



EUROPEAN
COMMISSION

Brussels, 14.5.2014
C(2014) 3039 final

ANNEX 1

ANNEX

to the

COMMISSION DECISION

**concerning the adoption of the financing decision for 2014 on the preparatory action
'Healthy diet: Early years and Ageing Population'**

ANNEX

1.1. Introduction

On the basis of the objectives given in the budget remarks this work programme contains the actions to be financed and the budget breakdown for year 2014 as follows:

For grants (implemented under direct management) (1.2): EUR 500 000

1.2. Grants

1.2.1. Preparatory Action: Healthy Diet: Early years and ageing population

LEGAL BASIS

Preparatory action within the meaning of Article 54(2) of Regulation (EU, Euratom) No 966/2012 of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the Union and repealing Council Regulation (EC, Euratom) No 1605/2002 (OJ L 298, 26.10.2012, p. 1).
--

BUDGET LINE

17037714

Priorities of the year, objectives pursued and expected results

The following three priorities have been identified:

1) Promoting a balanced diet and adequate nutrition status in all ages.

Rationale:

A balanced diet with an adequate level of physical activity helps to maintain or improve the health status of the individual, whether children, adult or old person. A balanced diet plays a role throughout the whole life-span.

- Currently too many children are consuming diets with too many calories and/or unbalanced nutrients and many older people are consuming diets with too few calories and/or unbalanced nutrients.
- Unbalanced diets and malnutrition lower the probability for a long, active and healthy life. A balanced diet with an adequate level of physical activity and a good nutritional status contribute to the prevention of certain diseases, to more favourable clinical outcomes and assure good quality of life and may prolong an active, healthy and independent living of the elderly.
- Many health professionals are poorly informed about the risks of unbalanced diets and malnutrition for their patients and for the general population, since nutrition is not a compulsory part of undergraduate training.
- The risk of malnutrition and physical inactivity is not sufficiently recognized and malnutrition occurs frequently in older people in Europe. Therefore, it is essential to prevent and treat it.

Objectives:

1. Support public, effective educational campaigns to make the general population (whether children, adult or elderly) aware of the need of adequate nutrition and balanced diets and to educate the public on how to adjust their nutrition to their status

habits, tastes and needs, while keeping in mind that an adequate level of physical activity is key to promote health and well-being.

2. Inform, train and further develop competences of health professionals as regards how to identify malnutrition, the nutrition needs of older people and the importance of a balanced diet and good nutritional status.
3. Inform and train informal care-givers and the general population on the nutrition needs of older people and on the importance of a good nutritional status and a balanced diet.

Expected results:

Promote awareness of the importance of good nutrition, of an adequate level of physical activity and of the problem of malnutrition by developing the competences of health professionals and informing care-givers and general population on the need for a balanced diet and a good nutrition status in the general population, children, adults or older people.

2) Screening for nutritional status in older people.

Rationale:

- Malnutrition is not always easy to diagnose through standard examinations and/or many patients with malnutrition are “not thin” and are overlooked. It is therefore essential to use a validated screening tool to identify those at risk.
- The Mini Nutritional Assessment (MNA) was designed and validated in a series of studies to assess the nutritional status of older people. It has been widely used in clinical practice as well as in research.
- The increased risk of malnutrition (including dehydration) is closely associated with potential contributors to frailty, and malnourished frail subjects are at higher risk of adverse clinical outcomes.

Objectives:

1. Support routine screening of older patients with standardized tools in hospital wards, primary care settings and community homes.
2. Support screening for nutritional status as a risk factor for frailty status and pre-frailty status in older people in the community.
3. Support the identification of nutritional risk and nutritional needs among older patients.

Expected results:

To increase routine screening of nutrition status of the target groups with appropriate tools and to address timely, effectively and safely their nutritional needs.

3) Implementation of good practices in nutrition management in clinical and community settings.

Rationale:

- Barriers to prevention of unbalanced diets and malnutrition and its treatment are numerous (lack of awareness, deficient clinical support, deficient diagnosis...).
- The annual healthcare costs associated with malnutrition and physical inactivity are

enormous, yet most malnutrition situations are preventable and manageable.

- In clinical settings, experience demonstrates that malnourished patients suffer more complications, have poorer outcomes, spend longer time in hospital and need more long-term care. Moreover, frailty is in part the result of poor nutritional status adding higher risks of adverse clinical outcomes in frail older people.

Objectives:

1. Support the implementation of good practices that help overcome barriers to adequate diagnosis and treatment of malnutrition in older people.
2. Support the implementation of evidence based nutrition and balanced diet guidelines and protocols to improve clinical outcomes and quality of life of patients and general population.
3. Support good practices that improve the quality and the quantity of food eaten by older people.

Expected results:

Implement evidence-based good practices in line with the specified objectives.

Description of the activities to be funded under the call for proposals

The activities funded need to be implemented within a period of no longer than 18 months. The activities funded need to refer to and to support the development of any of the objectives mentioned for any of the three priorities specified, namely:

1) Activities under Priority 1

- Implementation of training programmes for health professionals, care-givers and general population on the need for a balanced diet with an adequate level of physical activity and a good nutrition status in the general population, whether children, adults or older people. In order to maximise access, these training programmes could be delivered through digital media such as massive open online courses (MOOCs).
- Implementation of public awareness and health promotion campaigns in specific target groups, including evaluation/analysis of the impact of such campaigns.

2) Activities under Priority 2

- Implementation of nutrition screening programmes with standardized instruments in particular in the older population and in elderly frail people, including analysis of their impact.

3) Activities under Priority 3

- Implementation of protocols and guidelines in healthcare settings that support evidence-based good practices addressing any of the three objectives specified under Priority 3.
- Implementation of evidence based good practices or protocols in clinical or community settings addressing quality standards for nutritional care.
- Implementation of local strategies to ensure balanced diets and good nutrition in frail

older people in the community.

Essential eligibility, selection and award criteria

The Financial Regulation and its Rules of Application are the reference documents for the implementation of the Preparatory Action.

Proposals for actions will be evaluated on the basis of the following categories of criteria:

- exclusion and eligibility criteria, *to assess whether the applicant is eligible and is not in a situation of exclusion (Article 131 of the Financial Regulation)*,
- selection criteria, to assess the applicant's financial and operational capacity to complete a proposed action (Article 132 of the Financial Regulation),
- award criteria, to assess the quality of the proposal taking into account its cost.

These categories of criteria will be considered consecutively during the evaluation procedure. A proposal which fails to meet the requirements under one category will not be considered at the next evaluation stage and will be rejected.

1. Exclusion criteria:

Applicants will be excluded from participation if they are in any of the situations of exclusion listed in Articles 106 and 107 of the Financial Regulation.

2. Essential eligibility criteria

- Grant applications shall be eligible if submitted by the following : any legal entity, with or without legal personality, established in a Member State.

3. Admissibility criteria.

Proposals received after the deadline for submission laid down in the call for proposals will not be considered for funding. Other formal requirements regarding the grant application will be specified in the call for proposals.

4. Essential selection criteria

Only proposals which meet the exclusion and eligibility criteria will be eligible for evaluation. The following selection criteria have to be met.

1. *Financial capacity:*

Applicants must have stable and sufficient sources of funding to maintain their activity throughout the period during which the activity is being carried out and to participate in its co-financing.

The verification of financial capacity will not apply to public bodies, or to international public organisations created by inter-governmental agreements or to specialist agencies created by the latter.

2. *Operational capacity:*

Applicants must have the professional resources, competences and qualifications required to complete the proposed action.

Only projects which meet the exclusion and eligibility and selection criteria will be further evaluated on the basis of the award criteria.

5. Essential award criteria

The proposals will be evaluated according to the following four main criteria:

Points - overview:

<i>Criterion</i>	<i>Maximum points</i>	<i>Threshold</i>	<i>Threshold in % of max. points</i>
<i>1 – policy</i>	<i>10</i>	<i>8</i>	<i>80%</i>
<i>2 – technical merit</i>	<i>10</i>	<i>6</i>	<i>60%</i>
<i>3 – management</i>	<i>10</i>	<i>6</i>	<i>60%</i>
<i>4 - budget</i>	<i>10</i>	<i>6</i>	<i>60%</i>
<i>TOTAL</i>	<i>40</i>		

Criterion 1. Policy and contextual relevance (10 points, threshold: 8 points):

Sub-criteria to be taken into account in the assessment:

- Relevance of the contribution to meeting the objectives and priorities of EU health strategy as defined in (COM 2007) 630 final http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm : strategic relevance with regard to the EU Health Strategy and with regard to expected contribution to existing knowledge and implications for health (3 points)
- Relevance of the contribution with regard to the European Innovation Partnership on Active and Healthy Ageing (http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing); namely project's contribution to meeting the objectives and priorities defined in the Action Plan for frailty (2 points).
- Added value of the contribution in the field of public health: impact on target groups, long term effect and potential multiplier effect, such as replicable, transferable and sustainable activities (3 points).
- Consideration of the social, cultural and political context: applicants must explain how the project relates to the situation of the countries or specific areas involved, ensuring the compatibility of envisaged actions with the culture and views of the target groups (2 points).

Criterion 2. Technical quality (10 points, threshold: 6 points)

- Quality of the content (relevance of methodology, expected impact, added value, evidence based): applicants must clearly describe aims and objectives, target groups, including relevant geographical factors, methods, anticipated effects and outcomes (4 points)
- Innovative nature and/or technical complementarity: applicants must clearly identify the progress the project intends to make within a given field in relation with the state of the art and ensure that there will be neither inappropriate duplication nor overlap, whether partial or total, between projects and activities already carried out at EU and international level (2 points)
- Quality of the evaluation strategy: Applicants must clearly explain the methods proposed and indicators chosen and their adequacy (2 points);

- Quality of the dissemination strategy and plan: applicants must clearly illustrate the adequacy of the envisaged strategy and methodology to ensure transferability of results and sustainability of dissemination (2 points)

Criterion 3. Management quality (10 points, threshold: 6 points):

- Quality of the planning and implementation of the project: applicants must clearly describe the activities to be undertaken, timetable and milestones, deliverables, nature and distribution of tasks, and provide a risk analysis (5 points)
- Relevance of the organisational capacity, including financial management: applicants must clearly describe the management structure, competence of staff, responsibilities, internal communication, decision making, and monitoring and supervision (5 points)

Criterion 4: Overall and detailed budget (10 points, threshold: 6 points):

- Relevance and appropriateness of the budget: applicants must ensure that the budget is relevant, appropriate, balanced and consistent in itself, between beneficiaries and in relation to the specific objectives of the project. Where relevant, the budget should be distributed between partners at a minimum reasonable level, avoiding excessive fragmentation.

Any proposal which does not reach all thresholds will be rejected.

Following the evaluation, a list is drawn up of proposals recommended for funding, ranked according to the total number of points awarded. Depending on budget availability, the highest ranked proposals will be awarded co-financing.

Implementation

Through a call for proposal managed by DG SANCO

Indicative timetable and indicative amount of the call for proposals

Reference	Date	Amount
	second quarter 2014	EUR 500 000

Maximum possible rate of co-financing of the eligible costs

The financial contribution of the Union may not exceed 75% of the total eligible costs.
The maximum financial contribution of the Union shall be for a single project in a range from EUR 50.000 to 200.000.
No financial assistance may be granted for actions funded by other Union instruments.