EIT Health Flagships Call 2025

Frequently Asked Questions (FAQs)

In this document you will find your most comment questions answered relating to the EIT Health Flagships Call 2025. For your ease we have grouped these around common themes – if you have a question that is not covered here please don't hesitate to reach out to your regional Co-Location Centre.

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Change Log

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21	31/10/2024	FAQ	37	Question amended
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23	04/11/2024	FAQ	36	Previous question amendment removed
24	04/11/2024	FAQ	37	Previous question amendment removed

GENERAL QUESTIONS

ELIGIBILITY

1. **Is the call limited to micro and small enterprises or can medium enterprises, large companies and other organisational entities participate?**

All organisational entities can participate, but the financial mechanism applied is different depending on the maturity and size of the commercial entity. For micro and small enterprises, the mechanism used is the "Grant to Options" agreement, while for medium enterprises, big industry and others it is the "Revenue Sharing" model.

2. **Are there any restrictions regarding resubmissions from previous calls? How many times can a project be resubmitted?**

There are no restrictions for re-submissions.

3. **The call document states that micro and small enterprises applying as a commercialising entity must have at least 4 paid FTEs working in the company at the time of submission and CEO working full-time in the company. What does this mean?**

It means that for micro and small enterprises applying, the company CEO must be fully dedicated to the company and working full-time in the company. The entity must have four full time equivalent (FTE) paid employees, including the CEO, working at the time of proposal submission.

4. **There has been a development regarding the UK´s association to the Horizon Europe programme. Does this change UK Partners´ eligibility to receive funding from EIT Health in the Flagship Call 2025?**

Yes, UK entities will now be eligible to directly receive EIT funding, if selected as a part of a granted project consortia and will be treated as all other participants from Horizon Europe participating and associated countries. UK entities selected as part of prior calls for proposals (2023 and prior) will continue to be covered by the local UK reimbursement scheme. Further information on this topic can be found on the UK Research and Innovation website or by reaching out to the EIT Health Ireland-UK Co-location Centre.

5. **Are entities based in Switzerland eligible to receive EIT funding following a successful application to the Flagship Call 2024?**

Switzerland is currently not an associated country of the Horizon Europe programme. As such, Swiss entities are not directly eligible to receive EIT funding, when part of a selected project consortia. Entities can receive up to €60,000 in EIT funding within the EIT Health Business Plan 2023-2025. However, for funding above €60,000 organisations need to refer to the Swiss national reimbursement scheme. In the current non-associated third country mode, researchers and innovators in Switzerland are funded directly by the Swiss Confederation if the complete project proposal has been positively evaluated. Further information is available on the State Secretariat for Education, Research and Innovation (SERI) of Switzerland or by reaching out to the EIT Health Germany-Switzerland Co-location Centre.

6. **Can a Swiss start-up apply and lead a project?**

Yes, Swiss start-ups or small and micro enterprises (SMEs) are eligible to apply.

However, the ability for EIT Health to directly fund Swiss entities relies on an association agreement between Switzerland and the EU being initiated. Current guidance from the Swiss Secretariat for Education, Research and Innovation (SERI) states:

"If, at the time of signing the grant agreement with the EC [European Commission]:

- *an association agreement is in force, funding for the participation of the Swiss project partners is provided by the EC (status of 'beneficiary' remains).*

- *no association agreement is in force, funding is provided by the Swiss government (status changes from 'beneficiary' to 'associated partner'). The contribution requested in the project proposal will be relevant for the funding."*

This means that EIT Health will only be able to directly fund Swiss entities **above 60,000 EUR,** such as small and micro enterprises (SME's) and other commercialising entities, if SERI and the EC sign the respective agreements before EIT Health make the final selection for funding.

In the event that no such agreement is reached between the EC and SERI by time EIT Health makes the final selection for funding, then the Swiss entity and EIT Health will not be able to sign the different contracts associated with direct funding from EIT Health. This means that EIT Health **will not** be able to support Swiss commercialising entities **above 60,000 EUR**. Therefore, in such cases the whole project will not be able to get EIT Health funding.

This is because the Swiss State Secretariat for Education, Research and Innovation of Switzerland (SERI) would provide funding directly to the Swiss Small or Micro Enterprise. Because EIT Health will not directly fund the Swiss Small or Micro Enterprise, it cannot sign any of the required agreements associated with EIT Health direct funding.

Projects may still involve a Swiss entity, as long it is a partner organisation and not the Small or Medium Enterprise that is commercialising the innovation or technology. Please see full details in the call document or reach out to the EIT Health Germany-Switzerland Hub for support.

Further information is available on the State Secretariat for Education, Research and Innovation (SERI) of Switzerland or by reaching out to the EIT Health Germany-Switzerland Co-location Centre.

7. Are all Hungarian entities eligible to receive EIT funding following a successful application to the Flagship Call 2024?

Due to a decision by the Council of the European Union, published on and effective as of 15 December 2022, certain Hungarian institutions designated as "public trust foundations" are currently not eligible to receive funding under the Horizon Europe and Erasmus programmes. These Hungarian entities can still participate without receiving EIT funding, as an Associated partner, if allowed by the call conditions. Further information can be found on the EU Commission Funding and Tenders FAQ website. EU Commission Funding and Tenders FAQ website.

FINANCIAL SUSTAINABILITY CONTRIBUTION

8. What are the different financial sustainability models, and how do you choose which financial sustainability model to apply?

There are two financial sustainability models used – the "Grant to Options" and the "Revenue Sharing" models. The choice on which model to apply depends on the size of the commercialising entity of the project. The "Grant to Options" model is designated for micro and small enterprises, while the "Revenue Sharing" model is intended for medium enterprises, large companies, or any organisational entity responsible for introducing the product to the market that does not fall under the definition of a micro and small enterprise (SME).

All micro and small enterprises must go through a Due Diligence process to assess the company's potential and fit with the requirements of the "Grant to Options" model (please refer to page 36 of the Call Document) and the feasibility of implementing the "Grant to Options" agreement with the SME is evaluated by EIT Health's

Investment Committee. The approval of the project is conditional on the approval by the Investment Committee. The Investment Committee is composed of selected senior leaders from EIT Health and externally recruited members who are selected based on their experience and track record in health innovation investment.

In the case of the "Revenue Sharing" model, commercial entities are required to include a revenue sharing financial proposal at the time of submission of their full proposal. Guidelines are provided to ensure the financial proposal is aligned with EIT Health's financial sustainability requirements. The proposal is reviewed during the selection process by EIT Health's Asset Management team.

9. Is the "Revenue Sharing" model a repayable loan?

No, it is not a repayable loan. EIT Health is supporting the innovation of the projects and taking on the risk that the solution may not be commercialised or the commercialisation takes place later than planned. Partners are committed to return the grant assigned to the project only if the commercialisation is successful. For Innovation to Market projects, the conditions of the "Revenue Sharing" model are defined by the consortium according to their plan, within the boundaries explained in the call proposal.

10. When the project ends, how will invoices be issued to the company once the payments are installed?

The exact mechanism of payment (invoice amounts, instalments) will be defined with EIT Health during the 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 provided 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.

11. Is the revenue sharing model applicable to academic Partners?

The "Revenue Sharing" model is applied to the commercialising entity of the solution in Innovation-to-Market projects. This could be an academic or service provider too, if they are the Partner commercialising the product or service developed in those projects.

For education programmes, a specific revenue sharing agreement is defined and led by EIT Health where the common interest is also successful commercialisation. EIT Health will share the revenues at a fixed percentage agreed with the consortium once the full grant is returned to EIT Health for future reinvestment in other activities.

12. When will the Due Diligence for micro and small enterprises take place?

The Due Diligence process will begin on 02 December 2024 for those applications that score 70/100 or more. It will only take place if you are invited to Hearings. Entities who can provide results of a recent Due Diligence process that EIT Health deems sufficient may be exempt from undertaking the EIT Health Due Diligence process. However, the exemption is fully at EIT Health's discretion.

13. Can Small Enterprises choose the "Revenue Sharing" model as a return mechanism?

No. The only available model for small enterprises is "Grant to Options".

MEMBERSHIP / CONSORTIUM

ELIGIBILITY

14. Can a proposal be made entirely of non-EIT Health members?

Yes.

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

The evaluation process is the same for all applications within the same activity type, regardless of whether they are members from within or outside the EIT Health community. There are eligibility rules on the overall consortium at proposal submission stage.

16. **The call is now open to the participation of all entities (external EIT Health partners). Will external partners be able to lead projects?**

Yes, non-EIT Health members can lead projects.

17. **Can non-members of the EIT Health community secure as much funding as EIT Health Core/Associate Partners?**

With the new regulation of Horizon Europe, non-members do not have a funding cap.

18. **Does the mandatory minimum one EIT Health partner per consortium include also External or network partners or must they be EIT Health Associate or Premium (core) partners?**

Where applicable, the requirement of minimum one EIT Health partner refers to EIT Health Associate or Premium (core) partners. Therefore, each consortium must contain at least one EIT Health Associate or Premium partner.

19. **Can a research centre be the coordinator of a project proposal? Do you expect an industry partner to coordinate the project, or it is sufficient for an industry partner to be strongly involved and another partner to coordinate?**

There are no rules on 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 that is driving it. However, it is important to keep in mind that in all innovation projects, a product or service should be launched on the market. Therefore, if a research centre is the activity leader because it's driving the development of the solution, the role of the industry or of the commercialisation partner is crucial and should be clearly identified. The commercialising entity of the project must be included and clearly outlined in the proposal, regardless of who the coordinator of the project is.

20. **Can a Swiss start-up apply and lead a 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 to the Flagship programme and receive funding from EIT Health up to 60,000 EUR over the 3 years' grant duration. If they wish to receive more than 60,000 EUR, they must either cover the cost themselves or take advantage of 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.

21. **Regarding Swiss entities, what happens to the option agreement?**

There is no issue with entities adhering to the "Revenue Sharing" model. However, the "Grant to Option" model suited for micro and small enterprises is not feasible as EIT Health cannot take options for a grant that EIT has not provided (in this case, it would be SERI that would provide the funds).

In any case, the commercialising entity of the project must be identified at proposal stage, regardless of whether they come from the EIT Health community or not.

22. If we wish to submit a proposal video to complement our application, can it be uploaded to the application platform?

Yes, it must be in English, a maximum duration of 5 minutes, mp4 format and a maximum size of 2GB.

CALL BUDGET

GENERAL QUESTIONS

23. How many projects per flagship and cut-off will be funded?

The number of potential funded activities is outlined in the call document. The concrete number of selected activities will depend on the quality of proposals received and the final available budget.

24. Are all funded projects able to request the same budget?

No. Budget specifics for each activity are detailed in the specific section of the call document.

25. Can co-funding be in terms of Full Time Equivalents (FTEs)?

The reimbursement rate is 70% of the project total cost. When developing the project costing, applicants can include personnel costs (FTEs), as well as other relevant and eligible costs.

Co-funding is the part of a cost that is not supported by the EIT Health grant i.e. some part of the costs must be covered by consortium members' own resources. When a 30% co-funding rate is applied on consortium members' costs, this means that after the whole costs are claimed (costs that are already paid), EIT Health will reimburse 70% under the form of grant.

26. Does the co-funding 30% apply to all consortium members' budget?

Not necessarily, the co-funding applies to the proposal. The consortium must align among themselves to ensure the overall proposal co-funding rate is at least 30%. It is possible that a consortium member provides a co-funding rate lower than 30%, but it must be compensated by other consortium members to ensure that co-funding at the proposal level is at least 30%.

ELIGIBILITY

27. Will projects have indirect costs? If so, what percentage?

Yes, the same percentage as in Horizon Europe - 25%.

28. 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 (AMGA) is the backbone of all Horizon Europe grant agreements. Please see https://connections.eithealth.eu/guidance/financial-guidance to download the AMGA, which provides the description of eligible costs for Horizon Europe projects.

INNOVATION TO MARKET & DIGINNOVATION PROGRAMME RELATED QUESTIONS

ELIGIBILITY

29. For innovation activities, the solution must be CE marked, or be in the process of receiving the CE mark at the time of proposal submission – what does this mean?

For Innovation to Market projects, the solution must either already have been granted CE-approval or be able to demonstrate that they have submitted their CE-mark dossier to a notified body at least 6 months prior to the proposal submission. This is to ensure the timely delivery of the solution to the market with the timeframe imposed by the Call. Applicants must upload proof of their regulatory approval status in the application platform.

Example of proof accepted can be any or a combination of the following:

- A notified body invoice to the applicant for the first audit clearly stating that this is for either the technical review or clinical documentation review audit
- An email from a notified body to the applicant agreeing the date of the first audit clearly stating that this is for either the technical review or clinical documentation review audit
- The signed audit plan with the various audits schedule including the technical review and Clinical documentation review audits
- The notified body audit report
- The actual CE-approval certificate if already granted

When possible, these documents should be provided in English or translated into English. If none of the above can be provided, the applicant can upload an official letter, in English, from the notified body confirming that they have been contractually engaged by the applicant to carry out the technical review and clinical documentation review audits towards CE mark certification under the EU Medical Device Regulation. [1]

Please note that although the audit of the applicant's Quality Management System (QMS) is a requirement under the Medical Device Regulation, it will not be considered as eligible proof under this call as this audit can be carried out separately and significantly in advance from the other audits, technical and clinical, which are the true determinants of the solution performance and direct impact. Only the two latter audits will be considered

For DiGinnovation projects, the solution is required to already have the CE-mark at the time of proposal submission.

More information about CE marking can be found on the European Commission website here - https://single-market-economy.ec.europa.eu/single-market/ce-marking_en.

30. Regarding rare diseases, projects might have difficulties in achieving the number of patients involved set out in the criteria. 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 first year of the project. High-impact achievement is a requirement for our project portfolio, so a solution must meet the requirement to 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.

31. Must digital medical devices (DMD) be CE marked at the time of application?

For the DiGinnovation programme, digital medical devices must be CE-marked at the time of the proposal submission. For Innovation to Market activities, digital medical devices must be CE marked at the time of the proposal submission or in the process of getting CE marked. This can be evidenced by showing that a CE mark

[1] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32017R0745

dossier has been submitted to a notified body at least 6 months prior to application submission. This is to ensure that approval is achieved in time to reach the market within 1 year of EIT Health funding ending.

32. What are the requirements in relation to innovation maturity levels (IML)?

Innovations must be at IML 7 or 8.[2] It is expected that applications include evidence that their solution works and have a measured direct impact on patient health.

33. In the call document, what is meant by the phrase, "… focus on new market entry and commercial piloting activities for patient-centred DMDs to facilitate and accelerate their implementation and wider adoption across EU markets"?

For the DiGinnovation programme, digital medical devices must fulfil the specific requirements of reimbursement of the selected target market. Proposals will not be eligible for funding if they fail to fulfil the reimbursement requirements of their selected target market(s), such as achieving the required risk classification of the digital medical device for the selected target market.

For Innovation to Market projects, your proposal must define how you plan to enter the market, and, if applicable, specify the reimbursement model you are applying for.

34. Is DiGinnovation only focused on countries that already have a reimbursement pathway, such as Germany, France, Belgium? or can proposals target other countries if they find a reimbursement partner (e.g. private insurance, specific hospital, etc.)?

Proposals must target at least one European country market(s) with a fast-track reimbursement scheme. Where a proposal is also targeting a country that has no fast-track reimbursement scheme, proposals must provide a clear plan on rapid market entry. This may involve a private payor, but is not an explicit requirement. This area is changing very fast, and we will evaluate each proposal on a case-by-case basis.

35. When should Innovation projects start?

Work will start one month after selection notification, (allowing for a one month stand still period). However, costs for work carried out from 1 March 2025 are eligible as part of the grant award. Work must be completed by 31 December 2025. There will be no extension possibility.

36. What is the definition of "patient centred" when referring to digital medical device solutions?

With a primary focus on meeting the needs, preferences, and circumstances of patients, Digital Medical Devices (DMD) are health technologies falling into the definition of medical devices as outlined in the Regulation (EU) 2017/74511, whereby the main function is based on digital technologies intended to support one or more of the following medical purposes:

- Diagnosis, prevention, monitoring, prediction, prognosis, treatment or alleviation of disease.
- Diagnosis, monitoring, treatment, alleviation of, or compensation for, an injury or disability.
- Investigation, replacement or modification of the anatomy or of a physiological or pathological process or state.
- Providing information by means of in vitro examination of specimens derived from the human body, including organ, blood and tissue donations.

A patient centred device will leverage digital tools and data to enhance patient care, improve health outcomes, and facilitate a more personalized healthcare experience. It could include software intended to be used alone or in combination with hardware (e.g. scanners, sensors, monitors…), and include static and self-learning algorithms (e.g. Artificial Intelligence, Machine Learning).

[2] https://eithealth.eu/a-framework-for-innovation-in-healthcare/

DMDs can be used by patients, caregivers, healthcare professionals and health system users in the broadest sense.

Devices that are not intended to support medical purposes (e.g. wellness apps), software qualified as an accessory for a hardware and administrative software are not considered patient-centred DMDs and are not eligible for the call.

37. **For Innovation to Market activities in Digital Transformation of Healthcare (DTH), does the funded solution have to be a digital medical device or could it be a digital platform to support patient-centred DMDs today and in the future in their validation, certification and market access processes?**

It must be a Digital Medical Device according to the definition provided in the Call document, page 23.

EDUCATION PROGRAMMES RELATED QUESTIONS

38. **Who will support the delivery of making developed modules part of the EIT Health Academy?**

For existing content that you wish to migrate to the EIT Health Academy, the Academy team provides support throughout the entire integration process. The key steps involved in migrating existing content include:

- Step 1. Content Assessment and Alignment:

  The first step is to assess the existing content to ensure that it aligns with the EIT Health Academy's technical and pedagogical standards. This includes reviewing the course materials, interactive elements, and multimedia content to ensure they meet platform requirements.

  The Academy team will provide guidance on adapting the content where necessary, ensuring it fits the instructional design principles used within the EIT Health platform.

- Step 2. Platform Adaptation and Migration:

  Existing content may need to be restructured. This could involve reformatting materials, embedding multimedia elements such as videos into Panopto, and adjusting interactive activities.
  The Academy team will support the consortia in migrating their content and ensure that all features and functionalities are optimized for Academy learners.

- Step 3. Technical Support and Templating:

  The Academy provides custom course templates for migrated content, helping to integrate it seamlessly into the Academy platform while maintaining consistency with other courses in the portfolio.

  Instructional designers will assist with course setup, from creating the necessary visuals and banners to recommending tools for effective delivery of the migrated course materials.

- Step 4. Quality Assurance and Testing:

  Before the course goes live, the migrated content undergoes a quality assurance (QA) check to ensure that all components are functioning correctly within the Academy environment.

  The Academy team will work closely with the consortia to test the content, resolve any technical issues, and ensure the course is fully operational for learners.

- Step 5. Course Publishing / Go Live:

Once the content migration and testing are complete, the course will be published on the EIT Health Academy. Learners will be enrolled, and consortia will receive support on how to manage the course going forward.

This streamlined process ensures that consortia with existing content on other platforms can successfully migrate their modules to the EIT Health Academy while maintaining the integrity and quality of the original course.

https://eithealth.eu/wp-content/uploads/2024/08/EIT-Health_Academy-2025-updated.pdf

39. Who will be responsible for maintenance and update of the modules in the EIT Health Academy?

For modules selected to be hosted on the EIT Health Academy, the responsibility for maintaining and updating the content remains with the consortium. Maintenance activities include:

- **Ongoing Maintenance**: After the initial development process, consortia are responsible for ensuring that their content remains up to date and aligned with current learning objectives and pedagogical practices.

  If there are any changes or updates needed, such as revisions to course materials, the addition of new content, or adjustments based on learner feedback, the EIT Health Academy team will support the responsible consortium in making these changes.

- **Academy Support for Updates:** The EIT Health Academy provides ongoing technical support for updates to the platform, ensuring that any new content or changes are smoothly integrated into the EIT Health Academy.

  The Academy team is available to assist consortia with uploading new materials, updating multimedia elements (such as videos in Panopto), or adjusting interactive features to keep the course engaging and effective. The Academy provides a framework for ensuring that any updates or maintenance align with its standards and continue to provide value to learners.

  https://eithealth.eu/wp-content/uploads/2024/08/EIT-Health_Academy-2025-updated.pdf

40. How easy it is to get permission from EIT Academy to re-use the module on partner platforms?

Upon submitting a written request explaining the rationale and the specific objectives of the organisation, there will be a dialogue to align on the use of the module that is produced collaboratively by the consortium and EIT Health. The specific agreed exploitation conditions of this co-owned asset will be then translated into an agreement between the requesting organisation, EIT Health and potential other co-owners.

41. Can we see some live modules from the Academy for examples?

To explore examples of current modules on the EIT Health Academy, please reach out to the Academy team - david.pollard@eithealth.eu. The EIT Health Academy team will arrange a demonstration to give you an insight into the types of content and formats currently in use. This will help you benchmark your course development against existing standards and get a feel for the platform's capabilities.

42. Do we need to include budget for the creation of videos, infographics etc. or is this for the Academy?

Yes, consortia should include a budget for creating educational materials such as videos, infographics, and other multimedia elements. Videos will be included in the course design process as part of an overall strategy to meet learning objectives (LOs) and support specific learning activities. All video content on the EIT Health Academy will be hosted on the Panopto platform.

It is important that decisions about video content are made during the instructional design process, not before. For example, if video content is included in your module, the Academy team will work with you to ensure it explicitly ties back to your learning objectives. This approach is key to overcoming challenges where course content needs stronger alignment with LOs. Videos, like other educational materials, should serve a clear purpose in achieving the intended learning outcomes.

The EIT Health Academy will meet with you in the design process to provide support in blueprinting, storyboarding, and establishing the context for the videos you wish to create. While the Academy team can provide advice and guidance on best practices for video creation, they are not the principal videographers. If you have existing video content, it can be uploaded to Panopto, and we can assist in aligning it with pedagogical standards.

43. Do we need to include learner journeys already or will we develop them in 2025?

While the full development of learner journeys can be refined in 2025, it is important to provide initial plans in your proposal. To effectively design these journeys, please include the following:

- learning objectives (LOs);
- learner personas (e.g., their availability, limitations, etc.); and,
- the level of engagement expected from learners.

The EIT Health Academy team will work with consortia during the instructional design phase to bring these elements together and support the creation of storyboards that clearly define the learner journey. The journey should be based on the learner personas and learning objectives (LOs), ensuring that each aspect of the course ties back to the core objectives.

The learner persona also plays a crucial role in shaping the journey, informing the structure of learning activities and how content should be presented to accommodate their needs.

44. Can a lead partner (together with different consortia partners) apply for more than one module?

It is possible for a lead partner to apply for more than one module, ensuring there is capacity to deliver within the allocated period (completion by December 2025, no extension will be possible).

REIMBURSEMENT RATE

45. Regarding co-funding, can funds come from other grants, or does it need to be from private investment?

Co-funding can come from different sources, private funding, own resources and other grants. However, additional EU funding is not allowed in terms of co-funding for a given cost within the same activity. This is known as double funding and is not permitted. EIT Health expect applicants to ensure that they are compliant with the relevant funding and audit requirements.

In any case, 30% own co-funding is mandatory to demonstrate Partners' co-investment commitment in Innovation to Market projects and the DiGinnovation programme.

46. Regarding co-funding, should the company have capability to co-finance at the time of submission or at the actual start date of the project?

EIT Health will not audit the financial status of an applicant at proposal stage. Projects should have sufficient funding until pre-financing is launched. This could take between 3 to 6 months following award notification depending on how fast contracts can be signed.

47. **In the call for educational modules, is co-funding mandatory?**

No, it's not mandatory. But in the spirit and the strategic direction of EIT Health, providing co-funding is encouraged.

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

If the funding is not supporting the same cost of the project, it will not be considered as double funding.

49. **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.