



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

(HP-PJ-2020)

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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-02-2020:** Healthcare public procurement in the EU
(Heading 1.2.1.2 of the AWP 2020)
- **TOPIC PJ-03-2020:** Support for health investment
(Heading 1.2.1.3 of the AWP 2020)
- **TOPIC PJ-04-2020:** Support for the implementation of best practices in the area of mental health – Transfer of *iFightDepression* (European Alliance Against Depression)
(Heading 1.2.1.4 of the AWP 2020)
- **TOPIC PJ-05-2020:** Support for the implementation of best practices in the area of mental health – Transfer of *Housing First Portugal* (Casas Primeiro Portugal)
(Heading 1.2.1.4 of the AWP 2020)
- **TOPIC PJ-06-2020:** Increased access to vaccination for newly arrived migrants in first line, transit and destination countries
(Heading 1.2.1.5 of the AWP 2020)
- **TOPIC PJ-07-2020:** Increased access to vaccination for disadvantaged, isolated and difficult to reach groups of population
(Heading 1.2.1.5 of the AWP 2020)
- **TOPIC PJ-08-2020:** Stakeholder activities to support strengthened cooperation against vaccine-preventable diseases
(Heading 1.2.1.6 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 programme² 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

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)

- 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
 - 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

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 2020⁵.

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;

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-02-2020:** Healthcare public procurement in the EU
(Heading 1.2.1.2 of the AWP 2020)
- **TOPIC PJ-03-2020:** Support for health investment
(Heading 1.2.1.3 of the AWP 2020)
- **TOPIC PJ-04-2020:** Support for the implementation of best practices in the area of mental health – Transfer of *iFightDepression* (European Alliance Against Depression)
(Heading 1.2.1.4 of the AWP 2020)
- **TOPIC PJ-05-2020:** Support for the implementation of best practices in the area of mental health – Transfer of *Housing First Portugal* (Casas Primeiro Portugal)
(Heading 1.2.1.4 of the AWP 2020)
- **TOPIC PJ-06-2020:** Increased access to vaccination for newly arrived migrants in first line, transit and destination countries
(Heading 1.2.1.5 of the AWP 2020)
- **TOPIC PJ-07-2020:** Increased access to vaccination for disadvantaged, isolated and difficult to reach groups of population
(Heading 1.2.1.5 of the AWP 2020)
- **TOPIC PJ-08-2020:** Stakeholder activities to support strengthened cooperation against vaccine-preventable diseases
(Heading 1.2.1.6 of the AWP 2020)

**TOPIC PJ-02-2020: Healthcare public procurement in the EU
(Heading 1.2.1.2 of the AWP 2020)**

Background and purpose of the call:

Public procurement can be deployed as a strategic tool to boost effective, efficient, resilient and sustainable health systems. Notably, the action will provide an opportunity for Member States to come together and reflect on how public procurement within the health sector can be performed and on their possible efficiency gains as well as on the benefits in terms of health outcomes. The aim of the action will be to provide a platform for discussion and research on the topic of public procurement in the healthcare sector.

Consolidating the existing knowledge and allowing Member States to have facilitated discussions on the topic will further provide a foundation for subsequent actions. The project should provide an analysis on what further, non-legal EU action (e.g. projects, research, and other actions) can be taken up to facilitate public procurement in the health care sector.

The action shall go beyond current initiatives such as the *Expert Group on Procurement in the Health care sector* (managed by DG GROW).

The action shall provide an opportunity for joint reflection and debate, knowledge sharing and also guidance on possible further actions.

Targeted population: National and regional health authorities, organisations that deliver public health programmes and healthcare services, citizens

Objectives pursued and expected results::

Objectives:

- To map initiatives, procedures and the organisation of public procurement in the health sector, including the procurement of medicinal products, medical devices and services
- To analyse available data in in public procurement in health care.
- To identify and analyse possible further EU actions in public procurement in health care
- To provide opportunities for discussion and knowledge sharing between actors in the area of public procurement in the health care sector in the Member States

Expected Results:

- A platform for knowledge sharing and discussion on public procurement in the health care sector
- Overview of public procurement in the health care sector within the EU

Description of the activities to be funded under this topic:

The action shall provide actors in the area of public procurement in the health care sector in the Member States with an opportunity to come together and reflect on public procurement in the health sector: how it can be carried out, possible efficiency gains and potential health benefits. The action will organize meetings to provide opportunities for discussion and research on public procurement in the healthcare sector. Further, the following activities shall take place:

- Mapping of Member State and EU initiatives on public procurement in the health care sector;
- Mapping of Member State procedures on public procurement in the health care sector in all Member States;
- Mapping of Member State organisation on public procurement in the health care sector in all Member States;
- Mapping of Member State methodologies and tools on public procurement in health care sector;
- Workshops and meetings to facilitate knowledge-sharing between Member States;
- Workshops and expert meetings to identify the needs of Member States in relation to procurement in the health care sector;
- Workshops and meetings to facilitate discussions on the possible ways forward in relation to EU cooperation on health care procurement;
- Analysis of available data (eg. electronic tender data via <https://data.europa.eu/>) in view of assessing untapped potential for budget savings and uptake of clinical best practices;
- Identification and analysis on possible further EU actions in the area of public procurement in health care;


Expected impact:

An overview of public procurement in the EU health care sector, consolidating the existing knowledge to provide a foundation for subsequent actions. The project should also provide an analysis on what further non-legal EU action (e.g. projects, research, and actions) can be taken up to facilitate public procurement in the health care sector.

Budget

Available budget for this topic: 350.000 EUR for 1 project.

The grant agreement will be awarded to the highest ranked proposal, up to the available budget of 350.000 EUR (EU-Contribution).

 For more information, see the website of the Directorate General for Health and Food Safety⁷.

⁷ https://ec.europa.eu/health/systems_performance_assessment/overview_en

**TOPIC PJ-03-2020: Support for health investment
(Heading 1.2.1.3 of the AWP 2020)**

Background and purpose of the call:

Health stakeholders face challenges when it comes to planning, accessing and blending financing to respond to their health systems' needs. Most health authorities are used to receiving direct funding from government budgets and EU grants; and do not possess sufficient skills for configuring investment strategies and plans. There is an evident need to improve the health sector's capacity to prepare investment plans, consolidate multi-source financing and use alternative financial instruments (such as loans, equity and payment-by-results schemes) for this purpose.

The call responds to recommendations of a recent study on health investments⁸, which was commissioned by the European Investment Bank and the European Commission's Directorate-General for Health and Food Safety (and financed by the European Investment Advisory Hub), in particular, the recommendations concerning strategic planning and technical assistance for investments.

Objectives pursued and expected results:

Objectives:

1. To identify the health-related investments planned under Cohesion Policy Funds in the programming period 2021-2027
2. To develop a methodology and a toolkit to map health needs and existing health system assets (infrastructure and human resources) in the EU countries, which Member States can then apply to prepare health investment strategies, linked also to the use of Cohesion Policy Funds
3. To raise awareness, develop educational material, provide training (via the 'train the trainers' principle) and, ultimately, improve the capacity of health stakeholders to use financial instruments, consolidate multi-source financing and prepare investment plans and "investable" project propositions
4. To organise thematic and geographic workshops (minimum 30) and events to: disseminate the methodology, toolkit and educational material developed under Objectives 2 and 3; promote co-operation and mutual learning between Member States; and provide training for the purposes of Objectives 2 and 3, tailored to national context and processes

Expected Results:

- Catalogue of health-related investments planned in the Cohesion Policy Funds Operational Programmes in the programming period 2021-2027
- Methodology and Toolkit (both available online) to map health needs and existing health system assets (infrastructure and human resources)
- Collection of good practices based on case studies showing how to: develop health investments strategies and operationalise them with investment plans, use European Funds in these plans; access financing from alternative sources; and use innovative financing schemes (such as social outcomes contracting)
- Educational material (curriculum) on how to access financing, use and combine financial instruments and prepare investment plans and "investable" project

⁸ <https://eiah.eib.org/publications/attachments/report-health-sector-study-20180322-en.pdf>


<p>proposals. This may take various formats of course material, which should all be available online, including e-learning modules to ensure broad dissemination of knowledge</p> <ul style="list-style-type: none"> - Report on thematic workshops combined with training courses on all the above, reaching all Member States and key stakeholders - Report on the piloting of training materials in <u>at least four regions</u> in four Member States before the workshops - Translated training material to <u>all EU languages</u> for national and regional authorities - A database of at least 50 investment experts who can provide advice and technical assistance to stakeholders of health systems
<p>Description of the activities to be funded under this topic:</p>
<p>This action shall concern three strands of activities:</p> <ol style="list-style-type: none"> 1. Provide an overview of envisaged investments in health-related areas planned for implementation in the programming period 2021-2027 with the support of Cohesion Policy Funds 2. Provide support to Member States with the identification of health needs and mapping of available health system assets (infrastructure and human resources), which can then form the basis for strategic investment planning 3. Raise awareness and capacity of stakeholders⁹ in the health sector on <u>how to</u> access financing, use and combine financial instruments, and prepare investment plans and projects
<p>Expected impact:</p>
<p>The Action will produce materials that do not currently exist. The results shall make available best practices, methodologies, tools and training material that can be used by any Member State or region. Collectively, the activities and deliverables of the action will address an unmet need and a gap in the capacity of the health sector to prepare investments in health, as raised repeatedly by stakeholders (e.g. in the seminar "Strategic investments for the future of healthcare" organised by the European Commission's Directorate-General for Health and Food Safety¹⁰ and in the report of the High-Level Task Force on Boosting Investment in Social Infrastructure in Europe¹¹).</p>
<p>Budget</p>
<p>Available budget for this topic: 1.500.000 EUR for 1 project.</p> <p>The grant agreement will be awarded to the highest ranked proposal, up to the</p>

⁹ National/regional authorities, health service providers, healthcare payers, investors and other stakeholders involved in the design, organisation and delivery of health services

¹⁰ https://ec.europa.eu/health/investment_plan/events/ev_20170227_en

¹¹ https://ec.europa.eu/info/publications/economy-finance/boosting-investment-social-infrastructure-europe_en

available budget of 1.500.000 EUR (EU-Contribution).

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

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

TOPIC PJ-04-2020: Support for the implementation of best practices in the area of mental health – Transfer of *iFightDepression* (European Alliance Against Depression) (Heading 1.2.1.4 of the AWP 2020)

Background and purpose of the call:

Mental health problems affect about 84 million people across the EU. This is more than one in every six citizens. The total costs of mental ill-health are estimated at more than 4% of GDP (more than EUR 600 billion) across the 27 EU Member States. Out of this, EUR 190 billion reflects direct spending on health care, EUR 170 billion is spent on social security programmes, and EUR 240 billion represents indirect costs to the labour market due to lower employment and productivity. In a dedicated chapter, the Health at A Glance: Europe 2018 report¹³ stressed the need to improve and promote mental health, concluding, *inter alia*, that mental ill-health leads to lives lived less fully and to lives lost prematurely.

The Commission has undertaken and supported many actions on mental health over the past fifteen years. Taking the European Framework for Action on Mental Health and Wellbeing¹⁴ (as the main outcome document of the EU Joint Action on Mental Health and Well-Being¹⁵) forward, the Commission created the EU Compass for Mental Health¹⁶ to support implementation resulting in -for instance- good practice exchange and capacity building. The Compass' practices were since incorporated in DG SANTE's 'Best Practice Portal'¹⁷. The Commission wishes to support the Member States in building on the expertise gathered and on the progress made over those years. Contributing for decision makers in Member States to have the most up to date knowledge on best practices is relevant to better support national health systems and EU citizens. Supporting the awareness, commitment and roll-out of initiatives that have shown to work is an essential way of creating and delivering value to the citizens.

Whereas a best practice cannot be replicated without adaptation and adjustment, the results, experience of ongoing and past initiatives always constitute a wealth of relevant knowledge. Considering them may allow to avoid mistakes or to leap frog painful development steps; ignoring them may result in huge wastes of time and resources, and of opportunities to improve public health.

The Steering Group on Promotion and Prevention and Management of Non-Communicable Diseases (SGPP) is the central mechanism to support Member States' health objectives, especially via implementation of best-in-class approaches. Late 2018, the Steering Group set mental health as a priority for the identification of best practices and implementable research¹⁸. Consequently, a selection of practices resulting from projects funded by the EU Health Programme or Horizon 2020 was

¹³ https://ec.europa.eu/health/sites/health/files/state/docs/2018_healthatglance_rep_en.pdf

¹⁴ European Framework for Action on Mental Health and Wellbeing, see https://ec.europa.eu/research/participants/data/ref/h2020/other/guides_for_applicants/h2020-SC1-BHC-22-2019-framework-for-action_en.pdf

¹⁵ <http://www.mentalhealthandwellbeing.eu/the-joint-action/>

¹⁶ https://ec.europa.eu/health/non_communicable_diseases/mental_health/eu_compass_en

¹⁷ <https://webgate.ec.europa.eu/dyna/bp-portal/index.cfm>

¹⁸ https://ec.europa.eu/health/sites/health/files/non_communicable_diseases/docs/ev_20181106_note_en.pdf

show-cased to Member States' representatives at the European Commission's Joint Research Centre in Ispra in May 2019¹⁹. By autumn 2019, Member States ranked these according to relevance to their national priorities and interest for implementation in their national settings.

Objectives pursued and expected results::

Through this call for proposals, the Commission now seeks to support the roll-out of those practices with the highest priority ranking *and* that require a strong involvement of non-governmental actors, notably:

- European Alliance Against Depression²⁰ - iFightDepression
- Housing First²¹ Portugal (Casas Primeiro Portugal)

Actions under this topic shall transfer the best practice *IFightDepression* : It is a 4-level intervention programme aiming at improving care for patients suffering from depression and preventing suicidal behavior. It comprises several simultaneous intervention activities, which have been shown to generate synergistic effects - cooperation with primary and mental health care, focusing on training general practitioners; public awareness campaigns; cooperation with community facilitators and stakeholders; support for people at high risk, and their relatives.

It focuses on action programs, campaigns, e-mental health, mental health in all policies, policy work, research, service delivery approaches, tools/instruments, and training.

Originated in Germany, the practice has been implemented since 2004, also in several other countries. Various aspects have been evaluated since, indicating the programme's effectiveness in reducing suicides and improving the care of people suffering from depression.

Description of the activities to be funded under this topic:

Actions funded under this topic shall transfer the above best practice to other Member States and embed it in their health systems. Actions shall include, among others:

- assess the preparedness of local, regional, national entities and health services in the participating countries for introducing the above mental health best practice;
- increase the awareness of the importance of mental health among policy-makers and health professionals;
- develop, translate and provide high quality implementation tools for implementing above best practice;
- train trainers and professionals in the core components of the best practice (adapted to the national context);
- implement local, regional or national activities for contextualized practice

¹⁹ https://ec.europa.eu/health/non_communicable_diseases/events/ev_20190514_en

²⁰ https://ec.europa.eu/health/sites/health/files/non_communicable_diseases/docs/ev_20190514_co01_en.pdf

²¹ https://ec.europa.eu/health/sites/health/files/non_communicable_diseases/docs/ev_20190514_po11_en.pdf

transfer;

- monitor the implementation process and assess the outcome of the implementation;
- design measures to assess and increase the sustainability of the practice after the implementation phase;
- develop opportunities and supportive networks for capacity building between the participating countries and the EU.
- Promote the implementation to other EU Member States that are not participating in the project.

Actions such as feasibility assessments or studies, legal checks, need assessments (including training), cost estimations, preparation of replication manuals (including translations where necessary), definition of clinical protocols, setting up of e-learning tools, study visits and twinning, workshops with stakeholders, etc., should furthermore be included.

The proposals shall describe and justify which indicators will be used to measure outcome and to monitor the implementation of the action and measure the success of transferring the best practice. To complement the task of monitoring and evaluation, the selected proposal will be provided with the forthcoming OECD guide to support the monitoring of the implementation of best practices in general and the design of indicators in particular. The OECD may also provide specific advice to this action on how to optimise the cost-effectiveness of the best practice and an economic analysis of its results.

The projects funded under this topic are expected to liaise with the forthcoming Joint Action on Implementation of Best Practices on mental health of the work programme for 2020 of the Health Program, which will allow Member States' health authorities to transfer further validated practices of high policy relevance.

The proposals are expected to build on the outcomes of the previous EU-funded work on mental health as well as on lessons learned on the transnational transfer of good practices, for instance via the Joint Action CHRODIS Plus²² and other projects funded via the Health Programme that focus on good practice transfer²³.

This call for proposals shall involve entities, namely NGOs, that are responsible for development, stewardship and implementation of (mental) health practices on the ground, in direct contact with the citizens, also with regard to prevention. They can and should also involve national and regional health authorities when relevant.

Expected impact:

Activities under this call for proposals shall successfully transfer the above best practice to other Member States in a sustainable manner. In doing so, the actions contribute to:

- supporting Members States in constantly improving the quality and

²² https://webgate.ec.europa.eu/chafea_pdb/health/projects/761307/summary

²³

https://webgate.ec.europa.eu/chafea_pdb/health/search?context=PROJECTS&text_tosearch=Best+practice

sustainability of their health systems, especially through to improving information, expertise and the exchange of best practices²⁴, also building on the European Pillar of Social Rights²⁵;

- supporting Member States in achieving the UN Sustainable Development Goal 3.4 on reducing mortality caused by non-communicable diseases by 2030 through prevention and treatment including the promotion of mental health and well-being²⁶;
- the invitation to Member States and the Commission 'to implement evidence-based and effective policy interventions at national and Union level to address common challenges to wellbeing, in accordance with their respective competences' as included in the Council Conclusions on the Economy of Wellbeing (adopted in October 2019)²⁷. These Conclusions drew attention to the necessity of promoting good mental health and advancing prevention, early diagnosis, treatment and de-stigmatisation of mental disorders;
- the European Parliament Resolution on employment and social policies in the Euro area (October 2019)²⁸, which called on the Commission and the Member States to develop specific measures to follow up on the European Framework for Action on Mental Health and Wellbeing and the EU-Compass for Action on Mental Health and Wellbeing;
- supporting Europe's Beating Cancer Plan, by addressing one of the determinants associated to disease (citizens with mental health problems being more vulnerable) and one of its consequences (being diagnosed with cancer has an impact on mental health);
- the EU action to improve health at work and social rights, and collaboration between the health and social areas.

Budget:

Available budget for this topic: 2.000.000 EUR for 1 or more projects.

The grant agreement(s) will be awarded to those ranked highest, up to an available budget of 2.000.000 EUR (EU-Contribution).

²⁴ https://ec.europa.eu/commission/sites/beta-political/files/mission-letter-stella-kyriakides_en.pdf

²⁵ https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

²⁶ <https://www.who.int/sdg/targets/en/>

²⁷ <https://data.consilium.europa.eu/doc/document/ST-13432-2019-INIT/en/pdf>

²⁸ http://www.europarl.europa.eu/doceo/document/TA-9-2019-0033_EN.html

TOPIC PJ-05-2020: Support for the implementation of best practices in the area of mental health – Transfer of *Housing First Portugal* (*Casas Primeiro Portugal*) (Heading 1.2.1.4 of the AWP 2020)

Background and purpose of the call:

Mental health problems affect about 84 million people across the EU. This is more than one in every six citizens. The total costs of mental ill-health are estimated at more than 4% of GDP (more than EUR 600 billion) across the 27 EU Member States. Out of this, EUR 190 billion reflects direct spending on health care, EUR 170 billion is spent on social security programmes, and EUR 240 billion represents indirect costs to the labour market due to lower employment and productivity. In a dedicated chapter, the Health at A Glance: Europe 2018 report²⁹ stressed the need to improve and promote mental health, concluding, *inter alia*, that mental ill-health leads to lives lived less fully and to lives lost prematurely.

The Commission has undertaken and supported many actions on mental health over the past fifteen years. Taking the European Framework for Action on Mental Health and Wellbeing³⁰ (as the main outcome document of the EU Joint Action on Mental Health and Well-Being³¹) forward, the Commission created the EU Compass for Mental Health³² to support implementation resulting in -for instance- good practice exchange and capacity building. The Compass' practices were since incorporated in DG SANTE's 'Best Practice Portal'³³. The Commission wishes to support the Member States in building on the expertise gathered and on the progress made over those years. Contributing for decision makers in Member States to have the most up to date knowledge on best practices is relevant to better support national health systems and EU citizens. Supporting the awareness, commitment and roll-out of initiatives that have shown to work is an essential way of creating and delivering value to the citizens.

Whereas a best practice cannot be replicated without adaptation and adjustment, the results, experience of ongoing and past initiatives always constitute a wealth of relevant knowledge. Taking them into consideration may allow to avoid mistakes or to leap frog painful development steps; ignoring them may result in huge wastes of time and resources, and of opportunities to improve public health.

The Steering Group on Promotion and Prevention and Management of Non-Communicable Diseases (SGPP) is the central mechanism to support Member States' health objectives, especially via implementation of best-in-class approaches. Late 2018, the Steering Group set mental health as a priority for the identification of best practices and implementable research³⁴. Consequently, a selection of practices resulting from projects funded by the EU Health Programme or Horizon 2020 was

²⁹ https://ec.europa.eu/health/sites/health/files/state/docs/2018_healthatglance_rep_en.pdf

³⁰ European Framework for Action on Mental Health and Wellbeing, see https://ec.europa.eu/research/participants/data/ref/h2020/other/guides_for_applicants/h2020-SC1-BHC-22-2019-framework-for-action_en.pdf

³¹ <http://www.mentalhealthandwellbeing.eu/the-joint-action/>

³² https://ec.europa.eu/health/non_communicable_diseases/mental_health/eu_compass_en

³³ <https://webgate.ec.europa.eu/dyna/bp-portal/index.cfm>

³⁴

https://ec.europa.eu/health/sites/health/files/non_communicable_diseases/docs/ev_20181106_note_en.pdf

showcased to Member States' representatives at the European Commission's Joint Research Centre in Ispra in May 2019³⁵. By autumn 2019, Member States ranked these according to relevance to their national priorities and interest for implementation in their national settings.

Objectives pursued and expected results::

Through this call for proposals, the Commission now seeks to support the roll-out of those practices with the highest priority ranking *and* that require a strong involvement of non-governmental actors, notably:

- European Alliance Against Depression³⁶ - iFightDepression
- Housing First³⁷ Portugal (Casas Primeiro Portugal)

Actions under this topic shall transfer the best practice *Housing First Portugal*: The objective of Housing First is to provide integrated housing in the community for long-term homeless people with severe mental illness, in some cases combined with substance abuse. It has a service delivery approach or method fostering social inclusion and citizenship.

Activities of Housing First include intensive and direct support to the person in the household and the integration in local services in all areas, such as health, mental health, social welfare, and judicial services.

The intervention has achieved housing retention rates of up to 90%.

Description of the activities to be funded under this topic:

Actions funded under this topic shall transfer the above best practice to other Member States and embed it in their health systems. Actions shall include, among others:

- assess the preparedness of local, regional, national entities and health services in the participating countries for introducing the above mental health best practice;
- increase the awareness of the importance of mental health among policy-makers and health professionals;
- develop, translate and provide high quality implementation tools for implementing above best practice;
- train trainers and professionals in the core components of the best practice (adapted to the national context);
- implement local, regional or national activities for contextualized practice transfer;
- monitor the implementation process and assess the outcome of the implementation;
- design measures to assess and increase the sustainability of the practice after

³⁵ https://ec.europa.eu/health/non_communicable_diseases/events/ev_20190514_en

³⁶ https://ec.europa.eu/health/sites/health/files/non_communicable_diseases/docs/ev_20190514_co01_en.pdf

³⁷ https://ec.europa.eu/health/sites/health/files/non_communicable_diseases/docs/ev_20190514_po11_en.pdf

the implementation phase;

- develop opportunities and supportive networks for capacity building between the participating countries and the EU.
- Promote the implementation to other EU Member States that are not participating in the project.

Actions such as feasibility assessments or studies, legal checks, need assessments (including training), cost estimations, preparation of replication manuals (including translations where necessary), definition of clinical protocols, setting up of e-learning tools, study visits and twinning, workshops with stakeholders, etc., should furthermore be included.

The proposals shall describe and justify which indicators will be used to measure outcome and to monitor the implementation of the action and measure the success of transferring the best practice. To complement the task of monitoring and evaluation, the selected proposal will be provided with the forthcoming OECD guide to support the monitoring of the implementation of best practices in general and the design of indicators in particular. The OECD may also provide specific advice to this action on how to optimise the cost-effectiveness of the best practice and an economic analysis of its results.

The projects funded under this topic are expected to liaise with the forthcoming Joint Action on Implementation of Best Practices on mental health of the work programme for 2020 of the Health Program, which will allow Member States' health authorities to transfer further validated practices of high policy relevance.

The proposals are expected to build on the outcomes of the previous EU-funded work on mental health as well as on lessons learned on the transnational transfer of good practices, for instance via the Joint Action CHRODIS Plus³⁸ and other projects funded via the Health Programme that focus on good practice transfer³⁹.

This call for proposals shall involve entities, namely NGOs, that are responsible for development, stewardship and implementation of (mental) health practices on the ground, in direct contact with the citizens, also with regard to prevention. They can and should also involve national and regional health authorities when relevant.

Expected impact:

Activities under this call for proposals shall successfully transfer the above best practice to other Member States in a sustainable manner. In doing so, the actions contribute to:

- supporting Members States in constantly improving the quality and sustainability of their health systems, especially through to improving information, expertise and the exchange of best practices⁴⁰, also building on the European Pillar of Social Rights⁴¹;

³⁸ https://webgate.ec.europa.eu/chafea_pdb/health/projects/761307/summary

³⁹

https://webgate.ec.europa.eu/chafea_pdb/health/search?context=PROJECTS&text_tosearch=Best+practice

⁴⁰ https://ec.europa.eu/commission/sites/beta-political/files/mission-letter-stella-kyriakides_en.pdf

⁴¹ https://ec.europa.eu/commission/priorities/deeper-and-fairer-economic-and-monetary-union/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

- supporting Member States in achieving the UN Sustainable Development Goal 3.4 on reducing mortality caused by non-communicable diseases by 2030 through prevention and treatment including the promotion of mental health and well-being⁴²;
- the invitation to Member States and the Commission 'to implement evidence-based and effective policy interventions at national and Union level to address common challenges to wellbeing, in accordance with their respective competences' as included in the Council Conclusions on the Economy of Wellbeing (adopted in October 2019)⁴³. These Conclusions drew attention to the necessity of promoting good mental health and advancing prevention, early diagnosis, treatment and de-stigmatisation of mental disorders;
- the European Parliament Resolution on employment and social policies in the Euro area (October 2019)⁴⁴, which called on the Commission and the Member States to develop specific measures to follow up on the European Framework for Action on Mental Health and Wellbeing and the EU-Compass for Action on Mental Health and Wellbeing;
- supporting Europe's Beating Cancer Plan, by addressing one of the determinants associated to disease (citizens with mental health problems being more vulnerable) and one of its consequences (being diagnosed with cancer has an impact on mental health);
- the EU action to improve health at work and social rights, and collaboration between the health and social areas.

Budget:

Available budget for this topic: 1.000.000 EUR for 1 or more projects.

The grant agreement(s) will be awarded to those ranked highest, up to an available budget of 1.000.000 EUR (EU-Contribution).

⁴² <https://www.who.int/sdg/targets/en/>

⁴³ <https://data.consilium.europa.eu/doc/document/ST-13432-2019-INIT/en/pdf>

⁴⁴ http://www.europarl.europa.eu/doceo/document/TA-9-2019-0033_EN.html

TOPIC PJ-06-2020: Increased access to vaccination for newly arrived migrants in first line, transit and destination countries (Heading 1.2.1.5 of the AWP 2020)

Background and purpose of the call:

Increased access to vaccination for newly arrived migrants in first line, transit and destination countries.

Objectives pursued and expected results:

The main objective of the call is to address cross-border threats produced by infectious diseases in order to reduce risks and mitigate their consequences.

The most efficient public health and primary prevention measure is vaccination. However, vaccine preventable diseases are not completely controlled in the EU as the vaccination coverage is not the adequate one in all countries and for all vaccines. Even if the coverage of 95% of the population -the one considered necessary for herd immunity- is achieved, it is not equally distributed in specific geographic areas and population groups.

Differences in access to health services, health literacy, provision of information, etcetera, can have an impact in the percentage of population vaccinated.

As demonstrated in recent health crisis, the level of health security of the EU is the one of the less prepared or most affected country. Infectious diseases do not have borders, and we need a high vaccination coverage in the whole EU, and specific focus on vulnerable population is required.

The Council Recommendation on strengthened cooperation against vaccine-preventable diseases^[1] welcomes the Commission's decision to identify barriers to access to vaccines and support interventions that increase access for disadvantaged and socially excluded groups, including by promoting health mediators and grassroots community networks, in line with national recommendations.

The objectives of the action are to:

- support Member States to reduce the transmission and outbreaks of vaccine preventable disease by increasing vaccination uptake among newly arrived migrants
- to close vaccination coverage gaps in newly arrived migrants, taking into account a life-course approach

Description of the activities to be funded under this topic:

- Activities to increase access to vaccination of newly arrived migrants, thereby improving the uptake of both childhood and life-course vaccines in individuals;
- Development, dissemination and implementation of systematic approaches for guidance on increasing access to vaccination;
- Systematic check-ups of vaccination status of the populations concerned and follow up to comply with the national recommendations;

^[1] Council Recommendation of 7 December 2018 on strengthened cooperation against vaccine-preventable diseases 2018/C 466/01 (OJ C 466, 28.12.2018, p. 1.).

- Activities aimed to increase health literacy of the concerned population and health professionals and health mediators taking care of them;
- The project shall be implemented in at least 5 different eligible countries;
- The target population shall be newly arrived migrants in first line, transit and destination countries
- Projects shall address all ages and shall not only concentrate in a specific age group of the targeted population;
- The projects shall aim to increase vaccination coverage, and shall only be focused in vaccine preventable diseases that are part of the official vaccination programmes approved by the national or regional authorities;
- Activities funded under this topic shall not be exclusively based on research or a theoretical approach, but shall have an emphasis on implementation at country level. Projects that work exclusively on elaboration of guidelines, educational material or description of differences in vaccination status will not be considered as sufficient for this call.
- The projects must be able to demonstrate the increase in the vaccination uptake of the targeted populations;

Expected impact:

Reduced transmission of vaccine-preventable diseases through an increased vaccination uptake among migrants in the concerned countries

Budget

Available budget for this topic: 1.000.000 EUR for 1 or more projects.

The grant agreement(s) will be awarded to those ranked highest, up to an available budget of 1.000.000 EUR (EU-Contribution).

TOPIC PJ-07-2020: Increased access to vaccination for disadvantaged, isolated and difficult to reach groups of population (Heading 1.2.1.5 of the AWP 2020)

Background and purpose of the call:
Increased access to vaccination for disadvantaged, isolated and difficult-to-reach groups of population
Objectives pursued and expected results:
<p>The main objective of the call is to address cross-border threats produced by infectious diseases in order to reduce risks and mitigate their consequences.</p> <p>The most efficient public health and primary prevention measure is vaccination. However, vaccine preventable diseases are not completely controlled in the EU as the vaccination coverage is not the adequate one in all countries and for all vaccines. Even if the coverage of 95% of the population -the one considered necessary for herd immunity- is achieved, it is not equally distributed in specific geographic areas and population groups and there are gaps that produce specific vulnerable groups for the development of vaccine preventable diseases.</p> <p>Differences in access to health services, health literacy, or provision of information can have an impact in the percentage of population vaccinated.</p> <p>As demonstrated in recent health crisis, the level of health security of the EU is the one of the less prepared or most affected country. Infectious diseases do not have borders, and EU Member States need a high vaccination coverage in the whole EU, and specific focus on vulnerable population is required.</p> <p>The Council Recommendation on strengthened cooperation against vaccine-preventable diseases⁴⁵ welcomes the Commission’s decision to identify barriers to access to vaccines and support interventions that increase access for disadvantaged and socially excluded groups, including by promoting health mediators and grassroots community networks, in line with national recommendations.</p> <p>The objectives of the action are to:</p> <ul style="list-style-type: none"> • support Member States to reduce the transmission and outbreaks of vaccine preventable diseases by increasing vaccination uptake among disadvantaged and socially excluded groups of population (excluding newly arrived migrants, which are targeted in TOPIC PJ-06-2020 of this call). • to close vaccination coverage gaps in disadvantaged and socially excluded groups, taking into account a life course approach.
Description of the activities to be funded under this topic:
<ul style="list-style-type: none"> - Activities to increase access to vaccination of disadvantaged and socially excluded groups, because of economic, educational, geographical or physical isolation or other reasons, in general or in specific settings, thereby improving the uptake of both childhood and life-course vaccines in individuals. The target population in this topic shall not be newly arrived migrants, which are targeted in TOPIC PJ-06-2020 of this call. - Development, dissemination and implementation of systematic approaches for

⁴⁵ Council Recommendation of 7 December 2018 on strengthened cooperation against vaccine-preventable diseases 2018/C 466/01 (OJ C 466, 28.12.2018, p. 1.).

guidance on increasing access to vaccination.

- Systematic check-ups of vaccination status of the populations concerned and follow up to comply with the national recommendations.
- Activities aimed to increase health literacy of the concerned population and health professionals and health mediators taking care of them.
- The projects shall have sufficient impact on the EU population and shall be implemented in at least 5 different eligible countries with similar population group in all of them.
- The target population shall be disadvantaged and difficult-to-reach groups because of economic, social, educational, ethnical or health reasons, living in close communities and others
- The projects shall aim to increase vaccination coverage, and shall only be focused in vaccine preventable diseases that are part of the official vaccination programmes approved by the national or regional authorities
- Activities funded under this topic shall not be exclusively based on research or a theoretical approach, but shall have an emphasis on implementation at country level. Projects that work exclusively on elaboration of guidelines, educational material or description of differences in vaccination status will not be considered as sufficient for this call.
- The projects must be able to demonstrate the increase in the vaccination uptake of the targeted populations; The exclusive elaboration of guidelines, educational material or description of differences in vaccination status will not be considered as eligible projects responding to the criteria of the call

Expected impact:

Reduced transmission of vaccine-preventable diseases through an increased vaccination uptake among disadvantaged population groups.

Budget

Available budget for this topic: 1.000.000 EUR for 1 or more projects.

The grant agreement(s) will be awarded to those ranked highest, up to the available budget of 1.000.000 EUR (EU-Contribution).

TOPIC PJ-08-2020: Stakeholder activities to support strengthened cooperation against vaccine-preventable diseases (Heading 1.2.1.6 of the AWP 2020)

Background and purpose of the call:

Vaccination coverage has decreased in the EU in recent years. As a consequence, new outbreaks of vaccine-preventable diseases occur.

The Special 2019 Eurobarometer on attitudes towards vaccination shows that EU citizens largely trust the advice of health professionals in vaccination matters. However, health professionals need to receive updated training to be able to communicate accurate information to the public and to combat myths and exchange best practices.

The proposed action should support the Coalition for Vaccination, set up in 2019, to contribute to the implementation of the Council Recommendation on strengthened cooperation against vaccine-preventable diseases through activities such as:

- improving access to accurate information about vaccination;
- combating disinformation about vaccination;
- increasing confidence in vaccines
- improving uptake of vaccines;
- training health professionals and students in vaccinology as well as in communication skills, taking the needs of disadvantages and vulnerable groups into account.

Ideally, project partners should include several Coalition Member Associations as well as other stakeholder organisations from EU Member States, EEA countries and other countries participating in the 3rd EU Health Programme, which are able to support implementation of relevant aspects of the Council Recommendation on strengthened cooperation against vaccine-preventable diseases.

Objectives pursued and expected results:

The main objectives are focused on the implementation of areas covered by the Council Recommendation:

- deliver accurate and transparent information to patients, caretakers and the general public;
- join efforts among Coalition Member Associations and other stakeholder organisations to increase confidence in and uptake of vaccines;
- combat myths and disinformation related to vaccines, including via collaboration with media;
- invest in education and communication and collaborate among the different stakeholder organisations.

Expected results:

Project outputs (products or services), which will make a difference in terms of how the safety and benefits of vaccines are communicated to patients, caretakers and the general public, and which have the ultimate goal of increasing the uptake of vaccines.

Description of the activities to be funded under this topic:

Actions funded under this topic shall include:

- Training (and training of trainers) programmes for health professionals and/or students, e.g. to improve communication skills in view of addressing concerns about the safety and benefits of vaccines;
- Workshops, regional dissemination meetings;
- Awareness-raising campaigns, social and mainstream media activities;
- Guidelines, information materials and other tools to support stakeholders to achieve the objectives.

Expected impact:

- Strengthened efforts among Coalition Member Associations and other stakeholder organisations to increase confidence in and uptake of vaccines;
- Disseminating accurate and transparent information to patients, caretakers and the general public;
- Combating myths and disinformation related to vaccines, including via collaboration with media;
- Investing in education and communication and collaborating among the different stakeholder organisations.

Budget

Available budget for this topic: 1.000.000 EUR for 1 or more projects.

The grant agreement(s) will be awarded to those ranked highest, up to the available budget of 1.000.000 EUR (EU contribution).

3. Timetable & available call budget

Time-table

Timing (planned)	
Call publication:	28 February 2020
Opening of submission	03 March 2020
Deadline for applications:	03 June 2020
Evaluation:	June - September 2020
Information on evaluation result:	September 2020
Grant agreement signature:	September – October 2020
Starting date:	November – December 2020

Call budget

The available call budget is **EUR 7.850.000,00 €**.

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 [Funding Opportunities](#) 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; currently⁴⁶:
 - Serbia;
 - Moldova; and
 - 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 countries⁴⁷. 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.

⁴⁶ See Commission website for an updated list of countries: https://ec.europa.eu/health/funding/programme_en

⁴⁷ ...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, certifying the accounts for the last closed financial year).

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.

ⁱ For more information, see [Rules on Legal Entity Validation, LEAR Appointment and Financial Capacity Assessment](#)⁴⁸.

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)⁴⁹ or in one of the following situations⁵⁰ 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 misconduct⁵¹ (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,

⁴⁸ http://ec.europa.eu/research/participants/data/ref/h2020/grants_manual/lev/h2020-rules-lev-lear-fvc_en.pdf

⁴⁹ See Article 136(1) EU Financial Regulation [2018/1046](#).

⁵⁰ See Articles 136(1) and 141(1) EU Financial Regulation [2018/1046](#).

⁵¹ 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 they⁵²:

- 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).

⁵² 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 there 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*).

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 timetable 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
- subcontracting⁵³ 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)

⁵³ 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: CHAFFEA-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 section⁵⁴, latest 14 calendar days after receipt.

Frequently asked questions are published on the Funding and Tenders Portal FAQ section⁵⁵

Please note that any replies from the help desk provided in the frame of the current procedure can by no means be regarded as CHAFFEA' 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*).

⁵⁴ <https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/support/faq;programme=3HP;>

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 **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**:
 - the terms and conditions of this call (as described in this call document and the documents it refers to)
 - 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:
 - the beneficiaries' names
 - the beneficiaries' addresses
 - the purpose for which the grant was awarded
 - 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.