Horizon Europe 2026 Health Calls –
Prof. Ceravolo's Neurorehabilitation Team Opportunities

Prof. Maria Gabriella Ceravolo's team (UNIVPM) specializes in neurorehabilitation, movement disorders (Parkinson's disease, stroke recovery), digital health (tele-rehab, telemonitoring), wearable sensors, VR/AR therapies, companion robots/AI in rehab, prognostic modeling, and multicenter clinical trials. Below is a set of **open and upcoming 2026 Horizon Europe Cluster Health calls** (across RIA, IA, CSA, etc.) where this team could make a strong contribution. Each entry includes the **call title and ID**, call **type**, **expected opening/deadline** (2026 unless noted), a summary of **scope/expected outcomes**, and an explanation of **fit with Prof. Ceravolo's expertise**.

Recommended Calls for 2026 (Cluster Health Work Programme)

1. **HORIZON-HLTH-2026-01-DISEASE-03: Advancing research on the prevention, diagnosis, and management of post-infection long-term conditions (RIA)**

Opening/Deadline: Opens 10 Feb 2026; deadline 16 Apr 2026 (single-stage) .

Fit with Ceravolo Team: The team's **neurorehabilitation expertise** is directly relevant – for example, addressing post-stroke or post-viral neurological impairments. They excel in designing and validating **rehabilitative therapies** (e.g. motor/cognitive training, telerehabilitation) and measuring outcomes in **multicenter trials**. In this call, they could lead development of **rehabilitation protocols** for post-infection patients, utilize their **digital health tools** (wearable sensors, telemonitoring) to track recovery, and contribute to **clinical trials** validating these interventions. Their background in prognostic modeling and outcome assessment would help identify which patients benefit most, aligning with the call's goal of improving long-term patient health.

2. **HORIZON-HLTH-2026-01-DISEASE-09: Multisectoral approach to tackle chronic non-communicable diseases (NCDs): implementation research beyond the healthcare system (RIA)**

Opening/Deadline: Opens 10 Feb 2026; deadline 16 Apr 2026 (single-stage) .

Fit with Ceravolo Team: The team can contribute significant value through its experience in **chronic neurological disorders** (Parkinson's, post-stroke) and **digital health interventions**. They can help design and test interventions that integrate **rehabilitation and self-management into daily life settings** – for instance, community exercise programs with telemonitoring for Parkinson's patients or home-based telerehabilitation for stroke survivors. Their expertise with **wearable sensors and remote monitoring** can facilitate engaging patients outside clinics, and their track record in **multicenter studies** can ensure robust implementation research. By leveraging **AI-driven telehealth** and **personalized rehabilitation plans**, the team would address the call's aim to extend NCD management beyond hospitals and into communities, thereby improving outcomes and reducing healthcare burden .

3. **HORIZON-HLTH-2026-01-CARE-01: Public procurement of innovative solutions for improving citizens' access to healthcare through integrated or personalised approaches (PPI)**

Opening/Deadline: Opens 10 Feb 2026; deadline 16 Apr 2026 (single-stage). *This is a Public Procurement of Innovative solutions (PPI) action* .

Fit with Ceravolo Team: Prof. Ceravolo's team can contribute on the **supply side of innovative solutions**. Their work in **digital health and telemedicine** is directly applicable – for instance, a **tele-rehabilitation platform** or **remote patient monitoring system** that connects hospitals, rehabilitation specialists, and patients' homes to ensure continuity of care. Such a tool could vastly improve access for patients with mobility impairments or in remote areas, aligning with the call's goals of integration

and personalisation. The team's experience with **wearable sensors and AI-driven decision support** can create personalised care pathways (e.g. adapting rehab exercises to patient progress). While public procurers (e.g. regional health authorities or hospitals) would lead the purchasing, the team could be a technology provider or pilot site demonstrating how their **companion robots or VR therapy systems** improve patient engagement and outcomes. Their strong clinical background ensures any solution is **designed around actual clinical needs**, as emphasized in the expected outcomes , making them a valuable partner to drive innovation adoption in health systems.

4. **HORIZON-HLTH-2026-01-CARE-03: Identifying and addressing low-value care in health and care systems (RIA)**

Opening/Deadline: Opens 10 Feb 2026; deadline 16 Apr 2026 (single-stage) .

Fit with Ceravolo Team: The team's clinical research background is ideal for evaluating what works (and doesn't) in rehabilitation and chronic care. In areas like **stroke or Parkinson's rehabilitation**, they can identify therapies that have little benefit (e.g. outdated exercises or redundant diagnostic tests) and propose evidence-backed alternatives (such as **innovative VR therapy or more intensive motor training**) that provide better outcomes. Their expertise in **outcome validation and systematic assessments** will help create the **indicators of low-value vs. high-value care** in their domain. Moreover, they can lead pilot implementations of de-implementation strategies: for example, training rehabilitation professionals across multiple centers to phase out low-value practices and adopt new digital tools. The team's experience with **multicenter trials** and guidelines development means they can generate robust evidence and consensus on best practices, directly feeding into this call's goal of equipping healthcare providers with knowledge and tools to improve care efficiency. In short, they would ensure that rehabilitation and chronic care services are optimized for maximum patient benefit, aligning with the call's outcomes of higher-quality, more sustainable care.

Key Upcoming Calls (2026–27) in AI, Robotics, and Personalized Medicine

(The following calls are part of the 2026–2027 work programme with first deadlines in 2027, including two-stage calls. Early consortium-building in 2026 is crucial.)

5. **HORIZON-HLTH-2027-02-TOOL-01 (two-stage): Development of predictive biomarkers of disease progression and treatment response by using AI methodologies for chronic NCDs (RIA)**

Expected Timeline: Two-stage call (expected opening in 2027); first-stage proposal deadline ~Apr 2027, second-stage Sep 2027 . *(Consortia formation and preparation will occur in 2026.)*

Fit with Ceravolo Team: The team's strengths in **prognostic modeling, AI, and digital monitoring** are perfectly aligned. They have experience collecting and analyzing **wearable sensor data, motion capture, and cognitive assessments** in patients with Parkinson's, stroke, etc., which are exactly the kind of **"behavioural and digital markers"** envisioned in this call . They can contribute by developing AI algorithms that predict, for example, the progression of Parkinson's disease or a stroke patient's recovery trajectory, based on multimodal patient data. Their background in **AI-supported rehabilitation** means they understand how to combine clinical data with machine learning to stratify patients and personalize interventions. Furthermore, the team can lead the **validation studies** across multiple centers – testing their AI biomarkers in real patient cohorts (a requirement noted for clinical validation of the predictive models) . By engaging with regulators and leveraging their knowledge of outcome measures, they will ensure the resulting AI tools meet clinical standards. In summary, the team's expertise in **data-driven health tools** and chronic disease management positions them as key players to develop **AI-based biomarkers** for personalized medicine in this call.

6. **HORIZON-HLTH-2027-02-DISEASE-01 (two-stage): Innovative healthcare interventions for non-communicable diseases (RIA)**

Expected Timeline: Two-stage call (opening expected in 2027); first-stage deadline ~Apr 2027, second-stage Sep 2027 . *(Consortium building in 2026.)*

Fit with Ceravolo Team: The team is well-suited to design and test **cutting-edge interventions for chronic diseases**. For example, they could coordinate a project on an **innovative therapy for Parkinson's disease** combining pharmacological treatment with a novel **rehabilitation method (action observation therapy or VR-based exercises)**. Their capacity to run **multicenter clinical trials** means they can rigorously evaluate such interventions across different hospitals/countries, aligning with the call's likely requirement for demonstration of effectiveness. With expertise spanning **AI, robotics, and telehealth,** they can also contribute to other NCD domains – for instance, developing a **telemedicine-enabled lifestyle coaching program** for metabolic syndrome, or a **robot-assisted rehabilitation** protocol for stroke survivors – ensuring these interventions are personalized and user-friendly. The team's interdisciplinary skill set (clinicians, bioengineers, data scientists) allows them to tackle NCD challenges holistically. In sum, they can either lead or partner in a consortium by providing the **innovative therapeutic component** (e.g. their companion robot for elderly fall prevention or AI model for tailoring rehab intensity) and by overseeing the **clinical validation**, which directly addresses the call's aim of delivering and proving new healthcare solutions for chronic conditions.

7. **HORIZON-HLTH-2027-02-DISEASE-14 (two-stage): Clinical trials for advancing innovative interventions for neurodegenerative diseases (RIA)**

Expected Timeline: Two-stage call (likely opening in 2026 for 1st stage); first deadline expected late 2026, second in 2027 (since it's part of 2027 calls) .

Fit with Ceravolo Team: This call is an excellent match to the team's core focus. They are already leaders in **Parkinson's disease rehabilitation** and have experience running **clinical trials** in neurorehab. The call's requirement to pair a therapeutic substance with rehab or lifestyle therapy is exactly the kind of research they excel at: for instance, they could test a new neuroprotective drug *plus* an **AI-guided exercise program or a companion robot-assisted therapy** for Parkinson's patients. Their expertise in **wearable sensor monitoring** and **motor/cognitive assessment** would be invaluable for measuring trial outcomes (e.g. improvements in mobility or cognition). Moreover, the team's prior work in **VR/AR-based rehabilitation** and **action observation therapy** can serve as the innovative non-pharmacological arm of an intervention. They are well-positioned to coordinate a consortium with clinical centers across Europe, ensuring a sufficiently powered trial. Finally, their engagement with patient associations and experience in **patient-centered care** aligns with the call's emphasis on involving patients and addressing real-world needs . In short, the team can drive the development and testing of a combined therapy approach (drug + rehabilitation) to significantly advance treatment for neurodegenerative diseases, which is at the heart of this call's mission .