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A borderless European digital health ecosystem

UNITE Joint Interregional Projects

Specific Call 2 Document

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1. Factsheet for Applicants

This factsheet for applicants provides a summary and key details of the UNITE Call 2 for Joint Interregional Projects, enabling potential applicants to quickly evaluate their eligibility and alignment with the call requirements.

UNITE Call 2 – Key Details	
Innovation Challenges	• Deep-tech innovations to secure equal health for the entire population • Digital innovations to battle the health workforce crisis
Call opening	10 September 2026
Submission deadline	10 December 2026
Project duration	1 April 2027 – 30 September 2028 (18 months)
Total call budget	6.000.000 EUR
Maximum funding per project	1.000.000 EUR
Maximum funding per organisation	600.000 EUR, including all UNITE open calls in which the organisation participates. See specifics for each participating region.
UNITE regions	Applicants must be legally established in the following regions providing funding for the UNITE open calls: • Region of Central Macedonia, Greece; • Lombardy Region, Italy; • Extremadura Region, Spain; • Aragón Region, Spain; • Scotland, United Kingdom; • Wales, United Kingdom; • Romania, national scope.
Consortium composition	• Proposals must be submitted by consortia comprising at least 3 organisations from 3 different UNITE regions. • Each consortium must include at least 1 solution provider, 1 research entity, and 1 end-user organisation. • Proposals must include organisations from at least 1 strong innovation region (Scotland, Wales) and 1 moderate or emerging region (Central Macedonia, Romania, Lombardy, Extremadura, Aragón).
Regional requirements	Applicants must be aligned with the mandatory requirements applicable in their respective regions, as specified in Annex G of the main UNITE Call Document.

2. UNITE Call 2 for Joint Interregional Projects

This document contains information pertinent to the **UNITE Call 2 for Joint Interregional Projects (JIPs)** launched under the UNITE initiative. For comprehensive programme guidelines, eligibility requirements, and evaluation criteria, please consult the **main UNITE Call Document**.

The deadline for submitting proposals to the UNITE JIP Call 2 is 10 December 2026, 5pm CET (Brussels time). This is a fixed deadline, and no extensions will be granted. Applicants are strongly advised not to wait until the final moments to submit their proposals, as the submission system may experience a high volume of submission requests near the call deadline, potentially leading to processing delays that cannot be rectified once the specified deadline has passed.

Projects selected through the UNITE JIP Call 2 evaluation process will **start on 1 April 2027** and run for 18 months, **concluding on 30 September 2028**.

The maximum financial support that can be allocated per proposal is **1.000.000 EUR**, and the maximum funding that may be awarded to a single organisation is **600.000 EUR**, including all UNITE JIPs in which the organisation participates. The overall budget available for this UNITE JIP Call 2 is **6.000.000 EUR**. The UNITE General Assembly reserves the right to withhold the full allocation of the available budget for this call.

Consortia are required to provide a clear justification for the proposed budget, comprising both the UNITE financial support and the partners' own co-funding, demonstrating how it will support project implementation and resource utilisation within the specified timeframe.

Based on the current distribution of the overall budget across the UNITE regions and individual UNITE open calls, the table below outlines the maximum funding that may be requested by a single partner in each region under this UNITE JIP Call 2. However, it should be noted that 600.000 EUR is also the maximum total funding that may be granted to a single partner cumulatively across all UNITE JIPs in which that partner is involved. Consortia are advised to request funding that is reasonable and proportionate to the expected impact and resources required, rather than aiming for the maximum available amount.

Region	Maximum funding per partner in each region in this call[1]
Central Macedonia (Greece)	EUR 139.810,00[2]
Lombardy (Italy)	EUR 600.000,00
Extremadura (Spain)	EUR 600.000,00
Aragón (Spain)	EUR 600.000,00
Scotland (United Kingdom)	EUR 250.000,00
Wales (United Kingdom)	EUR 600.000,00
Romania (national scope)	EUR 250.000,00

3. Innovation Challenges in Call 2

Through the UNITE JIP Call 2, the UNITE programme is looking for high-impact, innovative projects that address the two Innovation Challenges identified within European healthcare systems, as outlined below:

1. Deep-tech innovations to secure equal health for the entire population;
2. Digital innovations to battle the health workforce crisis.

Deep-tech innovations to secure equal health for the entire population
Tailored, efficient and effective healthcare solutions are needed to address mobility problems and the lack of personalised care for disadvantaged populations, fragmented healthcare services, and technological disparities within the healthcare system. Across Europe, access to high-quality care remains uneven: people with limited mobility, those living far from care facilities, and groups disadvantaged by disability, socio-economic status, or digital exclusion continue to face barriers to timely and appropriate care. At the same time, care pathways are often fragmented across primary, secondary and home settings, and uneven technological maturity between and within regions widens rather than closes these gaps. The "Health for All"

[1] This represents a strict upper limit and should not be considered as a basis for the partners' budgeting.

[2] This reflects the total available budget for the Region Central Macedonia in this call.

ambition is to secure equal health for the entire population, regardless of where people live or their personal circumstances.

Despite significant investment in the area, a specific challenge focused on deep-tech — innovations that arise as direct outputs of state-of-the-art research — has not yet been widely applied to closing these equity gaps. The recent rapid emergence and maturation of key enabling ICT technologies in Artificial Intelligence, Health Data Spaces and Robotics are foreseen to provide timely and disruptive opportunities. Machine learning and Large Language Models (LLMs) are maturing quickly, both in academic research and commercial development. ANN-based image classification already powers many self-care mobile services, and LLMs have the potential to overcome knowledge, language and usability barriers for disadvantaged and underserved users. Care and assistive robotics solutions are entering higher TRLs, from both industry and research. Moreover, after decades of interoperability challenges, new European initiatives on Health Data Spaces offer renewed hope for open, connected PHR/EHR that follow patients across services and regions.

European health and care systems must ensure that digital transformation does not create new barriers or reinforce existing inequalities. Equal health cannot be understood only as the availability of digital tools, but as the real capacity of all people —patients, caregivers and professionals— to access, understand, use and benefit from digital health solutions under fair and safe conditions.

This challenge seeks tailored, efficient and effective deep-tech solutions that improve autonomy, personalised care, continuity of care and equitable access for elderly people, disadvantaged populations, people with disabilities, patients with chronic or complex conditions, people with low digital health literacy, migrants or people facing language barriers, and citizens living in remote or underserved areas. Digital health solutions should be designed from the reality of vulnerable users, ensuring that technology becomes an enabler of care rather than an additional barrier.

This challenge should address the risk of digital exclusion in healthcare pathways where patients are expected to use online appointments, patient portals, digital communication channels, electronic consent forms, self-care applications, remote monitoring systems or home-based health technologies. The proposed solutions should therefore embed accessibility, universal design, clear language, usability, personalisation, assisted use and hybrid care models combining digital, face-to-face, telephone-based or accompanied support.

This challenge should also cover the fragmentation of care between hospitals, primary care, home care, social care, mental health services, residential care and community-based support. For vulnerable patients, especially older, frail, chronic or socially isolated people, information gaps and lack of coordination can lead to duplicated

assessments, incomplete decisions, delayed interventions or patients becoming invisible to the system. Deep-tech solutions can help structure, connect and interpret data across care settings, supporting shared care plans, early alerts, risk stratification, personalised follow-up and better coordination between health, social, and community actors.

In addition, this challenge should explicitly consider loneliness and weak support networks as a dimension of digital health equity. Many digital health solutions assume that someone is available to respond to an alert, interpret a recommendation or support patients in using the technology. However, this is not always the case. The proposed solutions should therefore include clear response pathways, human accompaniment when needed, integration with social care and community resources, and mechanisms to ensure that digitally or socially vulnerable patients are not left behind.

Relevant technologies may include artificial intelligence, machine learning, natural language processing, multimodal and accessible interfaces, remote monitoring, IoT devices, decision-support systems, digital therapeutics, interoperability tools, secure data platforms, real-world data analytics, privacy-preserving infrastructures and inclusive digital care coordination platforms. Examples may include, but are not limited to, accessible patient-facing digital assistants; AI-supported identification of frailty, isolation or unmet needs; remote monitoring solutions adapted to older or low-literacy users; digital tools for caregivers and family members; platforms for shared care plans between healthcare and social care; interoperable systems connecting hospital, home and community care; and secure real-world data solutions to detect and reduce inequalities in access, outcomes and continuity of care.

The proposed solutions should demonstrate how they can improve equitable access to care, strengthen patient autonomy, support personalised and human-centered care, reduce fragmentation between services and ensure that digital health innovation remains accessible, understandable, safe and useful for all population groups. They should be interoperable with existing health and social care systems, compliant with applicable regulatory, ethical and cybersecurity requirements, and designed with data protection, transparency, accessibility and human oversight from the outset.

The expected outcome is a more inclusive digital health ecosystems in which deep-tech innovation helps reduce health inequalities, supports vulnerable populations and ensures that no patient is excluded from the benefits of digital transformation.

Policy source
The UNITE regions' smart specialisation strategies (S3) address equitable access to care, personalised medicine, and reducing regional and technological disparities in health. The European Health Data Space (EHDS) Regulation enables connected, interoperable and patient-following health data across services and regions, while the European Pillar of Social Rights (principle 16) affirms the right to timely, affordable and good-quality healthcare for all. The "Health for All" approach and the WHO European Programme of Work further emphasise the commitment to leaving no one behind in access to care.
Indicative proposal ideas and specific needs at the partner regions
The aim is people-centered health and care systems that are equally accessible to all, and broader adoption of new digital solutions by healthcare institutions. There is a clear need for deep-tech solutions that adapt to both patient and caregiver competencies, tailoring the level of support to their capabilities so that they feel safe and in control. For example: • Deep-tech solutions that improve access to care for people with mobility limitations or living in underserved areas, including remote diagnostics and virtual visits. • Broader application of AI and personalised medicine across the entire acute and chronic patient pathway. • Accessibility in both digital and physical terms, including tools that overcome language, literacy, and usability barriers. • Integration of primary, secondary, and home care through digital solutions that support disadvantaged and chronic patients, including preventive care approaches. • Integration of lifestyle and emotional state into monitoring systems to give an integral view of patients. • Cybersecurity and trustworthy handling of health data as an enabler of equitable deep-tech adoption. • Decision-making support tools which should be clear, robust, and explainable. • Computer vision and wearable technologies to enable biomechanical assistance for injury rehabilitation and healthy ageing. • Predictive models to optimise evaluation of patients and improve diagnostic, prognostic, and follow-up of patients.

Digital innovations to battle the health workforce crisis

European health and care systems face a growing workforce crisis driven by staff shortages, ageing populations, increasing demand for complex and personalised care, administrative overload, uneven access to specialist expertise and persistent digital skills gaps. In many healthcare pathways, the limiting factor is no longer only the availability of data, equipment or scientific knowledge, but the scarce time and capacity of trained professionals able to transform complex information into safe, timely, and actionable decisions.

The objective of this challenge is to leverage digital technologies to support healthcare staff by reducing workload, enhancing care coordination, and fostering a healthy, resilient, and skilled workforce capable of sustainably delivering high-quality care. As key users of digital health technologies, healthcare workers play a crucial role in driving a meaningful digital transformation of healthcare systems.

This challenge seeks deep-tech digital health solutions that increase the effective capacity of the existing workforce while keeping healthcare professionals in control. Solutions may support clinical, diagnostic, operational or care workflows by automating repetitive low-value tasks, reducing manual documentation and data re-entry, assisting triage and prioritisation, generating structured drafts for professional review, enabling remote supervision, supporting safe task sharing, and embedding training or upskilling into daily practice.

This challenge should also cover high-complexity areas where scarce expert capacity is a critical bottleneck, including but not limited to precision genomic medicine, molecular diagnostics, clinical bioinformatics, pathology, radiology, pharmacogenomics, advanced laboratory medicine and data-intensive personalised care. In these areas, digital deep-tech solutions may help specialists move from authoring complex outputs from scratch to reviewing, validating and signing structured, traceable and evidence-based outputs generated by secure technological platforms. This can multiply the effective output of scarce professionals, reduce repetitive administrative and cognitive workload, and allow non-specialist professionals to safely contribute under appropriate supervision and protocols.

At the same time, this challenge should address workforce pressure in care-intensive pathways, particularly those involving nursing, community care, elderly care, social care coordination, and mental health. In these areas, professional shortages are often compounded by fragmented information flows, duplicated assessments, lack of continuity across services and avoidable administrative burden. Digital solutions can therefore support multidisciplinary coordination, shared care plans, structured documentation, remote supervision, risk stratification, decision support, and safer

task distribution across teams and care settings.

Relevant technologies may include artificial intelligence, machine learning, natural language processing, knowledge graphs, biocomputational pipelines, workflow automation, decision-support systems, interoperable clinical reporting and secure health-data infrastructures. Examples may include, but are not limited to, AI-assisted interpretation of genomic, molecular, imaging or clinical data; automated generation of structured clinical reports for expert review; interoperable digital workflows between laboratories, hospitals and clinical information systems; clinical bioinformatics and biocomputational platforms; professional copilots for documentation, coding, triage or evidence retrieval; shared care coordination platforms; and digital tools for training, upskilling and safe delegation of tasks.

The proposed solutions should demonstrate how they can free up professional time for patient care, improve workflow efficiency, reduce burnout and administrative burden, support safer and faster decision-making, and help healthcare organisations scale scarce expertise across services, sites or regions. They should be interoperable with existing health information systems, compliant with applicable regulatory and clinical safety requirements, and designed with cybersecurity, data protection, transparency, explainability and human oversight from the outset.

The expected outcome is not the replacement of healthcare professionals, but a more resilient, digitally enabled and better supported health workforce able to do more, safely and sustainably, with the people and expertise already available.

Policy source

Most regions face shortages in the healthcare workforce, including both nurses and doctors. This lack of care personnel is present in all regional strategies, as well as in media. The COVID-19 pandemic has significantly increased stress levels and workload among healthcare personnel, and the resulting burden on their mental health has been substantial.

In 2022, WHO stated that “The health workforce crisis in Europe is no longer a looming threat – it is here and now. The Bucharest Declaration charts a way forward”. The Bucharest Declaration in particular calls for political action to:

- improve the recruitment and retention of health and care workers;
- improve health workforce supply mechanisms;
- optimise the performance of the health and care workforce;
- better plan the health and care workforce;
- increase public investment in workforce education, development and protection.

Indicative proposal ideas and specific needs at the partner regions
• Reducing bottlenecks and improving patient flow in acute and medical departments, strengthening collaboration with acute care services, and enhancing staff planning. • Awareness rising and use of new technologies such as AI, VR/AR, IoT in health sector. • Implementing deep-tech solutions that personalise healthcare training based on patients' needs and circumstances, including during waiting periods for GP access or hospital stays. • Empowering healthcare personnel to innovate by integrating startups, solutions, and care organisations through initiatives such as "Nurses' Startup Accelerator". • Digitisation of health services / digital files / standardisation. • Virtual and augmented reality training tools for image-guided interventions, supporting surgeon training and preparation for complex surgeries. • Novel diagnostic decision-support systems enabling faster and better diagnoses while avoiding unnecessary use of healthcare workforce capacity. • Data analysis supported by artificial intelligence to aid diagnostics. • Optimising operations in healthcare distribution warehouses. • Use of algorithms and artificial intelligence to assist family physicians in conducting medical analysis of patient consultations. • Robotic and telesurgery solutions to reduce waiting times and optimise the costs associated with surgical procedures. • Digital twins for medical devices and biotech production industry. • Computer vision to control scanner quality and diagnostic kit production. • Predictive models to optimise healthcare resources.

4. Key Eligibility Criteria

The following provides a summary of the key eligibility criteria essential for participation in the UNITE JIP Call 2. Applicants are strongly advised to consult the main UNITE Call Document for a comprehensive description of all eligibility requirements. The submitted project proposals must fully comply with these requirements to be considered admissible for the evaluation process.

Key Eligibility Conditions
Project proposals must be submitted by consortia comprising at least three (3) organisations from three (3) different UNITE partner regions.
Project proposals must include at least one (1) solution provider, one (1) research entity, and one (1) end-user organisation, collectively representing the full digital health value chain.
The UNITE regional coverage must include partners from at least one (1) Innovation Leader or Strong Innovator region (Scotland, Wales) and one (1) Moderate or Emerging Innovator region (Central Macedonia, Romania, Lombardy, Extremadura, Aragón).
Applicants legally based outside the UNITE partner regions are not eligible for funding.
The maximum financial support available per proposal is 1.000.000 EUR.
The maximum total funding allocated to a single organisation is 600.000 EUR, including all UNITE JIPs in which the organisation participates. Please note regional budget constraints.
Project proposals must be submitted online via the designated proposal submission system by the specified deadline, as outlined in the call documentation.
Project proposals must be written and submitted in English only.
Project proposals must comply with the gender balance requirements set in the call documentation.
Applications must not contain any sensitive personal data or trade secrets.
All proposal partners must be aligned with the mandatory requirements applicable in their respective regions, as specified in Annex G of the main UNITE Call Document.

5. Evaluation Scoring

Each eligible project proposal will undergo a multi-stage evaluation process to be considered for the UNITE financial support. For detailed information on the evaluation process, please refer to Annex B of the main UNITE Call Document.

The following outlines the evaluation scoring principles for two key assessment stages in the UNITE JIP Call 2. During the Review Gate, independent external experts will assess the submitted proposals based on the questions listed in Table 1 below, while during the Strategic Gate, the UNITE Team will evaluate each proposal's strategic regional alignment using the questions provided in Table 2.

Experts will score each question on a scale from 0 to 5 according to the following definitions:

5: Excellent	The proposal successfully addresses all relevant aspects of the criterion in question. Any shortcomings are considered minor.
4: Good	The proposal addresses the criterion well, although certain improvements are possible.
3: Fair	While the proposal broadly addresses the criterion, there are significant weaknesses that would need correcting.
2: Poor	There are serious inherent weaknesses regarding the criterion in question.
1: Very poor	The criterion is addressed in a cursory and unsatisfactory manner.
0: Not addressed	The criterion is not addressed at all in the proposal.

The score for each section, including Impact, Excellence, and Quality and Efficiency of Implementation, each having the implicit weight of 33.33%, will be calculated as the average of the individual question scores within that section. In the Review Gate, the final score will be determined by summing the three average scores for Excellence, Impact, and Quality and Efficiency of Implementation, resulting in a maximum possible score of 15. To advance to the Strategic Gate, proposals must achieve a minimum average score of 3 in each section during the Review Gate evaluation. In the Strategic Gate, a minimum average score of 3.5 for the Strategic Alignment is required to progress to the next evaluation stage.

Table 1: Review Gate questions and minimum threshold.

	Questions	Score Range	Threshold[3]
Excellence	Question 1: Does the proposal offer a novel and innovative solution with clear and demonstrable potential for economic and societal impact within the European health ecosystem?	0-5	3
	Question 2: To what extent is the proposal aligned with the specific challenges outlined in this UNITE open call?	0-5	
	Question 3: Is the proposed technology sufficiently mature to address the identified business needs? Is the timing appropriate given market dynamics, user needs, societal relevance, and technological trends?	0-5	
Impact	Question 4: How well is the proposed solution positioned within the current competitive landscape? Are the underlying assumptions and estimations realistic, evidence-based, and well-substantiated?	0-5	3
	Question 5: Does the proposed solution demonstrate high potential for success and scalability? What level of commitment is there to its commercial continuation?	0-5	
	Question 6: Will the consortium develop strategic assets (e.g. IP ownership, freedom to operate, technological resources) that enable sustainable growth? How attractive is the solution for securing additional funding or resources after the project completion?	0-5	
Quality and Efficiency of Implementation	Question 7: Are the proposed budget and resource allocations appropriately assessed, sufficiently justified, and realistic?	0-5	3
	Question 8: How robust and coherent is the proposed work plan, including milestones, deliverables, and working methodology? Does the plan include intermediate milestones that are both ambitious and achievable?	0-5	
	Question 9: Does the team demonstrate a strong track record? Are the team's seniority, expertise, and background well suited to the objectives and complexity of the proposal?	0-5	
	Question 10: Is the consortium well-structured, with partners bringing complementary expertise and clearly defined roles? Are the partners appropriately positioned to create synergies and add value throughout the project?	0-5	

[3] The threshold is compared with the average of all scores for questions in the section.

Table 2. Strategic Gate questions and minimum threshold.

	Questions	Score Range	Threshold[4]
Strategic Alignment	Question 1: Is the proposal aligned with the strategic requirements of each participating region?	0-5	3,5
	Question 2: Does the proposal ensure a balanced regional representation that contributes meaningful value to all involved regions?	0-5	
	Question 3: Does the proposal align with the budget availability in each region?	0-5	
	Question 4: Does the proposal have a clear pathway to scale within the regions and expand to the national and European levels?	0-5	

Upon completion of all evaluation stages, the UNITE General Assembly convenes a final Consensus Meeting to review and determine which of the highest-scoring proposals that meet the required thresholds will be selected for funding, subject to the available budget.

To resolve any potential scoring ties during the Consensus Meeting, priority will be determined according to the following order:

1. Highest overall score at the Review Gate;
2. Highest average score in the Impact section;
3. Lead partner from Emerging or Moderate Innovator region;
4. Gender balance dimension in the proposal team.

In the unlikely event that proposals remain tied after applying the above assessment, the UNITE General Assembly will resolve the tie based on additional merits at its discretion.

[4] The threshold is compared with the average of all scores for questions in the section.

6. Payment Principles

All partners in projects selected for funding under the UNITE initiative will be required to sign a **Financial Support to Third Parties (FSTP) Agreement**. This includes the **Regional FSTP Agreement**, which specifies region-specific funding provisions and particular requirements based on the partner's geography and the **UNITE FSTP Annex**, which outlines the provisions related to the joint interregional project, its objectives, and general conditions. Please refer to Annex D of the main UNITE Call Document for more details.

The financial payments to the project partners will be governed by the respective Regional FSTP Agreements and will generally consist of the pre-financing, interim, and final payments. To receive the **pre-financing payments**, partners must first fulfil the necessary administrative requirements (FSTP agreements signed, financial information verified, etc.). The **interim payments** will be released following the submission and positive evaluation of the intermediate performance reporting conducted to ensure effective project progress towards the defined milestones, deliverables, and KPIs. The **final payments** will be processed after the project completion, upon the successful assessment of the final project results and outcomes, including all required deliverables and defined KPIs.

While the project monitoring is carried out at the project level, payments are administered at the regional level. As a result, the payment process involves two steps. First, the UNITE Team verifies that the conditions for releasing the respective payment tranche are fulfilled. This is followed by the regional administration's review of any additional region-specific requirements for the participating partners.

If the project delivery is incomplete, the committed KPIs are not met, or the quality of the deliverables is unsatisfactory, penalties may be applied to the final payments, potentially reducing the total amount of the awarded funding.

To ensure the costs eligibility, the following core principles must be applied:

- Costs must be actually incurred and directly related to the implementation of the project within the agreed timeframe.
- Costs must comply with the terms and conditions set out in the FSTP Agreement at both the overall project and regional levels.
- Costs must be necessary for the project's implementation and proportionate to the work performed and results achieved.
- Costs must be identifiable, verifiable, and supported by adequate documentation.
- Payments and eligibility of costs are contingent on the satisfactory completion of project deliverables and achievement of KPIs.

To ensure a thorough understanding of the financial aspects of the UNITE JIP Call 2 and its payment mechanisms, applicants are strongly encouraged to consult with representatives from the UNITE partner regions, as indicated in Annex G of the main UNITE Call Document, during the proposal design and preparation phase and well before the specified call deadline.

7. Timeline for Call 2

The timeline below presents an overview of the key stages, actions, and indicative deadlines in the proposal submission and evaluation process for Call 2, aimed at supporting applicants in planning their submissions and subsequent follow-ups.

Action	Date
UNITE JIP Call 2 - proposal submission system opens	10 September 2026
Online general information session	30 September 2026
UNITE JIP Call 2 - proposal submission deadline	10 December 2026
Communication to ineligible proposals that did not pass the eligibility criteria check	14 December 2026
Appeal window for proposals rejected during the eligibility check	14 - 18 December 2026
Resolution for appeals due to the eligibility criteria	18 December 2026
Communication to proposals that passed both the Review Gate and Strategic Gate and advancing to the Due Diligence Interviews	12 February 2027
Due Diligence Interviews	17 - 19 February 2027
UNITE General Assembly Consensus Meeting	24 February 2027
Feedback to selected/rejected proposals	26 February 2027
Proposal adjustments window for selected proposals	1 - 4 March 2027
Appeal window for proposals rejected in the Review Gate or Strategic Gate	1 - 4 March 2027

Action	Date
Resolution for proposal adjustments and appeals due to the Review Gate or Strategic Gate	5 March 2027
Signature of FSTP agreements by selected beneficiaries	5 - 31 March 2027
Selected projects start	1 April 2027

8. Consortia Building

Applicants are encouraged to register on the UNITE Matchmaking Platform to connect with potential partners and build strong consortia for the UNITE Open Calls. In addition to the general information sessions on the UNITE Open Calls, dedicated matchmaking events will be organised through the UNITE Matchmaking Platform, as well as various in-person and online regional events, to facilitate targeted collaboration and consortium-building opportunities.

9. Contact Details

For region-specific inquiries, applicants are advised to contact their designated regional representatives, as listed in Annex G of the main UNITE Call Document. For general questions, requests, or assistance with the registration on the UNITE Cloud portal, please contact unitecloud@eitdigital.eu.

To stay informed about the latest developments, opportunities, and updates related to the UNITE initiative, please visit the UNITE website or subscribe to the UNITE newsletter.