



Joint Action

Working Groups on diet-related chronic diseases

Call text

**Submission deadline Proposal:
29th of August 2017 at 16:00 CEST**

Link to: "[Electronic proposal submission system](#)"

Link to: "[Proposal template](#)"

For further information, please visit us on the website:

<http://www.healthydietforhealthylife.eu/>

or contact the Joint Call Secretariat (JCS):

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1. The Joint Programming Initiative a Healthy Diet for a Healthy Life (JPI HDHL)

The Joint Programming Initiative “A Healthy Diet for a Healthy Life” (<http://www.healthydietforhealthylife.eu/>, JPI HDHL) has been established to coordinate research in the areas of food, diet, physical activity and health in order to achieve tangible societal and health impact and to strengthen European leadership and competitiveness in this field. JPI HDHL entails a voluntary partnership between Member States and Associated Countries of the European Union providing a roadmap for harmonised and structured research activities with defined priorities to achieve these goals.

The vision of the JPI HDHL is that by 2030 all citizens will not only have the adequate knowledge and motivation, but also the opportunity and accessibility to consume a healthy diet from a variety of foods, practice healthy levels of physical activity, and that the incidence of lifestyle-related diseases will have decreased significantly.

The JPI HDHL provides a roadmap for harmonised and structured research efforts in the area of food, nutrition, health and physical activity and offers defined priorities to reach its goals and vision. In that context, JPI HDHL adopted a Strategic Research Agenda in 2012, which second edition was published in June 2015. The Strategic Research Agenda sets out the strategic research area JPI HDHL will act on and describe the main research challenges in each pillar:

- 1) Determinants of diet and physical activity
- 2) Diet and food production
- 3) Diet-related chronic diseases

JPI HDHL is pleased to launch the fourth Joint Action focussing on pillar 3 ‘diet-related chronic diseases’ of the Strategic Research Agenda. This rapid action call will support community-led Working Groups that can push forward the field of diet-related chronic diseases. The call focuses on leading scientists and experts in the field to work on conceptualization of topics in order to provide white papers, prospective views, guidelines, or best practice frameworks of value to the wider research community.

2. Joint Action Working Groups on diet-related chronic diseases

2.1 Context of the call

The Joint Action “Working Groups on diet-related chronic diseases” will be part of pillar 3 diet-related chronic diseases of the JPI HDHL. JPI HDHL refers to diet-related chronic diseases as chronic diseases that have a strong correlation with diet and dietary behaviour. The challenge of this pillar is to prevent or delay the onset of diet-related chronic diseases by gaining a better understanding of the impact of nutrition and lifestyle on human health and diseases across Europe and beyond. JPI HDHL aims to significantly decrease the incidence of diet-related diseases by 2030. One way to approach this objective is to pool existing national data knowledge and define new research requirements to improve our capacity to understand the qualitative and quantitative links between diet, nutritional phenotype and risk factors for diet-related chronic diseases.

Chronic diseases, such as cardiovascular diseases, stroke, cancer, chronic respiratory diseases and diabetes, are the leading causes of death worldwide. Furthermore, treatment of people with chronic diseases accounts for the majority of the healthcare cost in Europe and other western countries. High blood pressure, overweight and obesity, hyperglycaemia and hyperlipidaemia are four key metabolic/physiopathological alterations increasing the risk of chronic diseases. Unhealthy dietary habits and low levels of physical activity are known to cause dysregulation of these sets of metabolic risk factors. Therefore, the promotion of healthy lifestyles with better diets and increased levels of physical activity is of utmost importance for prevention of the onset of diet-related chronic diseases in Europe and beyond.

By the increased prevalence of chronic diseases, it has been suggested to shift the concept of health from the WHO- definition of health towards a more dynamic description of health that highlights the human capacity for resilience and for coping with new situations. This 'new' concept of health defined as '*the ability to adapt and to self-manage, in the face of social, physical and emotional challenges*', emphasises that a person can fulfil his/her potential and can feel healthy despite a medical condition¹. It may promote an individual and active approach towards health and a healthy lifestyle, and it may create a health-promoting society.

This Joint Action focuses on diet-related chronic diseases. In line with the context described above, this call focuses on chronic disease prevention and management, especially on reducing overall diet-related chronic disease risk factors in high-risk individuals. The overall aim is to contribute to the challenge of pillar 3 of the JPI HDHL. Results of the Working Groups should fulfil a clear need within public health practice. In addition to this, results of the Working Groups may define new research needs and gaps that could be addressed in future Joint Actions in pillar 3 of the JPI HDHL and beyond.

2.2 Aim of the call

The intent of this call is to assemble motivated Working Groups of leading scientists in order to push forward the field of diet-related chronic diseases. By establishing Working Groups the JPI HDHL aims to support transnational cooperation and communication between individual researchers, research groups and research organisations in order to merge knowledge, data and research results. This should result in outcomes that are directly available, easy to share and have societal impact.

The JPI HDHL has selected the following topics to be addressed in the Working Groups.

1. Economic evaluation of dietary interventions and/or physical activity interventions

High healthcare costs caused by chronic diseases are a major concern in Europe and other western countries. Lifestyle interventions may prevent or delay the development of diet-related chronic diseases and therefore may contribute to lower the healthcare costs related to chronic-diseases. Unfortunately, the costs and benefits of such interventions (both the costs of the interventions itself as the downstream consequences) are currently under-investigated.

¹ M. Huber et al. *How should we define Health*. BMJ 2011;343:d4163

For this topic, JPI HDHL encourages collaboration between the nutritional and health sciences and the health economic sciences to create a mutual learning exercise.

Examples of possible outcomes/objectives

- Consensus paper about the methodology of economic evaluations - such as cost effectiveness and cost efficacy- that can show the effect of dietary interventions and/or physical activity interventions on the prevention of chronic diseases.
- State-of the art overview of existing economic evaluation studies of dietary interventions and/or physical activity interventions on the prevention of chronic diseases.

2. Integrated chronic disease prevention and management

Integrated chronic disease prevention and management aims to reduce overall risk factors (including high blood pressure, overweight and obesity, hyperglycaemia and hyperlipidaemia) in high-risk individuals and provide good quality health care for major chronic diseases. Furthermore, integrated chronic disease prevention and management might delay the progression of present chronic diseases.

JPI HDHL encourages cross-fertilization of existing knowledge regarding this topic between different diet-related chronic diseases.

Working Groups may focus on education and implementation, evidence based practice tools, (role of) ICT-tools (for example apps or wearable devices) and the identification of nutritional risks of patients.

Examples of possible outcomes/objectives :

- Roadmap-initiative addressing public health practice needs as well as delineating the research strategy and implementation.
- Creation of a productive and sustainable platform of researchers and health care professionals.
- Individualized and disease-related nutritional management of patients.

3. Scouting exercise for existing dietary intervention studies and exploring the possibilities of merging

There are many dietary intervention studies (both national and pan-European) focusing on the overall relationship between diet and health, health promoting or disease prevention. The evaluation of such intervention studies is often difficult. JPI HDHL would like to stimulate the evaluation and the exploitation of these dietary interventions. Therefore, this topic focuses on the examination of possibilities to merge and pool dietary intervention studies.

Within this topic Working Groups can focus on one the following sub-topics:

- *National intervention studies*
Data and results of national dietary interventions studies could be pooled to evaluate the effect of the dietary intervention.

- *Big Pan- European studies*
The exploitation of big Pan-European dietary intervention studies could be enlarged by the merging of the resulting datasets. Merging of these datasets makes it possible to evaluate the associations between genotype, phenotype, diet and health.

Examples of possible outcomes/objectives

- Feasibility study to explore the possibility of merging and/or pooling the databases (this could include defining the collaborative structures as well as the scientific, technical and legal issues related to merging and sharing the study databases) and to develop for example a guideline/opinion paper addressing the next steps and the collaborative scientific outputs that could be gained.

The proposals have to fulfil the following conditions:

- Proposals should focus on one of the above-mentioned topics.
- Proposals focusing on drug-based or surgical treatment of diet-related chronic diseases are outside the scope of this call.
- Proposals may focus on one specific diet-related chronic diseases or on a combination of diet-related chronic diseases. However, proposals should clearly explain the focus on a specific diet-related chronic disease(s).
- Proposals should follow the JPI HDHL [FAIR data principles](#).

Proposals are encouraged to:

- Consider the possible impact of age, gender, and socio-economic status where appropriate.
- Include representatives of patient groups and/or health care professionals in the Working Groups where appropriate.

2.3 Expected outputs

Outcomes of the Working Groups should:

- 1) have an added value for the wider scientific community and/or public health practice;
- 2) be directly available and easy to share.

At the end of the funding period a concrete product (for example a report, webinar, white paper, guideline etc.) should be delivered. The product will be published on the JPI HDHL website. Applicants should also put forward an appropriate plan to disseminate the outcomes.

Results of the Working Groups will be discussed within the Management Board and the Scientific Advisory Board of the JPI HDHL and may lead to new Joint Actions (calls for proposals) in pillar 3 of the JPI HDHL or beyond.

2.4 Characteristics and mode of operation of Working Groups

- Involve key opinion leaders with an internationally competitive track record in the field of diet-related chronic diseases. The core membership of the Working Group will be drawn from within JPI-HDHL member countries. However, the inclusion of experts from other countries beyond JPI HDHL is encouraged.

- Led by an individual (coordinator) with the energy and commitment to drive a collaborative and output-directed process.
- Guided by a clear project plan.
- Consideration should be given to establishing an external reference group to ensure that objectivity is maintained in developing the Working Group's conclusions and recommendations.

3. Participating countries and available funds

The participating countries, respective funding organisations and their contributions are listed in the Table 1:

Countries	Funding organisation		Earmarked budget (In €)
Belgium	Research Foundation Flanders	FWO	30.000
France	French National Research Agency	ANR	70.000
The Netherlands	The Netherlands Organisation for Health Research and Development	ZonMw	50.000
Norway	The Research Council of Norway	RCN	50.000

Each Working Group can bid up for a **maximum of €50.000** for support of its activities. Funding will cover the cost of meetings and travel required to deliver the Working Groups objectives:

- Funding is expected to cover 1-2 workshops, with further work to be undertaken through email, tele- video- and/or web-conferences.
- Attendance to the final symposium of the Working Group Call.

Please note that the costs of participants from other countries than the 4 participating countries (see table 1) can be covered by the available budget of a Working Group. It is the responsibility of the coordinator to properly manage this in consultation with the Working Group members.

Funding will not provide support for:

- Direct research activities;
- Equipment;
- The salaries of investigators or scientific staff, although funding for partial support of an administrative co-coordinator for the activity will be permitted (depending on national regulations);
- Student stipends.

Working Groups are expected to run for a time period of **6-12 months**.

4. Application

4.1 Eligibility

The application must be led by a coordinator who is eligible to one of the participating funding organizations listed in table 1. Only transnational Working Groups will be funded: each Working Group must involve a minimum of three [JPI HDHL countries](#); of which the coordinator

and at least one other partner should be eligible for the participating funding organisations listed in table 1. Working Groups can include key-expertise from partners from countries outside the JPI HDHL. For reasons of transnational balance, no more than two project partners from the same country are allowed to join a Working Group.

Members can be added to the Working Group as it develops further and if the additional experts and knowledge would benefit the Working Group output success (with respect of the eligibility rules as stated above).

4.2 Submission of the application

Applications must be written in English and must be submitted to the JCS by the coordinator through the JPI HDHL electronic submitting system exclusively using the provided template. The Working Group leader and all members in the Working Group should be registered at the Meta Data Base of the JPI HDHL (www.healthydietforhealthylife.eu) before a proposal can be submitted. In addition, it is mandatory that they complete their profile information.

Applications must be submitted by the project coordinator before the **29th of August 2017 at 16.00 CEST**.

Applications must include:

Part A: Synopsis (completed in the [Electronic proposal submission system](#), for instructions of the see annex 2)

1. Project title and acronym
2. Duration of the project (months)
3. Total funding applied for (€)
4. Abstract (max. 350 words)
5. Addressed call topic
6. Keywords (max. 10 keywords representing the scientific content)
7. Name and full affiliation of the Working Group coordinator + CV (max. 500 words)
8. Names and full affiliations of the members participating in the Working Group (partners) + CV (max. 500 words).

Part B: Detailed information application ([template available](#))

1. Rationale for the proposed working group, this includes: a) identifying the research-need or barrier to progress being addressed, b) explanation for the diet-related diseases that will be focused on, and c) explanation how the results of the Working Groups will fulfil a clear public health practice need.
2. Description of the Work Programme including the objectives, the mode of operation of the Working Group, planned activities and the timeline.
3. Expected outcomes and deliverables, including dissemination plan.
4. Description of expertise and scientific excellence of the Working Group and added value of the collaboration.
5. Where appropriate, the identity of experts who will act as an advisory reference group for the process to help validate the outputs.

Part C: Breakdown of requested budget (completed in the [Electronic proposal submission system](#) for instructions of the see annex 2).

4.3 Management of the Call

Two boards, the **Call Steering Committee (CSC)** and the **Peer Review Panel (PRP)**, will manage the evaluation process of the call with support of the **Joint Call Secretariat (JCS)** (set up at ZonMw, the Netherlands). CSC and PRP members will not submit nor participate in proposals within this call.

The CSC is composed of one single representative from each national/regional funding organisation participating in this call. The CSC will supervise the progress of the call and the evaluation of proposals. The CSC will make the final funding recommendation to the national/regional funding organisations on the basis of the final ranking list provided by the PRP. All decisions concerning the call procedures will be taken by the CSC.

The PRP is a panel of internationally recognised scientific experts responsible for the evaluation of submitted proposals. PRP members must sign a confidentiality form and a statement to confirm that they do not have any conflicts of interest.

4.4 Evaluation

Eligibility check

The JCS will check the proposals to ensure that they meet the call formal conditions (date of submission; number of participating countries; inclusion of all necessary information in English; adherence to the proposal template). Proposals not meeting the formal conditions may be rejected without further review. Proposals fulfilling the eligibility will be forwarded to the peer review process.

Evaluation

All eligible proposals will be evaluated by the PRP. The proposals will be evaluated on the following criteria:

- 1) Relevance of the project regarding the topic and objectives of the call.
- 2) The feasibility and appropriateness of the project plan.
- 3) The likely impact of the application for the wider scientific community and/or public health practice.
- 4) Plans for dissemination of the results.
- 5) The standing of the experts within the proposed Working Group and whether as a group they have the appropriate mix of scientific skills and gender balance.
- 6) Timeline and budget.

Scoring system

5 = Excellent. The proposal successfully addresses all aspects of the criterion in question.

4 = Very good. The proposal addresses the criterion very well, but small improvements are possible.

3 = Good. The proposal addresses the criterion in question well but certain improvements are necessary

2 = Fair. The proposal generally addresses the criterion, but there are significant weaknesses that need corrections.

1 = Poor. The proposal shows serious weaknesses in relation to the criterion in question.

0 = Failure. The proposal fails to address the criterion in question, or cannot be judged because of missing or incomplete information.

The evaluation of the proposals will be made based on the quality of the applications received and the best fit to the call. The PRP will consider high quality/fundable Working Group proposals within each of the selected call topics and will provide a ranked list of Working Group proposals taking into account the quality of proposals as well as the breadth of selected call topics received. Given these conditions, it is possible for a given call topic that none or several Working Groups will be funded, depending on the quality of the received proposals.

5. Funding

Based on the results of the PRP meeting and the available funding, the CSC of this Joint Action will make a final funding decision. The JCS will communicate to all project coordinators the final decisions together with the review from the PRP.

Each Working Group selected for funding will be funded by the national funding organisation of the coordinator. If for some reason this is not possible, funding will be allocated to one of the partners of the Working Group.

Funding will be made on a national basis by the relevant funding organisation and administered according to their terms and conditions, taken into account all other applicable regulations and legal frameworks. Successful Working Groups are expected to start before the 1st of March 2018. Working Groups can be funded for a period of maximum 12 months.

6. Responsibilities and reporting requirements

The Working Group leader will be asked to present the results of the Working Group at a final symposium (organised by JPI HDHL). The Working Group members will be asked to participate in the final status symposium. Travel budgets should be planned and managed accordingly.

In order to enhance visibility of the JPI HDHL, the consortium should adhere to the following JPI HDHL dissemination guidelines:

- Appropriate measures should be taken to engage with the public and the media about the project.
- The JPI HDHL should be referred to appropriately in reports, articles or any other documents as part of the JPI HDHL supported project as well the respective national/regional funding partner organisations. When referencing the JPI HDHL for the first time, please use “European Joint Programming Initiative “A Healthy Diet for a Healthy Life” (JPI HDHL)” and not JPI HDHL only. Please also include a link to the JPI HDHL website: <http://www.healthydietforhealthylife.eu/>.
- The JPI HDHL should be acknowledged appropriately in reports, articles or any other documents as part of the JPI HDHL supported project. The acknowledgement should address the support provided to the project by JPI HDHL and the appropriate national funding organisations.

- The JPI HDHL should be referred to and acknowledged appropriately in any promotional material including event programmes, invitations, press releases, reports, presentations and external websites.
- Whenever possible and useful, the JPI HDHL logo should be used.

7. Time schedule

When	What
23 rd of May 2017	Publication of the call
29th of August 2017	Submission deadline proposals
24 th of October 2017	PRP & CSC meeting proposals
November 2017	Final Funding decision
December 2017 – February 2018	Start projects

ANNEX 1 National contact points and regulations

Funding organisation	National contact point	National eligibility criteria	Eligible Costs	Anticipated amount of funding for this call
ANR, FRANCE	Juliane Halftermeyer +33 1 78 09 80 22 JPI-HDHLCalls@agencerecherche.fr	See French website http://www.agence-nationale-recherche.fr/ Eligible institutions (PI of the research Group must belong to an eligible institution): - Public research institutes such as EPST, EPIC, universities, university hospitals, non-university research institutes - Enterprises: large and SMEs	See call requirements	€ 70 000
Research Foundation Flanders (FWO)	Olivier Boehme Toon Monbaliu +32 2 550 15 70 eranet@fwo.be	The FWO regulations for Research Projects apply: http://www.fwo.be/en/fellowships-funding/research-projects/research-project/regulations-for-research-projects/	See call requirements	€ 30.000
The Research Council of Norway (RCN)	Berit Nygaard 0047 926 57 942 bn@rcn.no	Eligible institutions: Norwegian research institutions (university, university college, research institute or other institution at which research constitutes an important activity). - It is an advantage that the applicants from Norway have participated in international research project collaboration.	See call requirements	€50.000

Funding organisation	National contact point	National eligibility criteria	Eligible Costs	Anticipated amount of funding for this call
		<p>The National Programme Better health and Quality of Life (BEDREHELSE) http://www.forskningsradet.no/prognet-t-bedrehelse/Home_page/1254013199352 is funding the Norwegian participation. Norwegian applicants should be eligible to apply to this national programme.</p>		
ZonMw	<p>Wilke van Ansem <i>PhD</i> T: +31 (0)70 3495164</p> <p>Sanne van Geel <i>MSc.</i> T: +31 (0)70 3495444</p> <p>Email: jpihdhl@zonmw.nl</p>	<p>Eligible applicants are research organisations, such as universities (or other higher education institutions), academic hospitals and non-university public research institutes situated in the Netherlands.</p> <p>The ZonMw terms and financial conditions applies to Dutch applicants. Please check these conditions at: https://www.zonmw.nl/en/news-and-funding/funding/grant-conditions-and-finances/.</p>	<p>See call requirements.</p> <p>Funding for partial support of an administrative co-coordinator for the activity is permitted. Please contact ZonMw for more information.</p>	€50.000

ANNEX 2 Instructions electronic submission system

SUBMISSION OF WORKING GROUP APPLICATIONS

Before the start of the submission process (preferable a couple of weeks before the submission process, so all researchers or research groups have sufficient time to perform the following actions):

⇒ **Step 1:** The project coordinator (i.e., researcher/organisation that is in charge of the working group and the online submission of the proposal) should register on the website of the JPI HDHL and fill out his/her profile information.

⇒ **Step 2:** All partners (i.e., researchers/organisations) involved within the working group should register on the website of the JPI HDHL and fill out their profile information. This can be done under the heading “Meta Data Base HDHL” in the orange box on the left side.

Please check the call text (Chapter 4 Application) regarding the rules and regulations for the composition of a Working Group.

⇒ **Step 3:** By logging in on the JPI HDHL website the submission process can be started. Providing all the requested information is mandatory for a successful submission.

The submission tool can be found at: <http://www.healthydietforhealthylife.eu/index.php/joint-actions-submission-page>

WORKING GROUP CALL TEMPLATE

PART A, B & C

PART A: SYNOPSIS

General Information

Project Title (max. 20 words)

Project Acronym

Project Duration (in months)

Total requested funding (in euro's)

Addressed call topic

Select one of the addressed call topics below

1. Economic evaluation of dietary interventions and/or physical activity interventions
2. Integrated chronic disease prevention and management
3. Scouting exercise for existing dietary intervention studies and exploring the possibilities of merging

Abstract, i.e., aims, work plan, impact of expected results (max. 350 words):

Keywords (max. 10 words):

Project coordinator

Researcher/organisation that is in charge of the working group and the online submission of the proposal.

Name

Title

Function

Institution/Department

Address

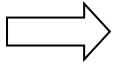
Country

[Select country]

Email

CV project coordinator (max. 500 words)

Including a list of up to five relevant publications and/or active involvement in relevant projects demonstrating the competence to carry out the project



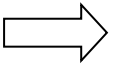
Step 4: The project coordinator should select all partners within the working group. The partners will appear in the list if they are registered on the website of the JPI HDHL.

Partners

Researchers/organisations involved within the working group.

Note: at least 2 partners need to be selected

No.	Name	Country
1.	[When selected, name of partner should be filled out automatically]	
2.		



Step 5: Each partner should logon to the website of the JPI HDHL and validate their partnership. The project coordinator fills out the partner information (only possible after the partner has validated his/her partnership).

For each partner

Name

Title

Function

Institution/Department

Address

Country

[Select country]

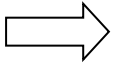
Email

CV partner (max. 500 words)

Including a list of up to five relevant publications and/or active involvement in relevant projects demonstrating the competence to carry out the project.

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PART B: DETAILED INFORMATION



Step 6: Please download the template in the call text or on the JPI HDHL website. This template contains 5 chapters which are described below.

1. Rationale for the proposed working group including: (max 750 words)

- a. identifying the research-need or barrier to progress being addressed
- b. explanation for the diet-related diseases that will be focused on
- c. explanation how the results of the working groups will fulfil a clear public health practice need

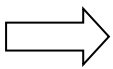
2. Description of the Work Programme including the objectives, the mode of operation of the Working Group, planned activities and the timeline (max 1000 words)

3. Expected outcomes and deliverables, including a dissemination plan (max 1000 words)

4. Description of expertise, scientific excellence and motivation of the Working Group and added value of the collaboration (max 1500 words)

5. Where appropriate, the identity of experts who will act as an advisory reference group for the process to help validate the outputs (max 500 words)

Although not mandatory, consideration should be given to establish an external reference group to ensure objectivity is maintained in developing the Working Group's conclusions. If an Advisory Reference Group will be used, please ensure this function is explained in the overall work plan.



Step 7: When you completed the template (Part B of the submission) please upload it in the Electronic Submission System as a PDF file.

PART C: BUDGETARY TABLE

Please explain the requested funds in the budgetary table below by inserting different budget items. Please make sure that a short justification is included for each budget item. Funding will cover the costs of meetings and travel required to deliver the Working Groups objectives.

Budget item	Amount (€)	Details and justification
Total		



Step 8: Fill in the budgetary table by creating budget items including the budget and details/justification. The budgets of different budget items will be calculated automatically.



Step 9: If all three parts are completed and entered in the Electronic Submission System, the project coordinator should press *submit* to submit the Working Group proposal.