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Updating the Strategic Research and Innovation Agenda of European Partnership ERA4Health: Written Consultation

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Section A – Introduction

The European Partnership "Fostering an ERA for Health Research" (ERA4Health) strengthens European transnational collaboration in health research and increases joint research funding in priority areas addressing European public health needs. ERA4Health-funded activities cover the full research continuum, including basic, pre-clinical and translational research as well as investigator initiated clinical studies (IICS).

The Strategic Research and Innovation Agenda (SRIA) of ERA4Health defines the strategic priorities and action areas that guide the (funding) activities during its remaining implementation period and beyond. The SRIA aims to align national and regional research priorities and to foster collaboration among participating countries and key stakeholders in the health sector.

An online workshop with invited experts in February 2026 marked the first major milestone in the current SRIA update process. The outcomes of this workshop have been integrated into the current draft of the updated SRIA.

The present written consultation represents the second step in this process. Its objectives are to validate the current draft SRIA – particularly the updated research priorities outlined in Chapter 5 – and to collect additional input to further refine and strengthen the document.

Your participation and feedback are highly valued. All contributions submitted through this survey will carefully be reviewed and considered. The results of this consultation will feed into the final draft of the updated SRIA which will subsequently be submitted for adoption by the Management Board of ERA4Health.

You are kindly invited to review the SRIA carefully (with particular attention to Chapter 5) and complete the questionnaire, preferably as a consolidated response representing the views of your funding organisation /other institution/ministry. Please download the draft SRIA document by clicking on the link below:

Download
SRIA_ERA4HEALTH_3rd_update_draft_v2.1.pdf

*The deadline for submitting your responses online is **12th of June, 2026**.*
If you have any questions regarding the survey, please don't hesitate to contact us at: era4health@dlr.de

Thank you in advance for your contribution!

On behalf of the ERA4Health WP9 team

Section B - General information

* 1. Given Name

Birgit

* 2. Family Name

BEGER

3. I respond on behalf of

* ☐ Myself
☑ My organisation
☐ Other. *Please specify*:

4. My/my organisation's affiliation to ERA4Health:

STAB member organisation

5. Name of the organisation you are representing (if applicable):

European Heart Network (EHN)

6. Your role/position in your organisation (if applicable):

CEO

* 7. Country

BE - Belgium

* 8. E-mail

bbeger@ehnheart.org

Section C – Feedback on research priorities

The content of the research priorities in the SRIA (pages 18 – 42) have been reviewed and discussed by a panel of invited experts in a half-day workshop in February 2026. The text highlighted in blue has been added or updated as an outcome of the workshop.

When reading the chapters, please consider if anything important is missing from your perspective. If so, please phrase the sentence(s), that should be added, and mention the line number where your input should be incorporated.

9. Do you have any specific comments to the identified research priorities in the field of "**Prevention and Public Health strategies**" (chapter 5.1.1, pages 19 – 23)?

○ No
◉ Yes. *Please specify*:

We kindly ask you to copy the text passage, sentence, or to mention the line numbering of where you would like to change something. Please make a concrete suggestion on how to improve the text.

Page 19, Line 439-441:

EHN considers that research and policy should place greater emphasis on the environments and systems that shape health outcomes. Effective prevention requires policy measures that enable people to live in environments that support and protect health, rather than approaches that focus predominantly on individual lifestyle behaviours.
A narrow focus on individual behaviour risks framing ill health as the result of personal choice, while insufficiently accounting for the broader social, environmental, economic, and commercial determinants that influence those choices. This perspective is currently not adequately reflected.
Future research should therefore give greater attention to the health harms associated with certain industries, products, and commercial practices, and to the ways in which these shape population-level risk factors. Research priorities should include the impact of unhealthy commodity industries, the effectiveness of regulatory and fiscal policy measures, and the role of health-promoting environments in reducing disease burden and health inequalities.

Page 19, Line 450-455:
The role of advertising, marketing, and promotion of health-harming products should be more explicitly addressed. The scale and intensity of commercial promotion for products such as tobacco, alcohol, and unhealthy foods has a significant influence on population health behaviours and risk exposure. Research should examine not only the health impacts of these products, but also the commercial strategies used to promote them and the extent to which the health and societal costs they generate are externalised rather than borne by the companies that profit from them. Transgender and gender-diverse populations should also be included in this research agenda. These groups remain significantly under-researched, despite the close interconnections between gender-affirming hormonal therapies, cardiovascular risk, and broader determinants of health. Further investigation is needed to better understand these associations, address evidence gaps, and provide physicians and patients with clearer, evidence-based guidance.

Page19, Line 460-461:
As noted in our earlier comments, research should move beyond a primary focus on individual behaviour and give greater attention to the wider pressures that shape health-related choices. Even where individuals wish to live healthier lives, they are often exposed to strong commercial, social, and environmental influences — including marketing, social media, peer pressure, and the limited availability or affordability of healthier options — that can drive unhealthy behaviours.
Research should therefore examine how these pressures can be reduced through population-level and policy interventions. This should include measures to restrict the marketing and promotion of health-harming products, reduce social and commercial drivers of unhealthy consumption, and improve the availability, accessibility, and affordability of healthy products and environments. Such an approach would better reflect the structural determinants of health and support more effective prevention than research focused predominantly on individual behaviour change.

10. Do you have any specific comments to the identified research priorities in the field of "**Nutrition- and lifestyle-related-diseases**" (chapter 5.1.2, pages 23 – 27)?

- ○ No
- ◉ Yes. *Please specify*:

We kindly ask you to copy the text passage, sentence, or to mention the line numbering of where you would like to change something. Please make a concrete suggestion on how to improve the text.

Page 26, Line 690
The issue of Ultra-Processed-Food and its impact on health should be included.

11. Do you have any specific comments to the identified research priorities in the field of "**Cardiovascular diseases**" (chapter 5.1.3, pages 28 – 32)?

- ○ No
- ◉ Yes. *Please specify*:

We kindly ask you to copy the text passage, sentence, or to mention the line numbering of where you would like to change something. Please make a concrete suggestion on how to improve the text.

Document page 32, lines 907-920 [PDF page 33]

Current text refers to clinical studies in cardiovascular diseases, including primary and secondary prevention and high-risk populations.
Suggested change: Please add vaccination as a potential element of cardiovascular prevention. We suggest adding:
"The role of vaccination as part of cardiovascular prevention should also be considered, particularly for highrisk groups, older people, people with multimorbidity and people living with established cardiovascular disease. Research should assess cardiovascular outcomes, implementation, equity, uptake and cost-effectiveness."

Document page 32, lines 924-926 [PDF page 33]

Suggested change: Please qualify this statement to distinguish health technology innovation from healthharming industries. We suggest adding:
"Industry participation should be subject to robust conflict-of-interest safeguards. Industries whose products are major drivers of non-communicable diseases should not influence research agendas, governance, evaluation or policy-related research on prevention, regulation or commercial determinants of health."

Document pages 22 and 28, lines 549-596 and 773-786 [PDF pages 23 and 29]
Current text refers to system-level dynamics, climate, environmental change and healthier environments for cardiovascular prevention.
Suggested change: Please make environmental determinants of cardiovascular health more explicit. We suggest adding:
"Research should address environmental determinants of cardiovascular health, including air pollution, climaterelated risks, urban environments, transport, housing and access to green and active spaces. It should identify policies that deliver co-benefits for cardiovascular health, climate and equity."

Document page 28: about 'rural' underprivileged situation (line 793).

While this may appear to be a matter of detail, its implications for research programming are significant. Many underprivileged communities are not necessarily "rural" but would nevertheless benefit from, and should have access to, point-of-care testing. Underprivileged settings also exist, for example, in urban areas of high- and middle-income countries. The definition of underprivileged contexts should therefore be broadened in Strategic Research and Innovation Agendas (SRIAs) to ensure that research priorities reflect these diverse realities.

12. Do you have any specific comments to the identified research priorities in the field of "**Nano and advanced technologies**" (chapter 5.1.4, pages 33 – 41)?

- (●) No
- ( ) Yes. *Please specify*:

13. Do you have any specific comments to the identified research priorities in the "**Room for flexible funding topics**" (chapter 5.2, pages 41 – 42)?

- (●) No
- ( ) Yes. *Please specify*:

Section D – Feedback on the general SRIA sections and specific questions

14. Do you have any specific comment on the first four chapters?

1. Executive Summary (p. 4-5)
2. Introduction (p. 6-7)
3. Objectives & Expected Impact (p. 8-13)
4. Possible funding instruments (p. 14-17)

- ( ) No
- (●) Yes. *Please specify*:

We kindly ask you to copy the text passage, sentence, or to mention the line numbering of where you would like to change something. Please make a concrete suggestion on how to improve the text.

Page 9: Line 174-182:A Life long learning concept is recommended.

Page 10 Line 204: health inequalities based on sex, gender, age, socio-ecnomic and educational background, where applicable: ethnicity, migration background.

15. Are **Responsible Research and Innovation (RRI) aspects** sufficiently covered in chapters 5.1 and 6?

- ( ) Yes
- (●) I don't have an opinion on that question
- ( ) No. *Please specify*:

16. Are there any additional **relevant EC documents/strategies** that should be referenced in the updated SRIA?

- ( ) No
- (●) I don't have an opinion on that question
- ( ) Yes. *Please specify*:

17. Do you see any additional **synergies in the identified research priorities with other European Partnerships** (especially from the Health Cluster) that should be mentioned in the updated SRIA (e.g. in chapter 7. Link with other Partnerships and relevant EU programmes)?

- (●) No
- ( ) I don't have an opinion on that question
- ( ) Yes. *Please specify*:

Section E – Final comments

If you have any other comments, please insert them here:

From an EHN perspective, the SRIA should give stronger and more consistent priority to population-level prevention and the structural determinants of cardiovascular and other non-communicable diseases. References to determinants of health, commercial determinants, inequalities, healthy environments, economic evaluation and implementation should be reflected across the objectives, research priorities, funding instruments and indicators.

Research should give greater priority to policy and regulatory measures that shape the environments in which people live. This includes the availability, affordability, promotion and consumption of health-harming products, and policies that make healthy choices easier and more accessible. The focus should not be primarily on individual behaviour change, but on the structural, commercial, social and environmental pressures that shape health-related choices.

The role of commercial determinants of health should be strengthened throughout the SRIA. Research should examine how marketing, product design, pricing, lobbying, sponsorship, digital promotion and other commercial practices influence population health and cardiovascular risk. This should include industries producing or promoting tobacco and nicotine products, alcohol, unhealthy foods and drinks, and other products that contribute to disease burden. Research should also assess how health and societal costs are externalised, and how policy can better ensure accountability.

The SRIA should include stronger safeguards on conflicts of interest and industry involvement. While collaboration with industry may be relevant in some areas of health technology, research agendas, call design, governance and evaluation processes should be protected from undue influence by health-harming industries, particularly where research concerns prevention, regulation, public health policy or commercial determinants of health.

Health economics and prevention implementation research should be recognised as core priorities. Research should assess the economic value of prevention, including return on investment, avoided healthcare costs, productivity gains, reduced social costs and the cost of inaction. It should also examine why effective prevention measures are not sufficiently adopted, implemented, scaled up or sustained, including political, administrative, commercial, financial and social barriers. Natural experiments and real-world evaluations of regulatory, fiscal and environmental interventions should be encouraged.

Meaningful involvement of patients and patient organisations should be embedded as a quality-control requirement across all research funded under the SRIA. Patient involvement should not be treated only as consultation, but as a way to improve the relevance, acceptability, feasibility and quality of research. Patients should be involved in priority-setting, call design, governance, study design, selection of outcomes,

dissemination and implementation.

The SRIA should be more explicitly aligned with the EU Cardiovascular Health Plan/Safe Hearts Plan and wider EU prevention and NCD policy priorities. The research agenda should support comprehensive cardiovascular health policies, including primary prevention, early detection, secondary prevention, rehabilitation, health equity and patient-centred care. The role of vaccination as part of cardiovascular prevention should also be considered, particularly for high-risk groups and people living with cardiovascular disease.

Environmental determinants of cardiovascular health should be more clearly reflected, including air pollution, climate-related risks, urban environments, transport, housing and access to green and active spaces. Research should assess the cardiovascular health impacts of environmental policies and identify interventions that deliver co-benefits for health, climate and equity.

Equity should be embedded across research priorities and indicators. This should include under-represented or insufficiently studied groups, including women, children, older people, people with disabilities, people with lower socio-economic status, migrants, ethnic minorities, rural populations, LGBTQI+ communities, and transgender and gender-diverse people. Data should be sufficiently disaggregated to identify differences in exposure, access, outcomes and treatment effectiveness.

Finally, KPIs should better capture policy, prevention and public health impact. Indicators should assess whether funded research contributes to evidence-based policy, meaningful patient involvement, implementation of effective prevention measures, reduced inequalities, healthier environments, protection from commercial conflicts of interest, and demonstrable economic and societal benefits from prevention.

Thank you for taking the time to answer this survey and in this way contributing to the SRIA update process of ERA4Health. Your input is highly appreciated!

Contact

era4health@dlr.de