

# Key novelties in Horizon Europe

## Work Programme 2026-2027

CLUSTER 1 - HEALTH



# Structural Simplification & Focus

The work programme 2026 – 2027 is designed to:

- be more strategic, focused, and accessible.
- be simplified (**33% shorter** and less prescriptive).
- include **35% fewer call topics** with a relative decrease in one-project-only topics.
- reduce fragmentation and overlap of the budget.

# Cross-cluster and horizontal approach

- **Horizontal Activities:** groups the horizontal calls to create critical mass and avoid budget duplication.
- **Cross-Cluster Collaboration:** joint resources across clusters (e.g. Health Topics with Cluster 4 and Cluster 5).
- **Cross cutting issues:** SSH integration becomes core requirement.
- **Human-centric approach:** increasingly central in Health projects.
- **AI in Science:** dedicated call (€90M) supporting AI tools with impact on healthcare research.

# Simplified Funding & Evaluation

- **Lump sum Default:** at least **50% of the budget** allocated through lump-sum funding.
- **Payments** based on completion of work packages (not outcomes).
- **Most Cluster 1 topics are single-stage.**
- **Shorter Proposals:** proposal length reduced by 5 pages

# Updated Criterion 2 – Impact for RIA, IA, CSA, COFUND

- The "likely scale and significance of the contributions from the project" is removed.

**The updated impact criterium reads:**

- Credibility of the pathways to achieve the expected outcomes and impacts specified in the work programme.
- Suitability and quality of the measures to maximize expected outcomes and impacts, as set out in the dissemination and exploitation plan, including communication activities.

Excellence and Implementation criteria are unchanged.

# Updated Application form

## Part B – Impact

### Impact criterion Section 2.1

- No need to describe general impacts (already defined in the topic).
- The “Project’s pathways towards impact” subsection was simplified and the subpoint (b), asking a detailed indication of the scale and significance of project contributions, was removed.
- It is now only required to “Provide quantified estimates when possible and relevant”.

# Updated Application form

## Part B – Implementation

### Implementation criterion

- Table 3.1h “Purchase costs” has been simplified and it now only covers equipment costs.
- Tables 3.1i “Other costs categories”, and table 3.1j “In-kind contributions” have been removed.

*→ For actual costs grants, these tables will be required during GAP as part of the Description of Action of retained for funding proposals.*

# Strategic Restrictions

## Security & Critical Tech:

- Restrictions for entities from certain non-EU countries (e.g. China).
  - Applies mainly to critical technologies (AI, biotech).
  - Based on economic security considerations.

# Newly associated countries

**Newly associated countries to Horizon Europe are:**

- **Republic of Korea** (associated to Pillar II from 2025)
- **Switzerland** (associated to the full programme from 2025)
- **Egypt** (associated to the full programme from 2025)
- **Japan** (applicable to Pillar II including the institutionalised European partnerships from 2026)

# Cluster 1 – Health Specifics

## What is new for Cluster 1 – Health

- Shift towards impact and implementation
- Stronger integration of digital and data
- Human-centric and behavioural focus
- Increased importance of SSH integration
- Cross-sector and system-level approaches

## What this means in practice

- Projects must go beyond research → towards real-world use
- Social and behavioural aspects are critical for success
- Interdisciplinary consortia are essential
- Healthcare + policy + society = integrated approach

**Source:**

<https://ec.europa.eu/research/participants/docs/h2020-funding-guide/other/event260120.htm>

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## Work Programme 2026–2027

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