with relevant local actors, such as science museums, R&I organisations, and/or community organisations, to run innovative community engagement activities on the life sciences.

Proposals may consider involving the European Commission's Joint Research Centre (JRC) to participate in the advisory board of the consortium selected for funding, notably to benefit from the expertise of the JRC's Competence Centre on Participatory and Deliberative Democracy[72], regarding the engagement of citizens in the design of life sciences innovations and community engagement activities. Any such collaboration should be established after the proposal's approval.

HORIZON-HLTH-2027-01-STAYHLTH-01: Addressing disabilities through the life course to support independent living and inclusion

Call: Cluster 1 - Health (Single stage - 2027/1)	
Specific conditions	
Expected EU contribution per project	The Commission estimates that an EU contribution of between EUR 6.00 and 8.00 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 39.30 million.
Type of Action	Research and Innovation Actions
Eligibility conditions	The conditions are described in General Annex B. The following exceptions apply: 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. 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). Subject to restrictions for the protection of European communication networks.
Award criteria	The criteria are described in General Annex D. The following exceptions apply: The thresholds for each criterion will be 4 (Excellence), 4 (Impact) and 4 (Implementation). The cumulative threshold will be 12.

[72] https://knowledge4policy.ec.europa.eu/participatory-democracy_en

Legal and financial set-up of the Grant Agreements	The rules are described in General Annex G. The following exceptions apply: 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. 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) [73].

Expected Outcome: This topic aims at supporting activities that are enabling or contributing to one or several expected impacts of destination "Staying healthy in a rapidly changing society". To that end, proposals under this topic should aim to deliver results that are directed at, tailored towards and contributing to all the following expected outcomes:

- Persons with disabilities are empowered and can enjoy their rights to live independently, participate in society and be included in the community on an equal basis with others.
- The scientific community develops innovative solutions with a focus on removing barriers faced by persons with disabilities to live independently and they are provided with community support services where they live in the community.
- Policymakers, health and care services, social and service providers, disability organisations, funders, the scientific community, and other relevant bodies are informed of the research advances and best practices addressing the health and needs of persons with disabilities to support them living independently and being included in society.

Scope: The focus of this topic is human-centred on persons with long-term disabilities[74] - physical, mental, intellectual or sensory- aiming at supporting independent living across the life-course from a health perspective. Persons with disabilities have an equal right to live independently and be included in the community. Independent living requires a differentiated landscape of quality, accessible, person-centred and affordable, community- and family-based services comprising personal assistance, medical and social care and interventions by social

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

[74] Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (Art. 1 of the Convention on the Rights of Persons with Disabilities - https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities).

workers, thereby facilitating everyday activities and providing choice to persons with disabilities and their families[75].

The objective of this topic is to explore new ways to promote independent living and inclusion in society of persons with disabilities, reducing to the maximum possible the impact of barriers faced in their daily lives, and supporting the transition from institutions to living in the community while addressing all-encompassing aspects of personal support, such as community transformation, service provision, assistive and accessible technologies and environments.

Research actions under this topic should address at least three of the following areas:

- Health related research addressing disabilities that stem from health conditions and health conditions associated to disabilities. Thus, research may look into finding the causes of the disease(s) leading to the disability and/or disease treatment with the purpose of supporting independent living. Innovative solutions could also include among others diagnoses, medicines, treatments, protocols, technologies, digital tools, low-tech solutions, etc. helping to improve the autonomy of persons with disabilities.

- Children with disabilities from the perinatal period, and/or young people with disabilities transitioning to adulthood, and/or older persons[76]. Proposals should foster ways to improve autonomy and quality of life.

- Access to habilitation and rehabilitation services, including psychological rehabilitation and innovative rehabilitation with assistive technologies when appropriate, to increase, maintain, substitute or improve functional capabilities of persons with disabilities or for, alleviation and compensation of impairments, activity limitations or participation restrictions contributing to increasing independence.

- Prevention of disabilities through the life-course. Different aspects that could have an impact on persons with disabilities may be addressed, such as gender, age, socio-economic background, ethnicity, detection of risks factors leading to a loss of autonomy, the risk of overweight/obesity and related co-morbidities (e.g. diabetes, cardiovascular diseases), hospitalisation, nutrition (e.g. mother and child nutrition from pregnancy), high level of inactivity/sedentary lifestyle and related co-morbidities (e.g. frailty), physical activity/sports, screen-time dependency, smoking, drug use[77], alcohol use, stress, psychiatric and somatic diseases, loneliness and/or isolation, etc.

- Conditions for a successful transition from institutions to living in the community, including different tools to achieve it, such as needs assessments, service provision, budget and resources, management plans, monitoring, quality control, etc. Community support services to live independently may include personal assistance or support for decision-making, and/or disability inclusive and accessible community-based services -medical,

75 https://op.europa.eu/en/publication-detail/-/publication/3e1e2228-7c97-11eb-9ac9-01aa75ed71a1/language-en

76 An older person is defined by the United Nations as a person who is over 60 years of age.

77 If proposals concern drug addiction, they are encouraged to liaise with the EU Drugs Agency.

technological, digital or other supportive initiatives- ensuring prevention of isolation or segregation and supporting deinstitutionalisation. Special attention is to be paid to children and young people transitioning to adulthood and older persons to facilitate they remain living at their homes[78].

- Innovative solutions, care models and strategies for high quality person-centred, accessible and targeted social and healthcare services to prevent barriers and to support independent living, including if possible, self-care to empower persons with disabilities, as well as different choices of care across the life-course. For many persons with disabilities, the lack of support and care services and insufficient support for families and unavailability of personal assistance undermines their independence and inclusion in the community.

Data collection is essential to understand the living situation of persons with disabilities and remains a challenge to collect data disaggregated per type of disability, sex, and age. In addition, data collected often lacks comparability as it follows different definitions in each Member State and Associated Country. Thus, applicants are encouraged to ensure harmonised data collection by using Eurostat standards and existing international sets of questions in their areas of research.

Persons with disabilities should be involved in the research through their representative organisations as actors in the research process. Research can also involve their families, friends, colleagues, supporters and carers and other service providers. Policymakers and public authorities, social services, and civil society organisations, could also be considered.

The relevant European research infrastructures[79] in the area of health may be exploited for available digital tools and services for dataset creation, standardisation, data discovery, secure access, management, visualization, harmonization, analysis and other functions as appropriate.

This topic requires the effective contribution of social sciences and humanities (SSH) disciplines and the involvement of SSH experts, organisations 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.

Projects are also encouraged to explore potential complementarities with projects funded under topic HORIZON-CL2-2025-01-TRANSFO-09: “Good practices for increased autonomy of persons with disabilities, including physical, mental, intellectual and sensory disabilities” and topic HORIZON-HLTH-2025-03-STAYHLTH-01-two-stage: “Improving the quality of life of persons with intellectual disabilities and their families”.

Applicants envisaging to include clinical studies[80] should provide details of their clinical studies in the dedicated annex using the template provided in the submission system.

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78 https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:C_202407188

79 The catalogue of European Strategy Forum on Research Infrastructures (ESFRI) research infrastructures portfolio can be browsed on the ESFRI website: https://ri-portfolio.esfri.eu

80 Please note that the definition of clinical studies (see introduction to this Work Programme part) is broad and it is recommended that you review it thoroughly before submitting your application.