E-MANUAL

TOOLKIT – GUIDE TO PLANNING EU PROJECTS IN THE HEALTH AND SOCIAL HEALTH SECTOR

### 2.4 DRAFTING A PROJECT UNDER THE PUBLIC HEALTH PROGRAMME (EU4HEALTH)

The Maastricht Treaty/Lisbon Treaty address the issue of public health and specifically they: - recognize public health as an issue to be addressed at the European level - enable collaborative actions between Member States by promoting common approaches that individual MSs would not be able to promote - complement and support Member States' Public Health actions - foster cooperation with non-EU states and international organizations (WHO).

It is important to remember that the responsibility for (a) setting health policy; (b) organizing and providing services; (c) medical care; (d) drug trials; etc., remains with the member states.

DG SANTE

The public health programme falls under **Directorate-General of Health and Food Safety** (DG SANTE), which is responsible for EU food safety and health policy and monitoring the implementation of legislation in this area.

DG SANTE aims to protect the **health** of citizens and monitor **food** to ensure its safety. The ultimate goal is to: (i) build a strong European Health Union to protect and improve public health; (ii) ensure that Europe's food is sustainable and safe; (iii) protect the health and welfare of farm animals; and (iv) protect the health of crops and forests.
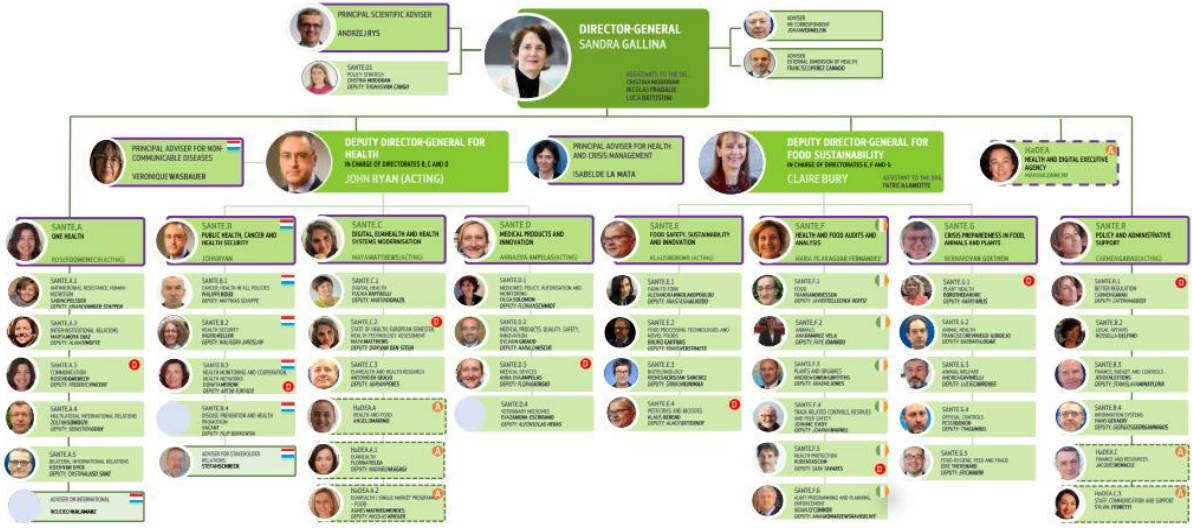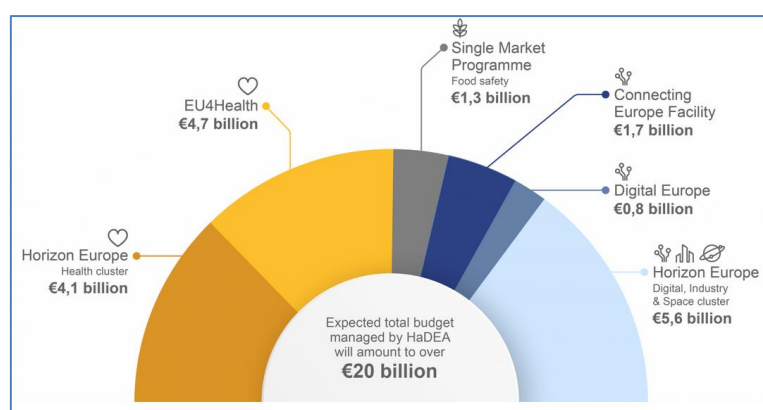
HaDEA

European Health and Digital Executive Agency (HaDEA) manages European programmes and initiatives on behalf of the European Commission.

HaDEA is the new Health and Digital Executive Agency created to take forward the implementation of the European programmes on health and digital, including some parts pertaining to **Horizon Europe** (Cluster 1 Health, Cluster 4 Digital, Industry and Space), as well as the implementation of the new health program **EU4Health**, the Food Safety programme of the **Single Market Programme**, the **Digital Europe Programme,** and **CEF Digital**.

It works in close collaboration with five directorates-general (DG CNECT, DEFIS, GROW, RTD and SANTE, which is the lead DG of HaDEA) and the Health Emergency preparedness and Response Authority (HERA) of the Commission, which deal with legislative and strategic tasks in policy development.

The DEA responds to the European Commission's ambition to help rebuild a post-COVID-19 Europe that is greener, more digital, more resilient and better adapted to current and future challenges.

HaDEA will contribute to this ambition through the implementation of the following programmes (with provisional budget):

The total planned budget managed by HaDEA will amount to more than 20 billion euros over the 7-year period of the Multiannual Financial Framework (MFF) 2021-2027.

In addition, the Agency will take over financial commitments and outstanding projects from previous ("legacy") programmes.
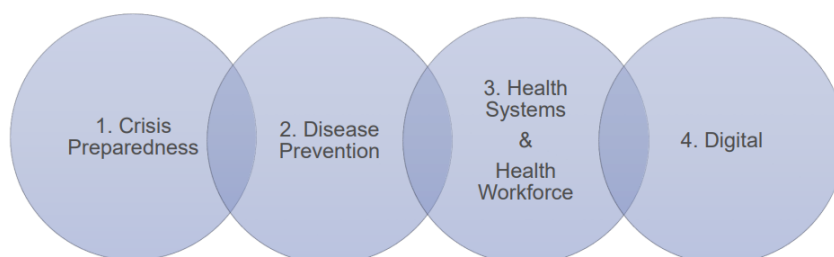
EU4HEALTH

The **EU4Health programme** was adopted in response to the COVID-19 pandemic and to strengthen crisis preparedness in the EU, particularly in the face of fragile and fragmented national health systems. The EU4Health programme will help address long-term health challenges by creating stronger, more resilient and more accessible health systems. With a budget of €5.3 billion over the period 2021-2027, it **represents unprecedented EU financial support in the health sector**. The programme is **one of the main tools to pave the way for a European Health Union**.

Principal Objectives of EU4Health
Regulation (EU) 2021/522, 24 March 2021
The general and specific objectives are laid down in Articles 3 and 4 of the EU4Health Regulation (the basic act which governs the programme)and are implemented based on the following action strands:

1. Crisis Preparedness
2. Disease Prevention
3. Health Systems & Health Workforce
4. Digital

Cancer

Total Budget Available under Annual Work Programme 2022
835 349 555 EUR

European Commission

Established by Regulation (EU) 2021/522, EU4Health brings EU added value and complements Member States' policies aimed at pursuing four general goals representing the ambitions of the programme and ten specific goals representing the areas of intervention:

- improve and promote health

  o promote health and prevent diseases, especially cancer

- o implement international health and cooperation initiatives

- protect people

  - o foster prevention, preparedness, and responses to cross-border health threats

  - o supplement national reserves of relevant essential products in the event of a crisis

  - o establish a reserve of medical, health and support staff

- ensure access to medicines, medical devices and relevant products in the event of a crisis

  - o ensure that these products are accessible and available at affordable prices

- strengthen health systems

  - o strengthen health data, digital tools and services, digital transformation of health care

  - o improve access to health care

  - o develop and implement EU health legislation and evidence-based decision-making

  - o foster integrated cooperation among national health systems

EU4Health is implemented through **annual work programmes** supporting a wide range of actions grouped into four general "categories" with a transversal focus on cancer.

- Crisis preparedness
- Health promotion and disease prevention
- Health systems and health personnel
- Digital

Implementing the EU4Health programme requires the participation of numerous stakeholders:

- **EU countries:** are consulted on the priorities and strategic directions of the programme and work with the Commission in the EU4Health Steering Group to ensure coherence and complementarity with national health policies. They express their views in the EU4Health programme committee before the adoption of annual work programmes
- **Stakeholders:** including representatives of civil society and patient associations, academia, and health professional organizations, provide input on priorities and strategic directions and needs to be addressed through the annual work programme
- The **European Parliament:** it is informed of the progress of preparatory work and outreach activities with stakeholders
- The **European Commission:** it prepares, adopts and implements annual work programmes, then it monitors and reports on progress in achieving programme goals. It may also consult relevant decentralized agencies and independent health experts on technical or scientific issues relevant to the implementation of the programme
- The **European Health and Digital Executive Agency:** implements the programme (which publishes funding opportunities).

Because health challenges are transversal in nature, EU4Health collaborates with other Union programmes, policies, tools, and actions:
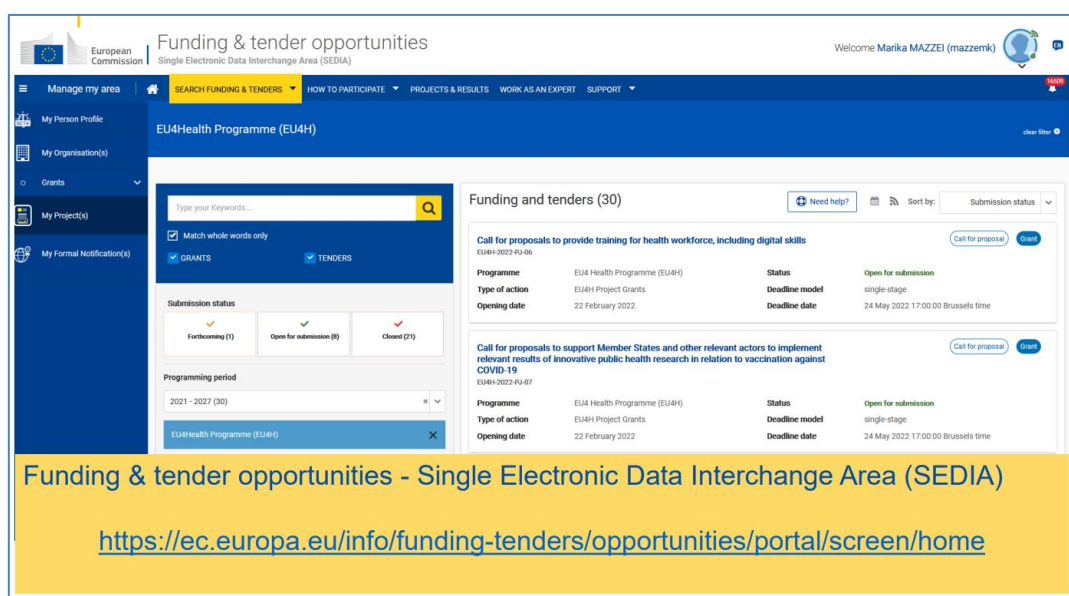
- The **European Social Fund Plus (ESF+)** to help vulnerable groups access health care
- **European Regional Development Fund (ERDF)** to improve regional health infrastructure
- **Horizon Europe** to foster health research
- The **EU civil protection mechanism** to create stockpiles of emergency medical supplies
- **Digital Europe** and **the Connecting Europe Facility** to create the infrastructure needed for digital health
- the **InvestEU programme**
- the **single market programme**
- the **Recovery and Resilience Facility**
- **Erasmus+**
- the **Emergency Support Tool**

PARTICIPATE IN A PROJECT CALL

We will first consult the following sites to find a suitable call:

- HaDEA webpage: https://hadea.ec.europa.eu/index_en HaDEA-HP-CALLS@ec.europa.eu

- DG SANTE webpage: https://ec.europa.eu/health/publications/2022- eu4health-work-programme_en

- Funding and Tender Opportunities Portal (SEDIA): https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home

Below is an example of the screen displayed on the Funding&Tender Opportunities Portal, searching for the EU4Health programme:

Funding & tender opportunities - Single Electronic Data Interchange Area (SEDIA)

https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/home

We could refer to the Online Funding and Tenders Handbook as below:

Grants – Application Forms

We will then fill out Part A on the Administrative Form. This part will be filled out directly online on the portal, the title and acronym of the project, abstract keywords, contacts of the various partners, any declarations to be signed, and the overall budget will be entered. It will be possible to save this during compilation and then validate it to confirm any errors that need correcting:

Part A – Administrative Form

- Fill online (not to be downloaded)
- Title, duration, abstract, keywords (page 2)
- Confirm declarations (page 3)
- Contact details of partners (section 2)
- Overview budget (section 3, verify against detailed budet)
➢Save
➢Validate and correct warning errors (red)

Part B is the descriptive part, relating to the actual project proposal. Here we will need to include the problem we intend to solve, general and specific goals, expected outcomes and indicators. In addition, we will need to indicate the target groups, as well as the socio-economic, political and environmental impact, etc. The methodologies applied. Last, we will need to include a detailed work plan, including descriptions of activities, roles of various partners, deliverables, milestones, risk analysis, GANTT and budget (workload per work package, detail of expected costs, etc.):
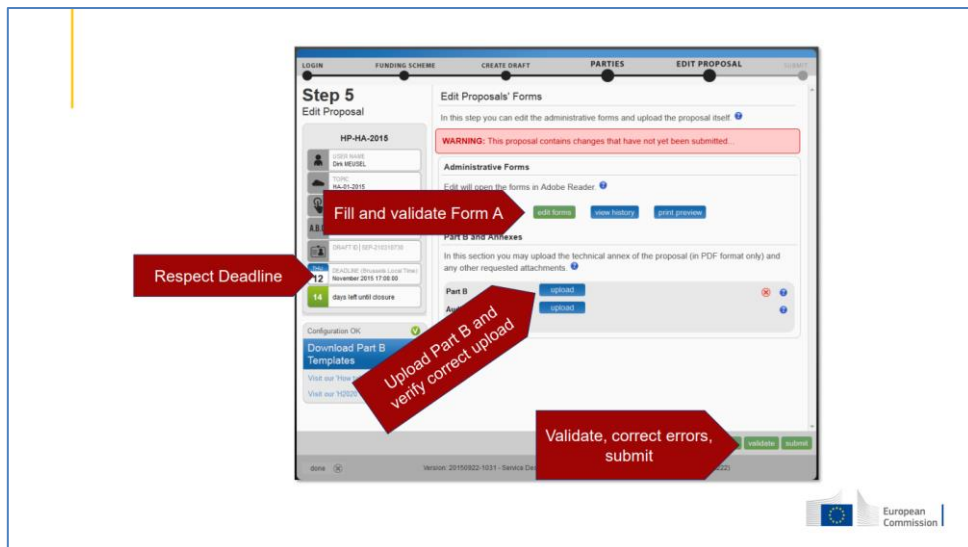

Below is a sample screen shot on the Funding&Tenders Portal related to Part A (online form completion) and Part B (download templates, complete them offline and upload final documents), validate everything to correct any errors, submit:
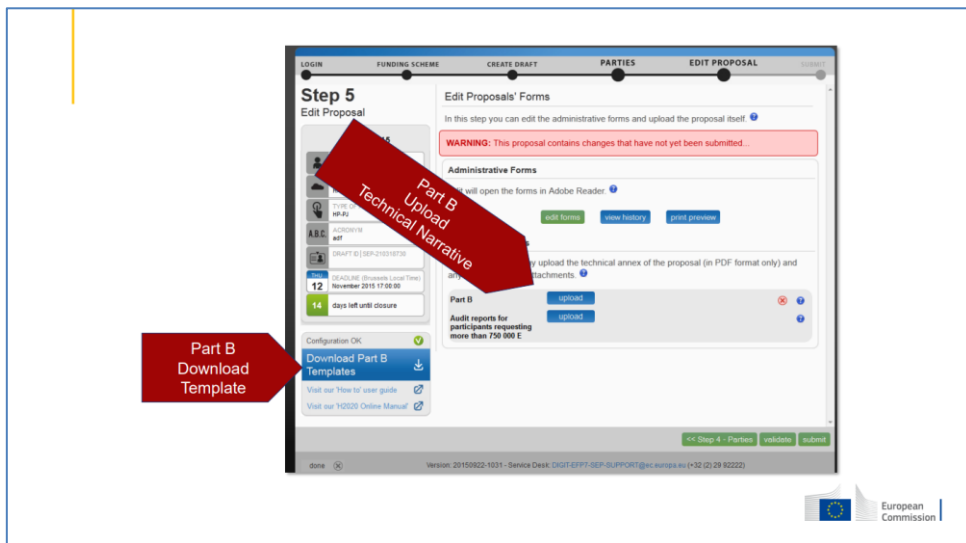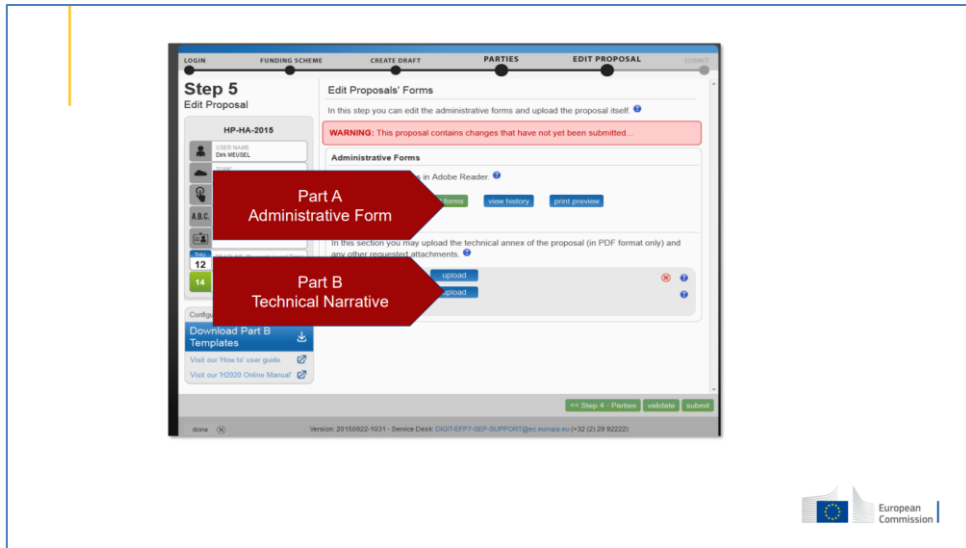
Once the project proposal has been submitted, you will wait for the final evaluation. Below is an example of an evaluation flow:

Evaluation workflow

1. Screening
check completeness, allocation to evaluators

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

3. Evaluation of compliance with award criteria
External evaluators

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

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

6. Award decision

When researching the call on the portal, it is important to note:

- the **deadline** (the end date by which the project proposal must be submitted)
- the knowhow regarding the **application** (how and strategic references, i.e., the annual work plan)
- **who can apply** (eligible countries and types of beneficiary organizations, as well as an idea of numbers)
- **How much co-financing can come from the EC**
- the **general financial principles**
- the **general content principles:** European added value, innovation and maximum durability
- the (linkable) **list with all project documents**: - the call (containing the annual programme) - the beneficiary's guide - the facsimile contract - the multi-year programme - the financial and implementation rules - the self-assessment form (this is an exercise in self-assessment of the project proposal) - other useful material - the contacts to whom specific clarifications should be asked (all questions should be in writing and sent to the email contact indicated. The answers will make up the FAQ section)

It is worth mentioning that each member state has a NATIONAL CONTACT POINT (NCP): https://hadea.ec.europa.eu/programmes/eu4health/national-focal-points_en

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When preparing the project proposal, it should be remembered that within the call for proposals you mainly retrieve information on:

- **GOALS** (reference to multi-year and annual programmes)
- **THEMATIC PRIORITIES or FUNDING AREAS** (reference to annual programmes and economic quantification by priority)
- **WHO CAN PARTICIPATE**
- **SELECTION AND AWARD CRITERIA**
- **FINANCIAL RULES**
- **MODALITIES FOR SUBMITTING APPLICATIONS**

ROLES OF THE CONSORTIUM

When setting up the consortium, you should think about the organizations that help you achieve the goals and solve the problems; roles should be assigned according to the level of participation in the project.

- ➢ **MAIN PARTICIPANTS: Beneficiaries** or **Affiliated Entities**.
  - o **Beneficiaries and Coordinator:** In multi-beneficiary grants, beneficiaries participate as a consortium (group of beneficiaries). They will have to choose a coordinator, who will be responsible for the management and coordination of the project and who will represent the consortium in dealings with the awarding authority. In single-beneficiary grants, the individual beneficiary will automatically be the coordinator.
  - o **Affiliated Entities:** Applicants may participate with affiliated entities (i.e., entities related to a beneficiary who participate in the project), linked to a beneficiary who participate in the action with similar rights and obligations as the beneficiaries, but who do not sign the grant and therefore do not become beneficiaries themselves). They will receive a share of the grant money and must therefore comply with all the conditions of the call and be validated (just like beneficiaries); but they do not count toward the minimum eligibility criteria for membership of the consortium (if any).
- ➢ **Associated Partner**: Applicants may participate as associated third-party partners who provide in-kind contributions (e.g., partner organizations that participate in the action but are not eligible for grants). They participate without funding and therefore do not need to be validated (they will have to bear their own costs as they will not formally become recipients of EU funding).
- ➢ **Subcontractor:** Subcontract - Subcontractor - should normally be a limited part and must be performed by a third party (not one of the beneficiaries/associated

entities). Subcontracts exceeding 30 percent of total eligible costs must be justified in the application.

PRINCIPLE	DESCRIPTION
Balanced project budget	Grant applications must ensure a balanced budget and sufficient additional resources to successfully implement the project (e.g., own contributions, income generated by the action, third-party financial contributions, etc.). You may be asked to reduce estimated costs if they are unacceptable (including excessive costs).
Co-funding rule	External co-funding from a source other than community funds is needed. The maximum co-funding from the EC is between 60 and 80 percent
Non-profit rule	The contract cannot produce profit for the beneficiary
Non-retroactivity rule	Only costs after the project start date can be accepted and then co-funded (unless explicitly stated otherwise)
Non-cumulative rule	A beneficiary can sign only one contract for the same project
No double funding	Double funding from the EU budget (except for EU synergy actions) is strictly prohibited. Outside of such synergistic actions, each action can only receive ONE grant from the EU budget, and cost items cannot under any circumstances declare two different EU actions.

Proposals should follow the **standard submission and evaluation procedure** (one-step submission + one-step evaluation).

An **evaluation committee** (possibly assisted by external independent experts) will evaluate all applications. Proposals will first be checked for formal requirements (admissibility and eligibility). Proposals deemed eligible will be evaluated (for each theme) based on operational capability and award criteria and then **ranked according to the scores** obtained.

Regarding the EU4Health Programme, the evaluation criteria are as follows:

- **Relevance:** clarity and coherence of the project, goals and planning; correspondence with themes, priorities and goals of the call; contribution to the EU strategic and legislative context; European/transnational dimension; impact/interest for a number of countries (EU or eligible non-EU countries);

potential for use of outcomes; potential for developing mutual trust/cross-border cooperation (30 points).

- **Quality:**
  - **Project design and implementation**: Technical quality; logical links between identified problems, needs and proposed solutions (rationale); identified problems, needs and proposed solutions (logical framework concept); project implementation methodology (concept and methodology, management, procedures, timetable, risks and risk management, monitoring and evaluation); project feasibility within the proposed timeframe; cost-effectiveness (sufficient/adequate budget for successful implementation; best value for money) (30 points).
  - **Project team and modes of cooperation**: quality of the consortium and project team; appropriate procedures and problem-solving mechanisms for cooperation within the project and consortium (30 points).
- **Impact:** ambition and expected long-term impact of outcomes on target groups/general public; appropriate dissemination strategy to ensure long-term sustainability and impact; sustainability of outcomes after EU funding ends (10 points).

Award criteria	Min pass score	Max score
Relevance	21	30
Quality — Project design and implementation	21	30
Quality — Project team and cooperation arrangements	21	30
Impact	7	10
Overall (pass) scores	**70**	**100**

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