

The following are extracts from the draft work programme for HEALTH. Topics that might be of interest to Socio-economic Sciences and Humanities (SSH) researchers were selected. Kindly note that some detail contained in the draft work programme may still change before the final call is launched, in July 2008. For more information, please contact the NCP for Health.

HEALTH-

2008-2.2.1-5: Psycho-social factors of brain disorders. Detailed research is needed into the psycho-social problems of people living with brain disorders. The study should focus on the incidence of several specific disabling symptoms (e.g.: incontinence, sexual dysfunctions, sleep disturbances, depression/anxiety linked to living with the disease, psychotic and cognitive problems, reduced living skills, stigma, etc) across brain disorders. The consortium should take a horizontal approach and study the epidemiology of specific disabling symptoms across several brain diseases rather than a vertical approach focussing on the epidemiology of a specific brain disorder.

Funding scheme: Coordination Action (projects with maximum EC contribution of EUR 1.500 000/ project).

HEALTH-

2008-2.3.1-1: Global network of collaborative research to prevent antibiotic resistance. The aim is to establish a global network of collaboration, research and training to develop, mobilize and coordinate regionally adapted, if possible cost-effective, measures to prevent the emergence and spread of antibiotic resistance. Research objectives should include, but are not limited to, the development of a global map of bacterial clonality, resistance phenotypes, resistance genes and their mobile genetic elements, the correlation of antibiotic resistance with antibiotic consumption in various geographical regions, the association of risk factors for the spread of antibiotic resistance, the establishment of mathematical models for prediction of future resistance trends in different parts of the world and recommendations for efficient control strategies. Significant involvement of participants from ICPC countries is foreseen.

Funding scheme:

Collaborative projects (Large scale integrating project with maximum EC contribution of EUR 12 000 000/ project).

HEALTH-

2008-2.3.1-3: Clinical evaluation of point-of-care diagnostic tests for microbial detection and identification, antibiotic susceptibility determination and biomarkers. The objective is to address the current gap between technological advances and the actual clinical needs for optimised prescription of antibiotics by setting up an integrated tool for evaluation of new point-of-care diagnostic tests in the nosocomial and/or primary care setting.

Evaluation criteria should include simplicity, sensitivity, specificity, reliability, speed, robustness, user-friendliness and cost-effectiveness. Projects should ensure that results of the clinical evaluation are fed back to the biotechnology sector and manufacturers of diagnostic tests. Social, ethical, environmental and economic (including cost/benefit) hurdles to the implementation of novel diagnostic tests into health care programmes should also be identified and a map-gap analysis of priority diseases for which current diagnostic options are particularly poor should be performed. The end-result should be a roadmap for research, development and efficient uptake of rapid diagnostics for patient benefit in Europe.

Funding scheme: Collaborative projects (Small or medium-scale focused research projects with maximum EC contribution of EUR 6 000 000/ project).

2.3.2. HIV/AIDS, malaria and tuberculosis

The focus will be on developing new therapies, diagnostic tools, and preventive tools such as vaccines and chemical transmission barriers such as HIV microbicides. Research efforts will confront the three diseases at global level, but will also address specific European aspects of the three diseases as well as Hepatitis. Preclinical and early clinical research activities will be emphasised, and where relevant (e.g. for HIV/AIDS vaccines) collaboration with European and global initiatives is foreseen.

Expected impact: The expected impact is enhanced output of research results essential for the development of new interventions to confront HIV/AIDS, malaria and tuberculosis. Europe shall thus be enabled to shoulder its due share of the global fight against the three major killer diseases. The large-scale integrating projects will increase our knowledge on the basic biological processes of the diseases and facilitate integration of European research in the area. The topics emphasising translational research will support discovery and development of more efficient microbicides against HIV/AIDS and vaccines against tuberculosis. This also provides a possibility to strengthen the European competitiveness in this area and to help to maintain the strong research momentum which has delivered promising results in FP6. The integration of expertise from different disciplines will be an extra asset in this area, and the formation of partnerships between public and private institutions, as well as the involvement of research groups from developing countries will strengthen the impact.

Topics for 3rd call, one stage submission and evaluation; deadline XX YYYY ZZZZ:

HEALTH-

2008-2.3.2-6: ERA-NET for stepping up European co-operation in HIV/AIDS research.

The project should aim at improving linking and integration of national and/or regional research programmes in the field of HIV/AIDS. Participation of new Member States is particularly encouraged.

Funding scheme: ERA-Net Coordination Action (projects with maximum EC contribution of EUR 2 000 000/project).

HEALTH-

2008-2.3.3-1: Efficacy and effectiveness of personal protection

equipment and other measures against influenza transmission. The project should determine the efficacy and effectiveness of contact, droplet, and airborne precautions in reducing the risk for influenza infection with particular regard to the role of surgical- and respirator-type masks. The objective is to demonstrate through appropriately designed experimental human and/or animal studies the relative contribution of different modes of influenza transmission (such as large droplets and droplet nuclei) as well as through a controlled human in vivo study the protection afforded by the use of surgical- vs. respirator-type masks (prevention of influenza in the individual wearing the mask) as well as other measures (e.g. isolation, distancing, hygiene, air sterilisation). The study questions should be formulated such that results will directly inform recommendations for use of particular mask types in specified settings for the prevention of seasonal and pandemic influenza transmission. The study setting for the in vivo study will necessarily be during the season during which influenza and other respiratory are most prevalent, in health care or other sites where there is greatest risk for transmission (and therefore the best place to detect differences in effectiveness and efficacy), in multiple sites and over multiple influenza seasons. The study may also consider potential barriers to use of masks and other measures, such as user acceptability. **Funding scheme:** Collaborative projects (Small or

medium-scale focused research projects with maximum EC contribution of EUR 3 000 000/project).

HEALTH-

2008-2.4.3-1: Novel therapeutical approach to pregnancy-induced diabetes. Research should aim at developing life-style interventions and new treatments in order to prevent gestational diabetes which is endangering the health of the pregnant mother and of her offspring. The identification of the best available prevention measures would be an asset, as well as collection-analysis of epidemiological data. **Funding scheme:** Collaborative projects (Small or medium-scale focused research projects with maximum EC contribution of EUR 3 000 000/project).

HEALTH-

2008-3.1.-1: Patient Safety: Effective implementation of prevention strategies for healthcare acquired infections. Effective interventions that are already evidence-based to control transmission of healthcare associated infections should be identified. Their large-scale implementation should be evaluated regarding its effect on disease-control outcomes. Knowledge gaps in implementation need to be addressed. Factors determining the successful implementation of effective interventions should be identified and validated. **Funding scheme:** Collaborative projects (Small or medium-scale focused research projects with maximum EC contribution of EUR 3 000 000/project).

HEALTH-

2008-3.1-4: Improved treatment of chronic diseases in developing countries. Develop a formulation that combines existing safe and effective drugs for treating (non-infectious) chronic diseases in a single daily pill. This fixed-dose- combination pill should be low-cost and suitable for production and widespread use in resource-poor countries. Evaluate its safety and adherence in relation to conventional treatment in a controlled trial. The target population of this combination pill should be clearly identified to ensure safety and effectiveness. Recommendations for implementation should be developed in order to provide equitable access to this pill in developing countries. Participation of International Cooperation Partner Countries (see ICPC-list in annex I of the Work Programme) is highly encouraged. **Funding scheme:** Collaborative projects (Small or medium-scale focused research projects with maximum EC contribution of EUR 3 000 000/project).

See also topic HEALTH-2008-4.3.2-1: Strategies and interventions for improving reproductive health (SICA).

HEALTH-

2008-3.2.-5: Research access to comparable health care data.

Identify and analyse the availability and comparability of health care related data and the access for researchers to this data across EU member states. Develop recommendations to improve access to health care related data for researchers taking into account national barriers and opportunities for more effective comparative cross-national health systems research. **Funding scheme:** Coordination Action (projects with maximum EC contribution of EUR 1 500 000/project).

HEALTH-

2008-3.3.-4: Birth / Mother - Child Cohorts co-ordination The focus should address the challenge of assessing and preparing for developing robust health data for birth/mother child cohorts over a substantial time period - +/- 15 years - at the European Union level, and in doing so identify a strategic approach to child health research as well as addressing policy concerns about children life trajectories, such as reducing health inequalities. EU Member States should be covered and relevant European Commission services

(Directorate-General for Health and Consumer protection, Directorate-General for Employment, Social Affairs and Equal Opportunities) and EUROSTAT be consulted. Work should take stock and evaluate existing registers and value provided by existing birth/mother child cohorts, taking into account if possible prenatal and perinatal variables, identify key areas and gaps in knowledge and develop recommendations for research action at the European level in the context of child health.

Funding scheme: Coordination Action (projects with maximum EC contribution of EUR 1 500 000/project).

HEALTH-

2008-3.3.-5: European child health research platform. Address the diversity and fragmentation in child health research in Europe in a an inclusive multidisciplinary way, identifying existing research programmes in Member States, recent advances and identification of gaps to explore road maps for the future of child health research in Europe.

Funding scheme: Co-ordination action (project with a maximum contribution of EUR 1 500 000)

HEALTH-

2008-4.1.-3: Targeting Publication Bias. The objective is to explore, identify and overcome failure to publish negative results of health research. The successful applications should offer, well-structured and innovative approaches to overcome publication bias via, successively, surveys and/or analysis of literature, evaluation of study protocols, conference abstracts and discussions with key opinion leaders and stakeholders, such as research journal publishers, SME and the pharmaceutical industry, including research institutions, study registries and funding bodies. These approaches should include the inventory of existing sites and publications, presentation of current data on impact of the failure to published negative results. Interactions with major journals and international groups acting in medical publication should be sought in order to point out ways to change practice. **Funding scheme:** Support Action (projects with maximum EC contribution of EUR 500 000/project).

Expected Impact: Publication bias is commonly understood as the failure to publish entire studies with negative results. Although the importance of bias is increasingly being recognized, more empirical evidence is needed to gain insight into this issue, in order to evaluate an important primary source of information on planned studies. A new initiative should assess the impact and seek ways effectively to detect and reduce the impact of non-publication of negative studies and study results, and provide insights on how to avoid duplication of research efforts and allow a more effective funding of health research.

4.3. SPECIFIC INTERNATIONAL COOPERATION ACTIONS (SICA)

One of the objectives of international cooperation in FP7 to address specific problems that third countries face or that have a global character. Under this area, Specific International Cooperation Actions (SICAs) can address particular needs of developing and emerging economies, by means of dedicated cooperative activities. SICAs are dedicated to non-associated third countries and respond to mutual interest in cooperating on particular topics which have been selected with a view to their scientific and technological level and needs. The identification of specific needs and priorities is closely linked to relevant bilateral cooperation agreements and with ongoing multilateral and bi-regional dialogues between the EU and these countries or groups of countries and international forums, as well as within the context of the Millennium Development Goals. Priorities are identified based on the particular needs, potential and level of economic development in the region or country and may include: health policy research, health systems and healthcare service research,

maternal and child health, reproductive health, control and surveillance of neglected communicable diseases and emerging unforeseen policy needs in those regions.

HEALTH-

2008-4.3.1-3: Human Immune Responses to co-infections of Poverty-Related (HIV, malaria, TB) and Neglected Infectious Diseases (SICA). Lack of a thorough understanding of the human immune responses to coinfections by virus, unicellular eukaryotic parasites, bacteria or worm infections as well as the influence of such co-infections on the pathogenesis of the involved diseases are causing a severe disease burden in Developing Countries. This is hampering the efficient use of antimicrobial agents as well as the development of potent prophylactic vaccines. Projects need to address the identification of immune surrogates of protection and, the elucidation of the role of the innate immune system in triggering an efficient immune response in individuals affected by 2 or more infectious diseases. Sustainable networking with research partners in disease-endemic countries should be an essential part of the project, which should provide an integrated immunological research effort across disciplines and diseases. Children health and ageing aspects should be taken into consideration whenever appropriate. **Funding scheme:** Collaborative projects (Large scale integrating project with maximum EC contribution of EUR 12 000 000 / project).

HEALTH-2008-4.3.2-2: Access to medicines (SICA). Analyse how economic policies (including patents) affect the access to essential medicines in developing countries. Develop models that would underpin policy recommendations for low-income countries, how access to medicines particularly for lower socioeconomic and vulnerable population groups could be improved at the national level. Target Regions: International Collaboration Partner Countries (ICPC), see annex I of the Work Programme. **Funding scheme:** Collaborative projects (Small or medium-scale focused research projects with maximum EC contribution of EUR 3 000 000/project).

HEALTH-2008-4.3.2-3: Integration of Disease Surveillance and Health Systems Response (SICA). Identify and evaluate the integration of surveillance of infectious diseases and their control into regular health care provision. Determine the long- and short-term effectiveness of such integration in comparison to vertical surveillance and control programmes and identify factors crucial for the successful implementation of such integration. Target Region: ACP, Asia. **Funding scheme:** Collaborative projects (Small or medium-scale focused research projects with maximum EC contribution of EUR 3 000 000/project).