Le opportunità di finanziamento europee nel settore della salute
Roma 13 Ottobre 2017

Il programma UE salute
2014-2020

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Ministero della salute
EUHP National Focal Point – Italia
Public health

is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals“ (1920, C.E.A. Winslow)

It is concerned with threats to health based on population health analysis. The population in question can be as small as a handful of people or as large as all the inhabitants of several continents (for instance, in the case of a pandemic). The dimensions of health can encompass "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", as defined by the United Nations' World Health Organization.

Public health incorporates the interdisciplinary approaches of epidemiology, biostatistics and health services. Environmental health, community health, behavioral health, health economics, public policy, insurance medicine and occupational health (occupational medicine) are other important subfields.
General provisions


• Established for a 7-year period (**1 January 2014 to 31 December 2020**)

• Funding: **449 394 000 EUR**
Health Programme budget over 7 years €449,39 million

- € 33,48 million for the CHAFEA

= €52,57 Million (2014)

+ EFTA contribution = €54,4 million

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>€ 53,63 million</td>
</tr>
<tr>
<td>2016</td>
<td>€ 55,91 million</td>
</tr>
<tr>
<td>2017</td>
<td>€ 58,16 million</td>
</tr>
<tr>
<td>2018</td>
<td>€ 59,9 million</td>
</tr>
<tr>
<td>2019</td>
<td>€ 61,68 million</td>
</tr>
<tr>
<td>2020</td>
<td>€ 62,91 million</td>
</tr>
<tr>
<td>Year Range</td>
<td>Program Description</td>
</tr>
<tr>
<td>---------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1993-2002</td>
<td>8 different Action Programmes (health promotion, cancer, drug dependence, AIDS and other communicable diseases, health monitoring, rare diseases, accidents and injuries, pollution-related diseases)</td>
</tr>
</tbody>
</table>
| 2003-2008     | Community Action Programme for Public Health  
• Health Information  
• Health Threats  
• Health Determinants |
| 2008-2013     | 2nd Programme of Community Action in the field of Health  
• Health Security and Safety  
• Health Promotion and Health Inequality  
• Health Information |
| 2014-2020     | 3rd Programme of Community Action in the field of Health  
• Promote health, prevent diseases and foster supportive environments for health lifestyles  
• Protect citizens from serious cross-border health threats  
• Facilitate access to better and safer healthcare for Union Citizens  
• Contribute to innovative, efficient and sustainable Health Systems |
3rd Health Programme 2014-2020: scope and objectives

1) Promote health, prevent disease and foster supportive environments for healthy lifestyles
2) Protect citizens from serious cross-border health threats
3) Contribute to innovative, efficient and sustainable health systems
4) Facilitate access to better and safer healthcare for Union citizens
1) Promoting health, preventing diseases and fostering supportive environments for healthy lifestyles

- Cost-effective promotion and prevention measures for addressing **tobacco, alcohol, unhealthy dietary habits, physical inactivity**

- **Chronic diseases** including **cancer**; good practices for prevention, early detection and management, including self-management

- **HIV/AIDS, TB and hepatitis**; up-take of good practices for cost-effective prevention, diagnosis, treatment and care

- **Legislation on tobacco products** advertisement and marketing

- **Health information** and knowledge system
### 2) Protecting citizens from serious cross-border health threats

- **Legislation** in the fields of communicable diseases and other health threats *(Health Security Initiative)*

- Improve **risk assessment** by providing additional capacities for **scientific expertise and map existing assessments**

- Support **capacity building**, cooperation with neighbouring countries, preparedness planning, non-binding approaches on vaccination, joint procurement
3) Contributing to innovative, efficient and sustainable health systems

- **Health Technology Assessment**

- **Up-take of health innovation and e-health solutions**

- **Health workforce** forecasting and planning (number, scope of practice, skills), mobility/migration of health professionals

- Mechanism for **pooled expertise and good practices** assisting Member States in their health systems reforms

- Health in an ageing society, including European Innovation Partnership on **Active and Healthy Ageing**

- **Legislation** in the field of **medical devices, medicinal products** and **cross-border healthcare**

- **Health information** and knowledge system including **Scientific Committees**
4) Facilitating access to better and safer healthcare for EU citizens

- **European Reference Networks** (on the basis of criteria to be set under Directive 2011/24/EU)

- **Rare diseases** (networks, databases and registries)

- **Patient safety and quality of healthcare** including the prevention and control of **healthcare-associated infections**

- **Antimicrobial resistance**

- **Legislation** in the field of **tissues and cells, blood, organs, medical devises, medicinal products, and patients’ rights in cross-border healthcare**

- **Health information** and knowledge system
The design of the Programme as compared to previous Programmes

- **Objectives** more focused and tangible (SMART)

- Limited number of **actions** prioritised on EU added value criteria (21 thematic priorities! – Annex I of Programme Regulation)

- **Progress indicators** to monitor the objectives and the impact

- Annual Work Plans based on **long-term policy planning** (Multi-Annual Planning involving all SANCO units)

- **Better dissemination** and communication of results

- **Simplification** of administrative and financial procedures
New Annex II – Criteria for establishing annual work programmes

• Policy Relevance
• EU added value
• Public health relevance
• Support to implementation of legislation
• Pertinence of geographical coverage
• Balanced distribution of resources between objectives
• Adequate coverage of thematic priorities
Financial provisions

Interventions (financial instruments):

• Grants for projects
• Grants for "joint actions" New procedure!
• Operating grants New procedure!
• Direct grants to International Organisations
• Public procurement (tenders, framework contracts)
• Presidency Conference

New: no more co-funding for conferences!

Beneficiaries (recipients of funding)

• Legally established organisations
• Public authorities, public sector bodies (research and health institutions, universities and higher education establishments)
• Non-governmental bodies
• International organisations
Financial instruments, grants

• **Project Grants** \(\rightarrow\) Multibeneficiary grant

• **Actions cofinanced with Member State Authorities** \(\rightarrow\) Multibeneficiary direct grant, *invitation for submission of proposal* NEW: no call anymore!

• **Operating Grants** \(\rightarrow\) 3-year Framework Partnership Agreement under which invitations for submitting of proposal for 3 yearly Operating Grants will be issued

• **Presidency Conference** and Direct \(\rightarrow\) Monobeneficiary direct grant, invitation for submission of proposal
<table>
<thead>
<tr>
<th>Types of Participant</th>
<th>Coordinati on</th>
<th>Core Tasks</th>
<th>Eligible costs to be co-financed</th>
<th>Financial Contribution to the grant</th>
<th>Contractual relationship with the European Commission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Beneficiary / Partner</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Associated Beneficiary</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>(Yes)</td>
</tr>
<tr>
<td>Subcontractor</td>
<td>No</td>
<td>No</td>
<td>Yes <em>(Invoiced to beneficiaries)</em></td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Collaborating Stakeholder/ Partner</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Financial Donor</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Affiliated entity</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>(Yes)</td>
<td>No</td>
</tr>
</tbody>
</table>
Cost categories

Direct Costs

1. Direct personnel costs

2. Subcontracting

3. Other direct costs
   a. Travel costs and subsistence allowances
   b. Equipment
   c. Other goods and services

Indirect Costs

4. Flat rate of 7% of total direct costs
Implementation

Annual Work Programmes

Programme Committee Members
The Commission is assisted by a committee for establishing the annual Work Plans and monitor the Programme implementation.

National Focal Points
Member states designate National Focal Points for the promotion of the Programme and the dissemination of the Programme results and the identification of impacts generated.

http://ec.europa.eu/chafea/health/national_focal_points.html

Consumer, Health and Food Executive Agency (CHAFEA)
The Agency is entrusted by the Commission to implement the Health Programme, working in close collaboration with DG SANCO.
Consumer, Health and Food Executive Agency

CHAFEA

http://ec.europa.eu/chafea/index.html
Consumers, Health, and Food Executive Agency (CHAFEA)

**Policy Priorities**
- DG SANCO
  - Policy Priorities
  - Health Programme(s)
  - Yearly Workplan
- MS Contacts

**Policy Development**
- DG SANCO
  - Policy Priorities
  - Health Programme(s)
  - Yearly Workplan
- MS Contacts

**External Evaluation (Projects, JA, etc.)**
- CHAFEA
  - Publication of Calls
  - Evaluation
  - Negotiation/Contracting
  - Monitoring/Payments
  - Dissemination
  - Archiving

**Yearly Workplan**
- DG SANCO
  - Policy Priorities
  - Health Programme(s)
  - Yearly Workplan
- MS Contacts

**Dissemination**
- CHAFEA

**Archiving**

**Information workshops, Guidelines, etc.**

**External Evaluation (Projects, JA, etc.)**

**EC internal evaluation (Tenders)**

**External Evaluation**

**Audits**

**Publications, webpages, etc.**

**Summary reports, meetings**
# Award criteria-I

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Maximum points</th>
<th>Threshold</th>
<th>Threshold in % of max. points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – policy relevance</td>
<td>10</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>2 – technical quality</td>
<td>10</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>3 – management quality</td>
<td>10</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>4 – budget adequacy</td>
<td>10</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>40</strong></td>
<td><strong>26</strong></td>
<td></td>
</tr>
</tbody>
</table>
Award criterion 1 - Policy and contextual relevance

- Sub-criteria:
  - Relevance of the contribution to meeting the objectives and priorities defined in the annual work plan of the 3rd Health Programme, under which the call for proposals is published,
  - **Added value at EU level in the field of public health**
  - Pertinence of the geographical coverage of the proposals is high,
  - Consideration of the social, cultural and political context.
Award criterion 2 - Technical quality

- Sub-criteria:
  - Quality of the evidence base,
  - Quality of the content,
  - Innovative nature, technical complementarity and avoidance of duplication of other existing actions at EU level,
  - Quality of the evaluation strategy,
  - Quality of the dissemination strategy and plan.
Award criterion 3 - Management quality

- Sub-criteria:
  - Quality of the planning and appropriate task distribution to implement the project,
  - Relevance of the organisational arrangements, including financial management,
  - Quality of the partnership.
Award criterion 4 - Overall and detailed budget

• Sub-criteria:
  • Relevance and appropriateness of the budget,
  • Consistency of the estimated cost per applicant and the corresponding activities,
  • Realistic estimation of person months per work package
  • The budget allocated for evaluation and dissemination is reasonable.
Evaluation of proposals

1. Screening check completeness, allocation to evaluators

2. Financial & organisational analysis check compliance with the selection criteria

3. Evaluation of compliance with award criteria
   External evaluators

4. Consensus meeting
   Chaired by a project officer.
   Outcome: consensus evaluation report

5. Evaluation committee
   Based on ranking:
   a) Ensure compliance with criteria
   b) Exclude potential duplication
   c) Decide on funding based on proposed co-funding and available budget

7. Adaptation

8. Award decision
   Grant agreement
7 ways to create EU-added value

1. Implementing EU legislation
2. Economies of scale
3. Promotion of best practice
4. Benchmarking for decision making
5. Cross border threats
6. Movement of persons
7. Networking
7 ways to create EU-added value

1. Implementing EU legislation
   • Objective: ensuring that legislation is implemented correctly
   • Example: JA on Facilitating collaboration on organ donation between national authorities in the EU

2. Economies of scale
   • demonstrate ‘return on investment’ for MS & ensure sustainability
   • Objective: To save money, and to provide better service to citizens
   • Target: No duplication of efforts
   • Example: JA on Forecasting health workforce needs for effective planning in the EU
7 ways to create EU-added value

3. Promotion of best practice
   • Objective: Citizens benefit from state of the art best practice, capacity building where necessary
   • Target: ‘best practice’ applied in all participating MS
   • Example: JA on Mental Health and well-being

4. Benchmarking for decision making
   • Focus on indicators with real impact on decision making.
   • Objective: To facilitate evidence based decision making
   • Target: Real time data comparison available
   • Example: JA on Improvement of HIV prevention in Europe
7 ways to create EU-added value

5. Cross border threats

- Objective: To reduce risks and mitigate consequences of health threats
- Target: Depending on individual threats
- Example: JA on the impact on maritime transport of health threats
7 ways to create EU-added value

6. Movement of persons

- Patients crossing borders, migration issues and Brain drain - movement of workers across Europe
- High ‘EU legitimacy’. Ensure high quality Public Health across EU MS. Added value depends on the scale of the problem
- Example: JA on Forecasting health workforce needs for effective planning in the EU
7 ways to create EU-added value

7. Networking

- Very difficult to put into objectives, targets, and indicators.
- Is a ‘side effect’ of other actions
- Is the rationale of the funding of ‘networks’
- Is very important for dissemination of the results to all MS including non-participants
3rd Health Programme

The Third EU Health Programme is the main instrument that the Commission uses to implement the EU Health Strategy. Annual work plans of the Programme set out priority areas and the criteria for its funding actions. The total budget for the programme is € 449.4 million. The programme has 4 overarching objectives which seek to:

- Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle
- Protect Union citizens from serious cross-border health threats
- Contribute to innovative, efficient and sustainable health systems
- Facilitate access to better and safer healthcare for Union citizens

Specific calls open under 3rd Health Programme

<table>
<thead>
<tr>
<th>3rd Health Programme Call for Proposals for Framework Partnership Agreement for operating grants 2014 HP-FPA-2014 Deadline Date: 25/09/2014 Pub.Date: 06/06/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd Health Programme Call for Proposals for Projects 2014 HP-PJ-2014 Deadline Date: 25/09/2014 Pub.Date: 06/06/2014</td>
</tr>
</tbody>
</table>
What's new?

• 3rd Health Programme
  • Financing Instruments have changed

• Use of Electronic Exchange Systems, aligned with the HORIZON 2020 Programmes
  • Electronic Submission
  • Electronic Evaluation
  • Electronic Grant preparation and monitoring
  • Electronic Signatures

• Model Grant Agreement, Payments, Cost structure, simplifications
Structure of the **Project Proposal**

- **Administrative Part A**
- **Technical Narrative Part B, Includ. Budget**
- **Audit report**
3rd HP: New procedure for JA

• Direct grant procedure = > all participants have to be nominated first (no open call!)
• If a European umbrella organisation/NGO wants to participate in a JA, it must be designated by a MS competent authority through a transparent procedure.
• For the "follow-up" JA (second phase of an existing JA): because an organisation is part of the running/finishing JA, this organisation is not automatically designated to participate in the new JA on the same topic!
• As in PHP2, international organisations (e.g. WHO, OECD, etc.) are not eligible to participate.
• Chafea will carry out spot checks concerning the transparency and legality of the designation process.
Health Programme 2008–2013
Together for Health

EUHP: Priorities 2012

Health programme actions covering different health issues (2003–2012)

<table>
<thead>
<tr>
<th>Health issue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health indicators, data and support to Member States</td>
<td>109</td>
</tr>
<tr>
<td>Rare diseases</td>
<td>59</td>
</tr>
<tr>
<td>Nutrition and physical activity</td>
<td>49</td>
</tr>
<tr>
<td>Sexually transmissible infections</td>
<td>42</td>
</tr>
<tr>
<td>Health inequality</td>
<td>40</td>
</tr>
<tr>
<td>Tobacco</td>
<td>37</td>
</tr>
<tr>
<td>Blood, organs, tissues, cells</td>
<td>35</td>
</tr>
<tr>
<td>Alcohol</td>
<td>29</td>
</tr>
<tr>
<td>Patient safety/ Quality of health systems</td>
<td>28</td>
</tr>
<tr>
<td>Health workforce</td>
<td>25</td>
</tr>
<tr>
<td>Addiction prevention</td>
<td>24</td>
</tr>
<tr>
<td>Mental health</td>
<td>24</td>
</tr>
<tr>
<td>Cancer</td>
<td>24</td>
</tr>
<tr>
<td>Ageing</td>
<td>20</td>
</tr>
<tr>
<td>Environmental health</td>
<td>19</td>
</tr>
<tr>
<td>Influenza/pandemic preparedness</td>
<td>16</td>
</tr>
<tr>
<td>Injuries</td>
<td>14</td>
</tr>
<tr>
<td>E-health</td>
<td>14</td>
</tr>
<tr>
<td>Vaccination</td>
<td>13</td>
</tr>
<tr>
<td>Operating grants 2012 and other actions</td>
<td>9</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>8</td>
</tr>
<tr>
<td>Cross-border healthcare</td>
<td>8</td>
</tr>
<tr>
<td>Pharmaceuticals</td>
<td>7</td>
</tr>
<tr>
<td>Health technology assessment</td>
<td>6</td>
</tr>
<tr>
<td>Scientific advice</td>
<td>6</td>
</tr>
<tr>
<td>Health security and preparedness</td>
<td>6</td>
</tr>
<tr>
<td>Innovation</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>673</td>
</tr>
</tbody>
</table>
EU Health Programme:
working together to improve public health in Europe –
A selection of Public Health Projects with an Important Impact for EU Member States

Health for the EU in 33 success stories
A selection of successful projects funded by the EU Health Programmes

Programma Europeo per la Salute 2014 - 2020


Dal 2003, il Programma dell’UE per la salute ha finanziato più di 750 progetti ed erogato circa 60 milioni di euro per migliorare la salute e di iniziative.
PRO.M.I.S.

PROogramma Mattone Internazionale Salute

Promuove la Sanità delle Regioni in Europa e nel Mondo altresì l'Europa e il Mondo nei Sistemi Sanitari delle Regioni italiane, nel quadro di una collaborazione sinergica con il Sistema Paese.

DATABASE

BACHECA REGIONI

E-MANUAL

BANDI EUROPEI

La Salute Globale

L'Ageing e i Reference Site italiani dell'EIP-AHA

Politica di coesione 2014-2020 - Utilizzo Strutturali in sanità
Thanks for your attention!
The European Partnership for Action Against Cancer (EPAAC) was launched in 2009, after the European Commission published its Communication on Action Against Cancer: European Partnership. The specificity of the Partnership is that it brings together the efforts of different stakeholders into a joint response to prevent and control cancer. In its initial phase, until early 2014, the work of the Partnership will be taken forward through a Joint Action (cofinanced by the EU Health Programme). The National Institute of Public Health in Slovenia has assumed the role of leader of the EPAAC Joint Action, which encompasses 36 associated partners from across Europe and over 100 collaborating partners.
CANCON HAS ENDED
THANK YOU ALL
European Guide on Quality Improvement in Comprehensive Cancer Control

Tit Albreht, Régine Kiasuwa and Marc Van den Bulcke

Cancer Control Joint Action Policy Papers

Antonio Federici, Giovanni Nicoletti and Marc Van den Bulcke