the project total cost for the past years?

It depends. If you manage for example to secure a compatible national/regional funding (but not EU) for a project that costs €6M in total: you submit the whole €6M project and ask for €2M from EIT Health, specifying that another €2M will be directly funded by a compatible grant (complementary funding for the same activities) and that you'll cover the remaining €2M. Another situation would be that having not found a compatible national or regional other co-funding source, you can again submit a €6M project which includes an additional side project, a €2M NEFA complementary activity and supported by any other EU funding source, having verified that there is no case of double funding (can't submit same proposal to 2 different funding sources); in this case, NEFA will not be funded by EIT Health (complementary activity with its own funding).

59. The timeline may not correspond at all to the start of the project or the short proposals submission: how do you plan to deal with this?

We will be flexible, we are not asking applicants to have everything in place when they submit the short proposal.

60. How can we have synergies with other EU funding without falling in the double funding trap?

As long as the funding is not supporting the same part of the project, it will not be considered as double funding. The concept of NEFA (no-EIT Funding Activity) is new and will allow us to declare funds from other instruments for complementary activities that were not possible eligible as co-funding in the past.

61. Is national/other EU co-funding mandatory for every project or is it at portfolio level?

The 1/3 principle is desired but not mandatory. Only the minimum 30% own co-funding is (with some exception: EDU modules and labelled fellowship). This will be checked at activity level.

62. Are co-funding percentages (own resources and other non-EIT programmes) applied per project or per Partner?

Co-funding percentages are applied per project and not by Partner.

63. If a consortium has not successfully secured a third source of funding, can they submit a proposal with 2/3 co-funding from the consortium and 1/3 from EIT Health?

The minimum requirement is 70/30: 70% EIT Health grant and 30% own co-funding. Extra fund/s is not mandatory, it is desired.

64. How will this be combined with external national and regional funding requirements and the need to achieve financial sustainability through backflow models?

Our backflow will only apply to the EIT Health grant and not to the entire project budget. With the NEFA, consortia will be able to fund complimentary activities for their innovation projects.

65. Is there a possibility to add existing EU projects that are already running? How would this work?

If there is an existing project already running, as long as the activities are complementary to the one that you submit to EIT Health, that is possible. The relevant point here is to determine if that complementary activity adds impact to the proposal. EIT Health will work with each project in order to understand how to build this one third principle in the best way during the support programme phase.

66. Finding another call that fits with the timing and is compatible could be difficult. Is it possible with different projects and/or different pillars/calls?

1/3 extra co-funding is not mandatory. We only encourage collaborations that may be feasible and possible.

67. The extra funds under NEFA conditions must only be dedicated to complementary activities (not to the same activities) described in the proposal to avoid double funding. What does the term double funding refer to?

By 'avoid double funding' we specifically point out the risk of double funding which is forbidden by the European Commission. It means that you cannot claim the same costs (same activity) to two different sources of European funding even if the sources are not fully funding the activity. For the sake of clarity, it means for example that if a funding source covers your project costs up to 70%, you cannot seek the remaining 30% from EIT Health. Equally, you cannot submit the same activity to two different European programmes and get two sources of funding for the same activity. For it to work, it really needs to be two different activities (complementary activities). Finally, if you do have two sources of funding for two different but compatible activities, and one of the funding source is already running, only the costs from the start of the EIT Health activity will be considered eligible.

68. Is it correct that co-funding is not mandatory in the Call for training module for patients and citizens?

That's correct. It's not mandatory. It's because we are calling for content that will be used in the programme that EIT Health is shaping with these selected consortia and Partners. But indeed, in the spirit and the strategic direction of EIT Health, providing co-funding is evaluated favourably.

69. In bootcamp programmes, the consortium needs to share 30% revenue with EIT Health. In a bootcamp where co-funding is 100% revenue based (revenues generated by the activity is the only mean to cover our costs as we have no other national funding to help), does it mean that Partners need to earn 30% to be paid to EIT Health on top?

We would advise against making the co-funding revenue-based. If you do not reach the level of revenue and thus of co-funding targeted, your grant will be reduced accordingly. This is not a service agreement but a grant for activity delivery: On top of this grant, EIT Health provides scouting, matchmaking and marketing which you do not need to count as costs for your activity. In exchange, EIT Health will cover up to 70% of your costs (reimbursement rate) and the remaining 30% needs to be covered by the consortium by whichever way they wish to. If the activity generates revenue, 30% will need to be shared with EIT Health to be reinvested into the next wave of the programme. The consortium is free to dispose of the remaining 70% whichever way it chooses to but we do not advise to plan to use it to cover the activity costs.



EIT Health Flagship FAQs

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