LONGFONDS Consortium Grant 2026

Knowledge gaps and knowledge agenda

To be eligible for one of the three Longfonds Consortium Grants in 2026, your research project must align with one of the four Longfonds themes outlined below and the priorities of the National Program for Lung Research 2.0 (NPL2.0) of NRS (Netherlands Respiratory Society), and/or with the knowledge gaps identified in care evaluations and knowledge agendas of scientific associations focused on chronic lung disease (NVALT, NVK, SKL and NHG).
Please note that these organizations -and therefore their agendas have a broader scope than solely lung disease, whereas the Longfonds Consortium Grant is only applicable to proposals within the field of chronic lung disease.

For more information please visit:

Knowledge gaps SKL

Knowledge gaps NVALT

Knowledge gaps NVK

Also check our document Requirements Consortium Grant 2026 for more details.

Longfonds theme's

a. Who develops a lung disease?
Early detection of chronic lung diseases is a societal challenge. Increased knowledge in (early) diagnosis and phenotyping of asthma and COPD is therefore crucial.

b. How can we prevent chronic lung diseases?
Preventing lung diseases is of great importance to society.

c. How can we prevent, recognize, and treat lung attacks?
Understanding and solving issues related to lung attacks is vital for people with chronic lung disease.

d. Better treatment
Finding (medical) solutions to major societal challenges regarding improved, (personalized, innovative) treatment methods for adults and children with lung diseases.

e. Overall public health impact and chronic lung diseases
Chronic lung diseases exert a substantial and measurable burden on population health. Their cumulative impact extends beyond individual patients, influencing healthcare resource allocation and workforce participation. Systematic investigation into the biological, environmental, and socioeconomic determinants of chronic lung disease is

therefore critical for developing evidence-based prevention strategies, optimizing clinical management, and mitigating the overall public health impact.

Examples

Improved diagnostics for asthma patients, both for children and in later life (in primary and secondary care) | Better treatment for children with asthma | Mechanisms of asthma development in early childhood |Role of air pollution in the onset and exacerbation of lung diseases |Better understanding of the molecular (immunological) mechanisms of lung attacks (focused on developing medication) and of the recovery phase after a lung attack | Improved understanding of the issues surrounding lung attacks: phenotyping (clinical/psychosocial), linked to more personalized treatment and identifying predictive markers for lung attacks | Insight into the impact of stress/psychosocial issues on lung attacks and the underlying mechanisms, and the availability of a personalized psychosocial treatment | Personalized treatment based on pathogenic mechanisms | More knowledge about the effects of physical therapy, psycho-social support, and dietary guidance on the quality of life for people with lung diseases (or integrative medicine) | Use of artificial intelligence and e-Health tools for people with lung disease | Health inequalities and lung diseases | Indoor air quality and exposure to molds and particulate pollution | Pulmonary health risks associated with vaping