

# Statistical analysis of JTC 2025

## Work Package 8 Deliverable 8.5

## Document Summary

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## Introduction

The Transforming Health and Care Systems (THCS) Partnership launched its third Joint Transnational Call (JTC) for Research and Innovation (R&I) proposals, co-funded by the European Commission (EC) in November 2024. In the framework of this JTC, 34 Funding Agencies from 22 Countries, together with the EC, joined forces to fund the best collaborative transnational research projects under the topic of **“Better care closer to home: Enhancing primary and community care”** for a total initial funding commitment of around € 36 million.

This JTC addressed the urgent need to transform European health and care systems to ensure they can deliver high-quality, sustainable, and integrated services throughout patients' lives. It recognised the excessive reliance on hospitals and institutional care, which is costly and resource-intensive, and identified the necessity to develop innovative health and care models centred on strengthening primary and community care. The Call highlighted the need for better coordination, interoperability, and seamless service delivery across different care settings and countries. It also pointed out the demand for updated infrastructure, funding, legislation, and workforce skills to support this shift. Ultimately, the JTC sought to foster cross-sector collaboration, co-creation, and research-driven innovations to create scalable, patient-focused care pathways that reduce institutional dependence while maintaining or improving care quality. Specifically, the Call focused on:

- **Strengthening the primary and community health and care system:** to transform health and care systems by shifting from institutional treatment to community-based and integrated care. It supports projects introducing organisational, operational, or workforce innovations to make care more efficient, sustainable, and people centred.
- **Systemic approaches to modernising the primary and community care sector:** efforts to strengthen primary and community care systems by producing practical, evidence-based knowledge which policy and decision makers can make use of. Produce actionable insights that can be applied across European contexts

A total of 160 proposals were submitted by the pre-proposal deadline. Out of these proposals, 149 were deemed administratively eligible and were further evaluated by 47 appointed external reviewers, who conducted a total of 447 reviews. At this stage, the total requested funding amounted to approximately € 183 million. The proposals evaluated were further discussed during the first Peer Review Panel (PRP) meeting, which took place virtually from April 9<sup>th</sup> to 11<sup>th</sup>, 2025. The top 63 pre proposals from the PRP meeting ranking list have been invited to submit full proposals, after decision made by the Call Steering Committee (CSC) during the online meeting on April 14<sup>th</sup>, 2025. Following the CSC meeting, funders with an oversubscription factor of around 1 were invited by the Joint Call Secretariat (JCS) to

confirm their interest in participating in the **widening measure**<sup>1</sup>, a novelty introduced in the JTC2025 Call (further details below).

Out of the 63 pre-proposals invited to the second stage, a total of 60 proposals were submitted by the full proposal deadline. All 60 were deemed administratively eligible and requested a total of € 80.7 million national/regional funds. The proposals were further evaluated by 35 appointed external reviewers, who conducted a total of 180 reviews. The proposals evaluated were further discussed during the second PRP meeting, which took place virtually from September 9th to 11th, 2025. Of these, 29 high-ranked proposals advanced to ethics evaluation, conducted online on October 8th, 2025.

On October 24<sup>th</sup>, 2025, the CSC finalised the funding list, approving all 29 excellent proposals as selected for funding. All 34 Funding Agencies participating in this third JTC were involved in the selected for award projects, for a total Call budget expenditure of approximately €38.7 million. Of this amount, € 31.8 M originates from Funding Agencies receiving the EC top-up. This has resulted in approximately €6.9 million in total EC top-up funding, which has been partially allocated to co-fund the selected for award projects.

This deliverable presents details of the statistical analysis/performance of this third JTC.

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<sup>1</sup> An optional mechanism to promote inclusiveness by allowing invited consortia (under 9 partners) at full proposal stage to add one new partner funded by an underrepresented Funding Agencies at risk of underusing their national/regional committed funds. These were listed in full proposal invitations.

## Analysis of “Better care closer to home: Enhancing primary and community care” JTC 2025 results

### Overall figures of the Call

	N. of proposals	No. of countries involved	No. of teams	Total Requested Budget
Eligible Submitted pre proposals	149	22 (30 including collaborators <sup>2</sup> )	854	€ 183.4 million
Eligible Submitted full proposals	60	22 (28 including collaborators)	375	€ 80.3 million
Selected proposals	29	22 (26 including collaborators)	179	€ 38.3 million

Table 1. Showing overall figures related to the submitted pre-proposals, full proposals and selected proposals for award.

With a total of 149 eligible pre-proposals submitted (as can be viewed in **Table 1**) and 854 participating research teams, the ‘Better care closer to home: Enhancing primary and community care’ JTC 2025 demonstrated strong interest from the scientific community in the aims and research areas addressed by the Call. The overall requested budget at pre-proposal stage amounted to approximately € 183.4 million, involving 22 participating countries (30 when including collaborators) and 34 Funding Agencies.

At the full proposal stage, 60 eligible proposals were submitted, comprising 375 participating research teams, of which 35 were collaborators. Consortia typically consisted of an average of six partners from an average of four countries per consortium. The average requested budget per proposal was € 1.67 million, with project budgets ranging from € 522,500 to € 4.11 million. The overall requested budget under this third JTC at full proposal stage amounted to approximately € 80.3 million, involving 22 participating countries (28 when including collaborators) and 34 Funding Agencies.

Following the full proposals evaluation, the THCS CSC has chosen to fund the 29 high-ranked proposals, totalling approximately 38.3 million euros in national/regional requested funds (excluding contributions from collaborators). All 22 participating countries and 34 Funding Agencies in this third JTC were involved in the funding process. This selection corresponds to an overall success rate of 19.5% for the JTC 2025. The availability of the generated EC top-up funds (approximately 6.9 million euros) played a crucial role in bridging financial gaps

<sup>2</sup> Self-funded partners who do not request funding from participating Funding Agencies, typically from non-funding countries/regions or ineligible under national/regional regulations of the participating Funding Agencies.

and further enhancing the overall success of the JTC 2025.

As shown in **Figure 1**, full proposals comprising five partners were the most common, appearing 21 times, indicating a general preference for mid-sized consortia. By contrast, proposals with 3 and 9 partners are the least frequent, appearing only two and three times respectively, indicating that large and small consortia are less common. Additionally, proposals with four, seven and eight partners appear with moderate to low frequency. This distribution confirms a preference for mid-sized consortia.

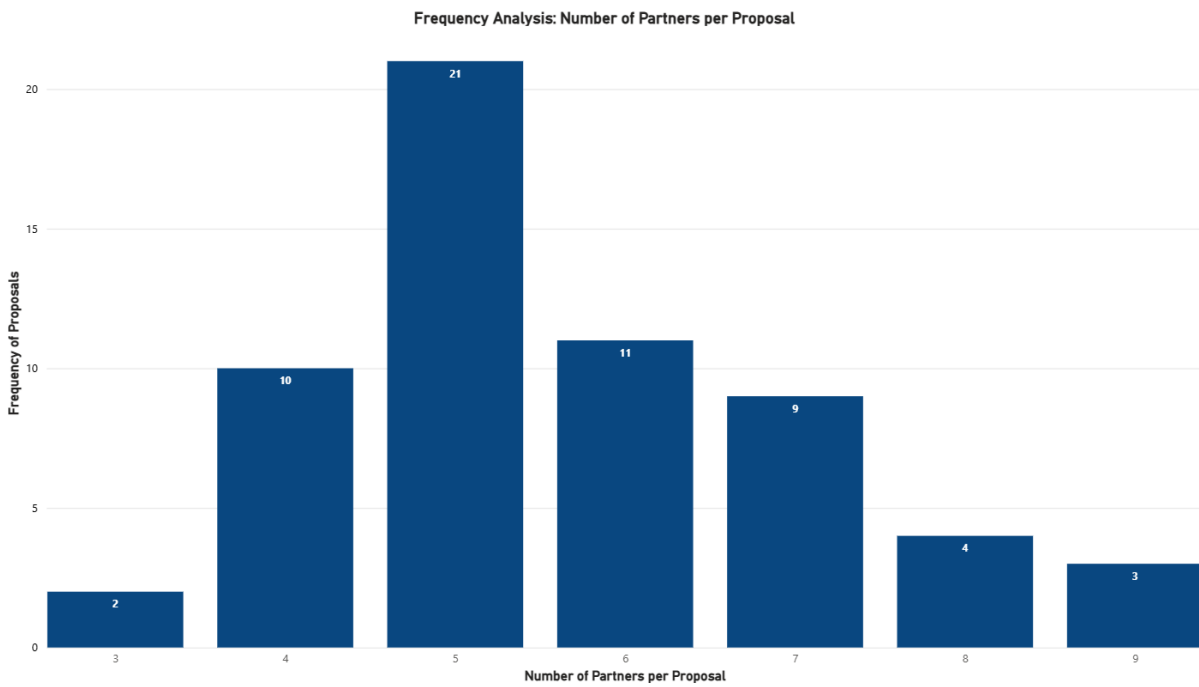


Figure 1. Frequency analysis of number of partners per eligible full proposals under the THCS JTC 2025 (excluding collaborators).

## Geographical coverage of submitted full proposals and selected for funds proposals

Providing a brief breakdown of the JTC 2025’s geographical coverage, it is to be noted that 97.3% of full proposals were submitted by research teams from 34 Funding Agencies countries participating in the Call, which includes non-EU participants such as Canada and Switzerland ineligible for additional funding from the EC top-up. The remaining 2.7% originated from European countries, such as Germany, Greece, Romania, and Slovenia, as well as non-European countries not participating in the Call, such as United Kingdom and United States.

The majority of eligible full proposals submitted for the JTC 2025 originated from teams from Italy, Spain, Netherlands, Switzerland, France, Canada, Norway and Sweden (**Figure 2**). In line with the results reported in the following paragraphs, the top-performing teams were primarily from Italy, Spain, Netherlands, Switzerland, and France (**Figure 3**).

Similarly, the majority of eligible full proposals were received by Italy, Spain, Netherlands, France, Switzerland, Norway and Sweden (**Figure 4**). In line with the results reported in the following paragraphs, the top-performing countries were Italy, Spain, Netherlands, France, Sweden, Portugal and Switzerland (**Figure 5**).

Geographical coverage of research teams at full proposal submission

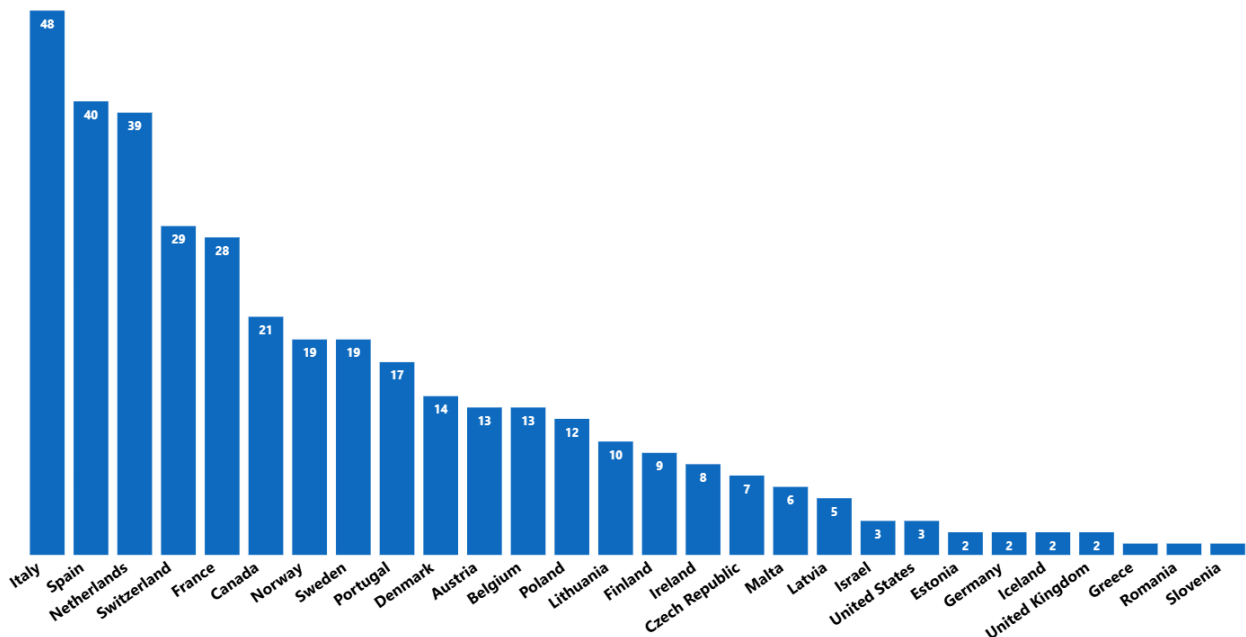


Figure 2. Total number of (research) teams by each country under the THCS JTC 2025 that submitted eligible full proposals (Including Non-Participating Countries).

**Geographical coverage of research teams of selected for award proposals**

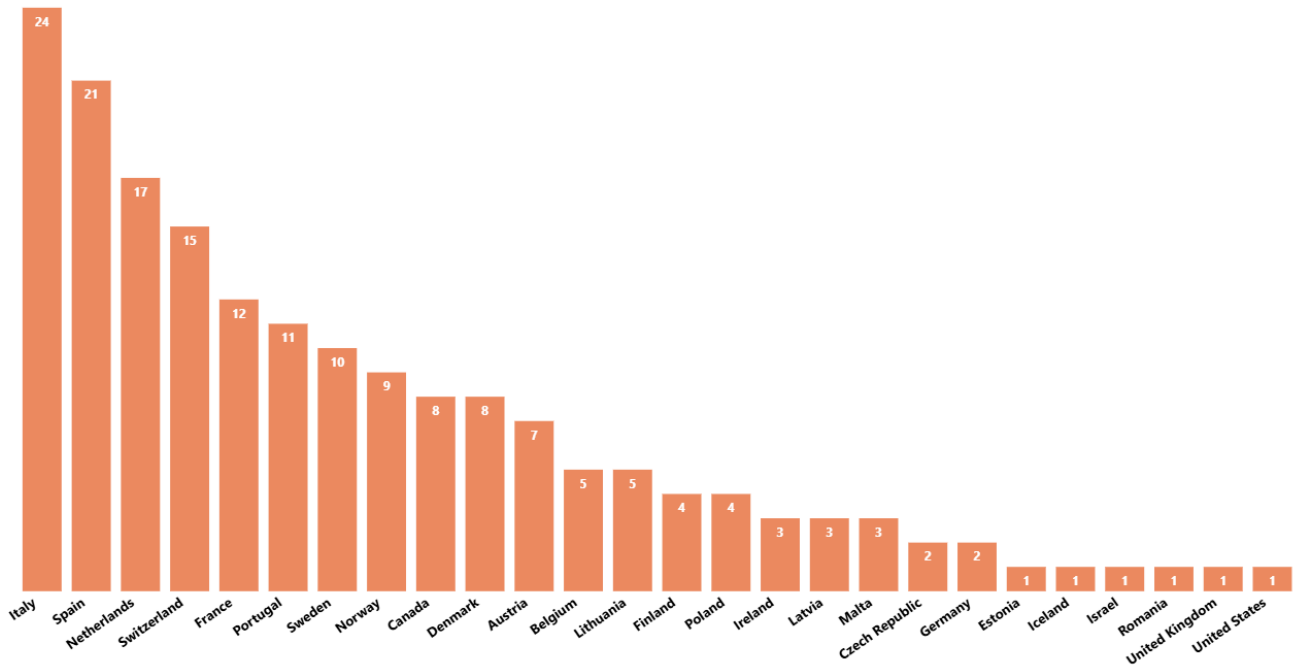


Figure 3. Total number of (research) teams by each country under the THCS JTC 2025 that had proposals selected for award (Including Non-Participating Countries).

**Eligible full proposals received per country**

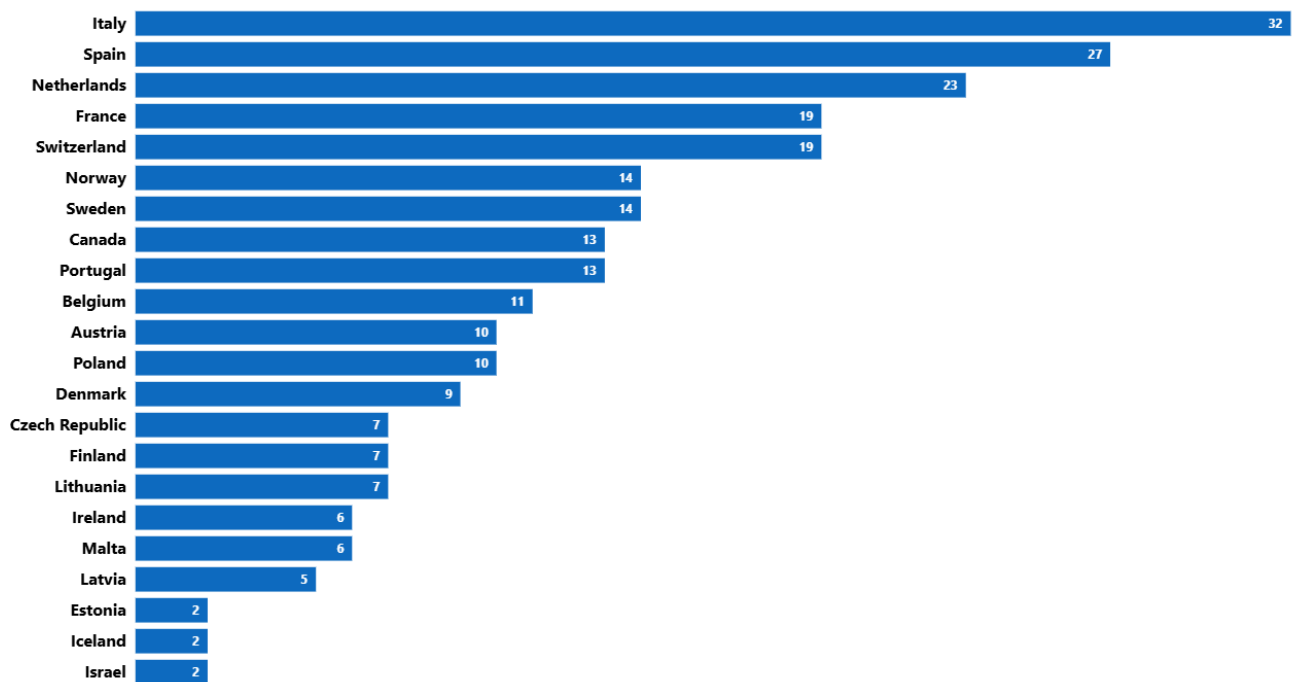


Figure 4. Total number of eligible full proposals received by each country under the THCS JTC 2025 (Excluding Non-Participating Countries).

**Proposals selected for award per country**

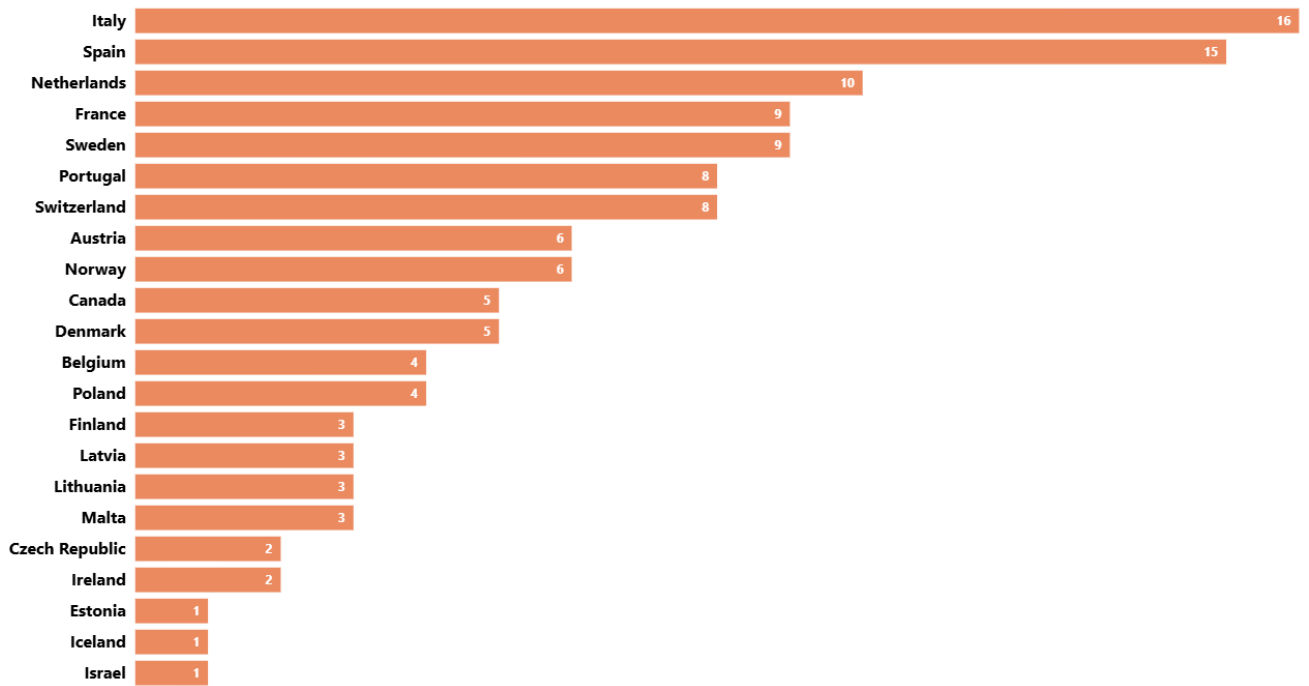


Figure 5. Total number of proposals selected for award by each country under the THCS JTC 2025 (Excluding Non- Participating Countries).

## ***Reserved and requested budgets***

The announcement of the JTC 2025 included the publication of reserved budgets for participating Funding Agencies, alongside specific national/regional participation rules. These guidelines encompassed details on eligible costs and funding caps per project per funding agency, potentially influencing applicants' budget requests<sup>3</sup>.

Italy, Switzerland, France, Netherlands, and Spain showed up the highest values for the initial **reserved** budgets (**Figures 6 and 7**). With respect to the Funding Agencies, IT MOH (Italy) had the highest value, followed by SNSF (Switzerland) and then INNOSUISSE (Switzerland), respectively (**Figure 9**).

When considering the number of eligible full proposals submitted, Switzerland, Italy, France, Netherlands, Spain, Norway, Sweden, and Canada presented the highest values for **requested** budgets (**Figures 6 and 8**). A similar trend is presented at Funding Agency level, with SNSF (Switzerland), ZonMW (Netherlands), RCN (Norway), IT MOH (Italy), and ANR (France) characterized by the highest value for **requested** budgets (**Figures 8 and 9**).

Notably, five Funding Agencies increased their initial reserved budgets to fund additional projects: IFD (Denmark, + € 297,300), RCN (Norway, + € 300,000), ISCIII (Spain, + € 220,000), CIHR (Canada, + € 221,907), and SNSF (Switzerland, + €2,746,153). **Figures 6 and 9** show updated reserved budgets.

Most Funding Agencies experienced **oversubscription**, with a few reaching rates slightly higher than 4 and closer to 4 at full proposal submission stage, particularly FNRS (Belgium), XM (Malta), LMT (Lithuania), ISCIII (Spain), and ANR (France). The oversubscription observed might be attributed to the two-stage structure of the Call, which facilitated broader participation through the **widening measure** (**Figure 10**).

Furthermore, unlike previous THCS Calls, all Funding Agencies utilised part or all of their reserved budgets for JTC 2025, a development tied to the implementation of the widening measure. The following paragraph provides further information on this measure.

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<sup>3</sup> The dataset was analysed following the CSC's funding decision for the THCS JTC 2025. Any discrepancies in the funding figures may result from the subsequent grant agreement phase between each beneficiary and their respective regional/national funding agency.

### Reserved, Requested, and Selected for award budget per Country

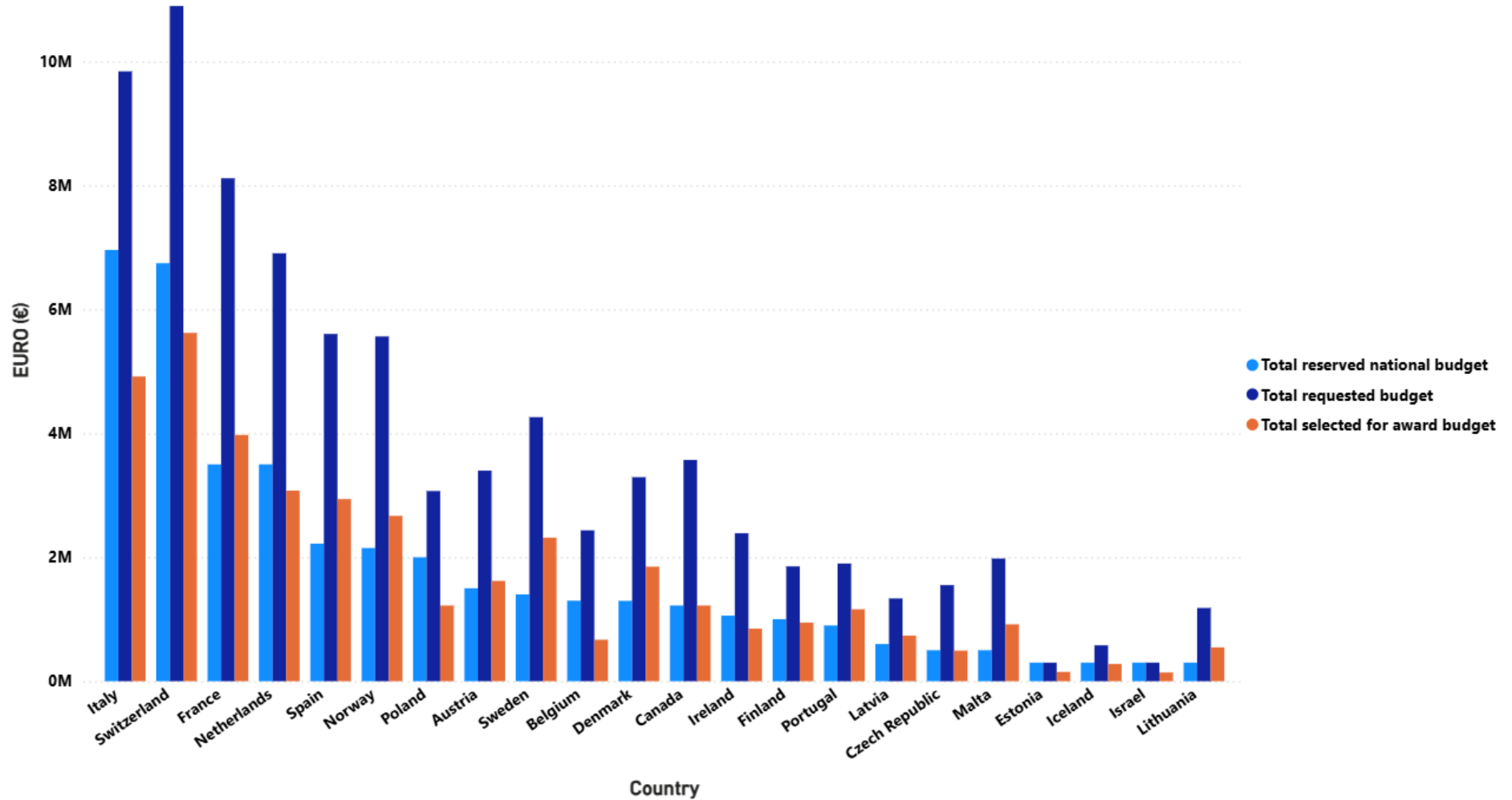


Figure 6. Total reserved national budget (light blue), total eligible requested budget at full proposals stage (dark blue), and total eligible selected for award budget (orange) per country participating in the THCS JTC 2025.

### Reserved budget per country and funding agency

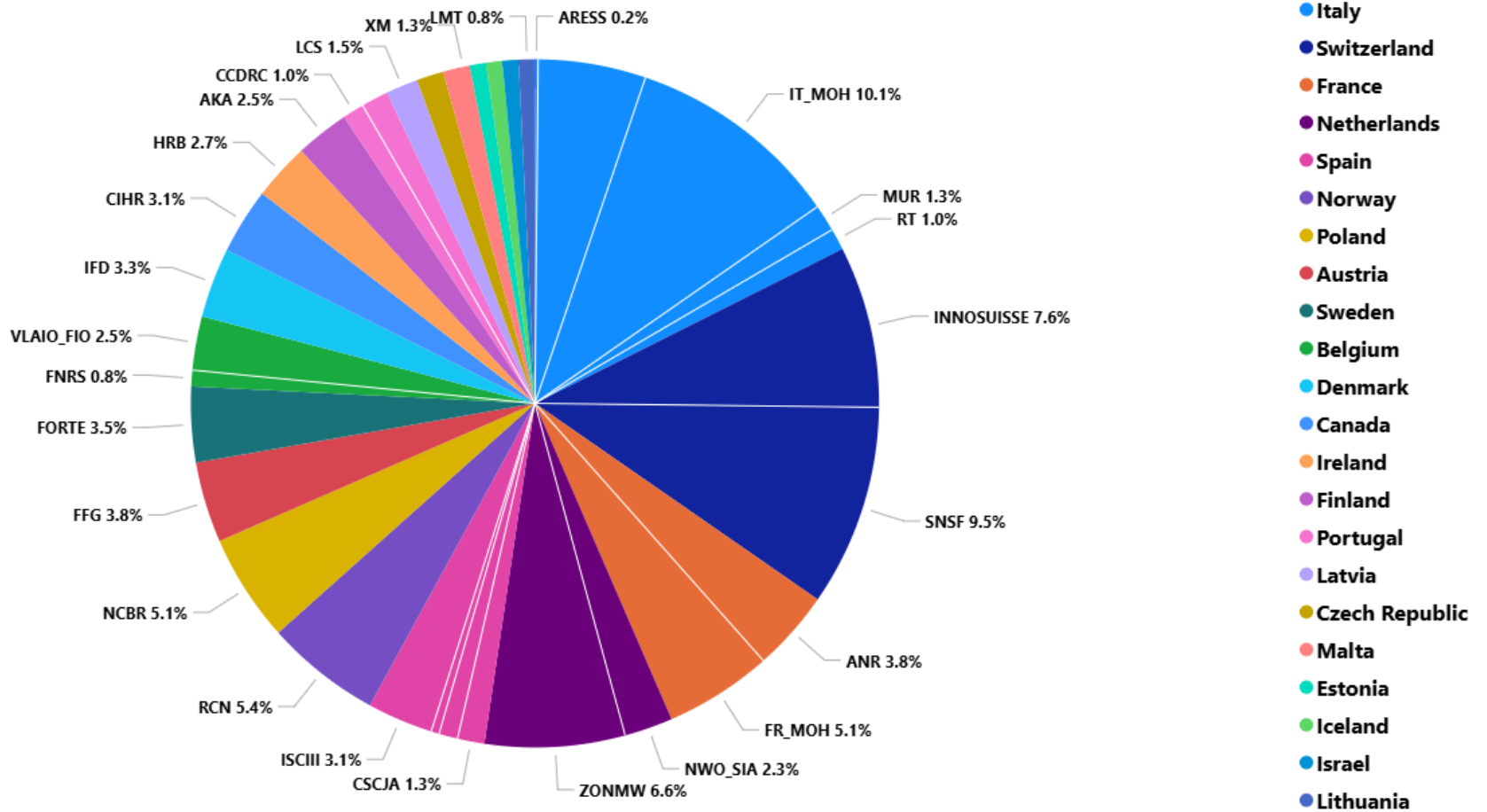


Figure 7. Distribution (%) of the reserved budget amongst participating countries and Funding Agencies under the THCS JTC 2025.

### Requested budget per country and funding agency

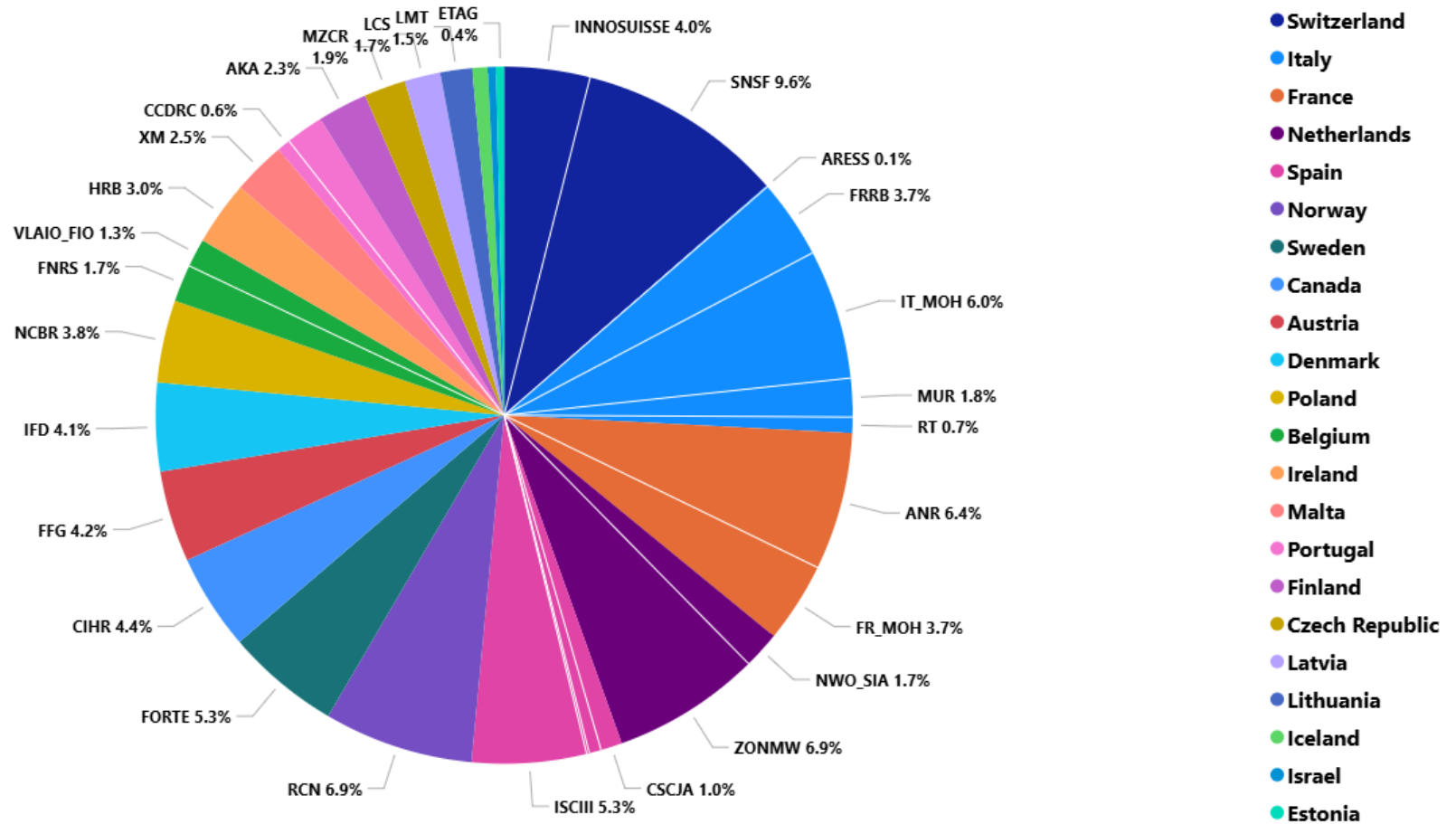


Figure 8. Distribution (%) of the requested budget at full proposals stage amongst participating countries and Funding Agencies under the THCSJTC 2025.

### Reserved, Requested and Selected for award budget per Funding Agency

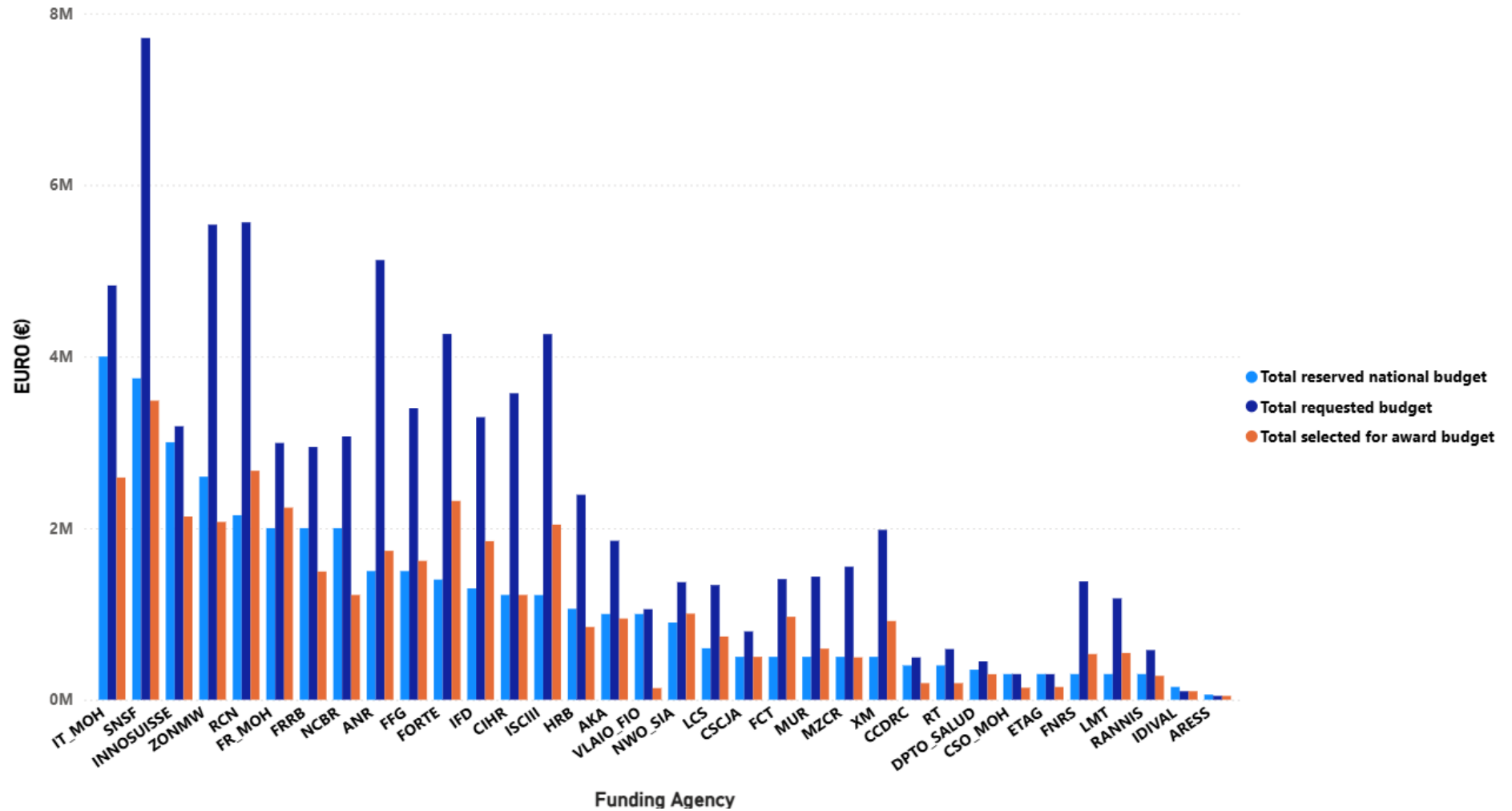


Figure 9. Total reserved national budget (light blue), total eligible requested budget at full proposals stage (dark blue), and total eligible selected for award budget (orange) per Funding Agency participating in the THCS JTC 2025.

### Oversubscription Rate of Funding agencies at Full Proposal stage

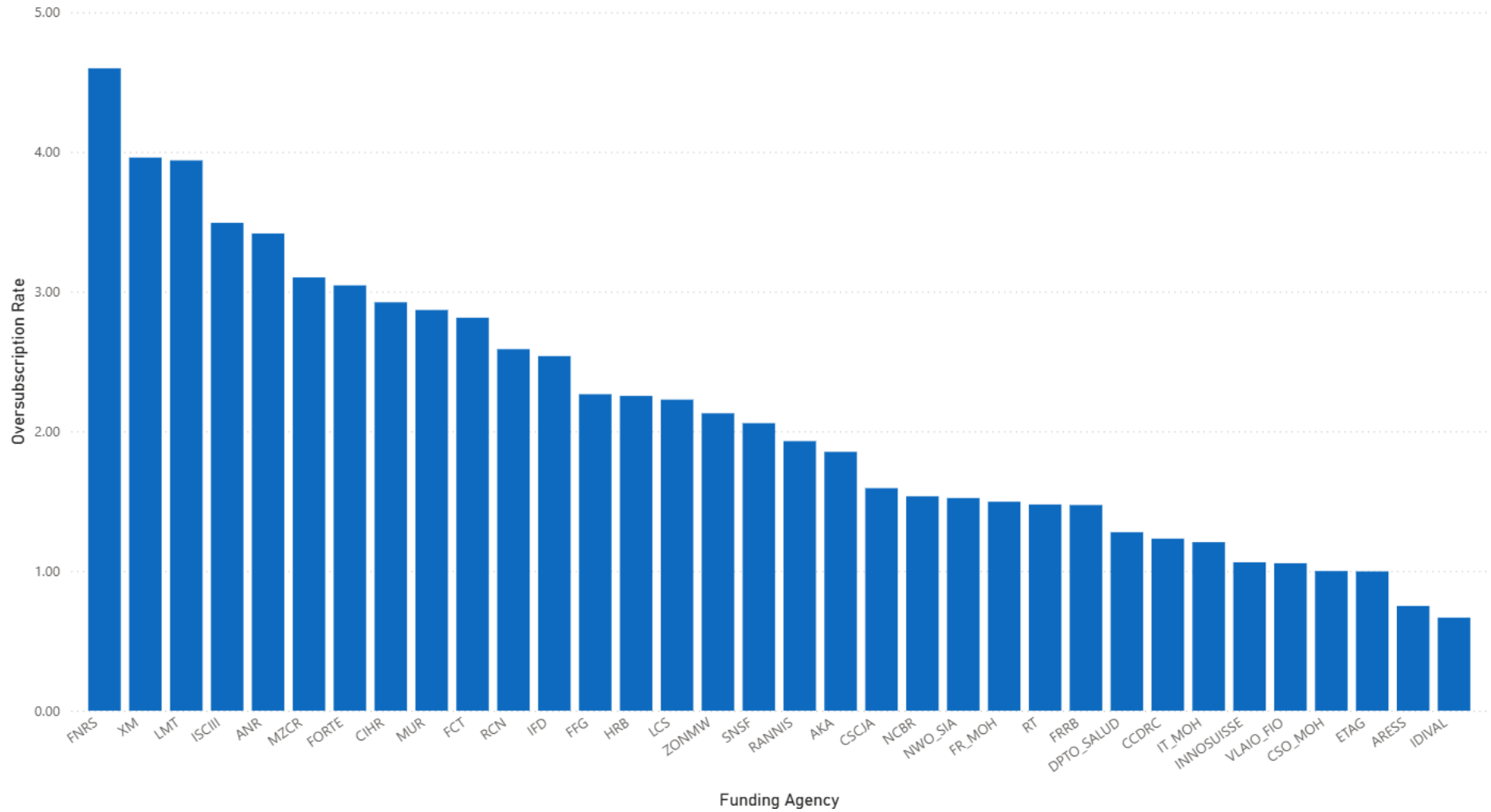


Figure 10. Oversubscription rate of Funding Agencies participating in the THCS JTC 2025 at full proposal stage

## Widening measure

The JTC 2025 two-stage process, featuring a pre-proposal phase followed by a full-proposal stage embedding the widening measure, supported undersubscribed Funding Agencies in optimising the utilisation of reserved national/regional budgets, while enabling projects to refine proposals and build stronger consortia.

Furthermore, the participation of widening countries in the projects selected for award under the JTC 2025 broadens the geographical coverage of the Call and strengthens pan-European collaboration in primary and community care R&I. This approach not only amplifies THCS’s impact on resilient, citizen-centred health systems, but also contributes to the European Research Area’s goals of reducing innovation gaps and promoting inclusive R&I.

In JTC 2025, IT MOH (Italy) and XM (Malta) achieved the highest success, each introducing six new partners through the widening measure. These were followed by NWO\_SIA (Netherlands) with four partners, CSCJA (Spain) with three, and CCDRC (Portugal) and IDIVAL (Spain) with one partner each. Notably, all Funding Agencies participating in the Call had at least one proposal selected for funding (**Figure 11**).

This outcome can be attributed both to the widening measure implemented and to the two-stage evaluation process. The experience of JTC 2025 indicates that maintaining or further strengthening widening-oriented measures could enhance balanced participation in future THCS Calls, leading to greater utilisation of reserved budgets and, ultimately, generating a higher EC top-up.

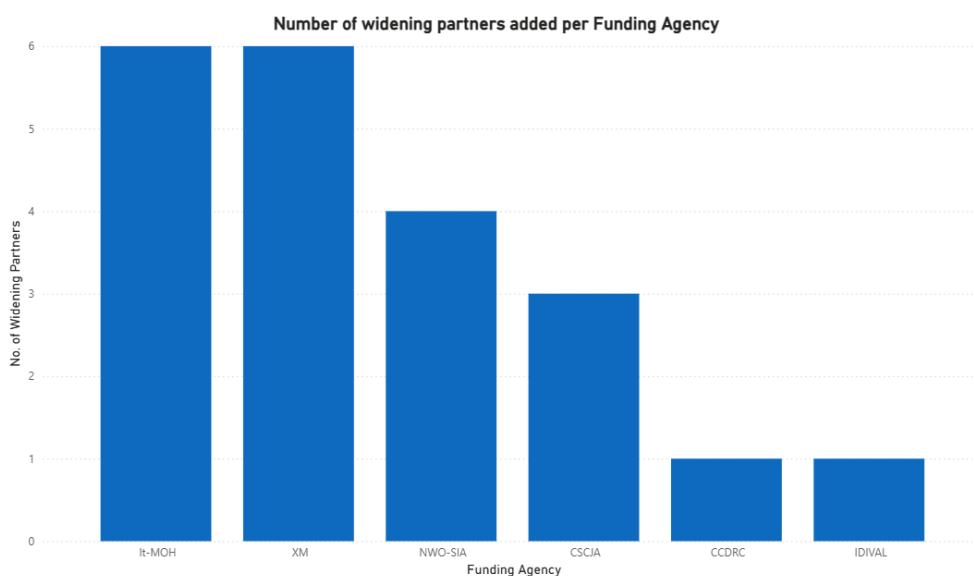


Figure 11. Number of “widening” partners added at the full proposal stage per Funding Agency in the THCS JTC 2025.

### ***Success rate per country and Funding Agency***

The research teams from Italy, Spain, Switzerland, Netherlands, France, and Portugal applying to the JTC 2025 had a particularly high success rate (calculated as ratio of eligible funding requested for funded projects to total eligible funding requested at full proposal stage) (**Figure 12**). Funding Agencies from these countries generally resulted in higher success rates, reflecting efficient budget utilization, strong proposal quality, and benefits from the two-stage process that filtered high performers. This pattern highlights intra-country variations where leading Agencies drove national success, while underscoring the value of widening measures for balanced participation, seen in IDIVAL, which have a high success rate and were part of the widening measure.

Teams selected for funding through the THCS JTC 2025 represented all 22 participating countries and 34 Funding Agencies, achieving full geographic and organizational coverage with every Agency contributing to at least one awarded project. SNSF (Switzerland), RCN (Norway), IT MOH (Italy), FORTE (Sweden), FR MOH (France), INNOSUISSE (Switzerland), ZonMW (Netherlands), ISCIII (Spain), and IFD (Denmark) presented the highest values of budget selected for award (**Figure 13**).

### Success Rate by Country and Funding Agency

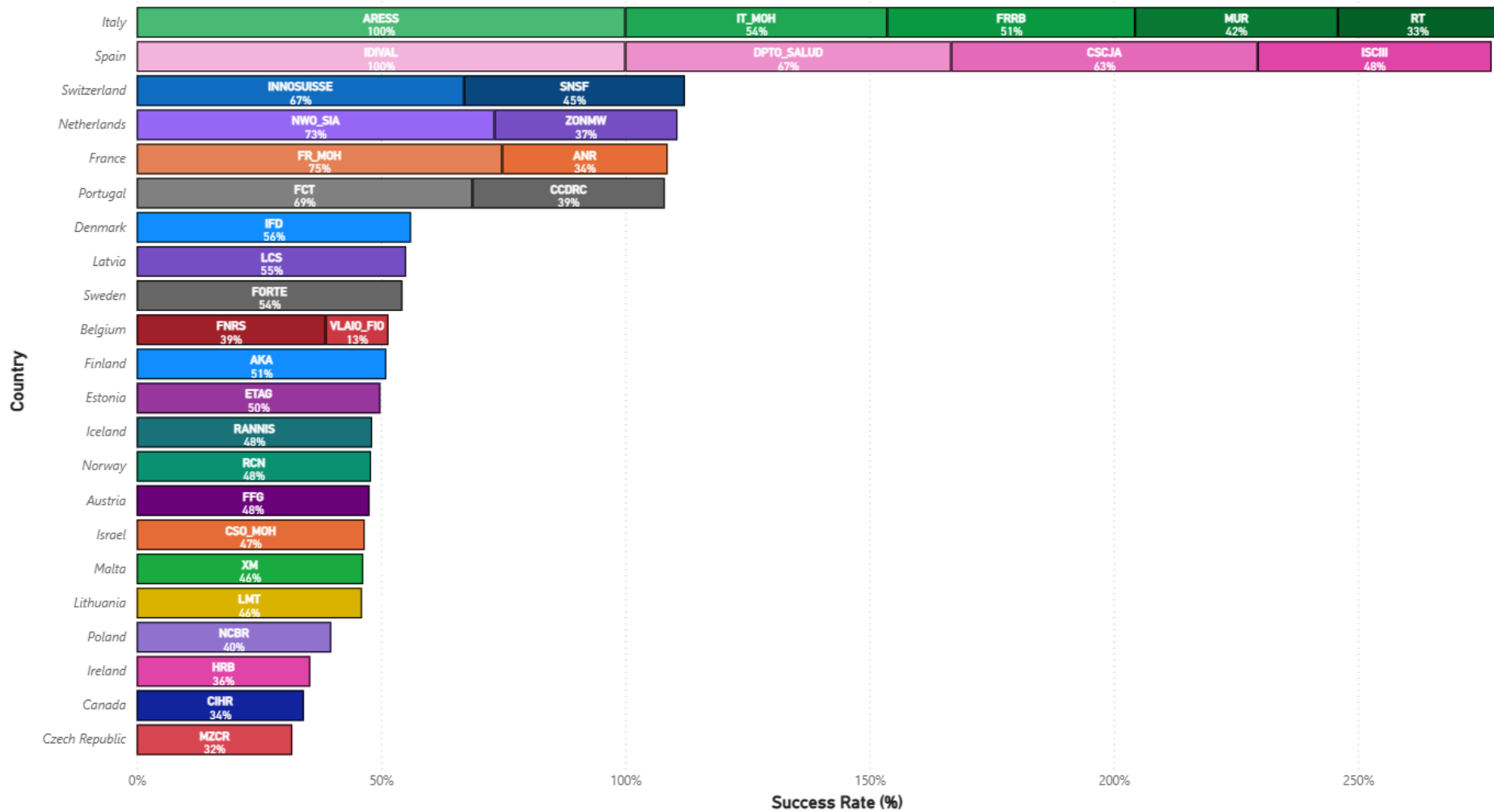


Figure 12. Success rates (%) by country and Funding Agency in THCS JTC 2025 - ratio of eligible funding requested for funded projects to total eligible funding requested at full proposal stage.

### Overall budget amount selected for awarded projects per funding agency

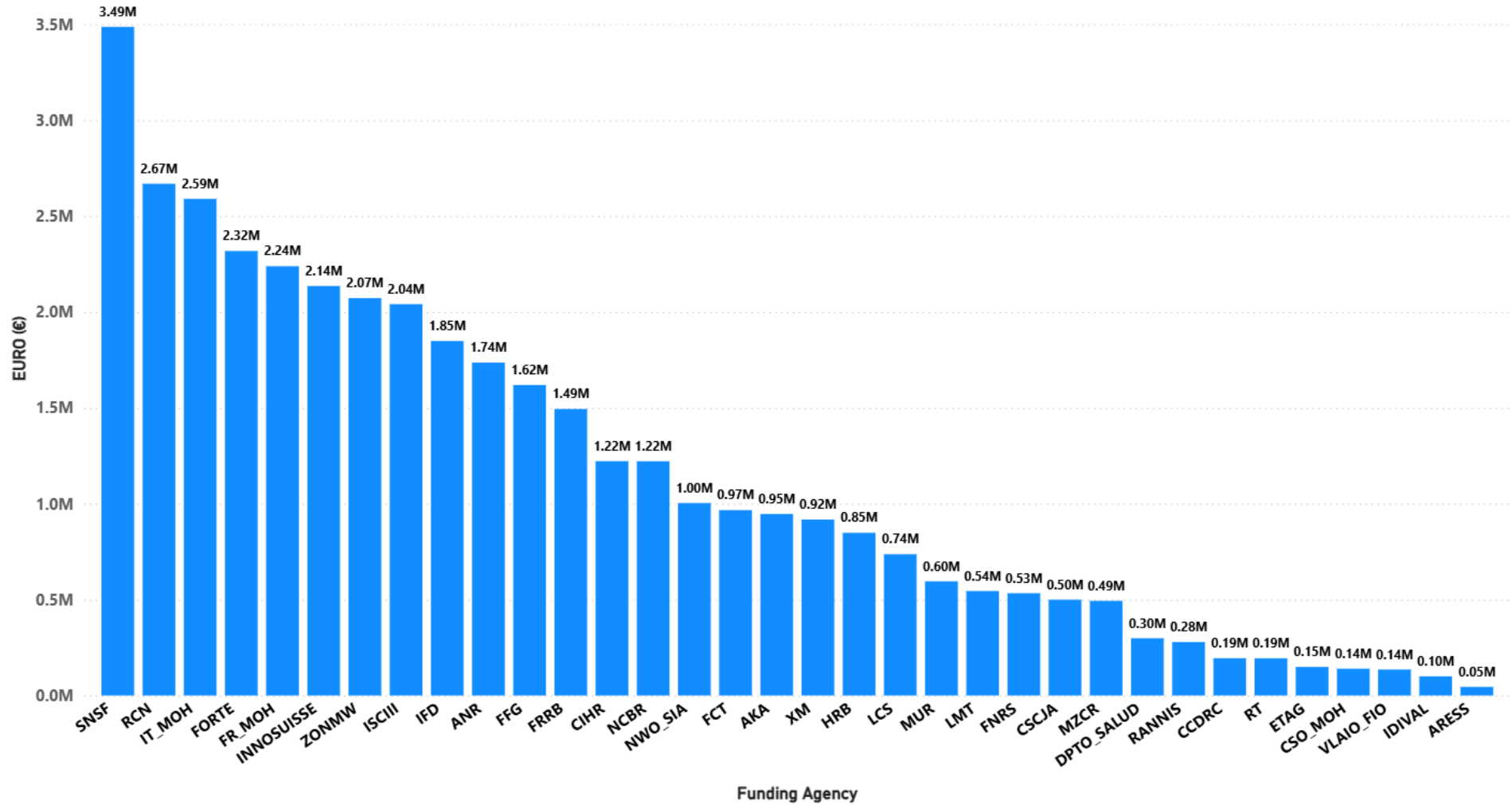


Figure 13. Overall amount of budget selected for awarded projects per Funding Agency participating in the THCS JTC 2025.

### Project coordinators geographical distribution

At the full proposal stage, the project coordinators represented 17 countries participating in the JTC 2025, whereas the coordinators of the selected for award proposals represented 13 countries participating in the Call. At the full proposals' submission stage Italy, Netherlands, Canada, France, Spain, and Switzerland presented the highest numbers of project coordinators. Whereas project coordinators from Italy, Netherlands, Switzerland, Canada, and Denmark were the most successful (**Figure 14**).

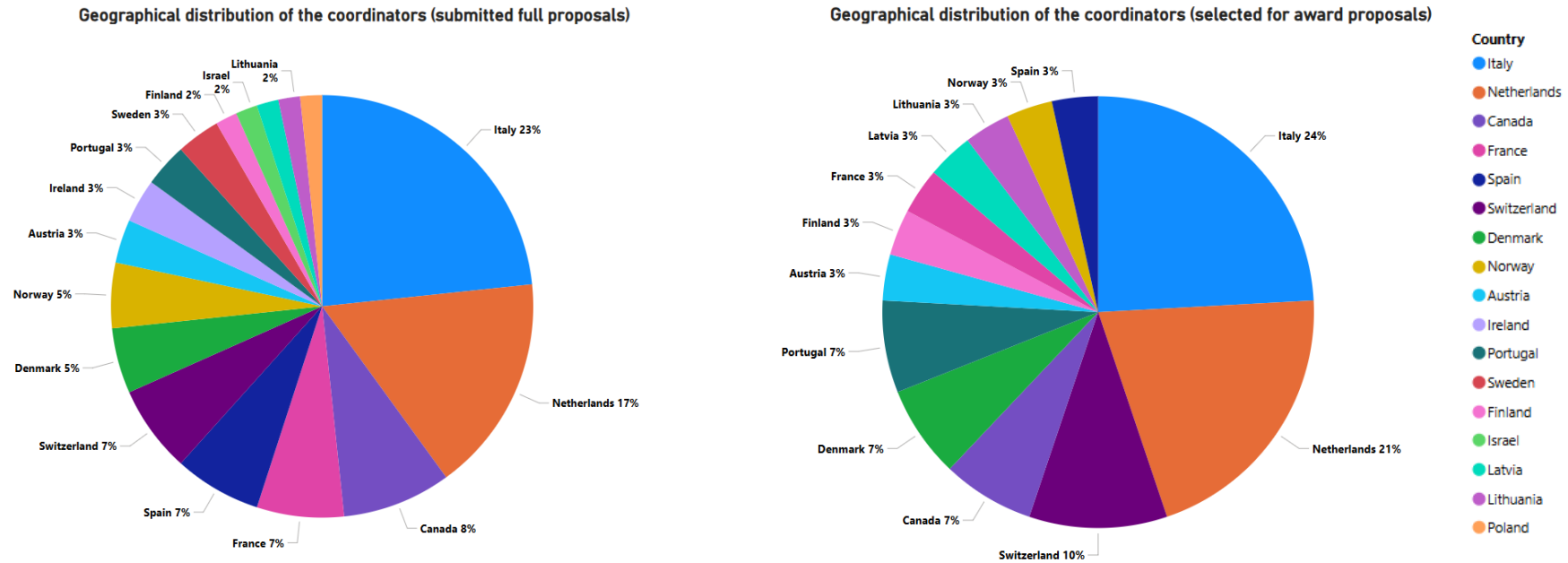


Figure 14. Total amount and geographical distribution (%) of the coordinators of the eligible full proposals (left) and selected for award proposals (right) under the THCS JTC 2025.

### Type of partners

Both the full proposals submitted and those selected for funding are predominantly led by teams from academia, followed by healthcare and/or social welfare service providers. Small and medium enterprises (SMEs) accounted for 9% of research teams of full proposals submitted and 10% of those selected for award. Additionally, non-profit private partners contributed 7% of research teams for both the submitted and selected proposals. Although patient organisations represented only 1% of the research teams in submitted proposals, they accounted for 2% of the proposals selected for funding, indicating a slightly higher success rate. Large enterprises were the least represented, accounting for around 1% of research teams in both submitted full proposals and selected for award proposals (Figure 15).

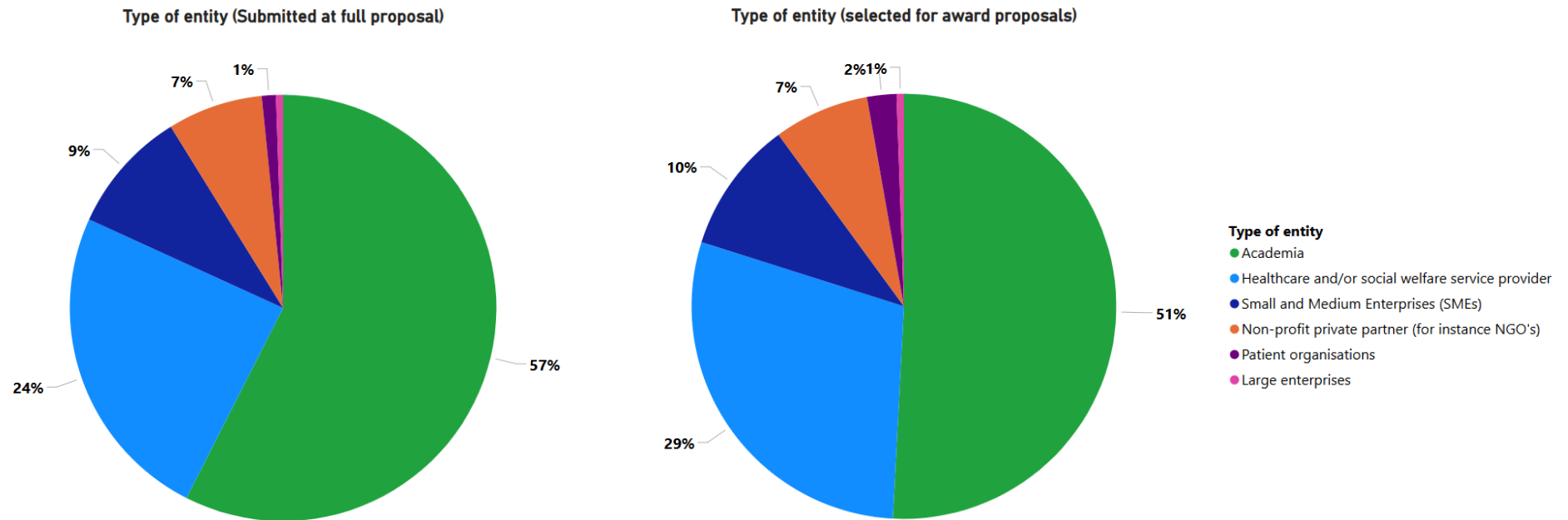


Figure 15. Total number and distribution (%) of partner types that submitted eligible full proposals (left) and those selected for award (right) under the THCS JTC 2025

## Gender distribution

The gender distribution data shows a slight imbalance for the submitted full proposals, where more males than females were present in both Partner and Coordinator roles. While males also outnumber females as partners for selected for award proposals, there were more female coordinators in selected for award proposals. Interestingly, the collaborator role achieved a higher number of females at the selection stage, despite an equal gender distribution submitting full proposals (Figure 16).

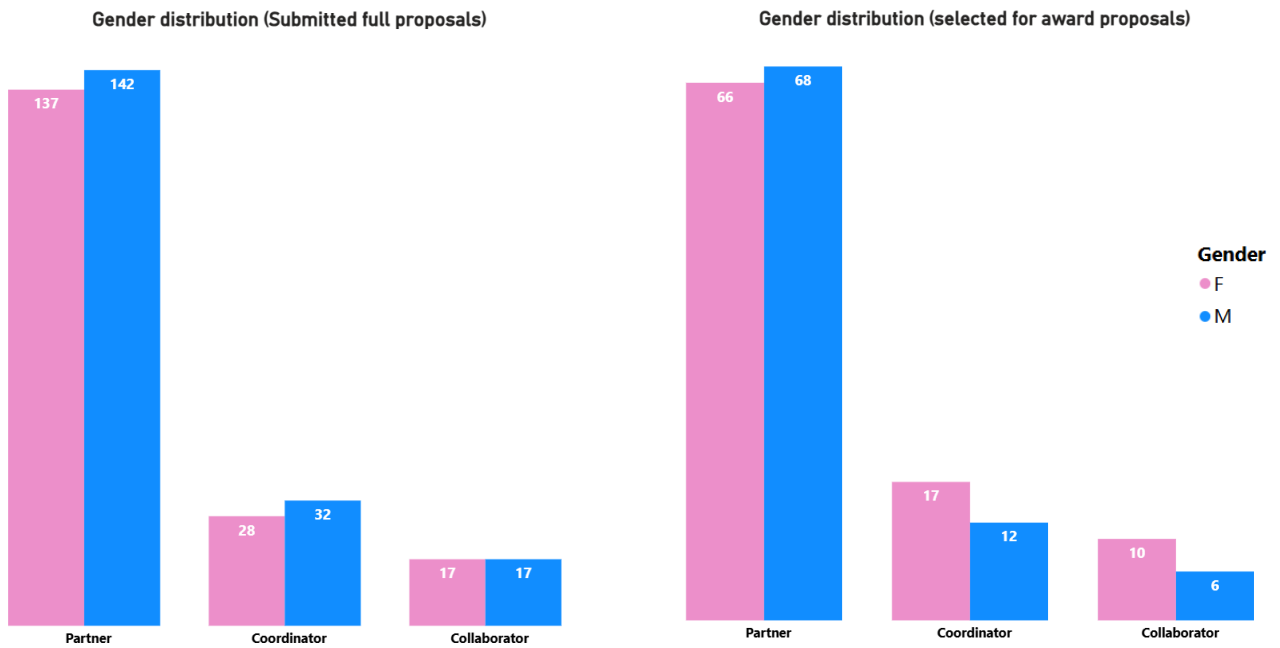


Figure 16. Total amount (female and male) and gender distribution (%) of proposals coordinators, partners, and collaborators at full proposal submission stage (left) and at selection for award stage (right) under the THCS JTC 2025.

## Medical Domains

The distribution of medical domains across submitted full proposals and selected for award proposals under the THCS JTC 2025 shows a largely consistent pattern, with some notable shifts. In both cases, “Other”<sup>4</sup> remains the most represented category, reflecting the interdisciplinary nature of many proposals that span multiple or emerging health areas. Mental health and social issues maintain a strong and stable presence, accounting for 18% in both, indicating sustained interest and competitive strength in this domain.

Musculoskeletal diseases and neurodegenerative diseases show a slight increase in representation among selected for award proposals (both at 11%) compared to submitted full proposals (9% and 8%, respectively), suggesting a marginally higher success rate. Similarly, neurology and related diseases rise from 8% distribution in submitted full proposal to 11% of those selected for award. In contrast, domains such as oncology, cardiovascular diseases, and metabolic diseases remain relatively stable or slightly reduced in selected for award proposals. Notably, while endocrinology and related diseases, and pulmonary/respiratory diseases were present among submitted full proposals, none of the proposals selected for award addressed these medical domains. Overall, the comparison suggests that, despite overlapping domain classifications, the thematic breadth of submissions is largely preserved in the awarded portfolio, with comparatively stronger outcomes observed for proposals covering neurological, musculoskeletal, and broader interdisciplinary domains (**Figure 17**).

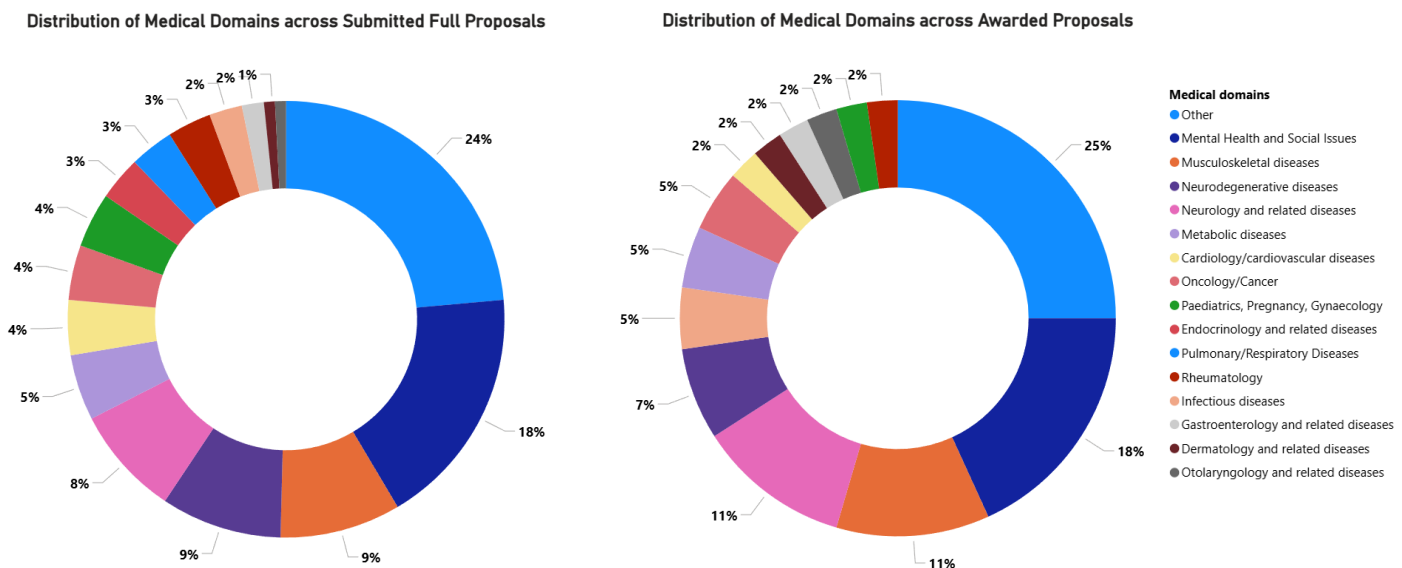


Figure 17. Total distribution (%) of submitted eligible full proposals (left) and selected for award proposals (right) according to the medical domains selected under the THCS JTC 2025. One proposal may address more than one medical domain.

<sup>4</sup> Applicants were able to select multiple medical domains in their submission. The ‘Other’ category includes cases where applicants selected only ‘Other’, as well as cases where it was selected in combination with predefined domains. No further specification was provided in the raw data for entries classified as ‘Other’.

## Funding Agencies acronyms JTC 2025

Country	Funding Agencies (ACRONYM)
Austria	- Österreichische Forschungsförderungsgesellschaft ( <b>FFG</b> )
Belgium	- FONDS DE LA RECHERCHE SCIENTIFIQUE- FNRS ( <b>F.R.S.-FNRS</b> ) - Vlaams Agentschap voor Innoveren en Ondernemen ( <b>VLAIO – FIO</b> )
Canada	- Canadian Institutes of Health Research ( <b>CIHR</b> )
Czech Republic	- Ministry of Health of the Czech Republic ( <b>MZCR</b> )
Denmark	- Innovationsfonden ( <b>IFD</b> )
Estonia	- SIHTASUTUS EESTI TEADUSAGENTUUR ( <b>ETAG</b> )
Finland	- Academy of Finland ( <b>AKA</b> )
France	- AGENCE NATIONALE DE LA RECHERCHE ( <b>ANR</b> ) - MINISTERE DE LA SANTE ET DE LA PREVENTION ( <b>FR MOH</b> )
Iceland	- RANNSOKNAMIDSTODISLANDS ( <b>RANNIS</b> )
Ireland	- Health Research Board ( <b>HRB</b> )
Israel	- MINISTRY OF HEALTH ( <b>CSO MOH</b> )
Italy	- MINISTERO DELLA SALUTE ( <b>IT MOH</b> ) - MINISTERO DELL'UNIVERSITA E DELLA RICERCA ( <b>MUR</b> ) - AGENZIA REGIONALE STRATEGICA PER LA SALUTE ED IL SOCIALE ( <b>ARESS</b> ) - Fondazione Regionale per la Ricerca Biomedica ( <b>FRRB</b> ) - REGIONE TOSCANA ( <b>RT</b> )
Latvia	- Latvian Council of Science ( <b>LCS</b> )
Lithuania	- LIETUVOS MOKSLO TARYBA ( <b>LMT</b> )
Malta	- XJENZA MALTA ( <b>XM</b> )
Netherlands	- Funding Agency Dutch Research Council – Taskforce for Applied Science SIA ( <b>NWO-SIA</b> ) - Zorgonderzoek Nederland/The Netherlands organisation for health research and development ( <b>ZonMw</b> )
Norway	- NORGES FORSKNINGSRAD ( <b>RCN</b> )
Poland	- NARODOWE CENTRUMBADAN I ROZWOJU ( <b>NCBR</b> )
Portugal	- FUNDACAO PARA A CIENCIA E A TECNOLOGIA ( <b>FCT</b> ) - COMISSÃO DE COORDENACAO E DESENVOLVIMENTO REGIONAL DO CENTRO ( <b>CCDRC</b> )
Spain	- INSTITUTO DE SALUD CARLOS III ( <b>ISCIII</b> ) - CONSEJERÍA DE SALUD Y CONSUMO DE LA JUNTA DE ANDALUCÍA ( <b>CSCJA</b> ) - FUNDACION INSTITUTO DE INVESTIGACION MARQUES DE VALDECILLA ( <b>IDIVAL</b> ) - Departamento de Salud Gobierno Vasco through Fundación Vasca de Innovación e Investigación Sanitarias ( <b>DPTO SALUD/BIOEF</b> )
Sweden	- FORSKINGSRADET FOR HALSA ARBETSLIV OCH VALFARD ( <b>FORTE</b> )
Switzerland	- SCHWEIZERISCHE AGENTUR FÜR INNOVATIONSFORDERUNG ( <b>INNOSUISSE</b> ) - SCHWEIZERISCHER NATIONALFONDS ZUR FÖRDERUNG DER WISSENSCHAFTLICHEN FORSCHUNG ( <b>SNSF</b> )

## Projects selected for award JTC 2025

Acronym	Title
AT-HOME study	A two-step Approach for outpatient parenteral antimicrobial Therapy with vancomycin: model-based dosing and non-invasive sampling vs. traditional therapeutic drug monitoring to reduce healthcare contacts and improve patients' and caregivers' satisfaction
CARE@HOME	AI that Cares for Aging at Home
CARE-CDS	Collaborative Approach: Reducing care challenges through Evidence-based nursing Practice and Clinical Decision Support
CARE-HOME	Personalized and Connected CARE for Enhanced Recovery and Empowerment in HOME-Based Settings
CARING-AI	Culturally Adaptive and Responsive AI-Driven Social Assistive Robots for Inclusive Care
CC4C	Closer Care for Children: Transitioning from institutionalized to home and community-based delivery models for pediatric rehabilitation
CLARITY	Co-designing a Health Literacy Tool for Migrants to Empower Primary Care and Community Support Networks
CO-ACT	CO-ACT – Co-Designing Adaptive Care Transformations for Aging Communities
CoCare	European Co-care Learning Ecosystems
DISA-LNT	Digital Innovation in Schizophrenia Assessment: Integration of AI-Powered Language Analysis and Neural Biomarkers for Enhanced Psychiatric Diagnosis. A Multi-National Validation Study of Quantitative Diagnostic Tools in Poland, Latvia, and Portugal
ENABLED	Empowering Near-home Antimicrobial Resistance Diagnostics
ENCOURAGE-ME	Engaging Coaching Outreach for Resilience in the Age of Chronic Fatigue: Education, Management and Empowerment for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)
ENHANCE-SVD	Early Intervention for Brain Health And Mobility in Cerebral Small Vessel Disease through Integrated Primary Care
eRECOVER	Integrated and coordinated digital care for mental disorders
GlaukomaCare	Bring glaucoma care to homes and communities
GOAL-MM	Goal-Oriented Action and Learning for Multimorbidity Management in Primary Care
IBD-CARE	IBD-CARE: Integrated Digital Solutions for Transforming Primary and Community Care in Inflammatory Bowel Disease
INTEGRA	Co-creation of an Innovative Telerehabilitation Ecosystem accessible on a Grand scale to persons with disabilities living in the community
LIZZ-TRANSCARE	Rehabilitation Assistance: An embodied companion to facilitate the rehabilitation of patients in the transition from hospital to home
MOMENT	Empowering Perinatal Care: Implementation Strategies for Midwifery-Led Models in Primary Healthcare Systems
MUSCLE	Streamlining Care for Musculoskeletal Disorders Through Lean Healthcare
PRIME	Primary Care and Mental Health Ecosystems: Towards Sustainable and Community-Based Care Pathways
PRIME-OncoTBC	PRIME-OncoTransition for Breast Cancer: A smooth hospital-community transition for people aged 65+ undergoing Post-treatment preventive Medication
SHIFT-EU	Scaling Health Innovations for Future Transformative Digital Self-Management in European Primary Care
SONETTO	Sarcopenic Obesity prevention by Nutrition, Exercise and Technology To prevent Overreliance on secondary care
SPACES	Strengthening Primary And Community Health Systems. Innovative Telerehabilitation and Telemonitoring Approaches: Enhancing Accessibility and Patient-Centered Care
STRIDE-COM	Smart Technology for Remote Intervention in Diabetic foot ulcer prevention in Community settings
WISH	Women's Integrated Support for Hormonal Health in early breast cancer