



FROM PREDICTION TO ACTION

The 2026 Innovation Competition, three team stories, and the routes from prototype to pilot, funding and further learning.

COVER STORY

INSULOGIC

Connecting adherence risk
with a timely patient call

HEALTH DATA | AI VOICE ASSISTANT | CLINICAL WORKFLOW

A sector-focused gateway for healthcare innovation

AI4Health.Cro supports responsible artificial intelligence in healthcare by connecting clinical needs, research, technology, business development and public-sector implementation.

The hub helps startups, SMEs, healthcare organisations, researchers and public bodies understand what their technology needs next, then connects them with the relevant service, data, expertise or funding pathway.

TEST WITH EVIDENCE

Test Before Invest services connect early solutions with relevant data, technical review, clinical expertise and structured iteration.

LEARN FOR USE

Training links AI, data science, digital health, regulation, HPC and business development with real organisational decisions.

FUND THE NEXT STEP

Funding guidance helps teams understand which call fits their stage, consortium structure, market plan and evidence base.

WHY A SPECIAL EDITION?

The Innovation Competition made the development process visible. Teams started with the same clinical problem, worked with structured healthcare data, and produced three different routes from prediction to action. Their stories show where technical results, clinical workflows, user needs and future financing meet.

What shaped this special edition

The issue follows the 2026 Innovation Competition from the clinical task to the winning prototypes, then looks at funding and skills pathways for the next stage.

01

COMPETITION OVERVIEW

150 contestants and 44 teams responded to a national challenge on treatment adherence in type 2 diabetes.

02

FROM DATA TO A USABLE RESPONSE

The competition required models, explanations and interventions that could fit healthcare workflows.

03

INSULOGIC

The winning team connected behavioural risk signals with a Croatian-language AI voice assistant.

04

ADHERMO

A student team combined medicine, data science and software development in one application prototype.

05

DIABETES NAVIGATOR

SAMO4DM2 designed a weekly radar for family medicine, with reasons and suggested next actions.

06

THREE SOLUTIONS, ONE PROBLEM

A comparative view shows how the teams translated the same dataset into different care pathways.

07

ACCESS TO FUNDING

Two EIT Health calls offer routes for scalable innovation and market uptake in 2027.

08

SUMMER SCHOOL 2026

A hybrid programme connects AI, health data, regulation, HPC and business readiness.

FEB

9 MAR

MAR-APR

19 MAY

JUN-JUL

15 JUL

Call opens

Applications close

Development

Final and awards

Summer School

Funding calls open

Prediction is only useful when it changes care

The 2026 challenge focused on a persistent problem in chronic disease management: patients can disengage from treatment before the consequences become visible.

The competition began with a clinical task. Teams were asked to identify people with type 2 diabetes who might not follow their medication plan consistently. The technical work involved health data, predictive modelling and evaluation, but the useful endpoint was never a score alone. Each solution had to consider what a doctor, patient or healthcare team could do with the result.

The three finalist stories show different answers. Insulogic linked prediction to an AI voice assistant that contacts patients and returns relevant information to the clinician. Adhermo developed a single application intended to support both doctors and patients. SAMO4DM2 designed a weekly radar that narrows a family doctor's attention to a small group of patients and explains why each case may require follow-up.

These approaches share an implementation logic. Behavioural patterns can be valuable signals, interdisciplinary teams improve interpretation, and explanations matter when results enter clinical work. The next stage will require prospective validation, careful alert design, patient consent, privacy safeguards and clear responsibility for acting on information.

The funding and Summer School sections extend the same pathway. Promising prototypes need technical capacity, market preparation, regulatory planning and resources for pilots. Education and funding become useful when they are connected to the evidence a team must produce next.

THE COMMON THREAD

- 01 Define the action
- 02 Use relevant signals
- 03 Explain the result
- 04 Fit the workflow
- 05 Validate in practice

EDITORIAL TAKEAWAY

The competition created value by connecting modelling decisions with a realistic response in care.

A national challenge focused on medication adherence in type 2 diabetes

The third AI4Health.Cro Innovation Competition asked interdisciplinary teams to develop a prototype that could identify risks early and support a usable response.

150

contestants registered

44

teams entered

24

teams advanced

85

contestants in the development phase

EUR 15k

total prize fund

19 MAY

final at NSK Zagreb

The challenge addressed a familiar problem in long-term diabetes care. Medication can be effective and available, while treatment outcomes still depend on whether patients take it consistently. Family doctors often work with many records and limited time, so early signs of disengagement can remain difficult to identify.

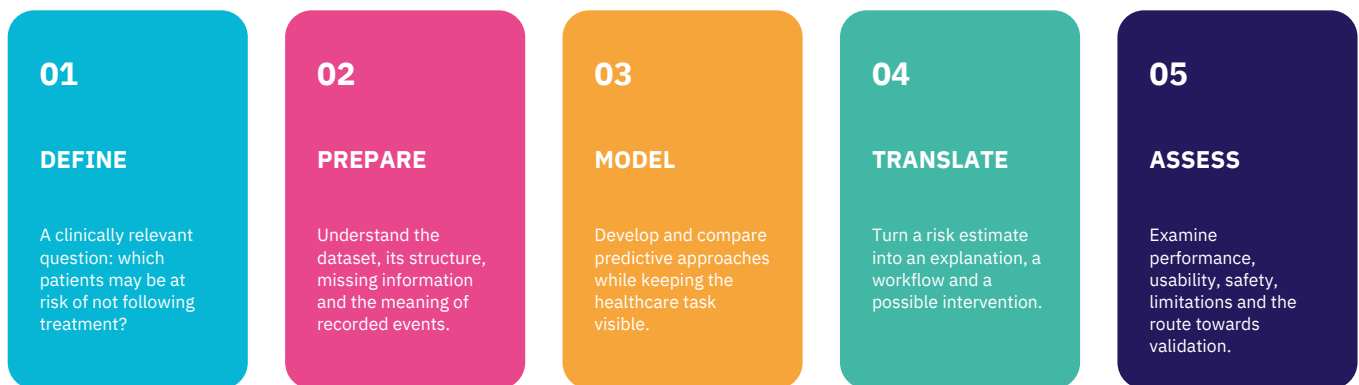
Teams received a defined healthcare problem, structured data and evaluation criteria. Their task was to build a model, interpret its outputs and show how a result could support action. The process moved from registration and onboarding through development, technical assessment and final presentations at the AI4Health.Cro Annual Conference.

THE DESIGN PRINCIPLE

The challenge was organised around a care pathway: identify risk, explain it, decide what happens next, and show how the intervention could fit the work of healthcare professionals.

Five gates between a model and a healthcare tool

A competition can create visibility. A structured challenge also creates shared evidence, comparable criteria and a record of what teams learned.



A challenge defined by the people who face it
The clinical problem came before the technology. This gave teams a common reference point and made it possible to assess whether technical choices remained relevant to medication adherence and primary care.

Technical performance in context
A useful result had to be interpreted. Teams needed to consider why a patient appeared at risk, which errors would matter, and how a prediction might reach a professional who could respond.

Interdisciplinary evaluation
Clinical and technical expertise were needed together. A correlation that looks promising in the dataset may be irrelevant in practice, while a modest technical improvement can become valuable when it enables a clear and timely action.

Preparation for the next stage
The final presentations revealed what remained uncertain. Those gaps, including prospective validation, workflow testing, patient acceptance and data-science capacity, became part of the development plan.

POLICY LESSON

Shared criteria help teams compare results, explain trade-offs and identify the evidence still required after the competition ends.

Three winning teams, three routes into diabetes care

The final took place on 19 May 2026 during the AI4Health.Cro Annual Conference at the National and University Library in Zagreb.



1st place | INSULOGIC
EUR 7,000



2nd place | DI JE BETES?
EUR 5,000



3rd place | SAMO4DM2
EUR 3,000

Insulogic won with a platform that combines risk prediction and a Croatian-language AI voice assistant. The second-place team, Di je betes?, developed Adhermo, an application concept intended to support doctors and patients through one shared pathway. SAMO4DM2 placed third with Diabetes Navigator, a weekly clinical radar designed for family medicine.

The awards captured only one part of the result. All three teams left the competition with a clearer view of what their prototype could do, which expertise was still missing and what kind of real-world testing would be required. Those insights are central to the team stories in this issue.

WHAT THE FINAL MADE VISIBLE

The strongest solutions linked analysis with a next action. The judging process also exposed the work that must follow: data-science review, prospective validation, workflow design, patient consent, safety procedures and integration with existing systems.

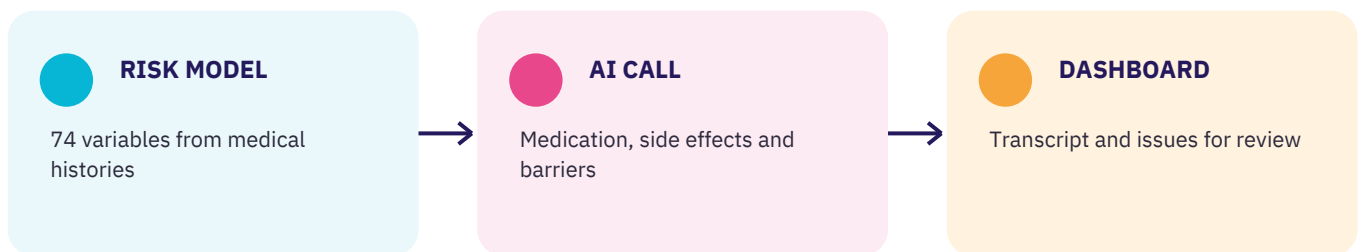
INSULOGIC

Predicting who will stop taking medication is useful only when someone acts on it



From behavioural signals to a timely patient call

Insulogic combines a machine-learning model with an AI voice assistant that contacts patients in Croatian and returns relevant information to the doctor.



Finding signals in patterns of behaviour

The team developed its model using 74 variables from patients' medical histories. The work suggested that the regularity of prescription collection, the time between visits and other patterns of engagement can carry stronger predictive information than an isolated measurement.

Medical records describe diagnoses, prescriptions and laboratory values. Behaviour emerges through sequences. A change in routine may reveal disengagement before it becomes an explicit clinical event.

Connecting prediction with an intervention

When the model identifies a patient at risk, the voice assistant calls to ask whether medication has been taken and whether the patient has encountered side effects or practical barriers. The conversation is transcribed and transferred to a dashboard.

This design keeps the doctor responsible for clinical decisions while preserving contact between consultations and limiting routine administrative work.

CORE INSIGHT

A risk score has limited value when it remains one more item in a crowded workflow. Insulogic designed the action that follows the prediction.

[READ THE TEAM STORY](#)

A functioning prototype, and a clearer map of what comes next

The competition helped the team connect clinical and technical expertise, while also exposing the additional capacity required for formal validation.

CLINICAL

Two emergency physicians and a final-year medical student interpreted variables, workflow and patient risk.

ENGINEERING

Two software developers processed the OMOP-formatted data and implemented the platform and model.

DATA SCIENCE

The next stage requires dedicated expertise in data quality, bias, model evaluation and generalisability.

What the competition made possible

AI4Health.Cro provided a defined clinical challenge, structured health data and an environment in which medical and technical decisions could develop together. The team moved from an initial concept to a prototype that links detection with patient follow-up.

What still needs evidence

A pilot must assess predictive performance, patient acceptance of automated calls, the usefulness of the information returned to doctors and the effect on workload. Alert thresholds need careful design so the system does not create unnecessary pressure.

Safety and responsibility

Consent, privacy, data security and escalation pathways will shape the service. A report of a suspected adverse effect must be recognised, assigned the right level of urgency and transferred to a qualified professional.

Beyond diabetes

The underlying approach may be relevant to other chronic conditions, post-operative follow-up or side-effect monitoring. Each application will require its own evidence, clinical workflow and acceptance testing.

NEXT DECISION

The team plans to use the award for further development and to examine a pilot with a hospital or primary healthcare centre.

ADHERMO

From a student prototype to a tool for everyday diabetes care



Three disciplines, one clinical problem

Students from medicine, data science and software development combined their knowledge in an application intended to support doctors and patients.

MEDICINE

Understanding type 2 diabetes, treatment adherence and the questions relevant to clinical follow-up.

DATA SCIENCE

Working with a large dataset, building and analysing predictive models, and checking assumptions.

SOFTWARE

Translating the model into an application prototype that could support use by doctors and patients.

Learning the complete development process

Before the competition, the students had not worked through every stage of developing a digital health solution. They began with a defined healthcare problem, examined the available data, built a predictive model and connected it to an application concept.

The process required revision. The first model output was treated as a starting point for analysis and optimisation, rather than a finished result.

What AI4Health.Cro provided

The team identified the clear problem definition, the volume of data and continuous organiser support as the most useful elements. When technical or methodological questions arose, the students could ask for guidance.

This structure connected knowledge from separate university programmes with the practical demands of healthtech development.

FROM PROTOTYPE TO DIRECTION

Adhermo remains early-stage. The team wants to consult market and product experts, determine what validation is required and understand how a student prototype could move towards practical use.

[READ THE TEAM STORY](#)

DIABETES NAVIGATOR

A weekly radar for diabetes care



Narrowing attention to the patients who may need it now

Diabetes Navigator is designed to review existing data once a week and identify a small group of patients who may be at risk of not following treatment.

5-10%

patients prioritised each week

3

reasons shown for each risk assessment

1

suggested next action

SMS

PHONE CALL

APPOINTMENT

A problem rooted in family medicine

The idea came from family physician Ivica Skvorc, whose practice experience shaped the clinical parameters. The technology team translated those requirements into a digital structure designed to work with existing data and infrastructure.

Making the result understandable

The tool is intended to show three factors behind each assessment in clear clinical language. The doctor remains responsible for deciding what action to take.

What the competition added

The team worked with healthcare data in a secure environment, revised the model several times, developed the business concept and used evaluation criteria to keep the solution focused.

From prototype to pilot

The planned next step is clinical testing in five to ten family medicine practices. The pilot would examine usability, explanations, workflow fit and measurable outcomes.

PRACTICAL AMBITION

A family doctor cannot review every record with the same intensity each week. The proposed radar directs attention to a smaller group and suggests a manageable response.

[READ THE TEAM STORY](#)

Three solutions, one clinical problem

The finalists worked with the same broad challenge and produced different intervention pathways. The comparison shows where design choices change the role of the model.



INSULOGIC



ADHERMO



DIABETES NAVIGATOR

PRIMARY USER

Doctor and patient contact

Doctor and patient

Family doctor

MODEL OUTPUT

Risk of treatment interruption

Adherence estimate

Weekly priority list

EXPLANATION

Call transcript and raised issues

Status and guidance in one application

Three reasons in clinical language

INTERVENTION

Automated Croatian-language call

Application support for follow-up

SMS, call or appointment

NEXT STAGE

Prospective pilot and safety pathways

Product direction and further validation

Pilot in 5-10 practices

SHARED LESSON

The strongest design question is not which model is most complex. It is whether the output can be understood, acted on and evaluated inside a real care pathway.

From prototype evidence to a financed next stage

AI4Health.Cro connects innovators with calls that match their maturity, consortium and market objective. Two EIT Health opportunities open on 15 July 2026.



TRANSFORMATIVE HEALTH INSTRUMENT 2027

For SMEs developing scalable health solutions that address an unmet clinical need and have potential for broad European application.

EUR 300k-500k support
EUR 5m total allocation
Up to 50% of project costs

INNOVATION UPTAKE 2027

For collaborative projects that support market entry and commercial pilots for regulated, patient-centred digital medical and in-vitro diagnostic devices.

Up to EUR 650k per project
EUR 5.2m total allocation
Up to 50% of project costs

COMMON DEADLINE

Applications open on 15 July 2026 and close on 16 September 2026 at 16:00 CEST. Teams should use the period before opening to clarify eligibility, partnerships, evidence, work packages and co-financing.

[EXPLORE FUNDING CALLS](#)

Transformative Health Instrument 2027

EIT Health support for SMEs developing scalable health solutions in biotechnology, medtech, digital health and AI, biomarkers or diagnostics.

EUR 5m

total allocation

EUR 300k-500k

grant per project

UP TO 50%

funding intensity

Purpose

The call targets innovations that respond to an unmet clinical need in Europe and have potential for broad application across European markets.

Eligible applicant

A micro, small or medium-sized enterprise developing and commercialising the health innovation.

Project structure

Development and commercialisation activities are organised through work packages that connect technical progress, evidence and the route towards use.

Relevant solution areas

Biotechnology, medical technology, digital health and AI, biomarkers and diagnostic solutions.

Timeline

Applications open 15 July 2026. The deadline is 16 September 2026 at 16:00 CEST.

Preparation questions

Which unmet need is addressed? What evidence supports the solution? Which work package reduces the most important risk? How will the company provide the required co-financing?

GOOD FIT

A company with a scalable innovation, a clear clinical need, a credible work plan and the capacity to finance its share of project costs.

[SEE FUNDING OPPORTUNITIES](#)

Innovation Uptake 2027

EIT Health support for collaborative market-entry projects and commercial pilots involving regulated digital medical devices and in-vitro diagnostic devices.

EUR 5.2m

total allocation

UP TO EUR 650k

support per project

UP TO 50%

funding intensity

MARKET PILOTS

Commercial pilots and adaptation to a target market.

USABILITY

Testing product use and fit with the intended environment.

HEALTH ECONOMICS

Evidence on value, reimbursement and adoption.

GO-TO-MARKET

Business model validation, regulation, communication and exploitation.

The commercialisation entity may be an SME or large company, working with industrial partners, educational institutions or research organisations. For a micro or small enterprise acting as the commercialisation entity, the expected support range is EUR 400,000 to EUR 500,000.

GOOD FIT

A clinically validated and regulated solution that is ready for a first market launch, expansion into a new market or a commercial pilot with defined partners.

[SEE FUNDING OPPORTUNITIES](#)

Build the skills required for responsible health AI

AI4Health.Cro opens a hybrid programme for organisations developing or applying AI, data science and digital technologies in healthcare.



AI4HEALTH.CRO
SUMMER SCHOOL

16 JUNE - 6 JULY 2026
Hybrid / online
Applications close 21 May 2026

Technical and clinical themes

AI in healthcare, machine and deep learning, model evaluation, bioinformatics, translational medicine, large language models, HPC, health information systems, cybersecurity, regulation and secondary use of health data.

Business and implementation themes

Business models, sources of finance, investment processes, project management and public procurement of innovation. Participants are guided towards workshops that match their organisational needs and digital maturity.

WHO CAN APPLY?

Micro, small and medium-sized enterprises, small mid-caps, public bodies and non-economic public-sector entities, subject to onboarding and state-aid eligibility. Applications must be connected to an eligible organisation.

SUMMER SCHOOL DETAILS

FIVE LESSONS FROM THE 2026 INNOVATION COMPETITION

01

START WITH THE ACTION, NOT THE SCORE

A model becomes useful when the team can explain who acts, when they act and what information they need.

02

BEHAVIOURAL PATTERNS CAN REVEAL RISK

Sequences of visits, prescriptions and engagement may carry information that isolated measurements miss.

03

INTERDISCIPLINARY TEAMS EXPOSE BLIND SPOTS

Clinical, engineering, data-science and business perspectives change both the model and the service around it.

04

VALIDATION INCLUDES WORKFLOW, SAFETY AND ACCEPTANCE

Prospective testing must examine performance, alerts, privacy, responsibility, clinician workload and patient response.

05

THE NEXT STAGE NEEDS SKILLS, PARTNERS AND FINANCE

Education and funding are most effective when they are tied to a specific evidence gap and development decision.

READ MORE AND TAKE THE NEXT STEP

Team stories and competition results | Funding opportunities | Summer School 2026

[TEAM STORIES](#)[FUNDING](#)[SUMMER SCHOOL](#)