

# Call for Eol

# HealthChain Mirror Regions

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# Housekeeping rules



**This session will be entirely recorded** and will be available on HealthChain channels 1-2 days after this session



All participants should be **muted**  
Your micro will be open in case you have a question during the Q&A session.



Feel free to post your questions in the **zoom Q&A box**



**If you would like to speak, raise your hand** and wait for the moderator to give you the floor

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# THE PROJECT IN A NUTSHELL

01



## Why HealthChain?

HealthChain, is a project funded through the I3 Instrument that brings together the public and private sectors in the regional ecosystems to develop demand-driven digital health solutions through co-creation between Healthcare Organisations (HOs) and IT companies.



Participatory based innovations



Connecting regional and European stakeholders



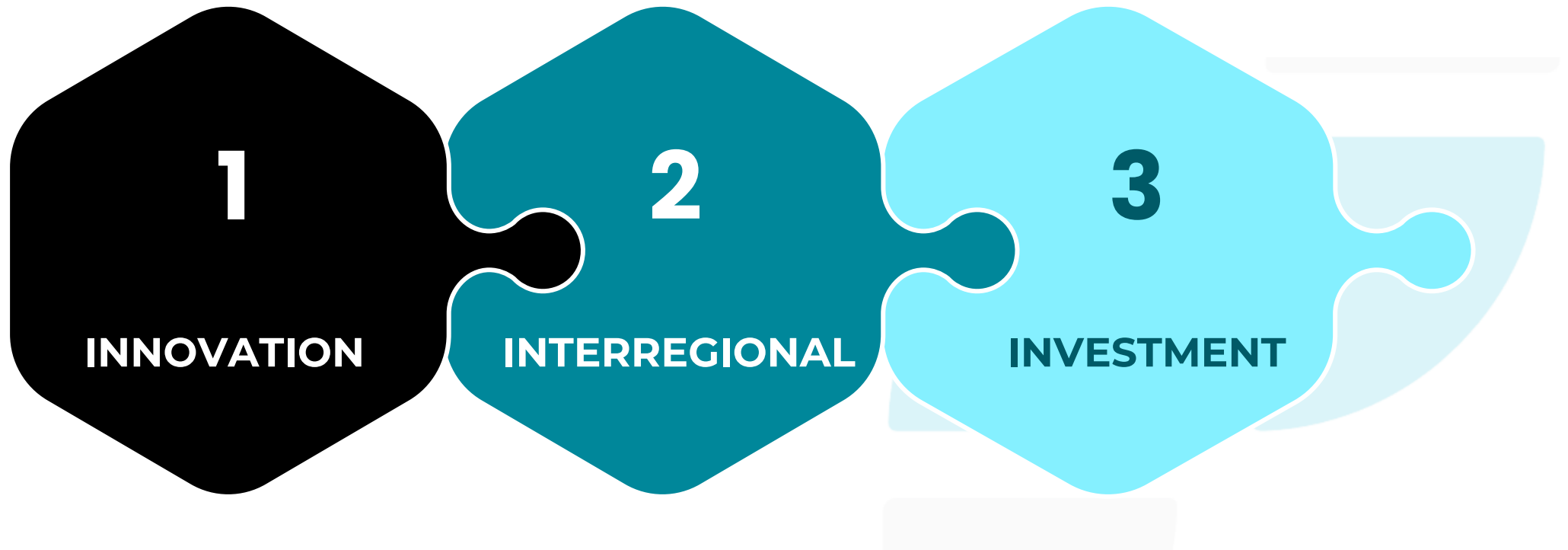
Building regional ecosystems



Promoting the digital transformation of healthcare organisations



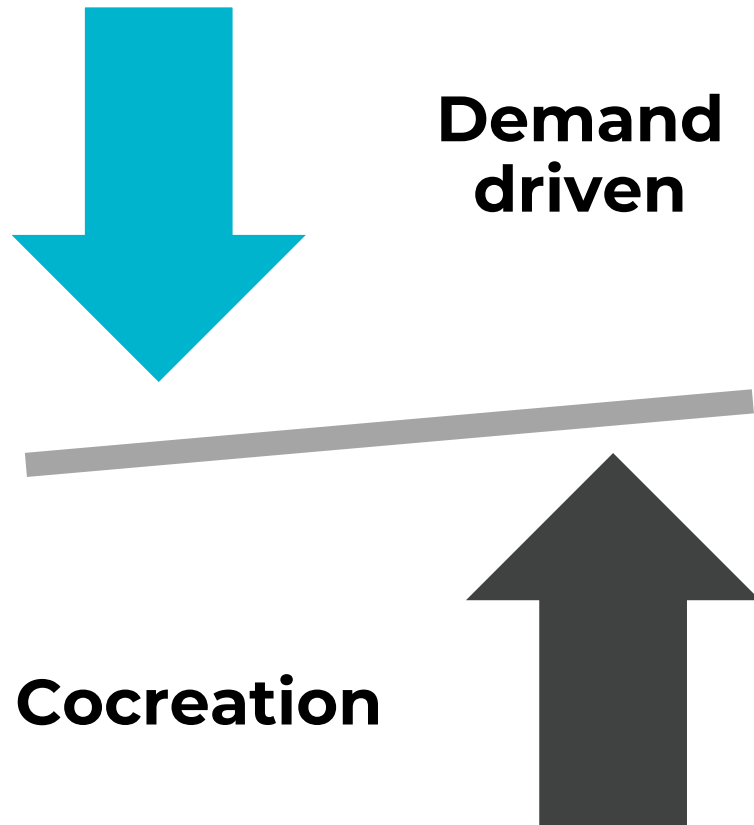
Boosting the competitiveness of IT companies





HEALTHCHAIN

## Innovation component



Increases the capacity of healthcare organisations to innovate

Improves the delivery of healthcare services

Results in digital solutions with a higher success rate

Increases the competitiveness of the EU companies

Increases and speeds up the internationalisation processes

## 5 regional ecosystems: 20 partners

*Digital health solutions to be cocreated,  
piloted, accelerated & adopted*



### **The Netherlands**

East Netherlands



### **Croatia**

Primorsko-Goranska



### **Portugal**

Centro



### **Spain**

Murcia



### **Slovenia**

Western



Increasing the capacity of regional innovation ecosystems  
in emerging regions to participate in global value chains



## Interregional component

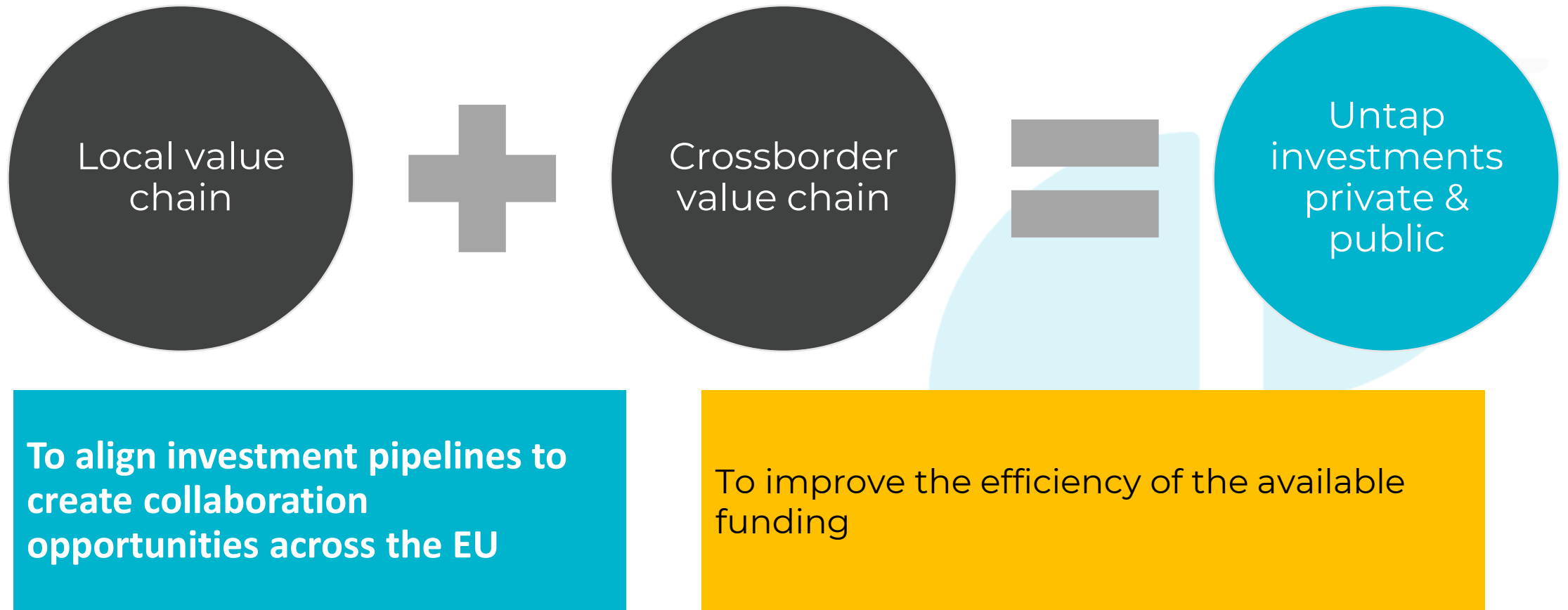
Each region brings together the same structure of partners and roles:

- **A Healthcare Organisation (HO)** with the role of challenge identifier.
- **IT companies** with the role of challenge solver.
- A regional **Ecosystem Supporter (ES)** providing business support and leading the connection between cross-border regions.

Either HO or ES should have the capacity to fund innovation initiatives



## Investments component

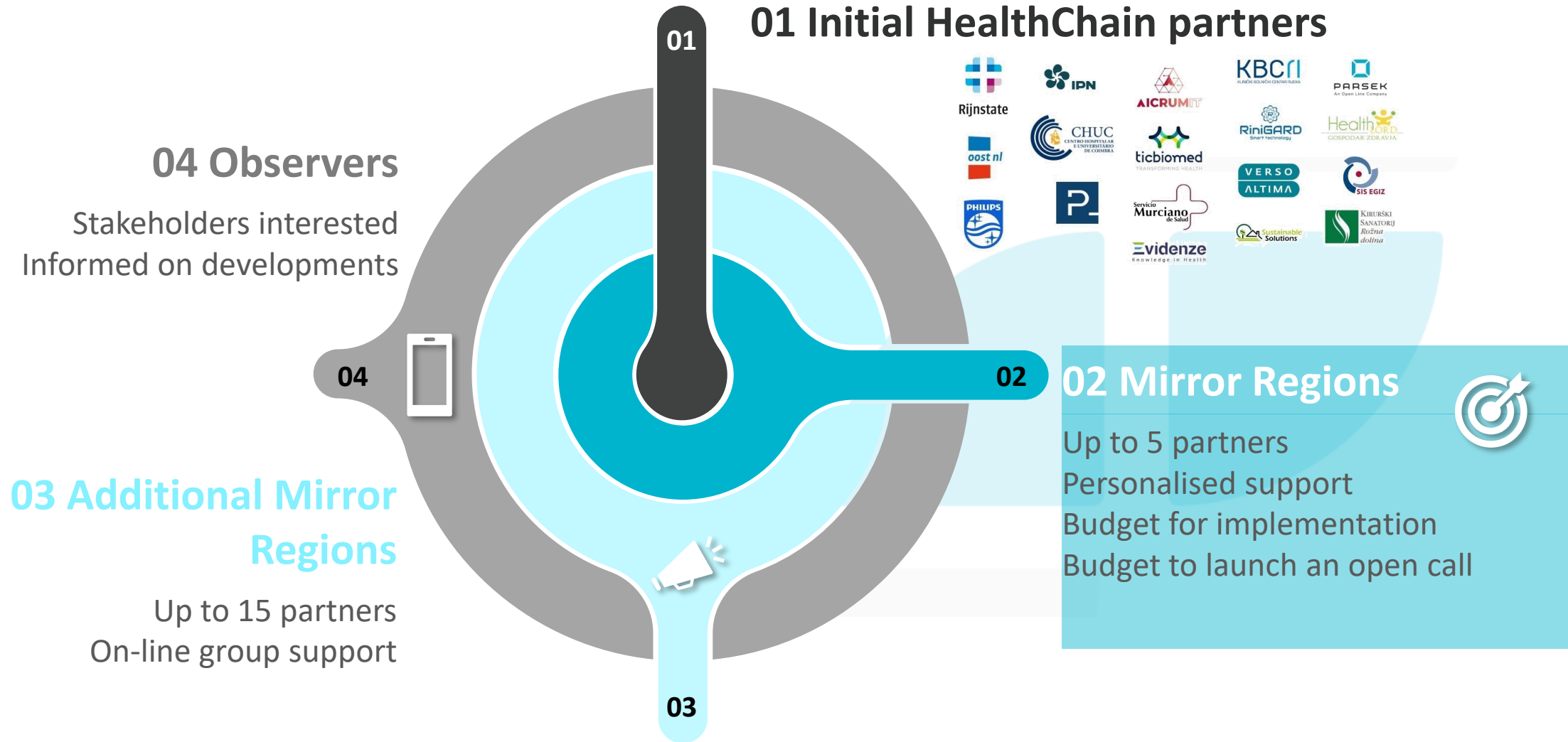


# THE COMMUNITY OF PRACTICE (CoP)

02



# Community of Practice (CoP)



## Benefits to become a Mirror Region

Join a European consortium to collaborate at interregional level.

Exchange best practices and implement a ground-breaking model in your region.

Gain access to an innovative solution for a regional unmet need.

Get personalised support to implement the model.

Access funding up to 96.300 EUR (70% reimbursed by the European Commission).

# Responsibilities of a Mirror Region

## Need identification | October to November 2023

The **challenger (HO)** identifies an unmet need.

A prerequisite for the expression of interest.

## Open call | March to September 2024

The **ecosystem supporter** launches an open call to find a solver (SMEs within the HCH regions)

The FSTP call must be open for 2 months.

## Co-creation | Oct 2024 –Sep 2025

The **challenger and solver** co-create and pilot a solution.

The **ecosystem supporter** provide business support services.

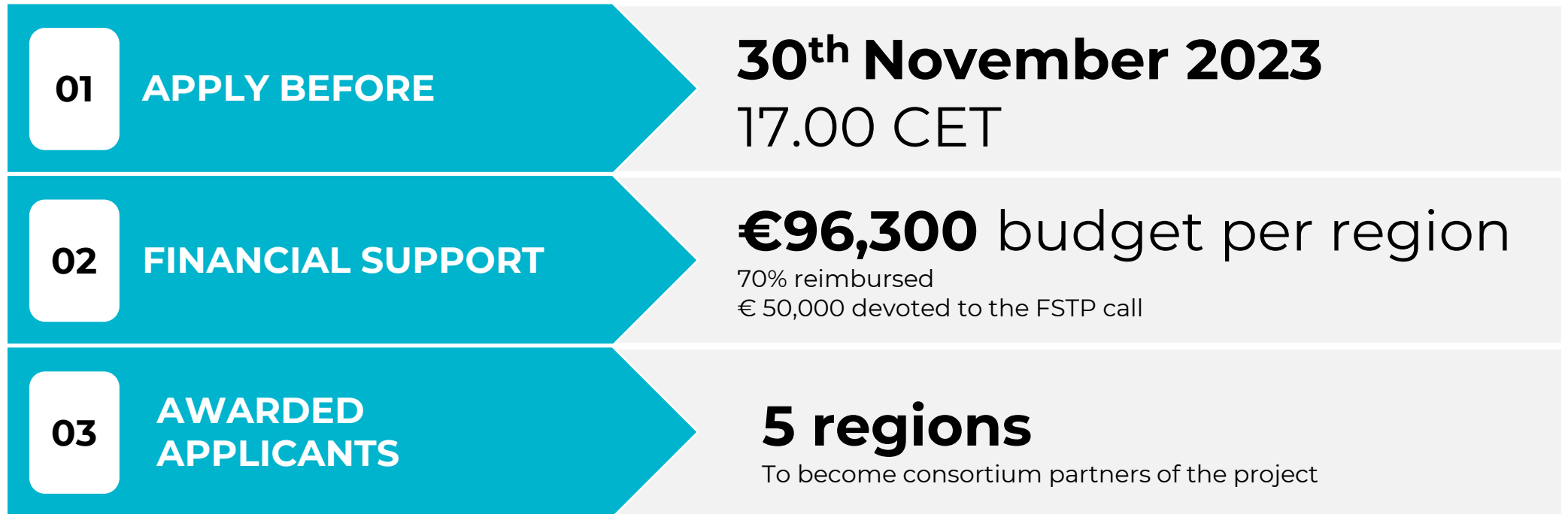
12 months

# THE EXPRESSION OF INTEREST (EoI)

03



## Overview








The challenger can also be the project beneficiary as long as it has the ability to launch the FSTP call.

## Who can express interest?

TYPE 	GEOGRAPHY	REGIONAL LINKS	OTHER CONDITIONS
<p>Legal entity</p> <p>An ecosystem stakeholder (RDA, cluster, DIH...)</p>	<p>European Union Member States and their Overseas Countries and Territories (OCT)</p> <p>Regions not represented in the HealthChain consortium</p>	<p>Link with a healthcare organisation who can propose an unmet need.</p> <p>Related to digitalization of healthcare</p> <p>S3 priorities</p>	<p>The ecosystem supporter must have the ability to launch an open call</p>

[Check expression of interest for more information](#)

## Budget of a Mirror Region

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded  a1 - a2	C. Purchase costs			D. Other cost categories  D.1 Financial support to third parties  d1	E. Indirect costs  e = flat-rate * (a1 + a2 + a3 + a5 + b + [c1a + c1h + c1c1 + c2	Total	70% funding
		C.1 Travel and subsistence  c1	C.2 Equipment  c2	C.3 Other goods, work and services  c3				
MR 1	38.000,00	2.000,00			50.000,00	6.300,00	96.300,00	67.410,00

Find below the breakdown considering the cofunding per categories

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded  a1 - a2	C. Purchase costs			D. Other cost categories  D.1 Financial support to third parties  d1	E. Indirect costs  e = flat-rate * (a1 + a2 + a3 + a5 + b + [c1a + c1h + c1c1 + c2	70% funding
		C.1 Travel and subsistence  c1	C.2 Equipment  c2	C.3 Other goods, work and services  c3			
MR1	12.350,00	650,00			50.000,00	4.410,00	67.410,00
cofund %	32,50%	32,50%			100,00%		

### Partners roles

- Only 1 regional stakeholder becomes project beneficiary – the one able to launch the FSTP call (!!)
- The Solver is selected through the FSTP call.
- The remaining partner is not funded nor part of the consortium.

### Budget per partner

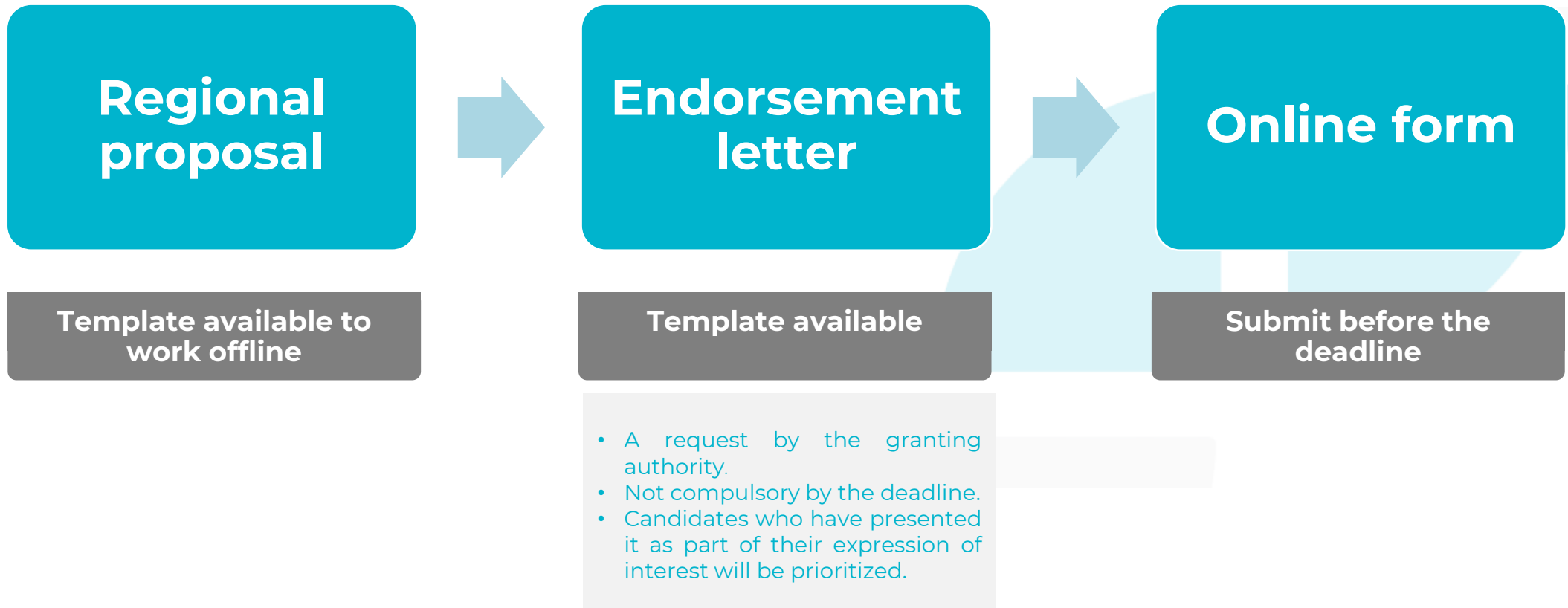
- The project is co-funded, thus, the payment to the beneficiary, if able to justify all the budget, is €67,410
  - €50,000 for the Solver
  - €17,410 for the beneficiary own costs

## How will mirror regions be selected?



Less developed and in transition regions will be prioritised over *more developed* regions, for proposals above the threshold.

## How to express interest?



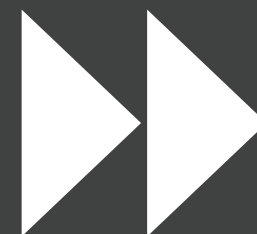
# Communication of results and contract signature

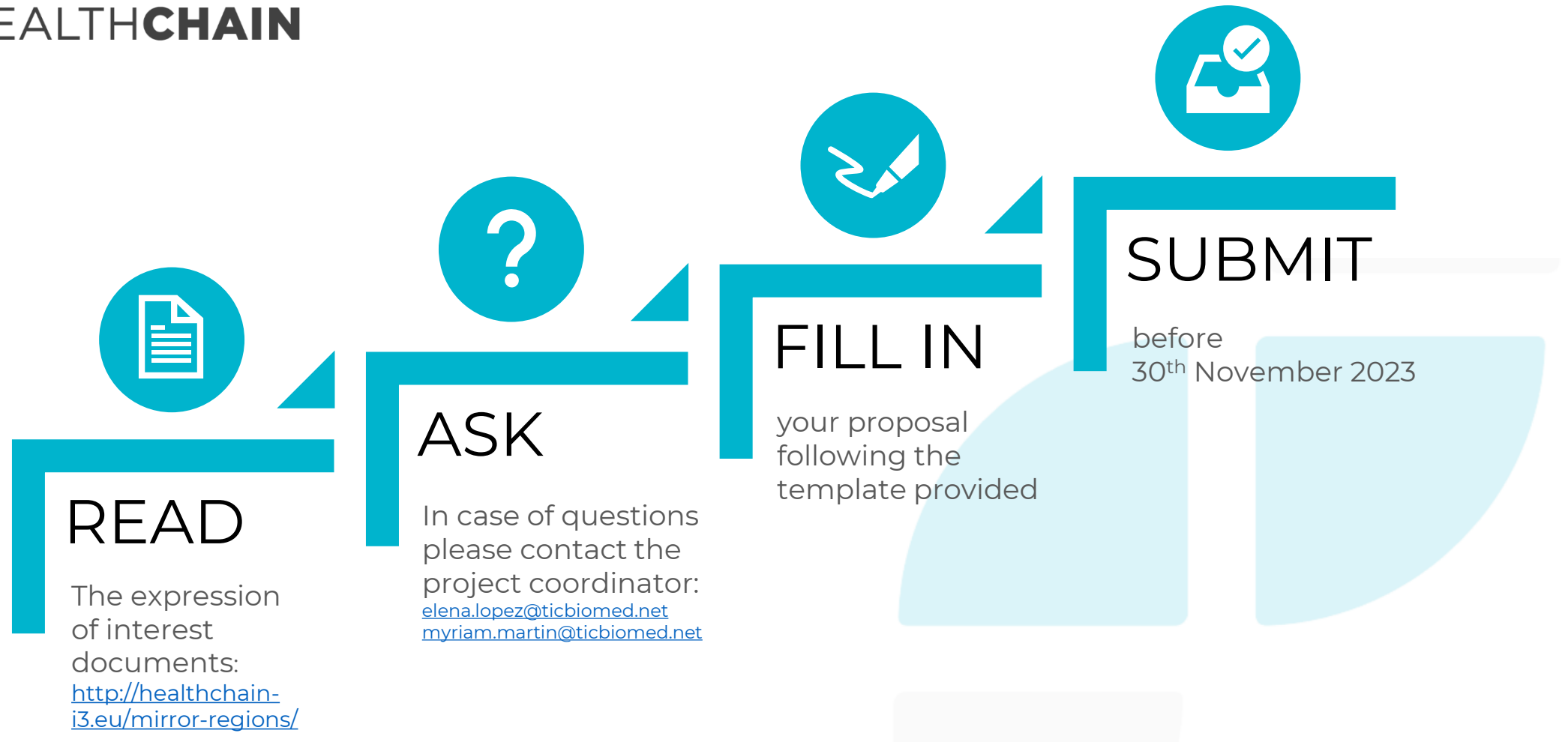
*Tentative calendar*



# NEXT STEPS

04





# Thank you!

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