EP PerMed
European Partnership for **Personalised Medicine**

HRB Health Research Board

'RITC 2026 Test and Demonstration of Multimodal Data Approaches for Personalised Medicine'

04 November 2025

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Research. Evidence. Action.

HRB Strategy 2021-2025

Strategic Objective 5.3 Productive International Partnerships

Strengthen, develop and invest in co-funding collaborations with other EU and international agencies and organisations in targeted areas of health research

Key Action 5.3.1

Add value to ***existing HRB and national investments*** by shaping the Irish contribution to EU co-funding initiatives and EU partnerships, including the Transforming Health and Care Systems EU Partnership, the Coordinating and Support Action in developing standard operating procedures for research integrity, and Joint Programming Initiatives and ERA-Nets in brain diseases, translational cancer, antimicrobial resistance, ***personalised medicine and rare diseases.***

EP PerMed

European Partnership for **Personalised Medicine**

Mission

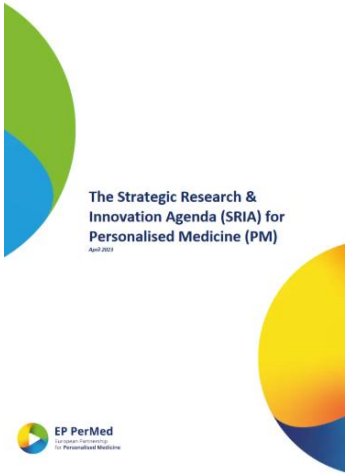
"To improve health outcomes within sustainable healthcare systems through research, development, innovation and implementation of personalised medicine approaches for the benefit of patients, citizens, and society."

- 61 Partners across 28 countries and 11 regions
- €375 million budget across 5 Work Packages
- 10 years (7 years implementation and 3 years monitoring)

WP 1	WP 2	WP 3	WP 4	WP 5
Co-ordination	PM Research Funding	Maximising Impact	Implementation Public Health	International Co-operation

EP PerMed Objectives

- Putting ***Europe at the forefront of research and innovation***, ***accelerating PM*** uptake & industry
- ***Translating basic research*** into clinical applications that make a difference
- Integrating ***big data and digital health solutions***, providing socio-economic evidence to support PM within sustainable healthcare systems.
- Developing ***appropriate ecosystems*** for PM implementation & uptake
- Improving ***health outcomes for citizen and patients*** and ensuring a wide access to PM
- Establishing a ***European national and regional network*** of PM research and innovation systems
- Filling ***scientific knowledge gaps, producing evidence and developing guidance and tool***s in priority areas for the development and the deployment of personalised medicine



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Research, Innovation & Technology Call 2026

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Background

- **Impact of multimorbidity**: Multimorbidity is a major and growing, global concern, affecting 20–40% of middle-aged adults and up to 80% of older adults.
- **Complexity in care delivery**: Managing chronic diseases and multimorbidity presents several challenges combined treatment regimens can result in drug interactions and other harmful side effects
- **Need for personalised, data-driven solutions**: Leveraging multimodal health data through test and learning environments can support clinical decision-making, improve patient outcomes, and enable sustainable adoption of innovative care models.
- **Test environment**: Test beds and learning environments bridge the gap between innovation and implementation in healthcare … ensuring that solutions are not only technically sound but also meaningful, sustainable, and ready for real-world adoption.

EP PerMed RITC 2026

Test and Demonstration of Multidata Approaches for Personalised Medicine (MultiPMData2026)

Aim

- Bring ***researchers, healthcare providers, industry and patients*** together to test innovative solutions in a real-life context to address clear needs in managing multimorbidity(e.g. having ***at least two chronic diseases*** requiring management)

- Projects must focus on ***multimodal data usage*** for PM which aim to provide more efficient and personalised management of patients with multimorbidity

- 16 countries: BE, CZ, ES, FI, FR, IE, IL, IT, LV, LT, PT, RO, SE, SK, TR, ZA

Scope

Projects should address ***one or more*** of the below:

- **Co-morbidity Detection** -Characterisation of co-morbidities in chronically ill patients
- **Disease Progression Monitoring** -Diagnosis, follow-up or monitoring of disease progression
- **Remote Patient Care** -Promoting a shift from in-patient to out-patient care through remote monitoring or reporting using wearables or other technical solutions
- **Decision Support** -For disease intervention strategies e.g. medication type and dosage
- **Treatment Management** -Tracking and managing multiple treatments to improve effectiveness or reduce adverse effects and potential harmful drug interactions.
- **Treatment Adherence** -Adherence to long-term treatment regimens

Note: clinical studies exploratory/POC/early stage or sub-studies can be funded, larger clinical trials are out of scope.

Test Environment/Approach

- Controlled ***real-world test environment*** e.g. hospital or dedicated test environment, out-patient care facilities, or ***simulated clinical/virtual (digital twin/simulated data)*** test environments

- Mature, innovative solution passed the proof-of-concept stage, ***technology readiness level (TRL) 3***

- The innovation can be ***physical such as a device or an instrument***, a set of ***biomarkers***, ***a software*** or ***non-physical such as a process or procedure, or a novel approach***

- ***Data elements*** can be derived from ***multiple sources*** (patient, clinical data and records) focused on ***genetics, phenotypic characteristics, clinical and social data*** for PM approaches

- ***Cutting-edge data science approaches*** (such as AI) are encouraged, processed ***data should directly support the PM approach*** in the project

Enabling Elements

- **Knowledge integration -** build on existing knowledge integrating new insights
- **Technologies, products, methods and processes -** novel innovations utilising existing tools, methods and organisational frameworks for interoperability and clinical adoption
- **Infrastructure utilisation –** solutions should fit within and make optimal use of existing infrastructures
- **Business/value model -** realistic pathway to future market adoption and basic business model, plan for future financing and steps to prepare end-users for procurement and implementation
- **Policies and regulations -** awareness of relevant policies/regulatory requirements & challenges
- **Organisation, behaviour and values -** adaptable to real-world organisational contexts considering behavioural factors to promote transferability and ensure sustainable adoption

Further Requirements

- Projects must be ***inter-sectoral and interdisciplinary*** and show the added ***value of the transnational collaboration***
- Proposals need to adhere to the ***Scientific Data Open Access Policy***
- Strongly encouraged to ***integrate sex/gender*** research and to ***consider underrepresented populations***
- ***PPI organisations*** can act as full consortium partners with 2 options for funding:
    1. Same process as for other partners (via own funds or requesting from national funding organisation)
    2. Through funding centrally provided by EP PerMed (limited to a total of €50,000 over three years/project
- Proposals should follow the principles of ***Responsible Research & Innovation*** and show a commitment to addressing social, ethical, political, environmental or cultural dimensions of research

Eligibility Criteria-First Stage

- Minimum 3 eligible partners*
- Maximum 7 eligible partners*

} From 3 different countries participating in the call

No more than 3 partners per country and per funding organisation **

No more than 2 partners on own funds**

* Patient/citizen representing organisation are not included in this count

** Depending on the number of partners in the consortia and the concerned funder's regulation

Eligibility Criteria

Composition of the consortium:

- **A - Enterprise (for-profit) of all sizes,** e.g. SME (small and medium-sized enterprises) and industry. → **At least one is mandatory**
- **B - Clinical partner,** public or private health sector represented by research teams or clinicians (e.g. medical doctors, nurses or pharmacists) working in hospitals/public health or other healthcare settings and health organisations. → **At least one is mandatory**
- **C – Academia,** research teams working in universities, other higher education institutions or public or private research institutes.
- **D - Private non-profit partners**, e.g. foundations, associations or non-governmental organisations.

Example of a consortium

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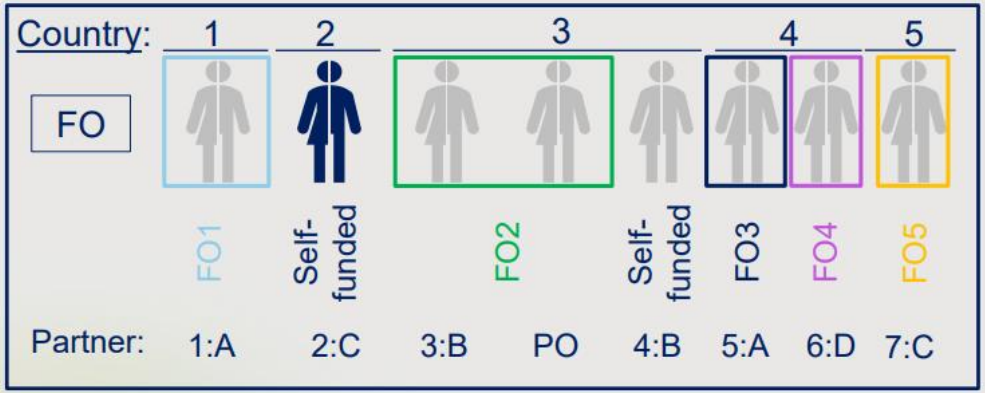


A: Enterprise (for-profit) of all sizes

B: Clinical partner

C: Academia

D: Private non-profit partners

PO: Patient or citizen organisations

FO: Funding organisation

- ✓ At least 3 eligible and funded partners from 3 EU Member States or Associated Country*, whose funding organisations participate in the call, including the coordinator.
- ✓ At least one project partner of category A "Enterprise (for-profit)", and at least one partner of category B "Clinical partner".
- ✓ Max. 3 project partners per consortium can request funding from the same funding organisation (including patient or citizen organisations).
- ✓ No more than 3 partners from the same country, including partners on own funding.
  Not counting patient or citizen organisations.
- ✓ Pre-proposal stage: Max. number of partners is 7.
  Not counting patient or citizen organisations.
- ✓ No more than two partners on own funds.
  Not counting patient or citizen organisations.

HRB Eligibility Criteria for Participants in Ireland

- Applicants from approved ***HRB Host Institutions(HI)*** to be eligible to receive HRB funds
- **HI Letters of Support** are required for Lead Applicants in a contract position/Adjunct Prof
- **New applicants** to HRB JTC/RITCs must complete the ***Lead Applicant Eligibility Form***
- **HI JTC Sign-off Form:** HRB requires applicants to have their HI complete the HI JTC Sign-off Form endorsing the application and submit this with a copy of the submitted proposal to the ***HRB within 3 working days of the call submission deadline***

Funding Available/Duration

HRB has committed up to **€960,000** (minimum 2 grants quality permitting)

- Up to €330,000 available for direct costs per grant, with additional €75,000 for co-ordination activities (e.g. €405,000 direct costs available for co-ordinators

- **Per Project Funding Available (including overheads)**
    - For *Consortium Partners* Maximum Total **€430,000**
    - For *Consortium Co-Ordinator* Maximum Total **€530,000**

- Projects should have a duration of 36 months and expect to start end of 2026/early 2027

Eligible Costs

- **Personnel:**
    - Salary-related costs in line with the most recent IUA (or other most applicable) scale for funded personnel;
    - Salary related costs for Lead Applicants in contract positions up to a maximum of 0.5 FTE protected time for research funded by HRB;
- **Direct running costs**, **PPI costs**
- **Small equipment** costs (not to exceed €10k)
- **FAIR data management** Data stewardship costs (e.g. service/fees from data steward, access to secondary data, costs of making data FAIR, etc.)
- **Dissemination and knowledge exchange activities** (including open access scientific publications, dissemination-related travel, etc.)
- **Sub-contracting costs** for the provision of a service can be covered up to a maximum of 20% of direct costs. This would need to conform with the Host Institution, National and EU procurement rules. These costs should be necessary, specific to the project and proportionate and they should normally constitute only a limited part of the project.
- **Overheads contribution**

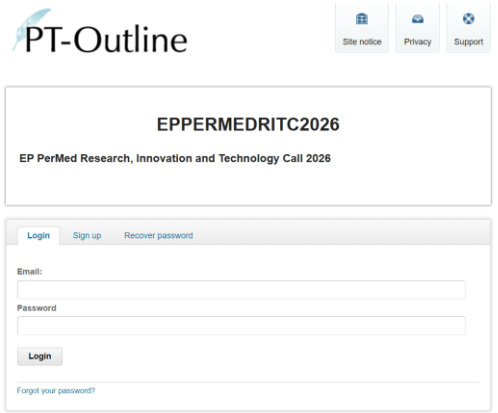
Submission & Evaluation Criteria

2 Stage Process via EP PerMed Website

- Pre-proposal submission via PT-Online 12 January 2026 at 13:00 GMT
- Full proposal submission via PT-Online 27 April 2026 at 13:00 GMT

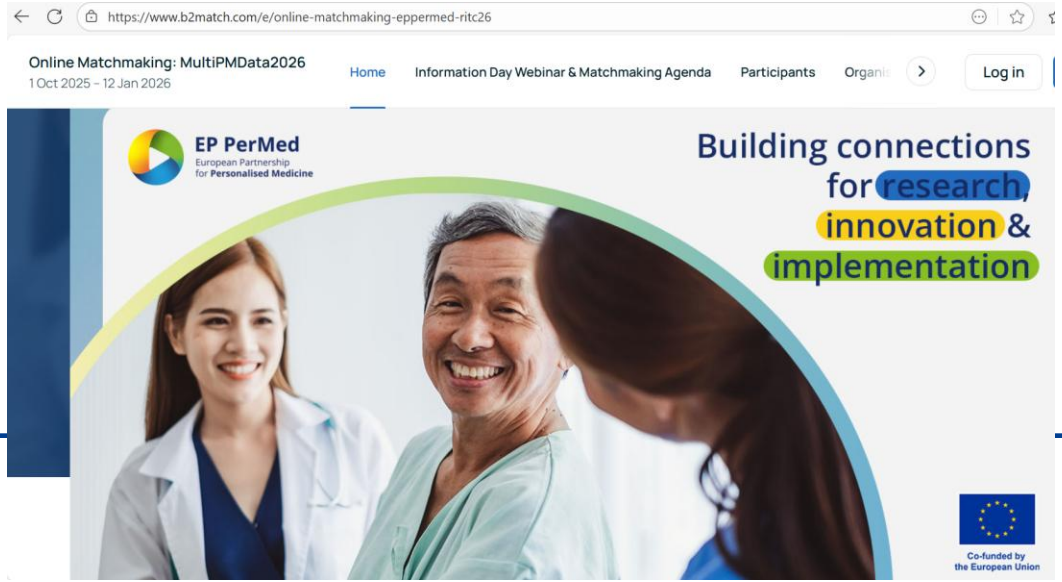
Evaluation Criteria Score 1(Poor)-5 (Excellent)

- Excellence
- Impact
- Quality & Efficiency of Implementation



Match-making Tool and Event 18 Nov 2025

- Partnering tool available to connect with relevant organisations/researchers to help build a consortium
- Free registration
- Keynote speakers and breakout sessions
- Opportunity to Pitch – 3 min presentations, apply before **09 November** to secure a spot



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Key Dates

Time	Event
1 October 2025	Call publication
28 October 2025	RITC2026 webinar
18 November	RITC match-making event (online)
12 January 2026 (13:00, GMT)	Pre-proposal submission deadline
15 January 2026	HI endorsement form submission
Approx 19 March 2026	Pre-proposal results and invitation to full proposal
27 April 2026 (13:00, GMT)	Full-proposal submission deadline
June 2026 (end)	Rebuttal stage
September 2026	Funding decisions announced
Late 2026/early 2027	Project commencements

Contact Details

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