NFP4Health

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NFP4Health
Joint Action on Increasing
Capacities of National
Focal Points

Lithuanian NFP Team Activity in the framework of the EU4Health Programme *Lithuania NFP Team*

The creation of the Lithuanian NFP was outlined, including the participation in Joint Actions and steering committee activities, as well as the objective to maintain the high-level involvement in the future. The NFP Team has access to the mapped network of key national stakeholders, including national institutions, regional institutions, municipal institutions, the NGO sector, and academic society. Under the status quo, the most frequent form of interaction and communication is the consulting process. While it does not have the resources of some larger countries, Lithuania is involved in most direct grants, which requires a significant amount of coordination. Key synergies can be found in the participation in Horizon projects. As a relevant project that has been boosted by synergy efforts, Lithuania handles the [rescEU mechanism](#) facility since 2024.

Best Practices of implementation of Joint Actions and projects: Healthy Gateways, STAMINA, UNITED4Surveillance *B. Kairiene, National Public Health Center, Lithuania*

The Healthy Gateways project dealt with the management of cross border health threats coming from the transport sector. The core work packages focused on capacity building/training and preparedness for chemical threats. A state-of-the-art report on the topic was prepared, the first document of its kind on this subject, concerning a wide scope that applied well beyond EU borders. A model memorandum of understanding was made available. Note: the surveys the state-of-the-art report was based on were built on pre-COVID-19 data. Implemented best practices were identified, as well as transport connections, a list of PoEs with external borders of the EU, and legal grounds for responding to serious cross border public health threats. Several training activities and cross-cutting resources were put into action, including interim advice resources created and circulated during the COVID-19 pandemic to help tackle some of its specific challenges. Another offshoot of this project has been the creation of the [EU Digital Passenger Locator Form](#). Several other general use documents, resources, and platforms have been made available through this project, and are accessible via the [official website](#).

The STAMINA project also extended beyond EU countries, as it involved parties from Turkey and Tunisia, and it aimed to perform an extensive gap analysis in existing preparedness and response plans and relevant legacy systems to respond to pandemics. 21 tools for pandemic management were developed through STAMINA, including predictive models on antimicrobial resistance, models on the spatio-temporal evaluation of diseases, and the dynamic configuration of hospital wards. Tools to provide additional information and protection for health operators were developed as well, with the aim to also relay the data to regional and national decision makers to support further improvements. Some tools involved additional external cooperation, as with the FACS modelling tool developed with the London Brunel university to simulate the spread of influenza and COVID-19 in a local region. Additional information is available at the [official website](#).

The UNITED4Surveillance project aims at the deployment of digitalized and integrated surveillance systems to respond to better public health threats. UNITED4Surveillance will propose a Roadmap to implementation of integrated surveillance at member state and Union level which will: contain gaps and needs analysis (already provided); integrate (inter)national policies; identify and pilot promising approaches; disseminate best practices; share experiences and knowledge through capacity building. Additional information is available at the [official website](#).

Implementation of best practice project in mental health: JA IMPLEMENTAL *E. Bishop, Ministry of Health, Lithuania*

The Joint Action Implemental aims to support member states by reinforcing their capacity to address system transformation in the field of mental health. Two key best practices are being used as the basis for activities:

the mental health reform in Belgium and the Austrian Best Practice on Suicide Prevention (SUPRA). The activities involve the transfer and pilot the implementation of selected elements of said best practices. The elements that have been selected from the health reform in Belgium best practice are case management in Primary Mental Health centres, and ACT teams. For the former, piloting started in January 2024 in 9 selected PMHC, and a methodological toolkit has been developed. For the latter the legislation has been created, and sustainable funding from the HNIF has been ensured, and the institution selection procedure for future infrastructure projects has been created.

The main challenges encountered have been the limited human resources; limited funding; prejudice/fear of change; low awareness between health care institutions on ACT service; lack of quality Lithuanian-language e-training material; long negotiation times with stakeholders in the face of limited time. The main solutions adopted have been dialogue with the NHIF to adapt the budget to ensure sustainability; using EU funding to attract specialists; lowered requirements for staff for ACT teams; WHO donation translation process has begun; consultation with each mental health institution to ensure cooperation. The consistent takeaway has been that the limited timeframe of the project (3 years) is insufficient for a robust and sustainable realisation of a project this challenging. Despite this significant limitation, the project has led to better understanding of the practices involved, improved mental health literacy, and it set up better future collaboration with health care institutions for other projects, as well as interfacing with useful political support. Given the importance of inter-institutional cooperation in this field, and specifically the need for an appropriate legal framework to support projects (including the well-received training activities), the above is especially relevant. Additional information is available at the official website. Additional Ministry of Health resources, including guidelines for specific areas such as suicide prevention, are available on the MoH website.

EU4Health Programme Implementation and Synergies in the Mental Health Field *S. Florea, ProMIS, Italy*

An overview of the Joint Action on increasing capacity building of National Focal Points was provided as context, with the reminder that all feedback and experiences from the current activities and efforts are to be channelled into preparing the proposal for the upcoming follow-up action (to progress current efforts beyond 2025). The new call makes a point of defining NFP support not just in the context of EU4Health project implementation, but also beyond it, including supporting other projects. Additional focus is to be put on the efforts to assure complementarity with other regional, national and EU policies, funds, and programmes. Additional information and resources are available at the official website. An additional general overview on the EU4Health programme and its policies and actions in the field of mental health was also provided, with special mention of the "DP-g-24-24 Direct grants to Member States' authorities: Promoting a comprehensive, prevention-oriented approach to mental health to support vulnerable groups" joint action.

An overview of the activities of the ProMIS body in Italy was also provided. A breakdown of activities conducted within the Horizon Europe partnership "THCS – Partnership On Transforming Health and Care Systems" was provided, with specific mention of TSI Youth, TSI Towards Person Centered Care, H-PASS, Joint Actions Mentor, JACARDI, EUCanScreen, PreventNCD, as well as the National Programme Health Equity.

Global Challenges and Cluster Health in Horizon Europe *S. Auvertin, NCP Horizon Europe, Lithuania*

An overview of the Horizon Europe programme was provided, with a focus on Cluster 1 Health. It was noted that the next phase of Horizon Europe is being prepared and will cover the 2025-2028 period. It will flow into FP10, the programme that will succeed Horizon Europe in time. It was also noted that, while the draft of the new work programme isn't yet available, it is known that one of the main topics of the upcoming Horizon Europe WP will be digital health. This is in line with the "digital transition" key strategic orientation of Horizon Europe. The point was made that because of the overall strategic orientations, opportunities for health-

related funding can also be found outside of Cluster 1. Important challenges concerning underlying inequalities and language barriers were highlighted, before providing an overview of the key topics in Cluster 1. A list of new partnership launched with the second strategic plan was presented, with the following ones being co-funded: Brain Health; Forests and Forestry for a sustainable future; Innovative Materials for EU; Raw Materials for the Green and Digital Transition; Resilient Cultural Heritage; Social Transformations and Resilience; and yet more being co-programmed. Cross-cluster complementarities between CL1 (health), CL2 (culture), and CL6 (food) were highlighted, as there are many points of contact. In the context of the overlap between food and health, additional observations were made on the need for actions to influence consumer behaviour despite the challenges posed by socioeconomic barriers. A quick overview of the main elements of the Horizon Mission Cancer was also provided. An additional remark was provided on the importance of EDCTP, more information is available on the official website. Challenges involving the use of platforms were brought forward, with the example of scientific experts having to use a platform designed for business users. In that light, the importance of effective proactive communication and networks of expertise and resources (such as [HNN3.0](HNN3.0)) was highlighted. The importance of a marketplace tool that is built to enable participants to offer and find opportunities with other participants was also analysed.

Mental Health Policies Implementation in Latvia: JA MENTOR *S. Neimane, Riga Centre of Psychiatry and Addiction Medicine, Latvia*

An overview of the Joint Action MENTOR on promoting mental health on personal and population levels was provided (the project is in the negotiation phase, with the agreement to be signed by June 2024). The specific objectives were outlined, with a focus on the strengthening of the capacity of mental health literacy through the development of policy recommendations and intervention tools targeted to vulnerable groups.

An analysis was provided on the challenges faced in the role as coordinator, especially relevant in instances where the coordinating team does not have prior experience in that role (such as with MENTOR), but crucial across the board. The first key step was learning about the project artefacts: different structures, roles, and project history and established conventions and expectations. Another key step was the challenging and extremely time-intensive process of getting partners involved and selecting roles, responsibilities, and limits (especially in the context of a very limited budget). The next key step was selecting topics and tasks: preparing the project proposal while combining different ideas and points of view; accounting for different work styles and changing partners; dealing with failure to meet deadlines without having access to concrete tools to compel partners. Another key challenge was the area of budget estimations: having to adjust the expectations and proposals of partners and cut initial proposed budget for WPs (all of them in the case of MENTOR); WP/task leaders having to estimate PMs required, while having to apply different abilities to work with budget development; having to manage the enormous differences in personnel costs between EU countries. It was also highlighted how a lot of data is required to submit a proposal, while keeping track of all the elements of the call document. The additional hurdles coming with having to develop a project during summer months with the associated vacation leaves. It was noted how the leading force should be prepared that human resources will need to be devoted exclusively to the project while not paid by project budget.

Based on the challenges encountered, suggestions for improvement were shared. First and foremost, the sharing of experiences is a key element: learning from other projects and partners; closely collaborating with HaDEA; integrating strong partners in the management team. The necessity to prepare coordinators and WP leaders with learning activities at the start of the project is another key element to boost the less experienced parties and level expectations. Additionally, the definition of clear responsibilities from the beginning can improve accountability. Options that would be very helpful would involve providing the project coordinator with additional funds, as well as putting together an interactive Joint Action Repository. In this context, efforts to provide general information on different actions and potential points of synergy do exist, the

ProMIS database was mentioned and is available at the following [LINK](#), but they should be complemented by a holistic instrument created at the European level.

Finally, the Methodological centre of Latvia in psychiatry was presented, with an overview of its objectives and its ongoing pilot on increasing methodological standards for all Latvian psychiatric hospitals. The "Advanced nurses in psychiatry" initiative was also presented by outlining its structure and activities. These initiatives might serve as starting points or support resources in future projects. Additional remarks on scope-focused initiatives and future synergies used the JA IMPLEMENTAL as a positive example.

Working Groups activity – Project Management and Co-creation in the EU4Health Programme and Horizon Europe *S. Canella, C. Leorin (activity management) P.Pomella (reporting), ProMIS, Italy*

The training was an interactive activity dedicated to the management of EU4Health funds to ensure greater and more effective participation in the Program by Member States. The objective of the session was to actively work on the management of a European project, sharing best knowledge and practices, as well as challenges and problems encountered. The topics outlined in the introductory presentations, available on the [JA NFP4Health website](#), covered the following areas: Project Design and Management in the application phase (with a focus on the logical framework in project design); the Project Cycle Management in the implementation phase; and the Evaluation and Monitoring phase.

Working Groups activity – Feedback and discussion

The call used for the group activity was DP-g-24-25 "Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union".

The first round of feedback (aimed primarily at group 1) concerned the scope of the proposal: specifically, that targeting only suicide prevention, rather than a more comprehensive approach to mental health, might be seen as too narrow a scope, given suicide was only one of the topics listed in the call. A remark was made by the groups that the limited budget provided (2 million) might push the partners towards a narrower focus for the sake of practical feasibility, especially given a call with a significant number of policy areas and objectives. However, despite these valid concerns, given the specific wording of the call it is still necessary to match it more closely. Among the challenges mentioned, the extensive scope of the call was highlighted again by the group in the outcomes section.

The question was raised of how to deal with an expression of interest by a stakeholder, for example a specialist NGO, contacting the NFP network to collect information and support with the intention of participating in the call. The suggestion was made to request a short written abstract on the participation idea, to build some discussion on the topic and to use it as a starting point in searching for and interacting with potential partners. Additional examples were provided from the Italian experience with working within a network system: while network resources and tools cannot be used as a replacement for proposal writing, they can be relied upon for feedback. Connected challenges regarding effective stakeholder engagement were mentioned, which were found to be common across the board, but even more relevant in networks that are trying to increase their output such as with the Latvian example.

The second round of feedback (aimed primarily at group 2) included positive remarks with regards to the suggested project structure, as it combined a general starting point in line with the call, with specific support outcomes and activities. Additional input was requested on partner search and coordination, especially acknowledging obstacles and restrictions with the Latvian, Lithuanian, and Ukrainian experiences in this area. On this point, it was agreed that additional stakeholder mapping and categorisation efforts could be a useful tool for upcoming actions, however in some instances (such as with Latvia) the main issues go beyond mapping (currently sufficient) and mostly concern reliable communication and active engagement.

Additional information and networking events are being organised to help complement online communication resources.

It was also acknowledged again that some calls may provide an overwhelming number of activities, especially in the context of a very restrictive budget, which can create a perverse incentive to over promise to meet the activity list. However, feedback in this area has been voiced over time, and it is expected that the EU approach may be refined. Additional feedback in this area is welcome.