

CALL DOCUMENTATION

Consortium Projects for Clinical Translation 2026

1 Key information about the call

1.1 Background and objectives

The purpose of the Horten Health Foundation (HHF) is to promote human health through grants to research institutes, hospitals and other healthcare institutions in Switzerland. The Foundation seeks to generate meaningful and lasting impact for patients by funding ambitious, innovative scientific and clinical projects. These projects are selected through a competitive process in response to the Foundation's annual calls for proposals.

The **Consortium Projects for Clinical Translation (CONPRO)** programme supports multidisciplinary teams working on the translation of scientific breakthroughs from proof-of-concept to real-world healthcare applications. The scope includes the development of novel or improved diagnostics and treatment. Recognizing that transformative research requires clinical validation - and that early-stage investigator-initiated clinical studies in Switzerland often face systemic funding challenges - CONPRO funding is ideally suited to support phase I or II clinical trials. Clinical translation must predominantly be pursued in Switzerland.

The CONPRO 2026 programme will fund ambitious, innovative, interdisciplinary and research consortia based in Switzerland, with a focus on translational research. The programme is designed to foster strong interdisciplinary teams. A consortium must be composed of a minimum of two and a maximum of five applicants, and at least one applicant must be a physician scientist with clinical responsibilities. The lead applicant must be an independent group leader at a Swiss university, research institute or hospital and have the capability to lead a multi-investigator consortium.

1.2 Areas of funding

In the 2026, the **“Brain Health”** category is repeated, and a new category **“Immunology & Infectious Diseases”** is introduced. **“All Medical Areas”** is now exclusively funded via the Young Investigator Grant scheme.

1.3 Funding volume and duration

The Foundation aims to fund **two projects in each category**. Funding will be provided for a period of 3 years, with a maximum CHF 3 million. In specifically justified cases, a 4th year of funding of up to CHF 1 million may be granted.

1.4 Scope of funding for category Brain Health

Brain disorders are among the leading causes of disability and societal burden in Switzerland and globally. Neurological and psychiatric conditions affect individuals across the lifespan and impose substantial health, social and economic costs.

Brain health is dynamic and shaped by biological, environmental and social determinants from prenatal development through ageing. Mental health disorders, neurodevelopmental conditions, neurodegenerative diseases and cerebrovascular disorders together represent a major and growing public health challenge. Psychiatric conditions often emerge in childhood and adolescence, whereas neurodegenerative and vascular brain disorders predominantly affect older adults. A life-course perspective from early development through ageing is therefore essential to understanding risk, resilience and recovery.

Advances in neuroimaging, molecular profiling, digital phenotyping, computational modelling now offer opportunities to identify modifiable risk factors, stratify patients, and intervene earlier in disease trajectories.

Despite strong neuroscience research in Switzerland, translation into validated diagnostics, preventive strategies and disease-modifying interventions remains limited. Early clinical studies in neurology and psychiatry are often difficult to fund, particularly in youth populations.

The CONPRO 2026 Brain Health programme aims to address this translational gap by supporting interdisciplinary consortia that advance innovative brain-health discoveries into early clinical application in Switzerland. Eligible projects must move beyond descriptive neuroscience and should ideally combine mechanistic insight with measurable clinical endpoints. Preference will be given to consortia that:

- Demonstrate credible translational path to patient impact within the funding period
- Develop and validate diagnostic or prognostic biomarkers
- Target modifiable biological risk factors across the lifespan
- Advance disease-modifying or symptom-modifying therapeutic approaches
- Integrate advanced digital tools for patient stratification or outcome measurement within trials
- Propose implementation-ready innovations for Swiss clinical settings

1.4.1 In scope:

- Neurodevelopmental disorders
- Neurodegenerative disorders (e.g., dementia, Parkinson, motor neuron diseases)
- Mental health / psychiatric disorders with biologically grounded intervention strategies

- Cerebrovascular diseases
- Traumatic brain injury and neuro-recovery
- Biomarker-driven stratification approaches in neurological or psychiatric disorders
- Digital or imaging-based monitoring tools directly integrated into clinical trials
- Phase I/II interventional studies in neurological or psychiatric conditions

1.4.2 Out of Scope:

- Primary and secondary brain tumors and oncology-related indications (covered by HHF's Oncology Programme to be launched)
- Primarily immune-mediated diseases of the brain (covered by CONPRO Immunology)
- Pure basic neuroscience without defined translational trajectory
- Large-scale epidemiological or sociological studies without intervention component
- Non-medical cognitive enhancement research

1.5 Scope of funding for category Immunology and Infectious Diseases

Immunology underpins prevention and treatment across a wide spectrum of diseases. Switzerland faces increasing health challenges driven by:

- Emerging and re-emerging infectious diseases
- Antimicrobial resistance (AMR)
- Climate-related shifts in pathogen exposure
- Inherited and ageing-associated immune dysfunction
- Rising incidence of allergies and autoimmune and inflammatory disorders

At the same time, the field is undergoing a scientific inflection point. Advances in systems immunology, multi-omics profiling, high-dimensional immune monitoring and artificial intelligence enable increasingly precise immune diagnostics, biomarker-guided therapies and accelerated vaccine and biologic development.

Despite strong basic science, a persistent translational gap remains. Early clinical proof-of-concept studies, adaptive platform trials, immune monitoring infrastructures and scalable biologic manufacturing are frequently underfunded, particularly in areas of high public-health relevance but limited commercial incentive.

The CONPRO 2026 Immunology programme seeks to address this gap by supporting interdisciplinary consortia that advance innovative immunological discoveries into early clinical application.

Projects must demonstrate a clear and credible translational pathway toward clinical validation within the funding period. Eligible projects must move beyond descriptive immunology and should ideally integrate mechanistic insight with a defined clinical endpoint. Mechanistic studies are only in scope if directly linked to:

- Development of diagnostic tools or biomarkers
- Clinical validation of therapeutic strategies
- Immune-monitoring technologies applicable in trials
- Preventive interventions (e.g., vaccines or immune modulation strategies)
- Implementation-ready solutions for Swiss clinical settings

1.5.1 In scope:

- Infectious disease immunology and vaccinology (including emerging pathogens and AMR-related strategies)
- Autoimmune and autoinflammatory diseases with a defined translational trajectory
- Primary immunodeficiencies with therapeutic or diagnostic innovation
- Allergy and hypersensitivity disorders with clinical validation components
- Transplantation immunology (tolerance induction, rejection mechanisms with direct clinical relevance)
- Immune modulation therapies
- Microbiome–immune interactions linked to preventive or therapeutic interventions
- Immune-monitoring platforms enabling biomarker-driven clinical trials
- First-in-human or Phase I/II proof-of-concept studies in immune-mediated indications
- Adaptive or multi-site Swiss platform trials in immunology

1.5.2 Out of Scope:

- Immune-oncology and cancer-related immunotherapy (HHF Oncology pillar)
- Neuro-immunology within primary neurological disease (CONPRO Brain Health)
- Primary non-inflammatory degenerative diseases
- Purely basic immunology without defined translational trajectory

1.6 Application Deadline

The deadline for application is **Monday, 15 June 2026 (23:59 CEST)**. Late applications will not be accepted.

2 Application Requirements

2.1 General

Proposals should have novel ideas and ambitious aims combined with well-structured work plans and clearly defined translational objectives, including path to patient impact, deliverable within the funding period. Approaches should be integrative, scientifically relevant and involve state-of-the-art methodologies and techniques. Proposals must be hypothesis-driven and should have a strong emphasis on reliable and rigorous methodology.

2.2 Eligibility Requirements for the Consortium

A consortium shall consist of several research groups collaborating in an inter-disciplinary, inter-institutional network and should specify the benefit of working together.

A consortium should submit a proposal that can only be achieved through complementary collaboration, and have the critical mass to achieve the scientific goals. All applicants should demonstrate the expertise and range of skills required to conduct their part of the research project. If a proposal is complementary to research already funded or submitted elsewhere, it must be stated how CONPRO funding can supplement the ongoing activities.

- **Consortium size:** one lead principal investigator (PI) plus two to four co-applicants.
- **Role of the PI:** The PI assumes overall responsibility for the project, including the scientific, strategic and managerial responsibility, and acts as the consortium's formal representative vis-à-vis HHF, submits the requested information and documents, and, in the event of approval, signs the funding agreement on behalf of the consortium.
- **Institutions:** inter-institutional collaborations are encouraged in the consortium. For the purpose of this call, each university and its affiliated university hospital are considered a single home institution¹².
- **Profiles:** The PI and all co-applicants must hold independent group leader positions at their respective institutions. The consortium must include at least one physician-scientist with ongoing clinical responsibilities.
- **Time commitment:** To ensure adequate management, the PI should commit to at least 10% FTE to the project, and co-applicants 5%.
- **Diversity:** Co-applicants must be selected on the basis of scientific excellence and complementary expertise. Consortia are encouraged, where feasible, to promote diversity across institution types and to strive for gender balance, including within leadership roles. The selection process should be fair, transparent and free from bias.

¹ e.g., UniBasel/USB; UniBE/Inselspital; UNIGE/HUG; UNIL/CHUV; USI/EOC; UZH/USZ

² EPFL and ETH Zurich each count as one institution.

2.3 Patient and Public Involvement (PPI)

Appropriate patient and public involvement (patient board, forums) is highly encouraged.

2.4 Ethics and integrity

Applicants must conduct the programme in accordance with the HHF purpose, the highest standards of medical ethics and integrity, and in compliance with all applicable laws, regulations, ethical guidelines, and applicable data protection and confidentiality requirements.

Applicants are required to ensure responsible conduct of research, avoid scientific misconduct (see [SNSF Regulations of scientific misconduct](#)), and disclose any actual or potential conflicts of interest.

2.5 Application materials

The application must consist of two PDF documents:

1. **Pre-proposal**, including the following annexes:
 - i. CVs and publication list of all applicants ([SNSF CV format](#) with major achievements)
 - ii. Publication list of the lead applicant (underline the ones relevant to the project)
2. **Full Proposal**, including budget and the following annexes:
 - i. Curriculum vitae of all applicants ([SNSF CV format](#) with major achievements)
 - ii. A bibliography listing the references in the order of appearance in the proposal.

Applications must be submitted by email to applications@helmut-horten-stiftung.org with the two PDF documents attached, each as a single original PDF file (scanned documents will not be accepted). The email subject line must read **2026-CON First-name Last-name**.

The submission deadline is **Monday, 15 June 2026 (23:59 CEST)**. Receipt of the application will be acknowledged by the Foundation. Applications received after the deadline will not be considered.

2.6 Formatting

The pre-proposal and full proposal must be prepared using the [templates provided on the Foundation website](#). The structure and formatting (incl. font size, line spacing etc.) of the templates must not be modified.

A GANTT Chart template and a budget table template are provided separately for preparation of the project plan and budget. The completed plan and budget tables must be integrated into the full proposal.

References must be cited using Vancouver style with numerical citations in square brackets [1]. List references in the order of appearance in the proposal in the annexed bibliography, including DOIs where available. Underline references authored by members of the applicant consortium.

All required annexes must be included within the respective PDF documents. Separate annex files will not be accepted.

File naming convention:

- Pre-proposal: **2026-CON_FirstName_LastName_PreProposal.pdf**
- Full proposal: **2026-CON_FirstName_LastName_FullProposal.pdf**

Non-compliance with the prescribed application format or submission process will result in rejection of the application in order to ensure fairness in the evaluation process.

3 Selection process

3.1 Overview

The Foundation uses a four-stage evaluation procedure.

- 1. Eligibility (HHF Office):** Completeness of documents and eligibility of consortia. All eligible applications continue.
- 2. Pre-proposals (externally reviewed):** Quantitative scoring along seven dimensions. Following a first review committee meeting, the best 18 applications per category continue.
- 3. Full proposals (externally reviewed):** Quantitative and qualitative scoring along seven dimensions. Following a second review committee meeting, the best 4 to 6 applications per category are invited for hearings.
- 4. In-person hearings (with reviewers):** Each consortium has a 45-minute time slot to present their project and answer reviewers' questions. The best 2 projects per category are recommended for funding.

3.2 External peer review

The applications are evaluated by a committee composed of selected international experts. The panel includes up to five members with strong international standing and balanced expertise across the thematic focus of the call, and is chaired by a member of the Scientific Advisory Board of the Foundation. The Foundation does not share the content of external reviews or panel discussions with applicants.

All reviewers are bound by strict confidentiality and operate under a non-disclosure agreement. They are required to declare any potential conflict of interest (COI) prior to the review process and to update such declarations at any stage should new conflicts arise. Reviewers with a COI are excluded from the evaluation and discussion of the concerned proposal.

Each proposal is evaluated by all non-conflicted panel members. The HHF Office is responsible for aggregating the scores, drafting the minutes of the panel discussions and preparing a synthesis to support the funding recommendation.

3.3 Evaluation criteria

All applications are comparatively evaluated across the following seven dimensions:

- 1. Unmet medical need**
 - Relevance and priority
 - Plausibility of outcomes
 - Stakeholder awareness
- 2. Clinical translation potential**
 - Maturity and readiness for translation
 - Feasibility
 - Implementation outlook
- 3. Scientific originality**
 - Evidence base
 - Innovation and inter-disciplinarity
 - Contribution to knowledge
- 4. Consortium**
 - Interdisciplinarity and complementarity of the team
 - Alignment of expertise with project needs
 - Team functionality and track record of collaboration
- 5. Investigators' track record**
 - Scientific leadership
 - Project management
 - Research integrity and engagement
- 6. Feasibility and implementation plan**
 - Timeframe and scope
 - Methodological rigor
 - Infrastructure & ethics
- 7. Budget justification and coherence**
 - Coherence with activities
 - Efficiency and value
 - Open research support

3.4 Hearings

The hearings provide finalists with the opportunity to present their project to the review panel, demonstrate team dynamics and commitment, and address questions from the reviewers. All consortium members are expected to attend the hearing in person. They are evaluated using the seven dimensions described above, complemented by qualitative assessments.

The hearings consist of:

- A 15-minute presentation
- A 30-minute question-and-answer session

The presentation must be strictly limited to 15 minutes. While certain elements may be presented concisely, all major aspects of the proposal must be covered, including scientific rationale, consortium structure, timeline, feasibility and budget.

The PowerPoint presentation must be submitted to the Foundation no later than three days prior to the scheduled hearing date. The in-person hearings will take place in Zurich on the following dates (subject to change):

- **Brain Health:** 28 September 2026
- **Immunology:** 29 September 2026

3.5 Funding recommendation

Following the hearings, the review committee formulates funding recommendations to the Foundation's Board of Trustees, who makes the final funding decision.

3.6 Timeline

The following is an indicative timeline of the selection process, and is subject to change.

- Application deadline: 15 June 2026
- Decision after pre-proposal review: week of 27 July 2026
- Decision after full-proposal review: week of 31 August 2026
- In-person hearings: 28 & 29 September 2026
- Notification of funding decisions: week of 30 November 2026

4 Reporting and Project follow-up

Reporting is an integral part of the Foundation's project governance and serves several purposes: ensuring transparency and accountability, monitoring scientific and operational progress, and enabling mutual learning. Through reporting, the Foundation seeks to understand how the project is advancing, which milestones and outcomes are being achieved, and which scientific, regulatory, or operational challenges may arise along the way.

The Foundation recognizes that consortium projects for clinical translation are ambitious by nature and involve inherent uncertainty. Beyond providing financial support, the Foundation aims to accompany funded projects throughout their life cycle, foster constructive dialogue, and learn together with the project teams how promising scientific insights can be translated into meaningful patient benefit as early as possible.

Projects selected for funding will be accompanied by the Foundation through a defined set of project life cycle stages:

- **A lay summary** is required before project starts and is used for communication purposes.
- **A site-initiation (kick-off) meeting** with representatives of the Foundation will be organized within the first six months after the official project start to clarify reporting expectations, and address any remaining questions related to implementation.
- **Interim reports** are submitted annually. These reports allow the Foundation to follow project progress over time and form the basis for decisions related to the continuation of funding according to the agreed project plan.
- **Mid-term review** with members of the HHF office and one member of the HHF Scientific Advisory Board. This is intended as a constructive and forward-looking discussion of progress, challenges, and risks, and where appropriate an opportunity to jointly agree on adjustments that support successful project continuation.
- **A final report** covering the full project duration must be submitted within three months after project completion. This report allows the Foundation to formally conclude the project and assess overall achievements against the original objectives.
- **An impact report** must be submitted two years after project completion. The purpose of this report is to capture longer-term outcomes, follow-on developments, and the broader contribution of the project to clinical translation and patient benefit.