

## **IDIBAPS Position Paper: The necessity of preserving and enhancing Pillar II in the next EU Framework Programme for Research and Innovation - FP10 (2028-2034), with key takeaways from Cluster Health**

### **Introduction**

The EU's strategic autonomy can only be achieved through interconnectivity and synergies between European countries, fostered by programs like Clusters in Pillar II. When it comes to health research, the Cluster Health is pivotal for advancing clinical and translational research across Europe. This programme plays a crucial role in addressing pressing healthcare challenges by supporting the development of new treatments, technologies, and approaches to enhance public health outcomes, as well as fostering collaboration, innovation, and the translation of scientific discoveries into tangible healthcare solutions.

With around 100 research groups and 820 active projects, the [Fundació de Recerca Clínic Barcelona-Institut d'Investigacions Biomèdiques August Pi i Sunyer](#) (IDIBAPS) is a leading translational research center from Barcelona, Spain, renowned for its pioneering contributions to health research and its close ties to clinical practice. With a strong track record in EU-funded projects under all Framework Programmes, IDIBAPS has demonstrated its expertise in navigating the complexities of EU-funded research initiatives by securing 54 projects and 32,6M€ of funding from Horizon Europe to date and developing successful collaborative projects with a wide range of institutions across Europe.

As part of our ongoing commitment to contributing to the future of European research and innovation, IDIBAPS conducted a comprehensive internal survey to gather feedback on the challenges faced by clinical and translational researchers when participating in the Cluster Health calls, and to identify areas for improvement. This position paper presents evidence-based recommendations to strengthen the next EU Framework Programme for Research and Innovation, FP10, ensuring it better addresses the evolving needs of clinical and translational health research.

### **Key challenges in the current framework**

While Horizon Europe has significantly contributed to advancing health research, several challenges persist within the Cluster Health pillar that hinder the efficiency and inclusivity. Based on input gathered from our researchers, we have identified three key challenges requiring improvement in the upcoming FP10.

Insufficient opportunities for low Technology Readiness Levels (TRL)/Societal Readiness Levels (SRL) research: The current framework tends to prioritize higher TRL and SRL, focusing on projects that are closer to implementation. While this is crucial for translating research into practice, it leaves a significant funding gap for early-stage, disease/health-oriented fundamental research. Many promising ideas with high potential impact struggle to secure initial funding, limiting the validation of breakthrough concepts before advancing to later stages of development.

Lack of bottom-up topics: Another critical challenge is the predominance of top-down, predefined and narrow research topics in funding calls. While this approach ensures alignment with EU strategic priorities, it limits the exploration of innovative and emerging research areas that do not fit neatly within predefined categories. Less prescriptive calls could allow tackling disease areas that are currently underfunded or unexplored.

Inconsistent and overlapping call deadlines: Under Horizon Europe, call timelines across biannual Work Programmes (WP) have lacked consistency. For instance, in the 2021–2022 WP, calls were distributed across both years, with single-stage call deadlines in September 2021 and April 2022, and two-stage calls with first deadlines in April 2022 and second-stage deadlines in September 2022. In contrast, the 2023–2024 WP featured single-stage call deadlines in April of both years, while two-stage calls had first deadlines in September 2023 and second-stage deadlines in April 2024. For 2025, no deadlines are expected in April; instead, both single-stage and second-stage deadlines are expected to overlap in September 2025. This irregular scheduling, with key deadlines in April and September following major Europe wide holiday periods, complicates planning—particularly for large consortia, where extensive coordination across multiple institutions and disciplines is required. A well-planned, harmonized, and predictable timeline is essential for improving proposal quality and coordination.

## Key Recommendations for FP10

To strengthen the impact, accessibility, and strategic coherence of research and innovation through the Cluster Health programme in FP10, we propose the following recommendations:

### 1. Inclusion of bottom-up topics

While the pre-defined bottom-up topics continue to ensure alignment with EU strategic goals, a portion of the budget must be dedicated to bottom-up investigator-initiated proposals. 90% of surveyed Principal Investigators indicated that including bottom-up topics in the Cluster Health is extremely important, especially as only 5% felt their research area is fully covered by current calls. Open-topic calls—within broad areas such as “understanding disease mechanisms” or “personalised medicine approaches”—are necessary to foster a more dynamic and inclusive research landscape, supporting innovation in emerging fields such as advanced therapies, diseases that are more prevalent in women, AI-based tools predicting response to therapies, and role of microbiome in cancer.

### 2. Increased funding for investigator-led clinical trials

FP10 should earmark resources specifically for clinical validation phases, recognizing their critical role in translating research outputs into practical healthcare solutions. The inclusion of independent, investigator-led clinical trials in European projects—especially those in phases 1 and 2—is a key measure to democratize clinical research, balance the dominance of the pharmaceutical industry, and address priority public health areas. In the context of the Health Cluster, independent trials can focus on rare diseases, commercial and non-commercial innovative therapies (such as drug repurposing), and key public health priorities such as prevention, mental health, and antimicrobial resistance.

### 3. Balanced opportunities across the innovation scale

Current Cluster Health calls often leave low-stage TRL projects out of their scope. 60% of our respondents reported insufficient support for early-stage technologies within the current Cluster Health programme. FP10 must provide balanced opportunities that support the entire innovation lifecycle—from low TRLs, fostering fundamental discovery, to high TRLs to bridge the notorious “valley of death” between research and market readiness. A new category of actions, termed “Research Actions (RA)” could be introduced to specifically support low TRL work. These would be distinct from the existing “Research and Innovation Actions (RIA)” focused on mid TRLs and “Innovation Actions (IA)” targeted at high TRLs. Additionally, ensuring continuous funding mechanisms between RA, RIA and IA projects would enable promising outcomes to progress toward application at societal level.

### 4. Improved transparency during the evaluation

FP10 should adopt clearer evaluation criteria for final rankings and tie-breaker rules. Guidelines should explicitly state how factors such as gender balance, budget efficiency, and geographical spread are applied to differentiate between proposals with the same score. One suggestion is to apply gender balance specifically to Work Package leaders rather than entire teams, fostering more genuinely committed and representative leadership. Additionally, in cases where a “portfolio approach” is used (e.g., Mission Cancer), more detailed information should be provided to applicants on how proposals are selected.

### 5. Synergies promoted by the European Commission

While Horizon Europe has increased the efforts to promote synergies across different EU programmes, FP10 should establish clearer mechanisms to simplify and maximize such synergies. For example, synergies between pillars could be encouraged by enabling more funding mechanisms that allow projects funded under Pillar 1 to explore their innovation potential under Pillar 3. The European Commission can also take a proactive role in stimulating synergies between projects funded under the same call through established mechanisms to facilitate cross-program collaboration and resource sharing. For instance, organising cross-project symposia could be a requirement for projects funded under the same funding programme, fostering knowledge exchange and strategic coordination.

## 6. Changes related to call structure

To reduce administrative burden and increase predictability for applicants, FP10 should adopt fixed annual cut-off dates for Cluster calls—ideally two per year—scheduled to avoid major holiday periods that may hinder proposal preparation. Introducing a resubmission scheme for high-scoring proposals, similar to the approach used in American National Institute of Health grants, would also be highly beneficial. Additionally, enhance participation and efficiency, we suggest increasing the number of two-stage topics, with a simplified first stage focused solely on evaluating the core idea, without requiring a fully defined consortium at that point. Furthermore, the second stage should offer higher success rates. These structural changes would enable applicants to better plan and prepare proposals and improve the overall quality of submissions.

### Conclusion

Preserving and enhancing Pillar II is essential to ensure European efforts remain cohesive, efficient, and impactful for closing the gap between research and societal challenges such as health. Here, we propose concrete recommendation for improvement in FP10. By refining call structures, providing less prescriptive topics, reinforcing support for early-stage collaborative research, and enhancing coordination across EU instruments, the next EU Framework Programme can better serve the needs of the research community, fostering a more inclusive, transparent, and innovation-driven research environment.

For further information about the input, please contact:

Isil Tekeli, Senior Project Manager at IDIBAPS: [tekeli@recerca.clinic.cat](mailto:tekeli@recerca.clinic.cat)