## HORIZON-HLTH-2027-01-DISEASE-10: Prevention and management of chronic non-communicable diseases in children and young people (GACD)

| **Call: Cluster 1 - Health (Single stage - 2027/1)** | |
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| **Specific conditions** | |
| *Expected EU contribution per project* | The Commission estimates that an EU contribution of between EUR 3.00 and 4.00 million would allow these outcomes to be addressed appropriately. Nonetheless, this does not preclude submission and selection of a proposal requesting different amounts. |
| *Indicative budget* | The total indicative budget for the topic is EUR 11.80 million. |
| *Type of Action* | Research and Innovation Actions |
| *Eligibility conditions* | The conditions are described in General Annex B. The following exceptions apply:<br>In recognition of the opening of the US National Institutes of Health's programmes to European researchers, any legal entity established in the United States of America is eligible to receive Union funding.<br>If projects use satellite-based earth observation, positioning, navigation and/or related timing data and services, beneficiaries must make use of Copernicus and/or Galileo/EGNOS (other data and services may additionally be used). |
| *Award criteria* | The criteria are described in General Annex D. The following exceptions apply:<br>The thresholds for each criterion will be 4 (Excellence), 4 (Impact) and 4 (Implementation). The cumulative threshold will be 12. |
| *Legal and financial set-up of the Grant Agreements* | The rules are described in General Annex G. The following exceptions apply:<br>The granting authority may, up to 4 years after the end of the action, object to a transfer of ownership or to the exclusive licensing of results, as set out in the specific provision of Annex 5.<br>Eligible costs will take the form of a lump sum as defined in the Decision of 7 July 2021 authorising the use of lump sum contributions under the Horizon Europe Programme – the Framework Programme for Research and Innovation (2021-2027) – and in actions under the Research and Training Programme of the European Atomic Energy Community (2021-2025) [274]. |

[274] This decision is available on the Funding and Tenders Portal, in the reference documents section for Horizon Europe, under 'Simplified costs decisions' or through this link:

Expected Outcome: This topic aims at supporting activities that are enabling or contributing to one or several expected impacts of destination "Tackling diseases and reducing disease burden". To that end, proposals under this topic should aim to deliver results that are directed at, tailored towards and contributing to some of the following expected outcomes:

- Researchers, healthcare practitioners and providers in low- and middle-income countries (LMICs) [275] and/or those in high-income countries (HICs) serving disadvantaged populations have access to improved insights and evidence on how to equitably promote the early prevention, risk reduction, and timely diagnosis of Non-Communicable Diseases (NCDs) in children and/or young people.

- Policymakers, public health managers and authorities, parents and their children, and young adults have access to evidence and recommendations for national programmes and policies to improve quality of life in children and/or young people and extend healthy life expectancy.

- Researchers, clinicians, policymakers, public health managers and authorities have an improved understanding how to effectively adapt and/or scale up interventions for prevention and management of chronic NCDs in children and/or young people at local, regional, and national levels.

- Communities, parents and their children, young adults, local stakeholders and authorities are fully engaged in implementing and taking up interventions that tackle NCDs in children and/or young people.

Scope: The Commission is a member of the Global Alliance for Chronic Diseases (GACD)[276]. The GACD specifically addresses NCDs and supports implementation research[277] to improve health outcomes. This topic is launched in concertation with the other GACD members (international funding agencies) and aligned with the 12th GACD call.

Chronic NCDs that begin in childhood have an impact on both quality of life and life expectancy. Onset of many NCDs diseases occurs at younger ages in LMICs, and this is further accompanied by a longer duration of disease and a higher rate of complications, including multimorbidity. The conditions in which people are born, grow and live (the social determinants of health) including access to good nutrition, education, housing, and healthcare are major contributors to health and ill health[278].

Up to 70% of preventable adult deaths from NCDs are linked to risk factors originating in childhood and adolescence[279], and interventions that can successfully control or prevent chronic

https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/horizon/guidance/ls-decision_he_en.pdf

275 As defined by the World Bank, https://www.worldbank.org

276 https://www.gacd.org

277 https://iris.who.int/bitstream/handle/10665/91758/9789241506212_eng.pdf

278 https://www.taylorfrancis.com/chapters/oa-edit/10.4324/9781003306689-20/social-determinants-health-ncds-ruth-bell-jaime-miranda-jean-woo-michael-marmot

279 https://data.unicef.org/topic/child-health/noncommunicable-diseases/

disease in young people can dramatically improve health outcomes later in life. Childhood and adolescence are critical periods, when behaviours associated with NCD risk are adopted including tobacco use, alcohol use, substance abuse, unhealthy diets and sedentary lifestyles and children and young people are often targeted by commercial marketing of unhealthy products.

The aim of this topic is to fund implementation research, exploring strategies, evidence-based program and policy interventions across prevention, diagnosis, screening and management of chronic NCDs, centred on the critical life stages spanning early childhood to young adulthood (1-24 years of age) living in LMICs, and/or underserved populations in HICs.

In this regard, proposals focused on implementation research should explore implementation strategies on evidence-based interventions, adaptations of interventions and tailored interventions, or initiatives including (though not limited to) those focussed on one or more of the following:

- Policy evaluation to tackle childhood- and/or youth-relevant social, economic, political, structural or commercial determinants of chronic NCD conditions.
- Prevention of NCDs using children and/or young people targeted implementation strategies (e.g. educational strategies, vaccination strategies, promotion of behavioural and lifestyle changes).
- Screening and diagnosis of NCDs (or risk factors) in children and/or young people (in particular use of digital tools).
- Cost effective and patient-centred management of NCDs in children and/or young people (including access to medicines and equipment; integrated care pathways; continuity of care for adolescents with existing non-communicable diseases who "age out" of paediatrics, caregiver health and support, citizen science approaches).

Multiple interventions focus on prevention of NCDs in children and young people, yet relatively few have focussed on strategies for management of chronic conditions in these critical life stages, and a limited number of studies have been carried out to study implementation of these in LMIC contexts or with underserved communities. In this instance it would be anticipated that proposals should explore implementation strategies using the appropriate hybrid design study incorporating effectiveness and implementation research outcomes. Therefore, it may be important to undertake formative research as a part of the proposal to support readiness for implementation.

The proposed implementation research should be focused on one or more evidence-based interventions (or complex interventions), providing existing evidence of the intervention’s effectiveness, cost-effectiveness, sustainability, scalability and potential for long-term health and other impacts (and in what context this evidence has been generated).

Applicants should provide rationale and explore the implementation of proposed intervention(s) for a selected study population(s) based in one or more LMICs, and/or underserved populations

experiencing health disparities, including Indigenous populations, in HICs, considering the unique social, political, economic, and cultural context(s) in which the study will take place[280]. Applicants should justify why any adaptation will not compromise the known effectiveness of the selected intervention(s).

Proposals should address all the following implementation research activities[281]:

- Clearly describe the implementation research methodology, including the statistical design.
- Have an appropriate strategy for measuring implementation research outcomes and real-world effectiveness outcomes and indicators.
- Specifically address issues of equitable implementation to ensure interventions reach the populations that need them the most.
- Engage an appropriately expert and skilled research team which can ensure a suitable multidisciplinary approach and that demonstrates equitable partnership and shared leadership between HIC-LMIC, and/or non-Indigenous-Indigenous members of the project team and external stakeholders through a clear governance strategy.
- Provide a stakeholder engagement strategy with evidence of support/engagement from key stakeholders for delivering the intervention and a pathway to sustain the proposed intervention (if proven effective) after the funding from the GACD grant ends.
- Provide opportunities for NCD-focused implementation research capacity building for early career researchers and team members from lower resourced environments, such as LMICs or disadvantaged communities.
- Ensure meaningful involvement of early career team members, including at least one early career member as a co-investigator.

The study population may include children and/or young people in the general population, with one or more existing NCDs, those currently without NCDs, or a combination of any of the above. Applicants may propose implementation research focused on interventions that are implemented at the individual, family, community (e.g. work or school), population, and/or structural level. With regard to NCDs, applicants are encouraged to explore any chronic non-communicable condition (or combination of conditions), including mental health disorders,

280 Focus on populations facing extreme vulnerabilities, such as individuals or communities living in informal settlements, post-disaster settings, or in situations of homelessness is encouraged (though not required).

281 The following types of proposals are not in the scope of this topic: i) proposals with the primary aim of informing the development and/or selection of an intervention for a given context, where the implementation component will be explored in a future project (i.e. standalone feasibility projects); ii) epidemiological cohorts; iii) etiological work, mechanistic, or epidemiological research, unless an essential component of a focused study to develop implementation research approaches; iv) clinical trials, validation studies, or intervention efficacy studies for a new or established pharmacological agent or behavioural intervention.

autoimmune conditions, musculoskeletal conditions, neurological disorders and sleep disorders and/or any risk factor (or combination of risk factors). Additionally, whenever relevant, applicants are also encouraged to take a life course approach, adapting interventions for particular life stages with the goal of promoting life-long health.

Proposals should use an appropriate implementation research design and framework[282], before and after studies, and additional implementation science classifications of study designs (e.g. hybrid designs[283]), noting that applicants are not limited to any particular design.

Proposals would be expected to generate evidence that is of direct relevance to policymakers, communities and practitioners. Proposed work should identify and engage all key stakeholders necessary and relevant to the development, undertaking and knowledge translation phases of the project, including meaningful collaboration with young people themselves (and their families). Proposals should also consider using co-development and co-design approaches, involving policymakers, local authorities, community groups, educators, healthcare providers, and other individuals or organisations necessary to the delivery and sustainability of the study outcomes. Project partners should be engaged from the beginning to contribute to the sustainability of the intervention after the end of project. Proposals should demonstrate sustainability of the strategy, beyond the lifespan of the project.

Poverty, discrimination based on sex, racial or ethnic origin[284], religion or belief, disability, age, and other inequities are directly associated with reduced potential for equitable access to quality care. Proposals should consider relevant determinants of health (e.g. social, structural, commercial, economic) and discuss their potential impact on the effective implementation of the intervention(s). If there is a focus on a particular population (e.g. gender, racial or ethnic origin[285], etc.), then the reason for this should be justified.

This topic requires the effective contribution of social sciences and humanities (SSH) disciplines and the involvement of SSH experts, institutions as well as the inclusion of relevant SSH expertise, in order to produce meaningful and significant effects enhancing the societal impact of the related research activities.

All projects funded under this topic are strongly encouraged to participate in networking and joint activities, including internationally, as appropriate. These activities could, for example, involve the participation in joint workshops, the Annual Scientific Meetings of the GACD, the exchange of knowledge, the development and adoption of best practices, or joint communication activities. Therefore, proposals are expected to include a budget for such

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282 Examples of frameworks include (this list is not exclusive): i) Consolidated Framework for Implementation Research (CFIR); ii) the context enhanced (RE-AIM) Reach, Effectiveness, Adoption, Implementation, Maintenance); iii) Practical Robust Implementation and Sustainability Model (PRISM) frameworks; iv) Framework for Developing and Evaluating Complex Interventions (MRC & NIHR).

283 https://pmc.ncbi.nlm.nih.gov/articles/PMC3731143 and https://pmc.ncbi.nlm.nih.gov/articles/PMC6779135

284 The use of the term ‘racial or ethnic origin’ does not imply an acceptance of theories that attempt to determine the existence of separate human races.

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