ERDERA | Funding

Call for Proposals 2027 pre-announcement

"Catalysing Collaborative Research for Recently Identified Rare Diseases"

An information webinar will be held on December 14th, 2026, 15.00-16.00 (CET). Register to participate in the webinar here.

Preliminary Announcement

The content and procedures of the call described in this pre-announcement may be subject to change and are not legally binding.

The **European Rare Diseases Research Alliance (ERDERA)** has been established to further help in coordinating the research efforts of European, Associated and non-European countries in the field of rare diseases and implement the objectives of the International Rare Disease Research Consortium (IRDiRC). These actions follow the five **Joint Transnational Calls** for rare diseases research projects launched previously by the European Joint Programme on Rare Diseases (EJP RD) since 2019.

Several national and regional funding organisations together with the European Commission (EC) under the PARTNERSHIP-COFUND mechanism intend to participate in the **ERDERA Joint Transnational Call (JTC) 2027** to fund research projects on rare diseases. The call is supposed to open simultaneously with the involvement of the following funding organisations in their respective countries/regions:

- Austrian Science Fund (FWF), Austria (Decision pending)
- Fund for Scientific Research - FNRS (F.R.S.-FNRS), Belgium, French speaking community
- Public Service of Wallonia (SPW), Belgium, Wallonie
- Bulgarian National Science Fund (BNSF), Bulgaria
- Ministry of Health (MZCR), Czech Republic
- Estonian Research Council (ETAG), Estonia
- French National Research Agency (ANR), France
- Foundation For Rare Diseases (FFRD), France
- National Research, Development and Innovation Office (NKFIH), Hungary
- Health Research Board (HRB), Ireland
- Regional Foundation for Biomedical Research (FRRB), Lombardy (Italy)

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- Fondazione Cariplo (FC), Italy
- Tuscany Region (RT/TuscReg), Tuscany (Italy)
- Latvian Council of Science (LZP), Latvia
- Research Council of Lithuania (LMT), Lithuania
- National Research Fund (FNR), Luxembourg
- The Research Council of Norway (RCN), Norway
- National Centre for Research and Development (NCBR), Poland
- Foundation for Science and Technology (FCT), Portugal (Decision pending)
- Executive Agency for Higher Education, Research, Development and Innovation Funding (UEFISCDI), Romania
- Slovak Academy of Sciences (SAS), Slovakia
- Slovak Centre of Scientific and Technical Information (SCSTI), Slovakia
- National Institute of Health Carlos III (ISCIII), Spain
- Swedish Research Council (SRC), Sweden
- Swiss National Science Foundation (SNSF), Switzerland
- The Scientific and Technological Research Council of Türkiye (TUBITAK), Türkiye

Final decisions on participate in the call and financial commitments are still pending for some funding agencies and can be subject to change.

Aim of the Call

The aim of the call is to address patient-need led challenges in RD and enable scientists to build effective, multinational, interdisciplinary research collaborations based on shared interests and expertise. The expected impact lies in the future translation and use of results for the benefit of patients. The classification of RDs follows the European definition, i.e. a disease affecting not more than five in 10,000 persons in the European Union (Regulation (EC) No 141/2000) and, by analogy, in the other participating countries.

Over recent decades, sustained investments in rare disease research have led to major advances in the understanding, diagnosis and treatment of many conditions. However, a substantial number of RDs receive limited dedicated research attention for multi-factorial reasons. These include the absence of an established scientific community, limited availability of dedicated research funding, and intense competition for research resources. As a result, comparatively more common RDs, or those with a longer history of scientific and clinical recognition, tend to attract a disproportionate share of research activity and funding, leaving many other RDs scientifically underserved.

Recently identified RDs are frequently among the most scientifically underserved conditions. Since the advent of Next Generation Sequencing (NGS), the number of newly identified RDs has increased markedly, creating new opportunities for diagnosis while simultaneously revealing substantial gaps in knowledge. Many of these conditions lack the fundamental evidence base required to advance translational research, including data on natural history, disease mechanisms, biomarkers, and relevant disease models. This call aims to accelerate the development of these essential research foundations and foster the emergence of collaborative research communities around scientifically underserved RDs.

Call topic

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The goal of this call is to stimulate research interest and **catalyse new collaborative initiatives centred on recently identified RDs** that remain scientifically underserved. By advancing the understanding of natural history and disease pathomechanisms, and by fostering the development of relevant disease models, the overarching aim is to generate the foundational knowledge required to accelerate future therapeutic development.

To be eligible, the disease must meet both of the following criteria:

1. The disease must have been first reported in the peer-reviewed literature on or after January 1st, 2010, including the association of the disease with a suspected causative mechanism (e.g. gene-disease association). Applicants must provide the primary publication reporting this (PMID or DOI).

2. The disease must be registered in Orphanet (or be in the process of registration) at the time of application. For diseases not yet registered, applicants must provide evidence registration request has been requested.

Proposals may address a single disease or a small group of closely related diseases (e.g. sharing a causative gene family or pathway), provided that each disease addressed meets both criteria.

Research proposals should cover at least one of the following areas:

- Natural history studies and patient registries, including those designed to support clinical trial readiness. Where feasible, these should incorporate the development and application of patient-reported outcome measures. The exploration of standardised health-related surveillance instruments and patient-entered data as means of capturing natural history information is also encouraged;
- Identification and validation of biomarkers of disease pathophysiology or progression, including biomarkers supporting patient stratification, natural history characterisation, or future clinical trial readiness. Biomarker discovery and validation are in scope where they support mechanistic understanding or disease monitoring; development of a biomarker-based test or assay intended for clinical diagnostic use is out of scope (see 4.2);
- Development of in silico, cellular (including patient-derived iPSC and organoid models) and animal models that adequately recapitulate the human condition, including the generation of new disease models where none currently exist, to be established within the course of the project;
- Elucidation of pathophysiological pathways, including studies aimed at identifying disease mechanisms that may inform future therapeutic strategies.

Excluded Diseases, Approaches and Topics

The following diseases, approaches and topics are excluded from the scope of the JTC 2027:

- Diseases for which animal models have already been developed and characterized in peer-reviewed scientific publications;
- Diseases for which clinical trials evaluating disease-modifying treatments are ongoing or have been completed;

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- Studies fostering pre-clinical therapy development as covered in the scope of ERDERA JTC2025 topic;
- Studies fostering development of diagnostic tools as covered in the scope of ERDERA JTC2026 topic (this does not exclude the functional characterisation of variants or the phenotypic delineation required for mechanistic understanding);
- Interventional clinical trials to prove efficacy of drugs/treatments/surgical procedures/medical procedures. This includes studies comparing efficacy, e.g., two surgical techniques or therapies, and projects whose main objective is the implementation of a clinical phase IV pharmacovigilance study;
- Projects focusing only on rare neurodegenerative diseases that are within the focus of Brain Health Partnership. These are: Alzheimer's disease and other dementias; Parkinson's disease (PD) and PD-related disorders; prion diseases; motor neuron diseases; Huntington's disease; spinal muscular atrophy and dominant forms of spinocerebellar ataxia. However, childhood dementias/neurodegenerative diseases are eligible;
- Rare infectious diseases, rare cancers and rare adverse drug events in treatments of common diseases. Rare diseases with a predisposition to cancer are eligible. Diseases with inborn errors of immunity/genetic predisposition to rare infectious disease are eligible.

Categories of Partners

Partners belonging to one of the following categories may request funding under a joint research proposal (according to country/regional regulations):

- Academia (research teams working in universities, other higher education institutions or research institutes),
- Clinical/public health sector (research teams working in hospitals/public health and/or other health care settings and health organisations),
- Enterprises (all sizes of private companies). Participation of small and medium-sized enterprises (SMEs) is encouraged when allowed by national/regional regulations,
- Patient advocacy organisations (PAOs).

Consortium Makeup

Limit number of partners

Only transnational projects will be funded. Each consortium submitting a proposal must involve three to six eligible principal investigator partners from at least three different participating countries. In specific cases, the number of consortium partners can be increased to eight partners. No more than two eligible partners from the same country can be present in each consortium. Patient partners, requesting funding or not, do not count toward the total.

Number of research partners requesting national/regional funding	Inclusion of partner from UC	Inclusion of ECR partner
3	Not mandatory	Not mandatory
4		
5		
6		
7	1 partner from the UC or ECR categories:	

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	1 UC or 1 ECR
8	One additional partner from the UCs or ECR categories e.g: 1 UC + 1 ECR *or* 2 ECR or 2 UCs

What is a partner? a collaborator? a sub-contractor?

To be considered as an eligible partner, a group must contribute substantially to at least one of the project's work packages. If the only role of a group is to provide patient access, data or samples for the study, they will not be considered as partners of the consortium, but can be included otherwise, via cooperation agreements (as collaborators) or subcontracting.

Consortia may include collaborators who secure their own funding. Collaborators cannot be work package leaders, and their contribution to the consortium must be described. As they do not receive funding as part of this call, they do not count toward the limit of 8 partners requesting research funding (nor is there a limit of collaborators per country, if their participation is justified). Collaborators must supply a letter of intent, CV (only at the full proposal stage), which must be entered into the online submission system.

If necessary, to implement the research activity, consortia may also include subcontractors if allowed by their country/regional regulations. Sub-contractors may cover only a limited part of the research activity, and their contribution to the consortium must be described. They do not count toward the limit of 8 partners requesting research funding (nor is there a limit of subcontractors per country, if their participation is justified and if subcontracting is possible according to national/regional funding rules).

Consortium organisation

Each transnational proposal must nominate one project consortium coordinator among the project partner principal investigators. The coordinator must be an eligible project partner from an ERDERA JTC 2027 funding country/region. The project coordinator will represent the consortium externally to the JCS and to CSC and will be responsible for its internal scientific coordination (such as management, reporting, and intellectual property rights issues). This workload should be considered in the requested budget estimate of the coordinator. A single principal investigator will represent each project partner. Within a joint proposal, the principal investigator of each project partner will be the contact person for the relevant country/regional funding organisation.

Patient Advocacy Organisations and Patient Involvement/Partnership

From the start when preparing their proposals, consortia are expected to include and actively engage patient partners, i.e. patient representative (patients/caregivers/family members) from a patient advocacy organisation (PAO) or from any other organised group if no patient organisation exists. For information on any PAOs or patients' group dedicated to undiagnosed PLWRD, please see:

- Orphanet portal for rare diseases and drugs patient organisation directory,
- EURORDIS - Rare Diseases Europe,
- European Reference Networks (ERNs),
- Foundation For Rare Diseases,

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- European Patients' Forum https://www.eu-patient.eu/.

Please note that national/regional eligibility criteria, definitions and time limits might differ.

PRELIMINARY TIMETABLE

There will be a **two-stage submission procedure** for joint applications: pre-proposals and full proposals.

Call Timeline

1st December 2026	Launch of the call
14th December 2026	Information webinar for potential applicants
1st February 2027	Pre-proposal submission deadline
18h February2027	Pre-proposal eligibility check
Mid-April2027	Invitation to full proposal
Late April/Early May 2027	Information webinar for applicants invited to submit a full proposal
24th June 2027	Full proposal submission deadline
15th July 2027	Full proposal eligibility check
Late October 2027	Notification of funding decision

For general questions regarding the joint call please contact the
Joint Call Secretariat

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Araceli Martínez Galán

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NATIONAL AND REGIONAL CONTACTS

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ERDERA European Rare Diseases Research Alliance

ERDERA Joint Transnational Call 2027 – Preliminary announcement

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