





General details

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Disclaimer

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History of changes

Ver.	Date	Content
1.0	01/10/2023	First version
2.0	16/10/2023	Clarification of the eligible beneficiaries. Regions already represented in the HealthChain consortium are not eligible. Correction of typo in the overall threshold.
2.1	20/10/2023	Correction of typo in table 1 regarding eligible countries. Applicants based in regions not represented in the HealthChain consortium are eligible to participate, as indicated in section 2.3.1 Type of beneficiaries and eligible countries.





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1. Introduction

This document explains the scope of the HealthChain call for Expressions of Interest to become Mirror Regions defining the terms and conditions and detailing the expected work to be performed by the selected organisations.

All the information is available at http://healthchain-i3.eu/mirror-regions

1.1. The I3 instrument

HealthChain is a European project funded by the <u>I3 Instrument</u> under Strand 2a. I3 provides advisory and financial support to innovation projects in joint smart specialisation areas on the road towards commercialisation and scale-up. Strand 2a focuses on increasing the capacity of regional innovation ecosystems in less developed regions to participate in global value chains, as well as the capacity to participate in partnerships with other regions.

1.2. Healthchain - Boosting value chains in Health at regional and EU level

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.

HealthChain proposes an innovation model that is demand-driven, co-creative, geared to adoption and ecosystem enabled to complement current instruments. The project aims to develop health solutions meeting existing needs that will improve the quality of the health services for the citizens.

HealthChain builds up on top of five regional ecosystems from different EU countries: Murcia (Spain), Centro (Portugal), Western (Slovenia), Primorsko-Goranska (Croatia) and East Netherlands (The Netherlands). The interregional component provides a unique opportunity to cross-fertilise actual instruments and facilitate the market uptake of the solutions developed.

1.2.1. Main objectives

- 1. Establish and validate a value-chain model that interconnects regional stakeholders to promote demand-driven innovation and resulting in systematically co-created digital health solutions geared for adoption.
- 2. Boost the competitiveness of the IT companies with mature solutions, facilitating the scaling and uptake of their solutions at local, European and international level.





- 3. Support a wider pool of third-party SMEs with less mature health solutions (TRLs 6-7) to co-develop and pilot solutions under real-world conditions under an FSTP programme.
- 4. Create a sustainable Community of Practice of EU regions, that sustainably maintain and exploit the proposed value-chain model with their own resources beyond the duration of the project.
- 5. Promote the digital transformation of healthcare organisations by improving the delivery of valuable, user-friendly and cost-effective services to patients and citizens.

1.2.2.Expected outcome

- Innovative investments across borders (TRL 6-9) for digital health solutions, for the acquisition of skills in digital transformation.
- 15 digital health sub-projects, interlinking five regional ecosystems each with 1 Healthcare Organisation, IT companies (3 to 4), 1 regional Ecosystem Supporter.

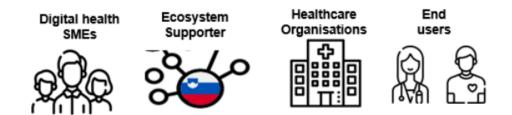


Figure 1. An ecosystem in HealthChain

1.2.3. The Interregional Innovation Investments (I3) in HealthChain

The value chains forged in the 5 HealthChain regions are based on local quadruple-helix connections. The regional ecosystems are then interwoven via cross-border collaborations. Also, the combination of local and cross-border value chains is geared to untap further investments in digital health innovation where the public and private sectors from different countries can work together. By applying a demand-driven and co-creation approach, health entities' will increase the capacity to systematically identify and solve their needs while creating opportunities for private companies.

1.3. The Mirror Regions and Community of Practice

To promote wide EU impact and sustainability, partners will invest in the creation of a Community of Practice (CoP) to exchange know-how, lessons learnt and resources to promote that other regions learn about the HealthChain model and implement it with their own resources. Regions close to the consortium through existing networks will be recruited via tailored recruitment campaigns. Those that accept (so called





Mirror Regions) will receive assistance on the implementation of the HealthChain methodology.

- On a first step, HealthChain will look for 5 Mirror Regions. We are looking for an
 ecosystem stakeholder (RDA, Cluster organisation, DIH, etc) that could
 mobilise other regional partners needed for the implementation of HealthChain
 methodology. This organisation will become full partner of the HealthChain
 Consortium, receiving tailored training and funding.
- Following, additional regions will join the CoP and will receive joint training in the form of online workshops, but no funding will be distributed.





2. Expressions of Interest

The key information about the expression of interest is summarised in the table below and further explained in the following sections:

Who can become Mirror Region?	 An ecosystem stakeholder (RDA, Cluster organisation, DIH, among others) that could mobilise other regional partners needed for the implementation of HealthChain methodology. Link with a healthcare organisation who can propose an unmet need that requires an innovative solution and is available to co-create a solution with an SME. The unmet need must be related to the digitalisation of healthcare and be related to the smart specialisation priorities (S3) of the region Ability to launch an open call using Financial Support to Third Parties in their region to select an innovative SME to pilot a solution. Geographically located in:
	 I3 eligible countries¹ (European Union member states) Regions not covered by the current partners in the HealthChain consortium i.e. Murcia (Spain), Centro (Portugal), West (Slovenia), Primorsko-Goranska (Croatia) and East (Netherlands). Less developed and in transition regions² will be prioritised over more developed.
How to Express interest?	Complete the online form and endorsement letter before the deadline.
Timeline to express interest	The expression of interest will be open until the 30 th November 2023 at 17.00 CET.
Number of Mirror Regions	5 Mirror Regions will be selected and become partners of the HealthChain consortium.

Table 1. The expression of interest in a nutshell

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¹ CALL DOCUMENT - SECTION 6 ELIGIBLE COUNTRIES I3 - Strand 2a: https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/i3/wp-call/2021/call-fiche i3-2021-inv2a en.pdf
² List of regions:

https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021D1130





2.1. Objective of the expression of interest

The Expression of Interest aims to select 5 Mirror Regions with an unmet innovation needs, to join the HealthChain project that offers funding support, expertise, and connections, to speed-up all the steps from the identification of unmet innovation needs to the co-creation and piloting of solutions with innovative companies, in order to untap further investments in digital health innovation where the public and private sectors from different countries can work together and deliver better and more efficient services to citizens.

2.2. Benefits to become a Mirror Region

Selected organisations who become a mirror region will:

- Join a European consortium to collaborate at interregional level.
- Exchange best practices and implement a ground-breaking model in their region.
- Gain access to an innovative solution for a regional unmet need.
- Get expert support to implement the model.
- Access funding up to 96.300 EUR (70% reimbursed by the European Commission).
- Network with other European regions and explore opportunities for forthcoming projects.

2.3. Who can express interest?

2.3.1. Type of beneficiaries and eligible countries

According to the I3 instrument rules³, to be eligible, the applicants must:

- be **legal entities** (public or private bodies)
- be established in one of the eligible countries, i.e.:
 - EU Member States (including overseas countries and territories (OCTs)
 - o non-EU countries: listed EEA countries and countries associated to the I3 Instrument or countries which are in ongoing negotiations for an association agreement and where the agreement enters into force before grant signature (list of participating countries).

HealthChain is looking for organisations based in the i3 eligible countries, from regions that are not already represented in the HealthChain consortium, i.e. Murcia (Spain), Centro (Portugal), West (Slovenia), Primorsko-Goranska (Croatia) and East (Netherlands) would be excluded as they are already involved in the project. The objective is to reach a wider geographical coverage.

HealthChain is funded under Strand 2a Financial and advisory support to the development of value chains in less developed regions, therefore **Less developed**

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 $[\]frac{3}{\text{https://ec.europa.eu/info/funding-tenders/opportunities/docs/2021-2027/i3/wp-call/2021/call-fiche\ i3-2021-inv2a\ en.pdf}$





and *in transition* **regions**⁴ will be prioritised over *more developed* regions, for proposals above the threshold.

2.3.2. Regional links

The targeted beneficiary is an **ecosystem stakeholder** (RDA, Cluster organisation, DIH, among others) that could mobilise other regional partners needed for the implementation of HealthChain methodology:

- **Link with a healthcare organisation** who can propose an unmet need that requires an innovative solution and is available to co-create a solution with an SME.
- The ecosystem stakeholder must have the ability to launch an open call in their region using the *Financial Support to Third Parties* budget to select an innovative SME to pilot a solution.

2.3.3.Unmet need

The unmet need identified by the healthcare organisation must be related to **digitalisation of healthcare** under one or several of the following subcategories:

- Innovative investments in security of health data across borders (including cybersecurity);
- Investments related to the use of digital tools to stimulate prevention, enable feedback and interaction with the healthcare providers;
- Investments connected the digitisation of healthcare systems, providing solutions to interoperability issues;
- Investments in digital health infrastructure (needed for demonstration processes), telemedicine, m-health and other innovative solutions for personalised medicine;
- Investments related to the acquisition of digital skills needed for the adoption of innovative technologies in healthcare.

The unmet need must be related to one of the region **Smart Specialisation Priorities** (S3).

Please note that the unmet need must be identified for the expression of interest, at least in an early stage. It could be further refined and detailed if the mirror region is selected, but a preliminary description is needed.

2.4. How to express interest?

To express interest please submit the following information before the deadline:

• **The online form.** You can download a word version of the questionnaire from the HealthChain website so that you can prepare your answers before submitting them online. You should explain how the model will be implemented in your region.

⁴ List of regions:





• Endorsement letter from the Member State authority responsible for the regional Smart Specialisation Strategy (S3), to elena.lopez@ticbiomed.net using the template available in the HealthChain website. The purpose of the endorsement letter is to ensure that the investment priority identified by the I3 project is coherent with the priorities identified in the S3 strategy of the participating region. Further to that, it shall endorse the entities belonging to the regional innovation ecosystem that will benefit from the grant support.

Please note that we will accept expressions of interest even if the endorsement letter is not ready by the deadline, however, if your proposal is selected to become a Mirror Region, you can only sign the contract with HealthChain if the endorsement letter is available. This is a request by the granting authority. Hence, in the event that there are more candidates than spots to become Mirror Regions, **HealthChain will prioritise the candidates who have presented the endorsement letter** as part of their proposal during the expression of interest.

2.5. Selection of Mirror Regions

The HealthChain consortium, led by its coordinator, <u>Ticbiomed</u>, will select the Mirror Regions based on the following criteria:

- **Relevance (25%)**: clarity and consistency of the proposal, objectives and planning; extent to which the proposal matches the themes and priorities of I3 Strand 2a and specific objectives of the HealthChain project; involvement of potential end users.
- **Quality (25%)**: technical quality; logical links between the identified problems, needs and solutions proposed (logical frame concept); methodology for implementing the project; feasibility of the project within the proposed time frame
- **Impact (50%)**: ambition and expected long-term impact of results on target groups/general public; appropriate strategy for ensuring sustainability and long-term impact; sustainability of results after EU funding ends.

HealthChain will score each award criterion on a scale from 0 to 5 (decimal and centesimal point scores may be given):

- 0 = Proposal fails to address the criterion or cannot be assessed due to missing or incomplete information.
- 1 = Poor: criterion is inadequately addressed or there are serious inherent weaknesses.
- 2 = Fair: proposal broadly addresses the criterion, but there are significant weaknesses.
- 3 = Good: proposal addresses the criterion well, but a number of shortcomings are present.
- 4 = Very good: proposal addresses the criterion very well, but a small number of shortcomings are present.
- 5 = Excellent: proposal successfully addresses all relevant aspects of the criterion. Any shortcomings are minor.





For each criterion, the minimum threshold is 3 out of 5 points. The overall default threshold, considering the sum of the individual scores is 9. That means if a proposal receives less than 3 in one criterion or less than 9 in the overall score it is automatically rejected.

The 5 selected proposals to become Mirror Regions will be invited to sign the Grant Agreement and Consortium Agreement. The Grant Agreement is the contract between the HeathChain partners and the granting authority, that sets the framework for the grant and its terms and conditions, in particular concerning deliverables, reporting and payments. The Consortium Agreement is the internal contract among the HealthChain partners.

2.6. Timeline to express interest

	Date
Deadline to express interest	30 th November 2023 at 17.00 CET.
Communication of results	December 2023
Grant Agreement and Consortium Agreement signature	January-February 2024

Table 2. Expression of Interest Timeline





3. Becoming a Mirror Region

3.1. Work to be done by a Mirror Region

Each Mirror Region should be able to closely work with a Healthcare Organization (HO) for the identification of unmet needs, in a close dialogue with local patients and healthcare professionals. Once selected, the Mirror Region partner will launch a FSTP (Financial Support to Third Parties) call for SMEs to pilot their TRL 6-7 technology within the HO premises.

For this call, only SMEs from regions within the HealthChain consortium will be eligible, i.e. from the Mirror Regions or the partners regions: Murcia (Spain), Centro (Portugal), West (Slovenia), Primorsko-Goranska (Croatia), East (the Netherlands).

Once awarded, the SME receives funding to pilot a solution, co-design it with end users. The ecosystem supporter at the Mirror Region provides them business support.

3.2. Support services received

Each Mirror Region will be assigned a consortium coaching region to receive tailored training and discuss on a one- to-one basis about the proposed model and its implementation considering local context. At least one face-to-face meeting will be organized to exchange lessons learned.

Mirror Regions will have access to model documents to launch the call for SMEs, evaluate applicants and onboard selected SME.

Selected SMEs at the Mirror Regions will receive business capacitation from HealthChain business partners such as <u>Instituto Pedro Nunes</u> (Portugal), <u>Philips</u> (The Netherlands), <u>PARSEK</u> (Slovenia) and <u>Evidenze Group</u> (Spain).

3.3. Budget of a Mirror Region

The selected Mirror Regions that will become partners, will receive the below budget of 96.300 euros, funded 70%. The breakdown will be 38.000 for personnel costs, 2.000 one trip to the face-to-face training session and will also receive 50.000 euros under FSTP (Financial Support to Third Parties). The FSTP funding will be used to launch a call for SMEs (see below).

As in all EU project, to be considered eligible the costs in all the categories must be fully paid to receive an overall payment of the 70% of the budget.





	A.1 Employees A.2 + A.3 Natural persons	C.	Purchase costs		D. Other cost categories	E. Indirect		
	under direct contract and seconded	C.1 Travel and subsistence	C.2 Equipment	C.3 Other goods, work and services	D.1 Financial support to third parties	costs e = flat-rate * (a1 + a2 + a3 +	Total	70% funding
	a1 - a2	c1	c2	с3	d1	a5 + b + [c1a + c1b + c1cl + c2		
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 co-funding per categories:

	A.1 Employees A.2 + A.3 Natural persons	C.	Purchase cost		D. Other cost categories	E. Indirect	
	under direct contract and seconded a1 - a2	C.1 Travel and subsistence c1	C.2 Equipment	C.3 Other goods, work and services	D.1 Financial support to third parties	e = flat-rate * (a1 + a2 + a3 + a5 + b + [c1a + c1b + c1c1 + c2	70% funding
MR1	12.350,00	650,00			50.000,00	4.410,00	67.410,00
cofund %	32,50%	32,50%			100,00%		

3.4. Implementation timeline

The tentative timeline for the Mirror Regions would be the following:

	Date
Selected Mirror Regions sign Grant Agreement and enter the project:	January and February 2024
Mirror Regions are assigned a mentor and refine their initial unmet need and prepare the FSTP call	February to March 2024
Mirror Regions launch their FSTP call to find an SME	April to June 2024
Mirror Regions evaluate received proposals	June to August 2024
Mirror Regions and the FSTP SME sign subgrant agreement	September 2024
Mirror Regions and selected SME co- creation and business support	October 2024 to October 2025 (12 months)

Table 3. Implementation Timeline





4. Additional information

All the information is available at http://healthchain-i3.eu/mirror-regions
If you need further information, please contact the HealthChain coordinator.

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