EUROPEAN COMMISSION
CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY

Health and Food Safety Unit

3rd EU Health Programme

Call for project proposals under the Annual Work Programme 2020 – Part II

(HP-PJ-2020-2)

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3rd EU Health Programme

Call for project proposals under the Annual Work Programme 2020 – Part II

(HP-PJ-2020-2)

TABLE OF CONTENTS

0. Introduction

This is a call for grants in the area of health under the Third Programme for the Union's action in the field of health (2014-2020)[1].

Grant agreements will be concluded in relation to the following specific topics:

- **TOPIC PJ-01-2020-1**: Support to reforms in health workforce field - Initiatives on retention policies
  (**Heading 1.2.1.1 of the AWP 2020**)

- **TOPIC PJ-01-2020-2**: Support to reforms in health workforce field - Initiatives on medical deserts
  (**Heading 1.2.1.1 of the AWP 2020**)

- **TOPIC PJ-01-2020-3**: Support to reforms in health workforce field - Initiatives on task-shifting
  (**Heading 1.2.1.1 of the AWP 2020**)

The Consumers, Health, Agriculture and Food Executive Agency (hereafter Chafea) is entrusted by the European Commission with the implementation of parts of the third EU Health programme[2] and will be in charge of this Call for proposals.

The Agency invites you to read the call documentation carefully, i.e. this call for proposals and the guide for applicants. These documents provide clarifications and answers to questions you may have when preparing your application:

The call for proposals outlines the:

– objectives, themes and priorities, types of activities that can be financed and the expected results of the call

– timetable and available budget

– eligibility, exclusion, selection and award criteria

– evaluation procedure.

- The guide for applicants outlines the:

  – procedures to register and submit proposals online (via the EU Participant Portal)

  – recommendations for the preparation of the proposal

  – explanation on the application form (Proposal Template (Part A and B)), which describes the project

  – overview of the cost eligibility criteria.

- The Proposal Template Part B:

  – recommendations for the preparation of the technical part of the proposal

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[1] https://eur-lex.europa.eu/legal-content/EN/TXT/;jsessionid=5Qj3TvyCyBqbhfLZzzBttjDGh3gyXkQWYrjhrt36mChMJJlp02XX!2060916514?uri=uriserv:OJ.L_.2014.086.01.0001.01.ENG

[2] Commission Decision of 20.12.2013 (C(2013)9505 final)

—   recommendations on planning and managing your project.

You also are encouraged to visit the Chafea website[3] to consult the list of projects funded previously under the 1st, 2nd and 3rd EU Health Programme.[4]

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[3] http://ec.europa.eu/chafea/index_en.htm

[4] https://webgate.ec.europa.eu/chafea_pdb/health/

1. Background to the call

The Annual Work Programme 2020 (AWP 2020) under the 3rd EU Health Programme was adopted on 28 January 2020[5].

This work programme sets out the priorities and actions to be undertaken for the year 2020, including the allocation of resources, to implement the Third Programme of the Union's action in the field of health (2014-2020) established under Regulation (EU) No 282/2014 ('the Programme Regulation')[6].

The 2020 work programme is built on the following **objectives** and its **priority areas** and addresses **health inequalities** as a cross-cutting issue:

1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles

    1.4 Chronic diseases, including cancer, age-related diseases and neurodegenerative diseases

    1.5 Tobacco legislation

    1.6 Health information and knowledge system to contribute to evidence-based decision-making

2. Protect Union citizens from serious cross-border health threats

    2.2   Capacity-building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries

    2.3   Implementation of EU legislation on communicable diseases and other health threats, including those caused by biological and chemical incidents, environment and climate change

    2.4   Health information and knowledge system to contribute to evidence-based decision-making

3. Contribute to innovative, efficient and sustainable health systems

    3.1 Health technology assessment (HTA)

    3.2 Innovation and e-health

    3.3 Health workforce forecasting and planning

    3.4 Setting up a mechanism for pooling expertise at EU level

    3.6 Implementation of EU legislation in the field of medical devices, medicinal products and cross-border healthcare

    3.7 Health information and knowledge system, including support for the scientific committees set up in accordance with Commission Decision 2008/721/EC

4. Facilitate access to better and safer healthcare for Union citizens

    4.1 European reference networks (ERNs)

    4.2 Rare diseases

    4.3 Patient safety and quality of healthcare

    4.4 Measures to prevent antimicrobial resistance (AMR) and control healthcare-associated infections

    4.5 Implementation of EU legislation in the fields of tissues and cells, blood, organs

    4.6 Health information and knowledge system to contribute to evidence-based decision-making

The expected results of the work programme include:

- an improved knowledge base for formulating and implementing reforms on retention policies, medical deserts (i.e. isolated or depopulated areas and urban and rural areas with a low concentration of services) and task-shifting in the health workforce;

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[5] https://ec.europa.eu/health/funding/adoption_workplan_2020_en

[6] https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32014R0282

- knowledge-sharing and discussion on public procurement in the healthcare sector;

- the exchange and implementation of best practices in different areas of health;

- increased vaccination uptake among disadvantaged groups and migrants;

- an NGO contribution to achieving the health programme's objectives;

- an increased understanding of the properties and regulatory implication of novel tobacco products and e-cigarettes;

- a GDPR-compliant data governance model and code of conduct for health(care)-related data; and

The Commission encourages non-governmental bodies to work with the European Solidarity Corps, where appropriate. Actions are related in general to EU Member States and countries participating in the Health Programme.

Heading *1.2.1 Action grants following a call for proposal* of the Annex of the AWP 2020 outlines actions to be co-funded as project grants. Under the global budgetary envelope reserved for grants, EUR 10.250.000 will be reserved for projects.

Project grants are calculated on the basis of eligible costs incurred. The maximum rate for EU co-financing is 60%. However, the rate may rise to 80 % if a proposal meets the criteria for exceptional utility.

The budget line is 17 03 01.

The **geographical coverage of programme** are all EU countries plus countries indicated in Article 6 of the Programme Regulation (currently Iceland, Norway, Serbia, Moldova and Bosnia and Herzegovina) can participate, meaning that organisations registered in those countries are eligible to participate in the calls for proposals.

For UK applicants: Please be aware that, following the entry into force of the Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community on 1 February 2020, and in particular its Articles 127(6), 137 and 138, the references to natural or legal persons residing or established in a Member State of the European Union are to be understood as including natural or legal persons residing or established in the United Kingdom. UK residents and entities are, therefore, eligible to participate under this call.

Organisations from other countries are encouraged to get involved, but they are not eligible for funding.

2. Objectives — Themes & priorities — Activities that can be funded — Expected impact

Themes & priorities

The Annual Work Programme 2020 outlines the following priorities to be co-funded under this Call for proposals:

- **TOPIC PJ-01-2020-1**: Support to reforms in health workforce field - Initiatives on retention policies
  (**Heading 1.2.1.1 of the AWP 2020**)

- **TOPIC PJ-01-2020-2**: Support to reforms in health workforce field - Initiatives on medical deserts
  (**Heading 1.2.1.1 of the AWP 2020**)

- **TOPIC PJ-01-2020-3**: Support to reforms in health workforce field - Initiatives on task-shifting
  (**Heading 1.2.1.1 of the AWP 2020**)

**TOPIC PJ-01-2020-1: Support to reforms in health workforce field -
Initiatives on retention policies
(Heading 1.2.1.1 of the AWP 2020)**

Background and purpose of the call:
The European health workforce is facing major challenges due to an ageing population, a higher demand of new primary care models and better-integrated and more patient-centred care, and rise of chronic diseases, in a broader context of persistent budgetary constraints. Moreover, the health workforce itself is ageing rapidly while financial cutbacks compound broader migration patterns and are causing severe health workforce shortages in various Member States. Finally, several EU regions are facing the problem of so-called "medical deserts" with falling number of medical practitioners. It becomes more than urgent to promote evidence-based reforms to address the challenges that the European health workforce is facing, through actions focusing on retention policies, medical deserts and task shifting.   *Targeted beneficiaries*: Legally established organisations, public authorities, healthcare providers, health professional associations, public sector bodies (in particular, research and health institutions, universities and higher education establishments in Member States and other participating countries).
Objectives pursued and expected results of the initiative :
The objective of the initiative is to provide support to Member States to design and implement their policies related to healthcare workforce retention, task-shifting and regional medical deserts.   This should be achieved*,* through the development of supporting tools –guidelines, scaling up of good practices, creating a platform for policy dialogue to advance on these challenging issues.   The initiatives aim specifically at:

  (i)   Identifying and analyzing factors related to the conception and implementation of reforms on retention policies, medical deserts and task-shifting, and developing practical guidelines for the public authorities and healthcare providers which will serve as the operational tools supporting their healthcare workforce policies in relation to challenges in these fields;

  (ii)   Analyzing and suggesting possible changes in the legal and policy environment and ways to provide incentives to remove legal and other barriers to the recruitment and retention of healthcare workforce in underserved areas;

  (iii) Implementing effective strategies, identifying best practices and facilitating the exchange of these practices including at regional or local level (e.g. through information sessions), assessing the suitability/ground for broader practice dissemination;

  (iv) Contributing to a network on health workforce linked to the EU health policy platform (EU-HPP)[7], to ensure the sustainability of results achieved under individual projects , continuation of dissemination and scale up of best practices amongst Member States beyond the action's term;

  (v)   Organizing workshops and seminars to ensure joint reflection among the actors participating in the selected initiatives and relevant experts and, when relevant, cross-fertilisation of ideas across the three areas of reforms at

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[7] https://webgate.ec.europa.eu/hpf/

        stake;

(vi)   Enhancing knowledge, including by targeted studies and reports related to the development of retention policies, the development of policies on medical deserts, and the implementation of task-shifting projects;

(vii)   Providing practical training and developing educational material, which could be further exploited by public authorities and healthcare providers engaged in the health workforce field;

(viii) Organising events to present the lessons learnt and the guidelines to the relevant public authorities and healthcare providers.

Description of the activities to be funded under this topic:

The action will finance **Initiatives on retention policies** carried out by public authorities in charge of the provision of healthcare and, notably of ensuring the presence of sufficiently numerous and adequately skilled health workforce. This could take the form of practical and analytical work and research needed by the public authorities at national or regional level to develop respectively retention policies and policies aiming at addressing the challenge of medical deserts (isolated or depopulated areas and urban and rural areas with a low concentration of services) and the increasing concerns related to access to healthcare for people living in these areas.

Activities to be carried out under such an initiative may include **but are not limited to**:

- Work on understanding the workforce determinants (e.g: minimum staffing levels for optimal healthcare delivery/health system functioning/ safety and quality of care assurance) and the needed changes for implementation ;

- Monetary incentives: assessment of size and nature of incentives required in view of work force retention, building also on available data on historical mobility patterns derived from Commission's database (recognition of professional qualifications) and on survey with healthcare professionals.

- Non-monetary incentives: assessment of size and nature of incentives required in view of work force retention: survey with healthcare professionals, best practice exchange between MS;

- Consensus-building exercise on optimal mix of retention policy measures: multicriteria analysis, with targeted stakeholder groups.

- Recommendations on how to retain the retirement-age workforce in activity

All proposed actions should take into account, complement and build upon previously available data/actions, in order to bring added value and avoid duplications.

The allocation of resources within the consortium shall focus on the implementation of initiatives in the partner organizations. Organizations in the consortium shall explain their role and their specific contribution to the project in line with the text and requirements of the call.

The proposals shall include a methodology for impartially evaluating the progress made on implementing proposed initiatives throughout the duration of the project. The methodology for the evaluation should be thought as formative, helping the partners to adapt their initiatives as necessary. This activity could be dedicated to a specific partner organization within the consortium with the appropriate expertise or it can be subcontracted. Specific work package and deliverable(s) should be introduced

in the proposal (Mandatory work package 3 on evaluation).

The projects under this call shall closely work together and make use of synergies amongst them as much as possible . Projects under this call shall furthermore contribute to the specific "Health Workforce" forum in the Health Policy Platform.

Expected impact:

Support Members States in constantly improve designing and implementing their policies related to healthcare workforce retention, task-shifting and regional medical deserts.

nhance   the knowledge base and the   practical toolsfor the conception and implementation of reforms on retention policies, medical deserts and task-shifting.

The funded action should also lead to creating a community of actors experienced in healthcare workforce issues with the aim of, *inter alia ,*:

- sharing best practices and lessons learned from pilot projects and from institutions with higher expertise and transformation experiences;

- developing tools to disseminate them and stimulate activities in less advanced institutions.

Budget

The Commission considers that proposals requesting an EU contribution of approx. 400.000 EUR and a duration of 36 month would appropriately address the specific workforce related challenges. Nonetheless, this does not preclude submissions and selection of proposals requesting other amounts or duration.

Available budget for this topic: 800.000 EUR (indicative expected projects between 2 and 3).

The grant agreement(s) will be awarded to those ranked highest, up to the available budget of 800.000 EUR (EU-Contribution).

ⓘ For more information, *see the website of the Directorate General for Health and Food Safety[8]*.

**TOPIC PJ-01-2020-2: Support to reforms in health workforce field -
          Initiatives on medical deserts
          (Heading 1.2.1.1 of the AWP 2020)**

Background and purpose of the call:

The European health workforce is facing major challenges due to an ageing population, a higher demand of new primary care models and better-integrated and more patient-centred care, and rise of chronic diseases, in a broader context of persistent budgetary constraints. Moreover, the health workforce itself is ageing rapidly while financial cutbacks compound broader migration patterns and are causing severe health workforce shortages in various Member States. Finally, several EU regions are facing the problem of so-called "medical deserts" with falling number of medical practitioners. It becomes more than urgent to promote evidence-based reforms to address the challenges that the European health workforce is facing, through actions focusing on retention policies, medical deserts and task shifting.

Targeted beneficiaries: Legally established organisations, public authorities, healthcare providers, health professional associations, public sector bodies (in particular, research and health institutions, universities and higher education establishments in Member States and other participating countries).

Objectives pursued and expected results of the initiative:

The objective of the initiative is to provide support to Member States to design and implement their policies related to healthcare workforce retention, task-shifting and regional medical deserts. This should be achieved through the development of supporting tools –guidelines, scaling up of good practices, creating a platform for policy dialogue to advance on these challenging issues.

The initiatives aim specifically at:

(i)   Identifying and analyzing factors related to the conception and implementation of reforms on retention policies, medical deserts and task-shifting, and developing practical guidelines for the public authorities and healthcare providers which will serve as operational tools supporting their healthcare workforce policies in relation to challenges in these fields;

(ii)   Analyzing and suggesting possible changes in the legal and policy environment and ways to provide incentives to remove legal and other barriers to the recruitment and retention of healthcare workforce in underserved areas;

(iii)   Implementing effective strategies, identifying best practices and facilitating the exchange of these practices including at regional or local level (e.g. through information sessions), assessing the suitability/ground for broader practice dissemination;

(iv)   Contributing to a network on health workforce linked to the EU health policy platform (EU-HPP)[9], to ensure the sustainability of results achieved under individual projects ,continuation of dissemination and scale up of best practices amongst Member States beyond the action's term;

(v)   Organizing workshops and seminars to ensure joint reflection among the actors participating in the selected initiatives and relevant experts and, when relevant, cross-fertilisation of ideas across the three areas of reforms at stake;

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[9] https://webgate.ec.europa.eu/hpf/

(vi)   Enhancing knowledge, including by targeted studies and reports related to the development of retention policies, the development of policies on medical deserts, and the implementation of task-shifting projects;

(vii)   Providing practical training and developing educational material, which could be further exploited by public authorities and healthcare providers engaged in the health workforce field;

(viii) Organising events to present the lessons learnt and the guidelines to the relevant public authorities and healthcare providers.

Description of the activities to be funded under this topic:

The action will finance **Initiatives on medical deserts** carried out by public authorities.

Activities to be carried out under such an initiative may include, but are not limited to:

- Definition and taxonomy of the concept of medical desserts taking into account relevant distinguishing factors such as demand side (demographic ageing), supply side (attracting and retaining health work force), progress in take-up of e-health solutions, established mapping of "medical deserts" if available (reported) and providing a set of tools with "diagnostic" metrics;

- Feasibility of measurement framework: how to identify and monitor medical desserts, including through considering use of available data, and how to apply it in the national and subnational context taking into account various healthcare delivery models;

- Root cause analysis of factors driving "desertification" per Member State taking into account subnational specificities and ways for optimisation of territorial coverage of health workers;

- Consensus-building exercise on optimal mix of policy measures, also explicitly addressing possible trade-offs (e.g. between quality-of-care and patient traveling distance).

- Updated figures and forecast of health workforce shortages as well as their impact on the health systems

- Possible approaches to mitigate medical deserts that could be brought by an adequate skill-mix or the use of e-health or IT systems

All proposed actions should take into account, complement and build upon available data/actions, in order to bring added-value and avoid duplications.

The allocation of resources within the consortium shall focus on the implementation of initiatives in the partner organizations. Organizations in the consortium shall explain their role and their specific contribution to the project in line with the text and requirements of the call.

The proposals shall include a methodology for impartially evaluating the progress made on implementing proposed initiatives throughout the duration of the project. The methodology for the evaluation should be thought as formative, helping the partners to adapt their initiatives as necessary. This activity could be dedicated to a specific partner organization within the consortium with the appropriate expertise or it can be subcontracted. Specific work package and deliverable(s) should be introduced in the proposal (Mandatory work package 3 on evaluation).

The projects under this call shall closely work together and make use of synergies

amongst them as much as possible . Projects under this call shall furthermore contribute to the specific "Health Workforce" forum in the Health Policy Platform.

Expected impact:

Support Members States in constantly improve designing and implementing their policies related to healthcare workforce retention, task-shifting and regional medical deserts.

Enhance the knowledge base ,and the practical tools for the conception and implementation of reforms on retention policies, medical deserts and task-shifting.

The funded action should also lead to creating a community of actors experienced in healthcare workforce issues with the aim of, *inter alia* :

- sharing best practices and lessons learned from pilot projects and from institutions with higher expertise and transformation experiences;

- developing tools to disseminate them and stimulate activities in less advanced institutions.

Budget

The Commission considers that proposals requesting an EU contribution of approx. 400.000 EUR and a duration of 36 month would appropriately address the specific workforce related challenges. Nonetheless, this does not preclude submissions and selection of proposals requesting other amounts or duration.

Available budget for this topic: 800.000 EUR (indicative expected projects between 2 and 3).

The grant agreement(s) will be awarded to those ranked highest, up to the available budget of 800.000 EUR (EU-Contribution).

ⓘ For more information, *see the website of the Directorate General for Health and Food Safety[10]*.

**TOPIC PJ-01-2020-3: Support to reforms in health workforce field -
Initiatives on task-shifting
(Heading 1.2.1.1 of the AWP 2020)**

Background and purpose of the call:
The European health workforce is facing major challenges due to an ageing population, a higher demand of new primary care models and better-integrated and more patient-centred care, and rise of chronic diseases, in a broader context of persistent budgetary constraints. Moreover, the health workforce itself is ageing rapidly while financial cutbacks compound broader migration patterns and are causing severe health workforce shortages in various Member States. Finally, several EU regions are facing the problem of so-called "medical deserts" with falling number of medical practitioners. It becomes more than urgent to promote evidence-based reforms to address the challenges that the European health workforce is facing, through actions focusing on retention policies, medical deserts and task shifting. *Targeted beneficiaries*: Legally established organisations, public authorities, healthcare providers, health professional associations, public sector bodies (in particular, research and health institutions, universities and higher education establishments in Member States and other participating countries).
Objectives pursued and expected results of the initiative:
The objective of the initiative is to provide support to Member States to design and implement their policies related to healthcare workforce retention, task-shifting and regional medical deserts. This should be achieved through the development of supporting tools –guidelines, scaling up of good practices, creating a platform for policy dialogue to advance on these challenging issues. The initiatives aim specifically at:

(i) Identifying and analyzing factors related to the conception and implementation of reforms on retention policies, medical deserts and task-shifting, and developing practical guidelines for the public authorities and healthcare providers which will serve as the operational tools supporting their healthcare workforce policies in relation to challenges in these fields;

(ii) Analyzing and suggesting possible changes in the legal and policy environment and ways to provide incentives to remove legal and other barriers to the recruitment and retention of healthcare workforce in underserved areas;

(iii) Implementing effective strategies, identifying best practices and facilitating the exchange of these practices including at regional or local level (e.g. through information sessions), assessing the suitability/ground for broader practice dissemination;

(iv) Contributing to a network on health workforce linked to the EU health policy platform (EU-HPP)[11], to ensure the sustainability of results achieved under individual projects , continuation of dissemination and scale up of best practices amongst Member States beyond the action's term;

(v) Organizing workshops and seminars to ensure joint reflection among the actors participating in the selected initiatives and relevant experts and, when relevant, cross-fertilisation of ideas across the three areas of reforms at

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[11] https://webgate.ec.europa.eu/hpf/

> stake;

(vi) Enhancing knowledge, including by targeted studies and reports related to the development of retention policies, the development of policies on medical deserts, and the implementation of task-shifting projects;

(vii) Providing practical training and developing educational material, which could be further exploited by public authorities and healthcare providers engaged in the health workforce field;

(viii) Organising events to present the lessons learnt and the guidelines to the relevant public authorities and healthcare providers.

Description of the activities to be funded under this topic:

The action will finance **Initiatives on task-shifting** carried out by hospitals and other healthcare providers at community level. This could take the form, *inter alia*, of practical and analytical work needed by the hospitals and the other healthcare providers for the conception, implementation and assessment of their task-shifting projects as well as any other form of support in the implementation of these projects, such as, for instance, teambuilding, twinning, proposals for revision of curricula, creating access to life-long learning opportunities for healthcare professionals to update/upgrade/complement their skills.

Activities to be carried out under such an initiative may include, but are not limited to:

- Updating or updatability of existing workforce planning tools to incorporate possible changes based on task-shifting and automation;

- Good practices for the introduction of task-shifting from patient safety/health system performance perspective

- developing a curricula for digital/interpersonal/management skills for doctors, nurses, pharmacists, other healthcare professionals, social and peer workers;

- recommendations regarding impact of new skills (i.e. digital tools, disease prevention and risk detection); reskilling of health professionals and new health professions on the future of the healthcare and its workforce;; the effects of changing skill mixes and competencies across sectors and occupational groups;

- recommendations regarding future skills of health professionals to adapt to new developments (for ex. upscale skills of nurses, digital skills of health professionals, new types of IT specialists in medical area)

All proposed actions should take into account, complement and build upon previously available data/actions, in order to bring added-value and avoid duplications.

The allocation of resources within the consortium shall focus on the implementation of initiatives in the partner organizations. Organizations in the consortium shall explain their role and their specific contribution to the project in line with the text and requirements of the call.

The proposals shall include a methodology for impartially evaluating the progress made on implementing proposed initiatives throughout the duration of the project. The methodology for the evaluation should be thought as formative, helping the partners to adapt their initiatives as necessary. This activity could be dedicated to a specific partner organization within the consortium with the appropriate expertise or it can be subcontracted. Specific work package and deliverable(s) should be introduced

in the proposal (Mandatory work package 3 on evaluation).

The projects under this call shall closely work together and make use of synergies amongst them as much as possible. Projects under this call shall furthermore contribute to the specific "Health Workforce" forum in the Health Policy Platform.

Expected impact:

Support Members States in constantly improve designing and implementing their policies related to healthcare workforce retention, task-shifting and regional medical deserts.

Enhance the knowledge base and practical tools for the conception and implementation of reforms on retention policies, medical deserts and task-shifting.

The funded action should also lead to creating a community of actors experienced in healthcare workforce issues with the aim of, *inter alia* :

- sharing best practices and lessons learned from pilot projects and from institutions with higher expertise and transformation experiences;

- developing tools to disseminate them and stimulate activities in less advanced institutions.

Budget

The Commission considers that proposals requesting an EU contribution of approx. 400.000 EUR and a duration of 36 month would appropriately address the specific workforce related challenges. Nonetheless, this does not preclude submissions and selection of proposals requesting other amounts or duration.

Available budget for this topic: 800.000 EUR (indicative expected projects between 2 and 3).

The grant agreement(s) will be awarded to those ranked highest, up to the available budget of 800.000 EUR (EU-Contribution).

ℹ For more information, *see the website of the Directorate General for Health and Food Safety[12]*.

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[12] https://ec.europa.eu/health/systems_performance_assessment/overview_en

3. Timetable & available call budget

Time-table

Timing (planned)	
Call publication:	10 March 2020
Opening of submission	17 March 2020
Deadline for applications:	10 June 2020
Evaluation:	June - September 2020
Information on evaluation result:	September 2020
Grant agreement signature:	November – December 2020
Starting date:	November – December 2020

Call budget

The available call budget is **EUR 2.400.000,00 €.**

Specific budget information per topic can be found in the topic descriptions above.

Criteria for the exceptional utility of projects

Articles 7(2), 7(3) and 8(1) of the Programme Regulation set out criteria for assessing whether applications for projects, operating grants and actions co-financed with Member State authorities are of 'exceptional utility' in achieving the programme's objectives.

Such projects may receive co-funding of 80% of the total eligible cost, provided that the proposals meet the relevant eligibility and selection criteria for the type of grant as described under its heading (see below) and the following specific criteria for exceptional utility:

1. at least 60% of the total budget must be used to fund staff. This is to promote capacity-building to develop and implement effective health policies; and

2. at least 30% of the budget must be allocated to at least five Member States whose gross national income (GNI) per inhabitant is less than 90% of the EU average. This is to encourage the participation of stakeholders from Member States with a low GNI;

The Agency reserves the right not to award all available funds or to redistribute them between the call priorities, depending on the applications received and the evaluation results.

4. Admissibility conditions

Admissibility

Applications must be submitted before the call deadline *(*see time-table section 3).

Applications must be submitted electronically via the Participant Portal Electronic Submission System (accessible via the Call Topic page in the <u>Funding Opportunities</u> section). Paper submissions are no longer possible.

Applications (including annexes and supporting documents) must be submitted using the forms provided inside the Electronic Submission System (not the documents available on the Call Topic page — they are only for information).

Your application must be readable, accessible and printable and contain all the requested information and all required annexes and supporting documents *(see section 10)*.

5. Eligibility conditions

Participants

Applicants must be legally established organisations, public authorities or public sector bodies (in particular, research and health institutions, universities and higher education establishments). Only applications from entities established in one of the following countries are eligible:

- EU Member States (including overseas countries and territories (OCTs));

- United Kingdom;

- Iceland and Norway;

- countries that have a bilateral agreement with the EU in accordance with Article 6 of the Programme Regulation; currently[13]:

  o Serbia;

  o Moldova; and

  o Bosnia and Herzegovina.

Applicants participating in a project proposal must be separate legal entities (i.e. be independent from each other) and from at least three different participating countries[14]. Non-compliant proposals will be rejected.

Applicants must be directly responsible for the preparation and management of the project with the other applicants, i.e. not acting as an intermediary.

Natural persons are NOT eligible.

International organisations are not eligible under this call.

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[13] See Commission website for an updated list of countries: <u>https://ec.europa.eu/health/funding/programme_en</u>

[14] …In line with the Legislative act of the Health Programme to facilitate cooperation between Member States   especially paragraph 1,10,19 and 20.

To prove eligibility, all applicants must register in the Participant Register — before the call deadline — and upload the necessary documents showing legal status and origin.

Activities

Eligible activities are set out in section 2 above.

Financial support to third parties is not allowed.

Duration

Projects may not be longer than 36 months (extensions will be possible only exceptionally, for duly justified reasons and with the Agency's agreement).

6. Award criteria

Admissible and eligible applications will be evaluated and ranked against of the following award criteria:

1) Policy and contextual relevance (10 points, threshold: 7 points)

Sub-criteria taken into account in the assessment:

- relevance of the project to the objectives and priorities of the annual work programme under which the call for proposals is published, in particular:

- EU added value in the area of public health;

- appropriate geographical coverage of the proposal; and

- consideration of the social, cultural and political context;

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

Sub-criteria taken into account in the assessment:

- 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 action plan.

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

Sub-criteria that are taken into account in the assessment:

- quality of the planning and appropriate task distribution to implement the project,

- relevance of the organisational arrangements, including financial management;

- quality and complementarity of the partnership.

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

Sub-criteria taken into account in the assessment:

- realistic estimation of person days per deliverable and per work package;

- appropriate budget allocated for evaluation and dissemination activities.

Maximum points: 40 points.

Individual thresholds: See above.

Overall threshold: 25 points.

Applications that pass the individual thresholds AND the overall threshold will be considered for funding and ranked according to the number of points received. The grant agreement(s) will then be awarded to those ranking highest, up to the available budget allocated for project grants.

The proposals meeting all thresholds but which are ranked beyond the budget ceiling will be put on a reserve list, in case additional budget is available.

Applications that do not pass all individual thresholds OR do not pass the overall threshold will be rejected.

7. Other conditions

Financial capacity

All project participants must have stable and sufficient resources to successfully implement the project and contribute their share. Organisations participating in several projects must have sufficient capacity to implement several projects.

The financial capacity check will be done by the European Commission and the Agency on the basis of the documents that applicants will be requested to upload in the Participant Register (profit and loss account and balance sheet for the last two closed financial years, or for newly created entities possibly the business plan; for applicants requesting more than EUR 750 000: audit report produced by an approved external auditor, where it is available, and always in cases where the statutory audit is required by Union or national law, certifying the accounts for up to the last three available financial years).

The analysis will take into account elements such as dependency on EU funding and deficit and revenue in previous years.

It will normally be done for all applicants, except:

– public bodies (entities established as public body under national law, including local, regional or national authorities) or international organisations

– if the individual requested grant amount is not more than EUR 60 000 (low-value grant).

If needed, it may also be done for linked third parties.

If the Agency considers that an applicant's financial capacity is not satisfactory, the Agency may require:

– further information

– an enhanced financial responsibility regime, i.e. full joint and several responsibility for all applicants (see below, section 9)

– pre-financing paid in instalments

– (one or more) pre-financing guarantees (see below, section 9)

or

– propose no pre-financing

– reject your participation or, if needed, the entire application.

ⓘ For more information, *see Rules on Legal Entity Validation, LEAR Appointment and Financial Capacity Assessment[15]*.

Operational capacity

Applicants must have the professional resources, competences and qualifications required to complete the proposed action (including sufficient experience in EU/trans-national projects of comparable size).

This capacity will be assessed on the basis of the experience of the applicants and their staff.

Applicants will have to show this via the following information in the Proposal Template (Part B):

- a description of the consortium participants
- a list of EU funded actions/projects for the last 4 years.

Additional supporting documents may be requested, if needed to confirm the operational capacity of any applicant.

Public bodies are exempted from the operational capacity check.

Exclusion

Applicants that are subject to an EU administrative sanction (i.e. exclusion or financial penalty decision)[16] or in one of the following situations[17] are excluded from receiving EU grants and will automatically be rejected:

- bankruptcy, winding up, affairs administered by the courts, arrangement with creditors, suspended business activities or other similar procedures (including procedures for persons with unlimited liability for the applicant's debts)
- in breach of social security or tax obligations (including if done by persons with unlimited liability for the applicant's debts)
- guilty of grave professional misconduct[18] (including if done by persons having powers of representation, decision-making or control, beneficial owners or natural persons who are essential for the award/implementation of the grant)
- committed fraud, corruption, links to a criminal organisation, money laundering, terrorism-related crimes (including terrorism financing), child labour or human trafficking (including if done by persons having powers of representation, decision-making or control, beneficial owners or natural persons who are essential for the award/implementation of the grant)
- shown significant deficiencies in complying with main obligations under an EU procurement contract, grant agreement or grant decision (including if done by persons having powers of representation, decision-making or control, beneficial owners or natural persons who are essential for the award/implementation of the grant)
- guilty of irregularities within the meaning of Article 1(2) of Regulation No 2988/95 (including if done by persons having powers of representation,

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[15] http://ec.europa.eu/research/participants/data/ref/h2020/grants_manual/lev/h2020-rules-lev-lear-fvc_en.pdf

[16] See Article 136(1) EU Financial Regulation 2018/1046.
[17] See Articles 136(1) and 141(1) EU Financial Regulation 2018/1046.
[18] Professional misconduct includes: violation of ethical standards of the profession, wrongful conduct with impact on professional credibility, false declarations/misrepresentation of information, participation in a cartel or other agreement distorting competition, violation of IPR, attempting to influence decision-making processes or obtain confidential information from public authorities to gain advantage.

decision-making or control, beneficial owners or natural persons who are essential for the award/implementation of the grant)

– created under a different jurisdiction with the intent to circumvent fiscal, social or other legal obligations in the country of origin or created another entity with this purpose (including if done by persons having powers of representation, decision-making or control, beneficial owners or natural persons who are essential for the award/implementation of the grant).

Applicants will also be rejected if it turns out during the grant award procedure that they[19]:

– misrepresented information required as a condition for participating in the grant award procedure or failed to supply that information

– were previously involved in the preparation of grant award documents where this entails a distortion of competition that cannot be remedied otherwise (conflict of interest).

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[19]   See Article 141(1) EU Financial Regulation 2018/1046.

⚠ **IMPORTANT**

- **Coordinator & consortium —** The coordinator represents the consortium towards the EU. You must have agreement of the other members and their mandate to act on their behalf and will have to confirm this in your application. Moreover you will have to declare that the information in the proposal is correct and complete and that all participants comply with the conditions for receiving funding (especially, eligibility, financial and operational capacity, no exclusion, etc.) and have agreed to participate. Before signing the grant agreement, each participant will have to confirm this again by signing a declaration of honour (DoH). Proposals without full support will be rejected.

- **Linked third parties** — Applicants may participate with linked third parties (i.e. affiliated entities) that receive funding. Linked third parties must comply with all the conditions set out in this call (just like applicants), but they do not sign the grant agreement and do not count towards the minimum eligibility criteria for consortium composition.

- **Subcontractors —** Subcontracting is allowed, but subject to strict limits *(see section 9)*.

- **Registration —** All applicants must register in the [Participant Register](#) — before the call deadline — and upload the necessary documents showing legal status and origin. Linked third parties can register later (during grant preparation).

- **Completed/ongoing projects —** Applications for projects that have already been completed will be rejected; applications for projects that have already started will be assessed on a case-by-case basis (in this case, no costs can be reimbursed for activities that took place before proposal submission).

- **Balanced project budget —** Applicants must ensure a balanced project budget and sufficient other resources to implement the project successfully *(e.g. own contributions, income generated by the action, financial contributions from third parties)*. You may be requested to lower the estimated costs in the detailed budget table, if they are ineligible or excessive.

- **No profit rule —** Grants may NOT give a profit (i.e. surplus of receipts + EU grant over costs). This will be checked by us at the end of the projects.

- **No double funding** — Any given action may receive only one grant from the EU budget. The project must therefore NOT receive any financial support under any other EU funding programme (including EU funding managed by authorities in EU Member States or other funding bodies, e.g. Regional Funds, Agricultural Funds, EIB loans, etc.). Cost items may NOT be declared twice under different EU actions.

- **Combination with EU operating grants —** Combination with EU operating grants is possible if the specific project grant remains outside the operating grant work programme and you make sure that cost items are clearly separated in your accounting and NOT declared twice.

- **Multiple applications —** Applicants may submit more than one application for *different* projects under the same call (and be awarded a grant for them).

  Organisations may participate in several applications.

  BUT: if are several applications for the *same/very similar* project, only one application will be accepted and evaluated; the applicants will be asked to withdraw one of them (or it will be rejected).

- **Language —** You can submit your proposal in any official EU language. However, for reasons of efficiency, we strongly advise you to use English. In order to facilitate assessment by the evaluators, an English translation of the technical part should accompany that written in another EU official language. If you need the call document in another official EU language, please submit a request within 10 days after call publication (for the contact information, *see section 10*).

24

8. Evaluation & award procedure

This call is subject to the standard submission and evaluation procedure (one-stage submission + one-step evaluation).

Applications will be checked by the Agency for formal requirements (admissibility and eligibility) and will be evaluated for each topic separately by an evaluation committee (assisted by independent outside experts) against the operational capacity and award criteria and then listed in a ranked list according to their quality score.

For proposals with the same score (within a topic) a priority order will be determined according to the following approach:

Successively for every group of *ex aequo* proposals, starting with the highest scored group, and continuing in descending order:

(1) Higher score in Award Criteria 1 (*Policy and contextual relevance*);
(2) Higher score in Award Criteria 2 (*Technical quality*);
(3) Higher score in Award Criteria 3 (*Management quality)* given higher priority;
(4) If a distinction still cannot be made, the panel may decide to further prioritise by considering how to enhance the quality of the project portfolio through synergies between projects, or other factors related to the objectives of the call. These factors will be agreed upon by voting and documented in the report of the Panel.

Unsuccessful applications will be informed about their evaluation result *(see time-table section 3)*.

Successful applications will be invited for grant preparation.

> ⚠️ **IMPORTANT**
>
> - **No commitment for funding —** Invitation to grant preparation does NOT constitute a formal commitment for funding. We will still need to make various legal checks before grant award: legal entity validation, financial capacity, exclusion check etc.
>
> - Grant preparation will involve a **dialogue** in order to fine-tune technical or financial aspects of the project and may require extra information from your side.

9. Legal & financial set-up of the grants

If a project is selected for funding, the applicant will be asked to sign a grant agreement with the Agency.

This grant agreement will set the framework for your grant and its terms and conditions, in particular provisions on deliverables, reporting and payments.

Starting date & project duration

The project **starting date and duration** will be fixed in your grant agreement (art. 3). Normally the starting date will be after grant signature. Retroactive application can be granted exceptionally for duly justified reasons — but never earlier than the proposal submission date.

Project duration: 36 months (extensions will be possible only exceptionally, for duly justified reasons and with the Agency's agreement)

Maximum grant amount, reimbursement of eligible costs & funding rate

All grant parameters (maximum grant amount, funding rate, total eligible costs etc.) will be fixed in your grant agreement (art. 5).

Project budget: see section 3 above. The grant awarded may be lower than the amount requested.

The grant will be a reimbursement of actual costs grant. This means that it will reimburse ONLY certain types of costs (eligible costs) and ONLY those costs you *actually* incurred for your project (NOT the *budgeted* costs).

The costs will be reimbursed at the funding rate fixed in the grant agreement (60% rising to 80% if a proposal meets the criteria of exceptional utility).

EU grants may NOT produce a profit. If there is a profit (i.e. surplus of receipts + EU grant over costs), we will deduct it from your final grant amount.

The final grant amount you will receive will therefore depend on a variety of criteria *(actual costs incurred and project income; eligibility; compliance with all the rules under the grant agreement, etc)*.

Cost eligibility rules

For the **cost eligibility rules**, see the model grant agreement (art. 6) and the Guide for applicants.

Special cost eligibility rules for this call:

– Max. 7% flat-rate for indirect costs determined at project level during grant preparation

– depreciation costs for equipment

– project activities must take place in one of the eligible countries

– financial support to third parties is not allowed

– subcontracting[20] of action tasks is subject to special rules and must be approved by us (either as part of your proposal or in a periodic/final report)

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[20] For more details see the guide for applicants

- VAT — please note that there are new rules in place since 2013 for public entities (VAT paid by beneficiaries that are public bodies acting as public authority is NOT eligible)

Reporting & payment arrangements

The **reporting and payment** arrangements will be fixed in the grant agreement (art. 15 and 16).

After grant signature, the Agency will normally provide you with a float to start working on the project (pre-financing of normally 50% of the maximum grant amount; exceptionally less or no pre-financing).

There will be 1 or 2 interim payments linked to a periodic report.

At the end of the project, you will be invited to submit a report and the Agency will calculate your final grant amount. If the total of earlier payments is higher than the final grant amount, the Agency will ask you (your coordinator) to pay back the difference (recovery).

Deliverables

Standard **deliverables** will be listed the grant agreement (art. 14). The project-specific deliverables will be listed in Annex 1.

Standard deliverables for this call: none.

Pre-financing guarantee

If the Agency requires a pre-financing guarantee, it will be fixed in your grant agreement (art 16.2). The amount will be fixed by us during grant preparation, and will be equal or lower than the pre-financing for your grant.

The guarantee should be in euro and issued by an approved bank/financial institution established in an EU Member State.

If you are established in a non-EU country and would like to provide a guarantee from a bank/financial institution in that country, please contact us (this may be exceptionally accepted, if it offers equivalent security).

Amounts blocked in bank accounts will NOT be accepted as financial guarantees.

The guarantee is NOT linked to individual consortium members. You are free to organise how the guarantee amount should be provided (by one or several beneficiaries, for the overall amount or several guarantees for partial amounts). The only thing that is important is that the amount the Agency requests is covered and the guarantee(s) are sent by the coordinator before the pre-financing (by PP Communication to the Project Officer or Formal Notification).

If agreed with us, the bank guarantee may be replaced by a joint and several guarantee from a third party.

The guarantee will be released at the end of the grant, in accordance with the conditions laid down in the grant agreement.

Special provisions

Intellectual Property Rights rules: see model grant agreement (art. 19)

Promotion & visibility of EU funding: see model grant agreement (art. 22)

Cost rejection, grant reduction, recovery, suspension & termination

The grant agreement (chapter 6) provides for the measures the Agency may take in case of **breach of contract** (and other violations of law).

Liability regime for recoveries

The liability regime for recoveries will be set out in your grant agreement (art. 28), i.e. either:

– limited joint and several liability with individual ceilings — each beneficiary up to *its* maximum grant amount

– unconditional joint and several liability — each beneficiary up to the maximum grant amount for the *action*

or

– individual financial responsibility — each beneficiary only for its debt.

10. How to submit an application?

All applications must be submitted electronically via the Participant Portal Electronic Submission System (accessible via the Call Topic page in the Funding Opportunities section). Paper submissions are no longer possible.

The **submission process** is explained in the Funding and Tenders Portal Online Manual (together with detailed instructions for the IT tool).

Mandatory **annexes & supporting documents** (directly available in the Submission System) for this call:

• detailed budget table as part of the Proposal Template Part B.

Contact

For questions on the Participant Portal Submission System, please contact the IT Helpdesk.

For non-IT related questions a helpdesk at the Chafea is available via: CHAFEA-HP-CALLS@ec.europa.eu . The deadline to submit questions is 6 calendar days before the deadline. Answers to relevant questions will be published on the Funding and Tenders Portal FAQ section[21], latest 14 calendar days after receipt.

Frequently asked questions are published on the Funding and Tenders Portal FAQ section[22]

Please note that any replies from the help desk provided in the frame of the current procedure can by no means be regarded as CHAFEA' s binding opinion producing any legal effect. All aspects of the proposals to be submitted in response of the call (including the eligibility, selection and award criteria) will be formally evaluated by the evaluation committee(s) that will be set up on the basis of the applicable rules.

Please indicate clearly the reference of the call for proposals and the topic to which your question relates *(see call document cover page)*.

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[21] https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/support/faq;programme=3HP;

[22] https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/support/faq;programme=3HP;

> ⚠ **IMPORTANT**
>
> - **Consult** the Participant Portal Call Topic page regularly. We will use it to publish updates and additional information on the call (call updates).
>
> - **Don't wait** until the end.
>
>   Questions received later than 6 days before the call deadline cannot be answered.
>
>   We strongly advise you to complete your proposal sufficiently in advance of the deadline, to avoid any last minute technical problems. Any problems due to last minute submissions *(e.g. congestion, etc.)* will be at your risk. The call deadline will NOT be extended.
>
> - Before submitting a proposal, all applicants must be **registered** in the Participant Register and obtain a participant identification code (PIC) (one for each applicant).
>
> - By submitting their proposal, all applicants **accept**:
>
>   o   the terms and conditions of this call (as described in this call document and the documents it refers to)
>
>   o   to use the electronic exchange system in accordance with the Participant Portal Terms & Conditions.
>
> - After the call deadline, the proposal is locked and can no longer be changed.
>
> - You may be contacted later on if there is a need to **clarify** certain aspects of your **proposal** or for the correction of clerical mistakes.
>
> - You may be asked to submit **additional documents** later on *(e.g. for the legal entity validation, LEAR appointment and financial capacity check)*.
>
> - We intend to organise an **Kickoff - meeting** for successful applicants after signature of the grant to discuss project management, administrative and financial aspects and reporting obligations. Participation by the coordinator (persons in charge of project coordination and financial matters) will be mandatory.
>
> - We are committed to **transparency**. Each year, information about EU grants awarded is published on the Europa website. This includes:
>
>   o   the beneficiaries' names
>
>   o   the beneficiaries' addresses
>
>   o   the purpose for which the grant was awarded
>
>   o   the maximum amount awarded.
>
>   The publication can exceptionally be waived (on reasoned and duly substantiated request), if there is a risk that the disclosure could jeopardise the rights and freedoms under the EU Charter of Fundamental Rights or harm your commercial interests.
>
> - **Data privacy —** The submission of an application under this call involves the collection, use and processing of personal data (such as name, address and CV). This data will be processed in accordance with Regulation No 2018/1725. It will be processed solely for the purpose of evaluating your proposal (and subsequent management of your grant and, if needed, programme monitoring, evaluation and communication). Details are available in the Participant Portal Privacy Statement.
>
> - **Cancellation —** There may be circumstances which may require the cancellation of the call. In this case, you will be informed via a call update. Please note that cancellations are without entitlement to compensation.

Electronically signed on 11/03/2020 14:24 (UTC+01) in accordance with article 4.2 (Validity of electronic documents) of Commission Decision 2004/563

29