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Research and Innovation

CORDIS Results Pack on procuring the innovation gap

Transforming European healthcare through Innovation Procurement

A thematic collection of innovative EU-funded research results

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Editorial

Health spending is one of the EU's largest and fastest-growing public expenditure categories, making it one of the biggest opportunities for innovation procurement and one of the most complex policy environments in which to deploy it. This Results Pack showcases nine Horizon-funded projects that demonstrate how unmet public sector challenges can be transformed into innovative, market-ready solutions through structured R&D procurement.

Europe's health systems are challenged by ageing populations, rising multimorbidity, workforce shortages and inequalities in provision. At the same time, digital technologies and personalised medicine are advancing faster than public systems can absorb them. The result is a widening gap between what is technically possible and what is routinely available to citizens. Innovation procurement is one of the EU's most powerful instruments for closing that gap.

Innovation procurement is a strategic innovation policy tool designed to help public authorities articulate unmet needs, stimulate market creativity and co-develop breakthrough solutions. Pre-commercial procurement (PCP) in particular enables public buyers to steer early-stage research and development where no suitable products exist, and fosters innovation. PCP reduces the risks traditionally associated with developing new products or services as well as adopting novel technologies, while ensuring that solutions are shaped by clinical, organisational and societal requirements.

This approach directly addresses several of the most persistent barriers to healthcare innovation. PCP derisks public investment in unproven technologies by sharing R&D costs with suppliers and by validating solutions before large-scale deployment. At the same time, it supports market access for companies, particularly SMEs and start-ups. By giving smaller innovators a clear pathway to refine their products and build credibility with procurers, PCP strengthens Europe's innovation ecosystem.

The benefits extend beyond individual technologies. Innovation procurement accelerates the time-to-market of cutting-edge solutions, ensuring that promising ideas translate into tangible results. This is critical in the area of healthcare where the needs are high but the development of innovations is time-consuming and costly.

It also contributes to Europe's broader strategic objectives: enhancing competitiveness, reducing dependence on external suppliers, and building more resilient, interoperable and patient centred health systems.

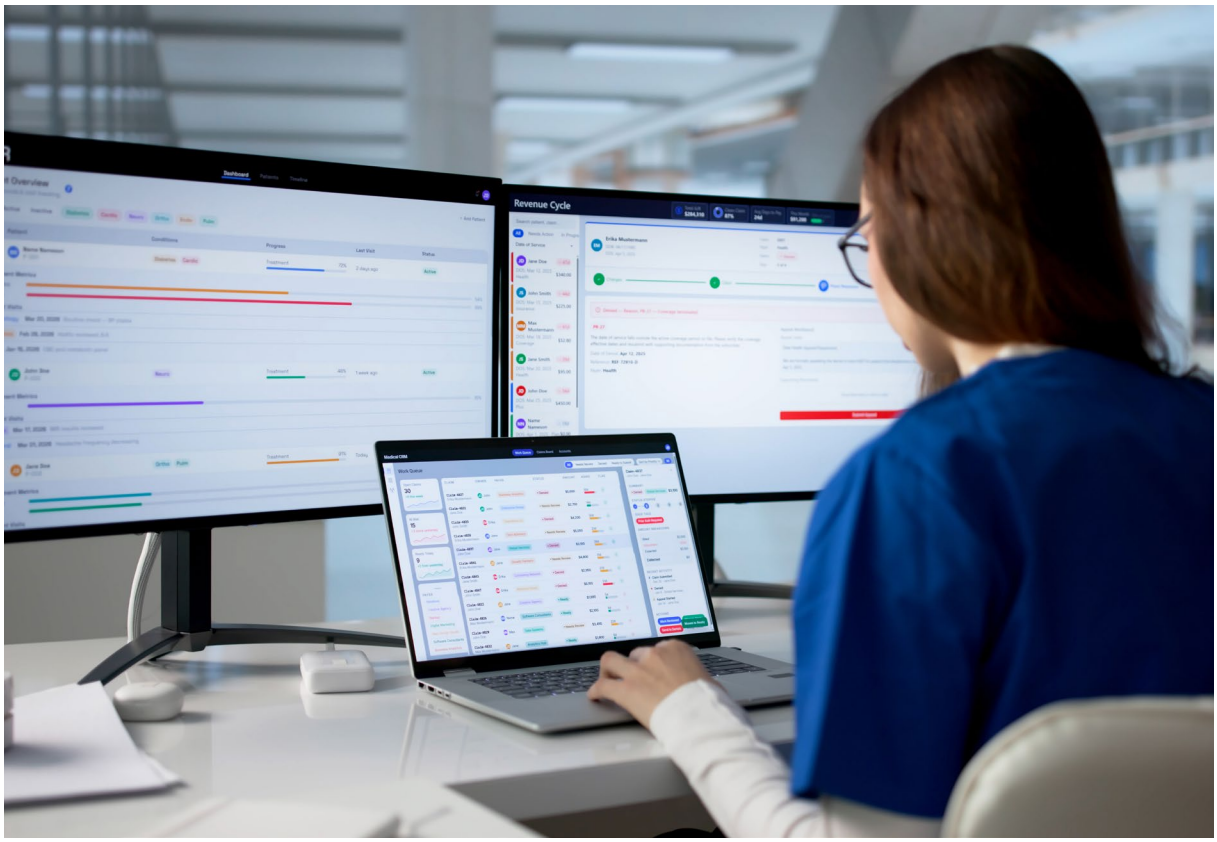
As Europe looks ahead to the next generation of health and care transformation, innovation procurement stands out as a catalyst for systemic change. The April 2024 Letta Report ('Much more than a Market') described it as "one of the most important levers to support startups, scale-ups and SMEs in developing new products and services". The Heitor Report ('Align, act, accelerate'), published the same year, recommends that Europe "unleash the power of demand by developing an innovation procurement programme".

In 2025, the Commission announced through the EU Life Sciences and EU Startup strategies plans to broaden the use of innovation procurement across the EU. Under the remainder of Horizon Europe, more than EUR 80 million will be spent to support innovation procurement addressing health issues in a wide range of applications in coming years, including access to personalised care, cancer treatments, experiment spaces and health adaptation to climate change. In addition, the EU4HEALTH 2026 programme is also using a PCP approach to fund the development of new treatments for infectious diseases.

By aligning public needs with market potential, it ensures that innovation serves society, strengthens strategic autonomy and delivers better outcomes for citizens and patients across the Union.

Digital solutions offer holistic care for patients with multimorbidity

Europe's ageing population means more patients with complex needs. Two market-ready digital platforms co-designed by the EU-funded Carematrix PCP project helped coordinate care in real healthcare settings in three countries.



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Europe's fragmented healthcare often leads to data gaps, inefficient resource use, increased costs and disjointed patient experiences.

These challenges are compounded for patients with multiple diseases, as clinical specialities focus on individual issues, leading to duplicated provision as well as missed treatment and diagnosis opportunities.

"Up to 65 % of people over 65 experience two or more long-term health conditions, with those from deprived areas at higher risk but with less care access," according to Fred Kjellson, Carematrix PCP project coordinator. "Chronic diseases cost the EU over EUR 700 billion annually. Of 2.2 million people in the Basque Country, for instance, 25 000 account for one third of health spending, and 75 000 account for half – the majority of whom are multimorbid."

Carematrix PCP's two co-developed digital solutions help ensure more integrated and efficient patient care.

Solutions driven by need, not technology

Carematrix PCP was a pre-commercial procurement (PCP) project which challenged the market to develop solutions to address unmet healthcare needs, at the same time reducing the risk for developers as buyers share the costs of early-stage research and development.

"Companies benefit from developing high-value solutions with ready potential healthcare customers," says Kjellson from Innovation Skåne in Sweden, the project host.

Multi-country stakeholder engagement, alongside a formal Open Market Consultation, led to the exploration of five use cases: early detection of multimorbidity risk, interdisciplinary collaboration, personalised care, care continuity, and patient and carer participation.

These platforms connect the holistic care dots, offering carers an overview of a patient's situation across settings.

Solutions targeted at patients, clinicians and carers were developed through three phases. Nine suppliers participated in phase one (conceptualisation), five in phase two (prototyping) and two in phase three, with the demonstration of two digital solutions.

Following the early identification of multimorbidity risks, the solution INCA offers shared care plans (accessible via an app) which benefit from artificial intelligence (AI) analysis of electronic health records (EHRs) and patient-generated data. Clinicians are supported by tailored clinical guidelines and patients with gamification techniques to encourage compliance.

Approaching multimorbidity as a coordination challenge unfolding across conditions and settings, the HOPE-CMX platform uses AI-assisted pattern recognition for early risk identification, co-developing care plans accessible through an app for patients and web application for clinicians. Additional functions include secure chat, a digital library and graphic visualisation.

"Imagine an elderly person currently seeing different specialists for diabetes, heart disease and depression. These platforms connect the holistic care dots, alerting clinicians when a patient's combined risk profile increases or treatments conflict, while offering carers an overview of a patient's situation across settings," adds Kjellson.

Practice, procurement and policy for change at scale

In-person testing of both solutions involved 150 participants across Norway, Spain and Sweden, including 64 patients, 70 clinicians and 16 next of kin. The results from both early-stage solutions were encouraging, outperforming standard usability requirements.

"Healthcare professionals highlighted the efficiency of having all information in one system, while patients and next of kin particularly valued improved care communication, guidance and continuity. One patient called it: 'A step in the right direction toward patient-centred care', adding 'I don't feel like just a body part!'" Kjellson notes.

Carematrix PCP highlights PCPs as innovation drivers, also underlined in the Draghi report on EU competitiveness. The project furthermore supports additional EU objectives including the European Health Data Space, advancing the case for data interoperability across care settings.

Carematrix PCP made a number of policy recommendations, especially through the 2CARE4EU White Paper. These include ramping up public-private co-financing partnerships, reduced administrative burdens, simplified ethical and regulatory approvals, and financial support post-project.

PROJECT
Carematrix PCP – Pre-commercial procurement for integrated CARE solutions addressing the Multimorbidity mATRIX in ageing populations

COORDINATED BY
Innovation Skåne in Sweden

FUNDED UNDER
Horizon 2020-HEALTH

CORDIS FACTSHEET
cordis.europa.eu/project/id/964370

PROJECT WEBSITE
carematrix.eu

Transforming chronic care in rural Europe through pre-commercial procurement

Where healthcare provision struggles to reach communities, innovative self-management can help patients manage chronic conditions. The EU-funded CRANE project envisions an integrated, person-centred care model built on data, digital tools and community ecosystems.



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Europe's population is ageing, and the number of people living with disabilities and chronic diseases is rising. Those in rural areas are less likely to have access to high-quality health services and programmes compared to people living in cities and suburbs.

Coordinated by authorities of Region Västerbotten in Sweden, the CRANE project is working to develop an integrated self-management model to improve the well-being of chronic patients, drawing on the potential of health data and piloting the concept of the European Health Data Space (EHDS).

The project focuses on three rural regions where more than 30 % of the population is aged 65 or over: Region Västerbotten in Sweden, Extremadura in Spain, and Region Agder in Norway. These areas are described as front runners in the demographic challenge and serve as testing grounds for solutions that are

designed from the outset to be transferable and scalable to larger urban contexts elsewhere in Europe and beyond.

CRANE's model aims to shift the role of the citizen from passive patient to active participant, targeting a situation in which more than 80 % of chronic patients move to self-care. This ambition rests on two pillars: healthcare from home and the ecosystem.

The garden of care

The first brings monitoring and intervention technology into the home, using intelligent data processing to enable actionable interaction with patients and reduce the need for professional healthcare visits. The second is referred to as the 'garden of care': an extended, flexible concept of integrated care that surrounds each person with a tailored network of health and social care services, family support and service providers, adapted dynamically to individual needs.

Central to the technical architecture is a secure public-private data platform. CRANE's unique approach is to make each citizen the owner of their own health data, allowing them to turn this into actionable support. The platform is designed to apply the latest encryption technology and to build trust through transparent and open data policies, as well as feedback mechanisms that demonstrate tangible health gains for users.

A value-based assessment framework runs throughout the procurement process, drawing on early health technology assessment (HTA), systematic literature reviews and stakeholder engagement. This framework evaluates potential value across four domains (patient, economic, clinical and organisational) at defined stages of the process, with the aim of generating evidence, identifying unmet needs and ensuring that solutions developed under CRANE are ready for value-based service procurement when the project concludes.

The expected benefits extend beyond clinical outcomes, encompassing improved mental health and social connectedness for older people, optimised use of public health and care resources, reduced rates of hospitalisation and emergency assistance, and strengthened local supply chains alongside new opportunities for European health innovation businesses.

PROJECT
CRANE – Comprehensive Treatment of Chronic Patients in Rural Areas

COORDINATED BY
Region Västerbotten in Sweden

FUNDED UNDER
Horizon 2020-HEALTH

CORDIS FACTSHEET
cordis.europa.eu/project/id/965277

PROJECT WEBSITE
crane-pcp.eu

Strategic planning tools deliver continuity of care

When emergencies occur, rapid data-driven planning is crucial to ensure Europe's healthcare systems are prepared. The EU-funded DYNAMO project created tools to help authorities respond faster, more coherently and more intelligently in periods of crisis.



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Crises including pandemics, heatwaves and cyberattacks are putting health and care service providers under ever-growing pressure, with limited digital tools capable of swiftly adapting service delivery in an intelligent manner. The DYNAMO project sought to address this by developing tools to better anticipate pressure points and mobilise services quicker when health services come under strain.

DYNAMO helps organisations maintain continuity of care, reduce avoidable disruption and protect access, safety and quality when systems are under stress.

To do this, DYNAMO focused on how health services are delivered and organised at a strategic planning level. "This was about how services, staff, capacities and resources can be reorganised across units, organisations and sectors, to maintain continuity under crisis conditions," explains project coordinator Lutz Kubitschke, from empirica, a private research and consultancy firm in Germany. "So, not simply 'more technology', but rather a strategic planning tool to help organisations model alternative service delivery pathways, assess likely impacts in advance and coordinate resources more effectively."

Structured crisis simulation exercises

DYNAMO used pre-commercial procurement to achieve its aims. Rather than buying an off-the-shelf product, the consortium created a competitive development process to stimulate innovation where no ready-made solution yet existed.

For this, the project brought together a multinational buyers group, comprising partner organisations from European health and care settings in Italy, Poland, Portugal and Spain. These included hospitals, regional health authorities and long-term care providers, supported by research organisations.

"This mix mattered because crisis response planning requires technical, organisational and care-related perspectives to come together," says Kubitschke. The project aimed to deliver a solution that was applicable across different national and organisational contexts.

The work itself was highly collaborative and highly competitive. Following the call for tenders, seven competing suppliers were selected to develop strategic planning tools. Two suppliers were ultimately selected to develop and test pilot systems.

"The procurers defined real high-pressure scenarios, ranging from heatwaves to staff shortages," remarks Kubitschke. "These were used to shape requirements and guide suppliers. Pilot versions were tested through structured crisis simulation exercises rather than live emergencies, which was both practical and ethically appropriate."

Sophisticated resilient service planning

Through these realistic simulations, DYNAMO demonstrated the benefits of data-supported strategic crisis planning. Available data was used to test the likely feasibility and consequences of alternative options before implementation, and to then plan resources, such as staffing.

The idea is that giving planners and decision makers the tools needed to respond more coherently in crisis situations can empower health and care providers and ultimately leads to better care.

"DYNAMO showed that pre-commercial procurement can be used in a structured and productive way to address a shared European health system challenge," says Kubitschke. "The project also helped procurers become more sophisticated in thinking about what resilient service planning actually requires: not just software, but also better cross-sector coordination, role clarity and training."

Key lessons gleaned from the experience include the importance of intuitive interfaces and clear user guidance, the need to retain proper human oversight, and the importance of feedback loops so that planned actions can be tracked and reviewed.

Better organised responses when crises escalate

Next steps include further refinement of strategic crisis pathway planning, moving towards potential uptake. "We need to demonstrate to health and care providers, public authorities and procurement bodies that these kinds of tools can also support wider business continuity planning and, potentially, aspects of routine service planning," notes Kubitschke.

While DYNAMO is not a clinical decision tool, it has a lot to offer patients. "DYNAMO helps organisations maintain continuity of care, reduce avoidable disruption and protect access, safety and quality when systems are under stress," adds Kubitschke. "The real value of a solution like this is fewer breakdowns in service continuity, more resilient service pathways for vulnerable groups and better organised responses when crises escalate."

PROJECT
DYNAMO – Modelling and dynamic assessment of integrated health and care pathways enhancing response capacity of health systems

COORDINATED BY
empirica in Germany

FUNDED UNDER
Horizon Europe-HEALTH

CORDIS FACTSHEET
cordis.europa.eu/project/id/101095516

PROJECT WEBSITE
dynamo-pcp.eu

Improving the quality of life for patients living with chronic heart failure through more integrated care

Cardiac disease is one of Europe's leading health issues. Innovative procurement by the EU-funded INCAREHEART project helped pioneer digital healthcare tools for those living with chronic heart failure.



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"Our current fragmented care approach doesn't always address all patient needs," explains INCAREHEART coordinator Åsa Hofsten, a project manager at the regional authority for Jämtland Härjedalen in Sweden. "They will receive necessary medical care, but there are other elements related to quality of life that need to be addressed."

Better integrating CHF care

More than 15 million people in the EU live with chronic heart failure (CHF), a progressive condition in which weakened heart muscles are unable to pump sufficient blood and oxygen around the body. The aim of the INCAREHEART project was to improve the integration of CHF care, across diagnosis, acute treatment and long-term care, ultimately improving the lives of patients.

To achieve this, a pre-commercial procurement (PCP) initiative was launched to develop new digital care solutions. PCP enables public authorities to share R&D risks and costs with suppliers through prototyping and testing, before large-scale deployment.

To begin, the project's five procuring entities (from Greece, Italy, Portugal, Sweden and Türkiye) identified the main care blocks that needed to be integrated. These included early detection and anticipatory care, care and follow-up, living with CHF, and tending to quality of life. Continuous management of the condition and seamless transition between caregivers was also highlighted.

"From this, we drew up an ambitious challenge for suppliers," says Hofsten. "This included 12 typical CHF use cases to help explain what was needed, as well the various functional, legal and organisational requirements. Patients, family groups and professionals were involved from the beginning in identifying requirements."

Suppliers were challenged to integrate a comprehensive set of key features such as digital shared care plans and monitoring tools into one modular ICT platform. An initial number of 15 suppliers were evaluated and refined to a final two.

Roll-out of digital prototypes

The two selected suppliers – consortia of SMEs and research institutions – developed digital prototypes and rolled these out across the five partner countries. Solutions included wearable sensors, digital scales and blood pressure monitors that patients could use at home. Data collected by these devices was sent automatically to healthcare professionals, allowing earlier intervention when needed.

"Carers could quickly see if something was off and take action," explains Hofsten. "This can help avoid hospitalisation, resulting in major cost savings and better quality of life for CHF patients."

[Digital tools] can help avoid hospitalisation, resulting in major cost savings and better quality of life for CHF patients.

A key element of the project was patient evaluations. "The feedback suggests that integrated digital tools can help patients to manage CHF more effectively," notes Hofsten. "There were reported signs of better health, and of patients able to move into less severe stages of CHF."

SMEs, healthcare organisations and patients

INCAREHEART has shown how PCP can be used to develop and test digital innovations that bring care providers, family carers and patients together along a shared care pathway. A key strength of digital tools is that they can give patients a more active role in their own care.

"The project also pushed us, as procurers, to think more carefully about what system development involves," adds Hofsten. "How can we effectively bring knowledge of patients and care into an IT project? We also had to think about varying levels of health system preparedness and digitalisation across different countries."

A key success of the project, Hofsten believes, has been the effective inclusion of SMEs, in addition to healthcare organisations and patients. "SMEs often have difficulty accessing the healthcare sector," she says. "The PCP approach can help SMEs to expand their market." Following project completion, the consortia involved in INCAREHEART have been developing plans for eventual commercialisation.

PROJECT
INCAREHEART – Pre-commercial Procurement of innovative ICT-enabled integrated care solutions to advance multidisciplinary health and care for patients with chronic heart failure

COORDINATED BY
Region Jämtland Härjedalen in Sweden

FUNDED UNDER
Horizon 2020-HEALTH

CORDIS FACTSHEET
cordis.europa.eu/project/id/965134

PROJECT WEBSITE
incareheart.eu

Integrated diagnostic workflows for personalised cancer care

Seamless workflows developed by the EU-funded Instand-NGS4P project ensure the massive amounts of data generated by DNA sequencing are translated into effective patient care.



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Next-generation sequencing (NGS) is a cutting-edge technology that is transforming cancer diagnosis and research. Huge amounts of data are generated through the sequencing of millions of small DNA fragments simultaneously, helping clinicians to identify specific mutations in cancers, select the most appropriate drugs and personalise treatments.

"NGS is now part of state-of-the-art patient care," says Instand-NGS4P project coordinator Kurt Zatloukal, professor of Pathology at the Medical University of Graz.

"However, bioinformaticians are often needed to manage and extract the huge amounts of information generated, which creates a major bottleneck for implementation in healthcare systems. There is also a lack of clarity about how innovative technologies like NGS can be applied to meet current regulatory requirements."

Collection to clinical decision-making

The project set out to ensure that the full benefits of NGS for patient care can be realised. A central aim was to seamlessly link patient sample collection, sequencing and lab work with clinical decision-making.

This was achieved by developing integrated and standardised NGS workflows for common and rare cancers in adults and children, through a pre-commercial procurement grant. This enables public authorities to share R&D risks and costs with suppliers through prototyping and testing before large-scale deployment.

"A buyers' group of leading medical centres with wide experience in patient care and oncology was formed," explains Zatloukal. "This group defined in the context of an open market consultation unmet needs, and also provided real patient data and samples for the development and tested the developed solutions."

The project team also comprised patient advocacy groups. These organisations were able to identify key patient needs and articulate the tangible benefits that a coordinated NGS workflow should achieve, as well as provided guidance on how results from NGS are properly explained to patients.

Complete cancer diagnostic workflow

Following a series of competitive calls for tender, innovative solutions were developed by technology providers to improve and coordinate various aspects of the NGS workflow and tested in real-world conditions. The complete diagnostic workflow included: pre-analytical steps such as specimen collection, storage and transport; and a decision support system for doctors that interprets a wide range of cancer-related data generated by NGS technologies as well as integrating data from clinical records.

"All this was a huge amount of work," notes Zatloukal. "The challenge to build a complete diagnostic workflow involved creating a number of different technologies and products. Some products such as new pre-analytical methods are already available on the market for research purposes. Next steps will include launching a public procurement of innovative solutions, which will help to achieve market readiness."

Guidance on building NGS workflows

Another key milestone from Instand-NGS4P has been the contribution to two European standards (CEN) on complete diagnostic NGS workflows. These standards, which build on the experiences of the project, are designed to help developers implement and integrate systems that will ultimately benefit patients.

The standards cover all the steps needed to obtain successful and reliable sequence results, from sample collection to library preparation and sequencing, through to analysis and reporting. "The standard provides guidance for developers, regulators and users on requirements for using NGS in medical diagnostics," adds Zatloukal. "This will help to overcome major barriers for bringing innovative NGS solutions to the diagnostic market."



This will help to overcome major barriers for bringing innovative NGS solutions to the diagnostic market.

This work currently feeds into the development of new ISO standards, ensuring global compatibility in the development of seamless NGS workflows. "I have never participated in a project like this that has had so many tangible outcomes," remarks Zatloukal.

PROJECT
Instand-NGS4P – Integrated and standardized NGS workflows for Personalised therapy

COORDINATED BY
Medical University of Graz in Austria

FUNDED UNDER
Horizon 2020-HEALTH

CORDIS FACTSHEET
cordis.europa.eu/project/id/874719

PROJECT WEBSITE
instandngs4p.eu

Using procurement to innovate cancer diagnostics

Genomic testing can make a real difference to diagnosis and treatment. The EU-funded oncNGS project supported the pre-commercial procurement of next-generation sequencing using liquid biopsy to help personalised treatments reach patients.



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Liquid biopsy, which analyses tumour DNA circulating in the patient's blood, has opened up new possibilities for profiling cancer without relying on tissue samples alone. But barriers stand in the way of its widespread clinical adoption in Europe.

"Circulating tumour DNA diagnostic testing is transforming genomic medicine, but several needs remain unmet or partially met, including sensitivity, and sustainable cost among other things," says oncNGS project coordinator Marc Van den Bulcke, head of the Cancer Centre at the Belgian national public health institute Sciensano.

Defining the problem

The project was built around a buyers' group of eight hospitals and public health organisations from five EU countries: Sciensano and Institut Jules Bordet in Belgium, Institut Curie and Hospices Civils de Lyon in France, Charité Universitätsmedizin and Ludwig Maximilians Universität München in Germany, Alleanza Contro il Cancro in Italy and Institut Català d'Oncologia in Spain.

OncNGS pursued a pre-commercial procurement (PCP) model, asking suppliers to develop new solutions that could meet their clearly defined clinical needs.

The consortium first agreed on the main requirements for next-generation sequencing (NGS) testing, that included sensitivity, turnaround time, affordability, data sharing and different deployment models. And after assessing what was already available, they launched an open market consultation to see whether suppliers could meet those needs. The results then shaped the call for tender which led to the first development phase.

From requirements to testing

In Phase 1, four suppliers worked on possible solution designs. Three of them then moved into Phase 2, where they built and tested prototypes over the next 12 months.

Two shortlisted systems from Agilent Technologies Belgium and KU Leuven moved into Phase 3, which focused on how the NGS testing systems would work in practice.

Better access to broad tumour profiling can mean better diagnosis.

The prototypes were deployed and tested both at the suppliers' facilities and across seven pilot sites, including the Institut Català d'Oncologia in Spain, Hospices Civils de Lyon in France and the Institut Jules Bordet in Belgium among others.

The systems were trialled using real clinical samples, alongside the hospitals' own staff and existing sequencing methods. The objective was to evaluate performance, and also to assess whether the systems were technically, financially and commercially feasible in practice. "We wanted to develop a solution that could be used in different settings and fit the needs of hospitals in practice," adds Van den Bulcke.

The path to adoption

The longer-term goal of oncNGS isn't only to improve testing, leading to better treatment for patients, but to make it easier to use in hospitals and more sustainable for public health systems.

The project's final event, held in Brussels in April 2026, presented both the technical foundations and the clinical value of the work, including input from Agilent Technologies Belgium and KU Leuven whose systems were tested in the pilots.

The project has shown how public buyers can work together across borders to shape the development of better cancer diagnostics. Early Phase 3 results are also encouraging: The tests developed by Agilent Technologies Belgium and KU Leuven are both working well, and appear to detect more treatment-relevant cancer-related genetic changes than the smaller tests currently used do. If confirmed, these could give patients access to more and better treatment options.

"Better access to broad tumour profiling can mean better diagnosis and, where treatments are available, more options for patients," concludes Van den Bulcke.

PROJECT
oncNGS – NGS diagnostics in 21st century oncology: the best, for all, at all times

COORDINATED BY
Sciensano in Belgium

FUNDED UNDER
Horizon 2020-HEALTH

CORDIS FACTSHEET
cordis.europa.eu/project/id/874467

PROJECT WEBSITE
oncngs.eu

Smarter procurement for better European healthcare

By building a network of procurement of innovation stakeholders, the EU-funded Procure4Health project is helping European healthcare systems move from reactive buying to a more demand-driven approach.



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Across Europe, healthcare faces the challenge of doing more with limited resources. "Procurement usually focuses on buying finished products," says project coordinator Carlos Larrañeta Gómez-Caminero, from the Andalucian Public Foundation for Progress and Health (website in Spanish) in Spain. "We wanted to approach it the other way round. Defining our challenges and then going out to the market to find solutions."

Flipping the model

Procure4Health set out to change how European public health systems adopt innovation. Instead of adapting to solutions already on the market, the project encouraged public health buyers to identify their needs first and then invite developers to respond.

Procure4Health brought together 33 partners from 15 countries, covering health and social care procurers and supporting organisations at local, regional and European level, all testing new ways of bringing innovation into healthcare.

One of the project's main tasks was to help buyers pin down their procurement needs. Partners worked in groups on topics such as digital health, sustainability, precision medicine and integrated care, alongside work on value and impact. Together, they defined the challenges common to all countries, decided which ones to prioritise and tested them with suppliers through open market consultations, following the EAFIP methodology.

The project also funded 29 cascade training opportunities helping spread experience across Europe and supported twinning partnerships designed to share knowledge and build capacity, alongside a detailed action plan produced for health organisations new to the approach. Additionally, insights and takeaways from the project were published and brought together in a book.

A concrete result

One of Procure4Health's key outcomes is THERESA PCP, a follow-on EU project which brings together hospitals and research organisations from Belgium, Estonia, the Netherlands, Poland and Spain to develop on-site systems for treating hospital wastewater and removing some of healthcare's most hazardous pollutants.

Currently, there is no single process that handles antibiotics, cytostatic drugs and antibiotic-resistant bacteria altogether. "An open market consultation showed that solutions existed for individual pollutants, but not for all of them together," notes Larrañeta. A pre-commercial procurement approach allowed health systems to develop and test a more complete solution. "Seeing this shared challenge developed during the project turn into a funded PCP was a real achievement," he adds.

Cross-border cooperation

The project also changed how health buyers collaborate across Europe. In Belgium and France, central purchasing bodies involved in the project formed a new partnership, allowing them to work together more effectively on innovative solutions. For smaller or more fragmented health systems, this kind of joint approach can make procurement of innovation easier and more economically viable.

Procure4Health also highlighted the importance of value-based procurement, especially for healthcare providers trying to judge whether a new solution is worth adopting in practice. This remained one of the project's key follow-on areas, as partners continue to work on procurement criteria that go beyond price alone.

The road ahead

Procurement usually focuses on finished products; we wanted to approach it the other way round.

Although the project ended in May 2025, work hasn't stopped for Procure4Health. Partners continue to focus on procurement criteria related to sustainability and value, while developing follow-on proposals. The project also published a policy paper that makes recommendations and proposes practical measures to strengthen understanding, build capacity and scale up innovation procurement in healthcare across Europe.

But for Larrañeta, this is about more than procurement. "Almost 25 % of clinicians' weekly activity is devoted to administrative tasks," he notes. Reducing that burden could free up more time for clinicians to focus on patients.

PROJECT
Procure4Health – Healthcare Innovation Procurement Network

COORDINATED BY
Andalucian Health Service in Spain

FUNDED UNDER
Horizon Europe-HEALTH

CORDIS FACTSHEET
cordis.europa.eu/project/id/101057209

PROJECT WEBSITE
procure4health.eu

Delivering care to Europe's remote communities

The EU-funded ROSIA project developed a new model of rehabilitation care designed around remote self-management, that aims to boost clinical services in isolated rural regions.



© Robert Peak/stock.adobe.com

As urbanisation increases across Europe, many rural areas face depopulation. Those who stay behind tend to be older and at higher risk from conditions which require long-term rehabilitation, such as stroke, joint problems and chronic obstructive pulmonary disease. The decline in the younger population also drains the number of healthcare professionals in the area.

"Without enough patients to justify a specialist clinic, and without enough staff to run one, rural areas effectively become 'service deserts', places where the care exists in principle but not in practice," explains Claus F. Nielsen, tech & innovation lead of ROSIA.

The Barbastro area of Aragon in Spain is a mountainous terrain with scattered villages. Driving to the nearest rehabilitation centre can mean a two-hour round trip for a patient who may already struggle with mobility.

"For someone recovering from a stroke or a spinal cord injury, that is simply not sustainable as a long-term care model," remarks Sofía Moreno-Pérez, procurement coordinator for ROSIA. "In the regions we worked with, the issue is not that rehabilitation does not exist – it is that distance and workforce shortages make it inaccessible for the people who need it most," she adds.

To address this, the ROSIA team developed a new, flexible and scalable model of care organised around self-management to provide better clinical services to depopulated areas.

"The core idea behind ROSIA was straightforward: if patients cannot reliably get to a rehabilitation clinic, bring the clinic to them – through their screen, their phone or a wearable device," explains Nielsen.

A new tech-driven self-care model

The team developed the 'ROSIA Service Catalogue', a prescribable set of validated digital tools for use at home. The patient does their rehabilitative exercises, the system records the data, and the clinician monitors progress remotely and adjusts the programme as needed.

The solutions didn't fully exist when the project started, so the team used EU procurement rules to challenge the market: running a competitive process across three phases, with funding for R&D at each stage. This process delivered two platforms, RAISE and REHABILIFY, both developed and refined in response to consortium clinical requirements.

"The pre-commercial procurement framework gave us something traditional procurement cannot: the ability to actively shape what gets built, rather than choosing from whatever already exists," notes Moreno-Pérez.

Real-world pilots then took place across Ireland, Portugal (website in Portuguese) and Spain (website in Spanish). Over 10 months, 124 patients and 36 healthcare professionals used the platforms across seven different conditions.

Demonstrating a digital rehabilitation platform

The most important result was that the systems worked both clinically and technically across three different health systems. "Getting a digital rehabilitation platform to function reliably across all three is the proof of concept that this approach can scale," Nielsen says.

Feedback from healthcare professionals was also encouraging. After initial scepticism, clinicians saw how remote monitoring gave more and continuous visibility of patient progress.

The core idea behind ROSIA was straightforward: if patients cannot reliably get to a rehabilitation clinic, bring the clinic to them.

Moreover, ROSIA demonstrates how procurement itself can be used to innovate: rather than waiting for the market, healthcare systems can commission exactly what they need. "That shift in mindset – from passive buyer to active shaper of the market – is, I think, the most transferable lesson from the project," remarks Nielsen.

Europe's continuing demographic and urbanisation trends underscore the value of this approach, says Nielsen. "Remote care is not a 'nice-to-have', it is an inevitability."

PROJECT
ROSIA – Remote Rehabilitation Service for Isolated Areas

COORDINATED BY
Institute for Health Sciences of Aragon in Spain

FUNDED UNDER
Horizon 2020-HEALTH

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PROJECT WEBSITE
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Integrated care to avoid hospitalisation for heart failure patients

Cardiac disease is a leading health challenge in Europe. Artificial intelligence and smart monitoring systems developed with the support of the EU-funded TIQUE project aim to reduce the hospitalisation risk for patients with heart failure.



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Heart failure (HF) remains the leading cause of hospitalisation among people over 65. More than 15 million people in Europe live with the condition, placing a significant burden on patients' quality of life and Europe's healthcare systems. Treatment is complex and, if not properly managed, can lead to further hospitalisations. Preventing such avoidable admissions remains one of the key challenges in HF care today.

"HF management is particularly complex because patients often require multiple medications that need to be carefully titrated over time," says Mireia Puig, director of emergency service at the Hospital of the Holy Cross and Saint Paul in Barcelona, Spain. "Monitoring patients after discharge is key to adjusting medication to the real needs of patients and to improving patient adherence."

Through the EU-funded TIQUE project, a consortium of public healthcare procurers drove the development of innovative solutions by challenging providers to address a shared clinical need for in-home care. Through a competitive R&D process, two different integrated systems – TIQUE-V and Plat4TIQUE – were developed and tested. Each combines flexible care pathways, smart home monitoring devices and artificial intelligence (AI) to anticipate potential clinical deterioration.

TIQUE demonstrated that remote monitoring can lay the groundwork for more proactive care and reduce the likelihood of unnecessary hospitalisations.

"By enabling early detection and timely intervention, this integrated approach has the potential to reduce avoidable hospitalisations, improve patient outcomes and optimise the use of healthcare resources," explains Puig, who acted as principal investigator of TIQUE.

Developing smart care models

TIQUE's solutions integrated care pathways combining continuous monitoring with structured follow-up through a 'Virtual Care Centre'. This model brings together dedicated professionals working in close coordination with hospital clinicians, supported by a digital platform prepared to incorporate AI-based models to analyse patient status and detect early signs of deterioration.

Real-world pilots were conducted across three sites: Hospital of Saint Paul, ASL Avellino in Italy and Region Västerbotten in Sweden. The project's two new solutions were tested both in patients' homes and in clinical settings.

"Both solutions demonstrated in real-world conditions that they were capable of operationalising the TIQUE integrated care model and generated valuable evidence to inform the next phase of the project," says Caterina Sampol, coordinator of the project.

A blueprint for HF treatment across Europe

One of the most significant results was the development of a fully integrated, patient-centred care model that combines clinical, technological and organisational innovation.

"The project demonstrated that remote monitoring can enable early detection of decompensation, laying the groundwork for more proactive care and reducing the likelihood of unnecessary hospitalisations," notes Sampol, who acts as procurement manager at the Hospital of the Holy Cross and Saint Paul.

Evidence from the pilot sites showed improvements in care coordination and multidisciplinary collaboration, visibility of patient status for clinicians, and patient engagement in self-management.

TIQUE has developed a transferable 'blueprint' for HF that can be adapted by other regional healthcare systems across Europe, which includes technological components, care pathways and governance models required for effective implementation.

A broader shift in European healthcare

The project contributes to a transformation of European healthcare systems from reactive, hospital-centred care towards proactive, home-based and patient-centred models.

"The solutions developed are not limited to HF and could be extended to other chronic conditions facing similar challenges, such as COPD or diabetes," adds Mireia Mei Torrecillas, the TIQUE Monitoring Team's biomedical engineer.

Both solutions continue their path towards commercialisation. TIQUE-V is currently active in several European markets, while Plat4TIQUE is progressing towards certification within the next two years. A Plat4TIQUE pilot in Avellino will be extended to further strengthen its evidence base.

PROJECT
TIQUE – InnovaTIve care services, enhanced with technology, to deliver QUick rEsponses for individuals with advanced heart failure and complex care needs through integrated care

COORDINATED BY
Hospital of the Holy Cross and Saint Paul in Spain

FUNDED UNDER
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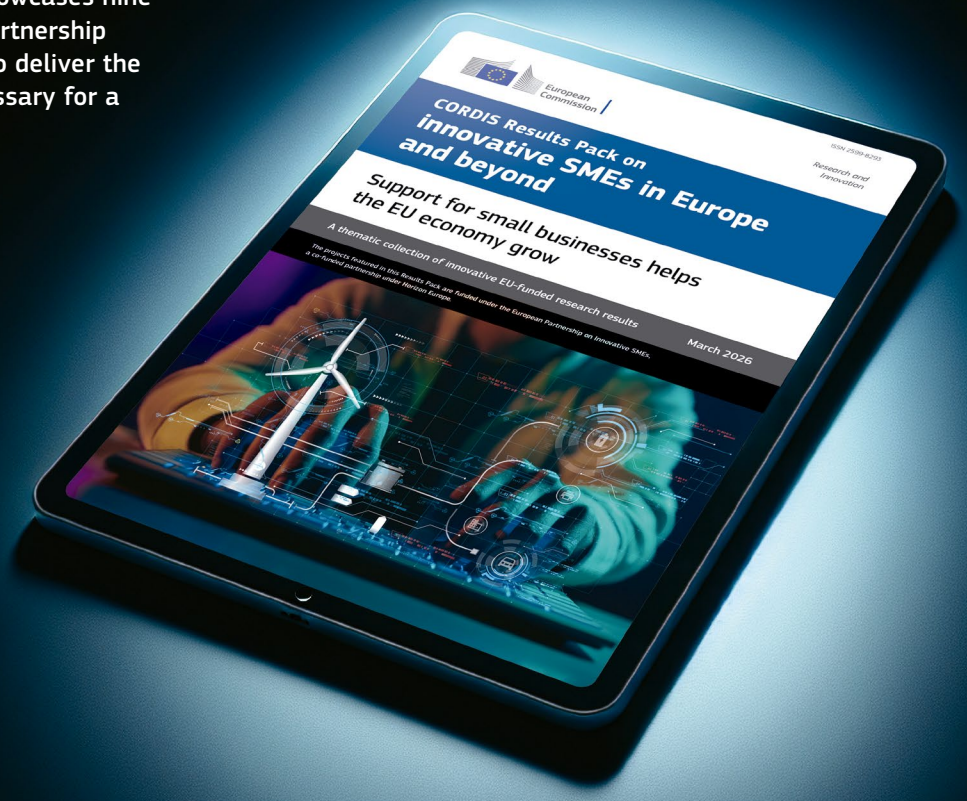
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