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Health NCP Net

Proposal Section 2.3 (Summary Table) – Health Examples

www.healthncp.net

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Health-NCP-Net 3.0 (HNN 3.0) is a network that facilitates transnational cooperation between National Contact Points (NCPs) for Cluster 1 “Health” (CL1) in order to identify and share good practices and raise the general standard of support to potential applicants of Horizon Europe in the health sector. We aim to help CL1 NCPs in their daily work and support easier access to Horizon Europe calls. Our services are tailormade to the needs of NCP colleagues and are free of charge. Additionally, several HNN3.0 products and activities are also directly addressed to Horizon Europe applicants. Find out more about Our Services.

The HNN3.0 Consortium consists of 17 NCP organisations with a balanced representation of experienced and less experienced CL1 NCPs across Europe. Regarding the new disciplines merged into CL1 under Horizon Europe, our consortium includes NCPs with expertise on other Clusters and programmes, the SSH (Social Sciences and Humanities) dimension, as well as insider knowledge on the Cancer Mission and the Health-related EU Partnerships.

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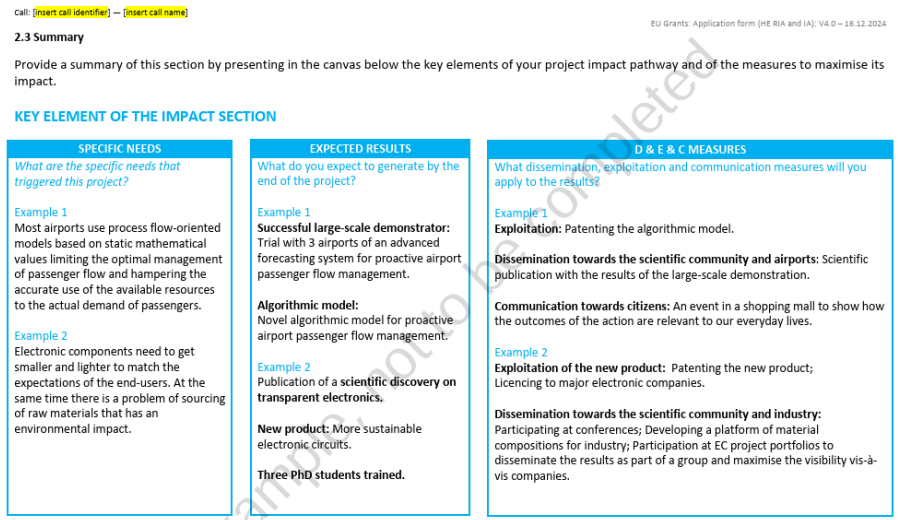
This document aims to guide Horizon Europe applicants in the preparation of their **Project Proposal, specifically the Section 2.3** of the Technical description (Part B), sharing tips and tricks to efficiently translate in the table, i.e. **Impact Canvas**, the key elements of the impact section, including different completed Canvases, that can be used as examples and references.

What's included?

- ❑ An Overview of the **Section 2.3 Summary**, aimed to provide a schematic overview of section **2. Impact** by presenting in a canvas form the key elements of project impact pathway and of the measures to maximize its impact.
- ❑ 1 Anonymous Impact Canvas from a funded proposal
- ❑ 2 "Example"of Impact Canvas for 2025 topics (produced from the initial elaboration of Deepseek AI tool)

The original Impact Canvas example from the EC Template:



call: [insert call identifier] — [insert call name]

EU Grants: Application form (HE RIA and IA): V4.0 – 16.12.2024

2.3 Summary

Provide a summary of this section by presenting in the canvas below the key elements of your project impact pathway and of the measures to maximise its impact.

KEY ELEMENT OF THE IMPACT SECTION

SPECIFIC NEEDS	EXPECTED RESULTS	D & E & C MEASURES
What are the specific needs that triggered this project? Example 1 Most airports use process flow-oriented models based on static mathematical values limiting the optimal management of passenger flow and hampering the accurate use of the available resources to the actual demand of passengers. Example 2 Electronic components need to get smaller and lighter to match the expectations of the end-users. At the same time there is a problem of sourcing of raw materials that has an environmental impact.	What do you expect to generate by the end of the project? Example 1 **Successful large-scale demonstrator:** Trial with 3 airports of an advanced forecasting system for proactive airport passenger flow management. **Algorithmic model:** Novel algorithmic model for proactive airport passenger flow management. Example 2 Publication of a **scientific discovery on transparent electronics.** **New product:** More sustainable electronic circuits. **Three PhD students trained.**	What dissemination, exploitation and communication measures will you apply to the results? Example 1 **Exploitation:** Patenting the algorithmic model. **Dissemination towards the scientific community and airports:** Scientific publication with the results of the large-scale demonstration. **Communication towards citizens:** An event in a shopping mall to show how the outcomes of the action are relevant to our everyday lives. Example 2 **Exploitation of the new product:** Patenting the new product; Licencing to major electronic companies. **Dissemination towards the scientific community and industry:** Participating at conferences; Developing a platform of material compositions for industry; Participation at EC project portfolios to disseminate the results as part of a group and maximise the visibility vis-à-vis companies.

2.3 SUMMARY - THE IMPACT CANVAS

Section 2.3 serves as a **concise visual summary** of the project's expected impact and the measures planned to maximize it. Its usefulness lies in several key areas:

- **Strategic Clarity**: It distills the main impact-related elements into a structured format, helping reviewers/evaluators quickly grasp the project's relevance, outputs, and intended influence.
- **Evaluator-Friendly Format**: The canvas layout ensures that evaluators can easily locate and assess critical information related to impact, which is a core evaluation criterion.
- **Internal Alignment**: It acts as a cross-check to ensure that the proposed dissemination, exploitation, and communication (DEC) measures are logically linked to the project's objectives and outcomes.
- **Planning Tool**: This section encourages applicants to think concretely about who the project is for, what it will deliver, and how results will reach intended users—promoting realistic and actionable impact planning.
- **Mandatory Requirement**: In most calls, completing this section is an admissibility condition. It ensures that the project is not only scientifically sound but also socially and economically meaningful.

2.3 SUMMARY - THE IMPACT CANVAS LOGIC

SPECIFIC NEEDS

What are the specific needs that triggered this project?

Insert here text for your proposal

Needs/problems that exist in the research field of the project (sometimes some of them are already mentioned in the topic text)

EXPECTED RESULTS

What do you expect to generate by the end of the project?

Insert here text for your proposal

Results produced by the project in order to face/solve the needs/problems/-gaps

D & E & C MEASURES

What dissemination, exploitation and communication measures will you apply to the results?

Insert here text for your proposal

Activities in order to maximise the impact of these results (DEC)

TARGET GROUPS

Who will use or further up-take the results of the project? Who will benefit from the results of the project?

Insert here text for your proposal

Specific users and beneficiaries of the project outcomes

OUTCOMES

What change do you expect to see after successful dissemination and exploitation of project results to the target group(s)?

Insert here text for your proposal

Effect of DECs measures in order to reach expected results towards our targets

IMPACTS

What are the expected wider scientific, economic and societal effects of the project contributing to the expected impacts outlined in the respective destination in the work programme?

Insert here text for your proposal

Long-term scientific, economic, or societal effects

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HOW TO APPROACH THE IMPACT CANVAS

Field	What to Include	Example (Cancer Diagnosis Project)
I Specific Needs	Define the real-world **problem** addressed by the project.	"Cancer diagnosis delays affect 30% of EU patients; lack of AI-based support for clinical decision-making."
II Expected Results	Summarize your **main deliverables and innovations** by project end.	"AI tool validated in 5 hospitals; 4 publications; 1 patent; CE marking roadmap; 2 PhD theses."
III DEC Measures *(Dissemination, Exploitation & Communication)*	Indicate **how and to whom** you will share results, **who will use them**, and **how** results reach society.	"Results shared at 3 major oncology congresses; software licensed to 2 health tech SMEs; 10,000 stakeholders reached via outreach."
IV Target Groups	List **specific users and beneficiaries** of the project outcomes.	"Oncologists, hospital IT teams, EU health ministries, cancer patient groups."
V Outcomes	Describe the **medium-term changes** you expect after use of results.	"Faster diagnosis in 10+ hospitals; 20% fewer diagnostic errors; policy uptake in 2 Member States."
VI Impacts	State the **long-term scientific, economic, or societal effects**.	"Increase in 5-year survival rate by 10%; cost savings of €3M annually per region; improved EU cancer policy alignment."

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HORIZON-HLTH-2021-CARE-05-02: Data-driven decision-support tools for better health care delivery and policy-making with a focus on cancer

SUCCESS PROPOSAL EXAMPLE 1

SPECIFIC NEEDS	EXPECTED RESULTS	D & E & C MEASURES
- Skin cancer patients treated with current therapy lack a predictive biomarker. As a result, **up to 40% of patients receive treatments that are ineffective for their specific tumour profile, leading to avoidable adverse events**. - Biomarker XY, the currently approved one, has many limits. Studies show it has a predictive accuracy of only ~55%, which means nearly half of the patients may not benefit from the therapy. **This lack of precision leads to a 20–30% reduction in overall survival, increased Grade 3–4 toxicity in up to 35% of cases, and contributes to unnecessary costs of €20,000–€50,000 per patient** per year due to ineffective treatment.	**Platform:** A big EU and beyond data storage platform for providing to physicians AI models for co-decision making, patients empowerment, and researchers will be developed and validated in a retrospective and prospective clinical study involving over 50,000 patient records across 7 EU countries. The platform is expected to support real-time access to 100+ AI models, serving an estimated 10,000 healthcare professionals and researchers within the first 3 years. **Algorithms:** A set of novel models for data extraction and prediction will be crafted for skin cancer prediction, trained on multi-modal datasets from more than 250,000 dermoscopic images and clinical records. The models aim to achieve a diagnostic accuracy of >90%, reducing false negatives by at least 30% compared to current clinical practice.	**Dissemination:** Scientific publication with results on our platform and AI models, targeting 4 high-impact peer-reviewed journals and presentation at 3 international conferences (e.g., ESMO, IEEE BHI), aiming to reach an academic audience of over 5,000 researchers. **Exploitation:** Patent for medical device to be filed within 12 months of project start, with expected licensing discussions involving 2–3 EU-based med-tech companies. **Communication:** A dedicated project website will be available to share data with all target groups, aiming for >10,000 unique visitors during the project lifespan, featuring multilingual access, project updates, and open datasets.

HORIZON-HLTH-2021-CARE-05-02: Data-driven decision-support tools for better health care delivery and policy-making with a focus on cancer

SUCCESS PROPOSAL EXAMPLE 1

TARGET GROUPS	OUTCOMES	IMPACTS
Skin cancer patients Healthcare professionals Researchers in skin cancer field Healthcare authorities and policy makers General Public SME	**- Use of the co-decision making AI tool provided by our app to patients and physicians:** Expected uptake by over 1,500 physicians and 20,000 patients across 5 pilot regions during the project duration, with a projected 25% reduction in decision-making time and 15% improvement in guideline adherence. - **Lung cancer community will use the new platform to share and exchange ideas and novel results:** Platform engagement by at least 50 research institutions, 200 clinicians, and 10 patient advocacy groups, with over 1,000 contributions shared annually including clinical protocols, trial outcomes, and AI-generated insights. - **Creation of a strong connection among EU and US for policy on data sharing**: Establishment of a bilateral task force involving 10 regulatory and policy organisations (e.g. EMA, FDA), with 2 joint policy white papers and 1 harmonised data governance framework co-developed and endorsed by both regions.	**Improving Overall Survival and Quality of Life in skin cancer patients**→ Expected 10–15% increase in 5-year survival rates through earlier intervention and optimized treatment pathways. **Reduce toxicity burden for skin cancer patients**→ Implementation of AI-guided decision tools could result in a 25% decrease in grade 3–4 adverse events. **Reduce costs for healthcare**→ Anticipated healthcare savings of €2,500–€4,000 per patient, driven by reduced overtreatment and fewer hospital admissions (15%). **Improving physician-patient relationship**→ personalized decision support tools improves shared decision-making, with 70% of patients reporting increased satisfaction in pilot surveys. **Boost the EU–Extra-EU exchange**→ Data-sharing agreements and collaborative pilots expected with 5 non-EU institutions.

TOPIC HORIZON-HLTH-2025-03-DISEASE-02-two-stage: Advancing innovative interventions for mental, behavioural and neurodevelopmental disorders

AI EXAMPLE 1

SPECIFIC NEEDS	EXPECTED RESULTS	D & E & C MEASURES
- Current treatments for mental, behavioral, and neurodevelopmental disorders face critical limitations, including **modest efficacy rates (30–50%), significant side effects** (reported in up to 60% of patients), and relapse rates exceeding 40% within one year. - There is a clear need for innovative, multidisciplinary interventions that combine pharmacological therapies with non-invasive approaches (e.g., digital tools, neurostimulation, psychotherapy) to **achieve sustained symptom reduction and functional improvement in diverse populations**. - Additionally, **less than 20% of mental health trials include underrepresented populations** (e.g., ethnic minorities, socioeconomically disadvantaged groups), data silos across institutions impede collaborative progress, and **over 70% of studies lack structured stakeholder engagement**. These gaps hinder the development of personalized and equitable mental health solutions across the EU.	**Novel therapeutic interventions**: Safe, effective combination therapies validated through 2 multicentre clinical trials involving over 1,200 patients across 5 EU countries, targeting at least 3 major NDD categories. **Mechanistic insights**: Identification of 10+ biomarkers and 4 surrogate endpoints via advanced imaging and multi-omics analyses in cohorts of up to 3,000 participants, **FAIR-compliant infrastructure**: Integration of harmonized clinical datasets into EU research infrastructures such as EBRAINS and ECRIN, ensuring 100% compliance with FAIR principles. **Stakeholder-optimized solutions**: Co-designed interventions involving at least 300 stakeholders, including patients, caregivers, clinicians, and policy advisors, **Real-world monitoring tools**: Deployment of wearable/unobtrusive technologies (e.g., smartwatches, biosensors) in a 12-month follow-up study of 500+ patients, with real-time analytics reducing relapse hospitalizations by an estimated 25%.	**Dissemination:** Peer-reviewed publications (target: 5 articles in high-impact journals), participation in at least 3 major EU conferences (e.g. ECNP, EPA, EABCT), and delivery of 2 policy briefs to national and EU regulators. **Exploitation**: Licensing of AI/digital tools to a minimum of 2 European SMEs, with projected reach to over 10,000 clinicians through commercial partnerships. **Communication**: Deployment of patient engagement platforms (6 webinars and 3 co-design workshops) expected to involve over 300 end-users, including patients, caregivers, and clinicians, to ensure interventions align with real-world needs. **Joint activities**: Dedicated budget of €150,000 allocated for participation in 4 cluster meetings, 2 cross-project collaborative workshops, and coordination with initiatives under the European Partnership for Brain Health to ensure policy and scientific alignment.

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TOPIC HORIZON-HLTH-2025-03-DISEASE-02-two-stage: Advancing innovative interventions for mental, behavioural and neurodevelopmental disorders

AI EXAMPLE 1

TARGET GROUPS	OUTCOMES	IMPACTS
Primary users: Clinicians, researchers, SMEs, and public health authorities (e.g., EMA, national regulators). **Beneficiaries:** Patients with mental neurodevelopmental disorders, caregivers, and healthcare systems. **Indirect stakeholders:** NGOs, patient advocacy groups, and policymakers shaping EU health strategies.	- **Clinical adoption**: Integration of validated interventions into standard care protocols across ≥5 EU Member States, reaching over 200 clinical sites and benefiting an estimated 100,000 patients annually. - **Enhanced collaboration**: Cross-border data sharing via 3 FAIR-compliant platforms, enabling joint access to over 500,000 anonymised patient records and facilitating collaboration among more than 120 research institutions across Europe. - **Patient empowerment**: Increased self-management capabilities through accessible digital tools and tailored therapies, with expected uptake by 60,000 users within 3 years and a 25% improvement in patient-reported outcome measures (PROMs) related to quality of life and symptom control.	**Scientific:** understanding transdiagnostic mechanisms and therapeutic personalization. **Economic:** 20–30% reduction in long-term healthcare costs via reduced relapse rates and hospitalizations. **Societal:** Improved quality of life for 500,000+ patients by 2030, with equitable access to cutting-edge treatments across socioeconomic groups.

TOPIC HORIZON-HLTH-2025-03-ENVHLTH-01-two-stage: The impact of pollution on the development and progression of brain diseases and disorders

AI EXAMPLE 2

SPECIFIC NEEDS	EXPECTED RESULTS	D & E & C MEASURES
Pollution is a critical yet understudied risk factor in the development and progression of neurological, neurodegenerative, and neurodevelopmental disorders. An estimated 9 million premature deaths globally (2019) are attributable to pollution, with air pollution alone responsible for approximately 200,000 annual deaths in the EU, some of which are linked to neurological outcomes. Current **scientific evidence is insufficient to fully elucidate causal links between pollutants and brain diseases, particularly in vulnerable populations** such as children, older adults, and occupationally exposed groups (over 30% of the European workforce may face chemical exposure). **Existing policies lack up-to-date, actionable data to mitigate these health risks effectively**. **Fragmented FAIR data on pollution-brain health interactions** hinder evidence-based decision-making and public awareness. **Less than 15% of studies include longitudinal or harmonised exposure and outcome measures**, limiting their applicability for regulatory use.	**Advanced mechanistic insights:** Identification of at least 8 molecular, 5 epigenetic, and 3 exposome-driven pathways linking pollution to brain diseases, with a focus on windows of susceptibility, supported by analysis of over 100,000 data points from epidemiological and experimental studies. **Validated tools**: Development of 2 in-silico and 3 in-vitro models, and validation of 4 novel biomarkers for early detection of pollution-induced neurodegeneration. **FAIR data repositories**: Creation of 3 open-access datasets containing harmonized data from >20 European cities, made available through IPCHEM and linked to EU chemical monitoring platforms. **Policy-ready evidence**: Generation of 10+ actionable recommendations, and 5 new health indicators to inform EU and global mitigation strategies. **Strengthened research networks**: Collaboration with at least 7 existing European cohorts, integration with 4 research infrastructures, and active contribution to the PARC initiative.	**Dissemination:** Peer-reviewed publications (target: 5–6 articles), 3 policy briefs submitted to national and EU-level authorities, and 4 thematic workshops reaching 200+ participants. **Exploitation**: 2 decision-support tools and 3 curated datasets shared via the JRC and ECHA platforms; licensing agreements with 1–2 regulatory partners or consulting firms for the application of predictive models in environmental health risk assessment. **Communication:** Public campaigns including 3 multilingual webinars (targeting 1,500+ attendees), 10 infographics distributed via health NGOs and municipal channels, and a social media campaign with a reach goal of 100,000 users across Europe. **Cluster activities**: Participation in 6 joint meetings, 3 thematic workshops, and co-development of a common dissemination strategy with at least 4 other Horizon-funded projects in the ENVHLTH topic area.

TOPIC HORIZON-HLTH-2025-03-ENVHLTH-01-two-stage: The impact of pollution on the development and progression of brain diseases and disorders

AI EXAMPLE 2

TARGET GROUPS	OUTCOMES	IMPACTS
Primary users: EU policymakers, public health authorities, and occupational safety agencies.→ These include over 150 national and regional public health bodies across the EU. **Beneficiaries:** Vulnerable populations (children, elderly, workers), clinicians, and researchers in environmental health. Around 20,000 clinicians and 5,000 researchers are actively engaged in brain health and environmental risk assessment across EU Member States. **Indirect stakeholders:** NGOs advocating for cleaner environments, international bodies (e.g. WHO), and industries committed to reducing pollutant emissions.	**Policy integration:** Adoption of project findings into EU directives on pollution control and workplace safety, supported by evidence from 5 policy briefs shared with 3 European institutions and 6 national environmental health agencies. **Behavioral change:** Increased public adoption of health-protective practices through accessible exposure insights, with a projected 25% improvement in risk awareness among urban populations and a 15% rise in self-reported protective behaviors (e.g., air quality app use, mask-wearing during high-pollution days). **Data accessibility:** Widespread use of FAIR data by researchers to advance interdisciplinary studies, with 4 harmonized datasets, over 50,000 individual data points, and expected reuse by at least 30 external research groups within 2 years of publication.	**Scientific:** Deeper understanding of the neuroexposome and pollution's role in comorbidities, supported by the analysis of 80,000+ cohort data entries, including multi-omics profiling and air quality exposure data across 5 European regions. **Economic:** Reduced healthcare costs via early intervention and prevention strategies, with projected savings of €1.2–2.4 billion per year EU-wide (representing 10–20% cost reduction in treatment of pollution-linked neurological conditions such as stroke and dementia). **Societal:** Enhanced protection of vulnerable groups (e.g. children, elderly, low-income populations), improved access to air quality data for over 50 million citizens, equitable health policies, and a 15–30% reduction in pollution-related brain disease incidence in EU urban hotspots by 2035, based on implementation of early exposure detection and policy integration.

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TIPS & TRICKS ON IMPACT CANVAS

✅ DOs	❌ DON'Ts
Be concise and clear – Provide a succinct summary of the impact.	**Don't copy-paste** from previous sections; this should be a high-level summary.
Highlight key expected outcomes – Focus on how your project aligns with Horizon Europe's expected impacts.	**Don't include technical jargon** or complex language that makes it hard to understand.
Use bullet points or short paragraphs for readability.	**Don't write overly long or dense blocks of text.**
Ensure consistency with the rest of the proposal (Sections 2.1 & 2.2).	**Don't introduce new ideas** or impacts not discussed earlier.
Tailor the summary to the call topic and expected outcomes.	**Don't use generic or vague statements** without linking them to the call.
Include measurable indicators of success, where applicable.	**Don't forget to mention how the results benefit Europe and its citizens.**
Use accessible language for evaluators from different disciplines.	**Don't assume prior knowledge** of your specific field.
Mention the broader societal, economic, or scientific benefits.	**Don't limit the focus to academic or narrow technical impact.**

"Impact is not what you do—it's the change you create."