



EFA briefing

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**EFA briefing on the Commission implementing decision concerning the adoption of the 2013 work plan in the framework of the second programme of Community action in the field of health (2008-2013)**

## Introduction

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In December 2012, the European Commission adopted the 2013 work plan for implementing the [second programme of community action in the field of health \(2008-2013\)](#). The document can be found [here](#).<sup>1</sup>

Legal basis: article 168 of the [Treaty on the Functioning of the European Union](#) (TFEU), EU action in the field of public health “shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health”

Policy framework: all the priorities covered by the health programme and by the related work plans were identified in the Commission’s white paper [Together for Health: A Strategic Approach for the EU 2008-2013](#)

The work plan awards projects grants, operating grants, conferences grants, and grants for joint actions. The calls for proposals for projects, conferences and operating grants are published on the website of the [Executive Agency for Health and Consumers \(EAHC\)](#), the body assisting the Commission in implementing the work plan. **The deadline to submit the proposals is the 22<sup>nd</sup> of March 2013 (date of post stamp).**

Some rules need to be respected to receive all kind of grants:

- Co-financing rule: external co-financing from a source other than EU funds is required, usually 40%;
- No-profit rule: the grant may not have the purpose or effect of producing a profit for the beneficiary;

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<sup>1</sup> This is the last work plan that will implement the second health programme as it will come to an end by the end of 2013 and it will be replaced by a new [multi-annual programme of action for health \(2014-2020\)](#) in 2014.

- No-retroactivity rule: expenditure eligible for financing must be incurred after the agreement is signed;
- No-cumulation rule: only one grant from the EU may be awarded for a specific project to a given beneficiary.

In addition, all proposals must demonstrate awareness of all EU actions in the given topic, and results of previous projects that are related from any EU funded projects from any programme, such as the EU research programme.

In some cases, if the necessary agreements are in place, third countries can participate in the health programme. This is already the case for the European Economic Area ([EEA](#)) countries (Norway, Liechtenstein and Iceland), and Croatia that will join the EU in 2013.

## Types of grants

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### A- [Projects grants](#) (*ANNEX II of the work plan*)

The maximum EU funding is 60% of the eligible costs, but this percentage may go up to 80% in case of projects of “exceptional utility”.<sup>2</sup>

All projects should:

- have an innovative character and not a recurrent nature;
- be of sufficient size to enable achievement of ambitious objectives with high European added value and to implement an efficient European dissemination strategy;
- provide added value at EU-level on health (e.g.: involve an appropriate number of countries);
- contribute to and support the development of EU policies in the field of health;
- have an efficient management structure, a clear evaluation process and a precise description of expected results;
- include a plan for using and disseminating results at EU-level to appropriate target audiences.

As a general rule, the maximum duration of projects is 36 months.

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<sup>2</sup> Exceptional utility may be granted for proposals that (*ANNEX VII of the work plan*):

- improve the health of Europeans measured by appropriate indicators such as the Healthy Life Years;
- reduce health inequalities;
- build capacity for development and implementation of effective public health policies, especially in areas of high need;
- involve new non-traditional actors for health in sustained, cooperative and ethically sound actions, both at regional or local level and across European countries.

→ Funding available for projects: EUR 12,330,900

The calls for projects are available [here](#).

Applications for projects grants may be submitted through the [following website](#).

Compared to the current 2012 work plan, for 2013, the European Commission has added the second criterion. For a project to be awarded a grant, it will be necessary to be of sufficient size and to have ambitious objectives so that high European added value may be reached and an efficient European dissemination strategy implemented.

**EFA comment:** this new requirement may facilitate existing and consolidated consortia that have already an established network in several EU Member States, and discriminate against those newer and smaller that may therefore find it difficult to reach the sufficient size as requested.

#### B- [Operating grants](#) (*ANNEX III of the work plan*)

The same rule of the 60% co-financing, up to a maximum of 80% in specific cases, applies.<sup>3</sup>

The purpose of an operating grant is to provide financial support towards the functioning of an organisation in its core activities (excluding lobbying the EU) over a period that is equivalent to its accounting year in order to carry out a set of activities in areas corresponding to the priorities of the health programme and to those of the 2013 work plan.

An organisation or as specialised network may receive funding if it:

- is non-profit-making and independent of industry, commercial and business or other conflicting interests;<sup>4</sup>
- has members in at least half of the Member States;
- has a balanced geographical coverage;
- pursues as its primary goal one or more objectives of the health programme;
- does not pursue general objectives directly or indirectly contrary to the policies of the EU or does not have an image harmful to EU image;

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<sup>3</sup> In the specific case of operating grants, at least 25 % of the members or candidate members of the non-governmental bodies or organisations forming the specialised network should come from Member States with a gross domestic product (GDP) per capita (as published by Eurostat in its latest statistical report) in the lower quartile of all EU Member States, and the reduction of health inequalities at EU, national or regional level is manifested in the mission as well as the annual work programme of the applicant organisation/specialised network.

<sup>4</sup> An organisation is legally independent of industry, commercial and business or other conflicting interests when the former is not under the direct or indirect control of the latter or under the same direct or indirect control of a third entity as the latter. From the financial point of view, organisations must unilaterally commit not to receive more than 20% of their core funding from private sector organisations representing a conflicting interest, or from other sources representing a conflicting interest during the financial years covered by the operating grant (*Annex VI of the work plan*).

- has provided to the Commission satisfactory accounts of its membership, internal rules and sources of funding;
- has provided to the Commission its annual work programme for the financial year and the most recent annual activity report and, if available, the most recent evaluation report;
- is not in any of the situations of exclusion listed in Articles 93(1) and 94 of the [Financial Regulation applicable to the general budget of the European Communities](#), such as bankruptcy.

→ Funding available for operating grants: EUR 5,000,000

The calls for operating grants are available [here](#).

Applications for operating grants may be submitted through the [following website](#).

The European Commission has emphasised that operating grants may be awarded to renew those granted in 2012 and that new operating grants may be granted to those organisations or specialised networks that pursue one of the three main objectives of the second health programme<sup>5</sup> and contribute to achieving the priorities of the Commission communication [Europe 2020 – A strategy for smart, sustainable and inclusive growth](#). Particular emphasis will be given to active and healthy ageing, sustainable health systems, health workforce, health threats and patients' safety's topics.

**EFA comment:** EFA is planning to apply for these operating grants and the policy of renewing existing grants more than awarding new ones can be negative for us. In line with the discussions undergone during the previous year and with the ongoing negotiations of the new health programme, a special attention is given to the sustainability of the health systems that are threatened by the economic downturn and the austerity measures.

#### C- [Grants for joint actions](#) (ANNEX IV of the work plan)

The EU may co-finance up to 50% of the eligible costs for activities carried out by the EU and the competent authorities of the Member States/third countries participating in the health programme.<sup>6</sup> Non-governmental bodies may participate in such actions only if they are designated through a transparent procedure by the competent authorities of the Member States/third countries concerned and agreed by the Commission.

→ Funding available for joint actions: EUR 13,800,000

The calls for joint actions are available [here](#).

Applications for joint actions may be submitted through the [following website](#).

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<sup>5</sup> These three objectives are: improve citizens' health security, promote health and reduce health inequalities and generate and disseminate health information and knowledge.

<sup>6</sup> In case of exceptional utility, this percentage may go up to 70%.

**EFA comment:** a workshop on joint actions was held in December 2012 and the presentations are available [here](#), as well as the [list of countries](#) that are planning to participate in which joint action. If one of EFA's members or EFA as an organisation want to participate in these joint actions, we would advise to start contacting the responsible persons in your own countries.

#### D- [Conference grants](#) (*ANNEX V of the work plan*)

Conferences will be eligible for co-financing by the EU of up to EUR 100,000 with a maximum 50% of the total budget of the conference.

Apart for two conferences organised by the Presidency of the European Union (one conference per Presidency) that will take place in 2013, conferences eligible for grants must take place in 2014. To be financed, the latter need to prove that they contribute to the objectives of the health programme and of the Europe 2020 strategy. As for the granting of the operating grants, special attention will be given to active and healthy ageing, sustainable health systems, health workforce, health threats and patients' safety's topics. In addition, they need to have a broad European dimension and to be organised by a public or non-profit-making body established in a country participating in the health programme and with relevant experience of cooperation at the EU level.

→ Funding available for conference grants: EUR 600,000

The calls for conference grants are available [here](#).

Applications for conference grants may be submitted through the [following website](#).

#### E- [Others](#)

In addition to the grants above, the 2013 work plan foresees the possibility to have:

- direct grant agreements with international organisations (covering up to 60% of the eligible costs incurred), such as the Council of Europe ([CoE](#)), the World Health Organisation ([WHO](#)) and the Organisation for Economic Cooperation and Development ([OECD](#));
- calls for tenders for the evaluation and monitoring of EU actions and policies, studies, provision of advice, data and information on health, scientific and technical assistance, communication, awareness-raising and dissemination of results, information technology applications in support of EU policies;<sup>7</sup>
- EU payment to the WHO Framework Convention on Tobacco Control ([FCTC](#)), the EU is a fully party to;
- any other needed contribution from the EU.

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<sup>7</sup> Upcoming calls for tenders may be monitored through the following link: <http://ec.europa.eu/eahc/health/tenders.html>.

## Priorities

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The work plan supports actions that seek to build **modern, responsive, inclusive and cost-effective health systems that are sustainable**. A healthy population is needed with the aim to achieve the objectives of the EU 2020 strategy.

The **rising burden of chronic diseases** is tackled through best practice exchange, the study of multi-morbidity and the issue of the adherence to treatment. Through advances in medicines and health care, living conditions will be improved and people enabled to live longer.

The **sustainability of Member States' health workforce** will be studied as a consequence of the shortage of skilled health professionals and of the demographic changes that provoke an increase in the demand of services.

The **cooperation of the Member States in regard to the cross-border health threats and health care** to improve their responsiveness and preparedness will be enhanced.

**Inequalities** will be tackled to reduce poverty and social exclusion by at least 20 million by 2020.

The health programme's third objective to **generate and disseminate health information and knowledge** will be pursued.

### Opportunity for EFA/members:

- a) Improve citizens' health security (first objective of the health programme): [Facilitating collaboration among the Member States for effective operation of the pharmacovigilance system in the EU](#)

This action will support Member States in finding ways to organise and run their pharmacovigilance systems in line with the EU pharmacovigilance legislation, focusing on:

- exchange of best practices by the Member States for the operation of an effective system to collect information on the suspected adverse reactions of medicinal products;
- the allocation of resources and necessary expertise, including in the area of risk communication;
- capacity building on evaluating quality systems to supervise pharmacovigilance activities;
- developing a methodology to establish a link between the pharmacovigilance signals and possible medication errors, overdose, misuse and abuse, and follow-up to ensure patient safety;
- training on pharmacovigilance inspections and on the handling of the pharmacovigilance system master file with emphasis on multiplier effects, for example training of trainers.

→ Funding available for the **joint action**: EUR 3,300,000 (recognised as being of exceptional utility and therefore possible to be financed up to 70%)

**EFA comment:** this is a joint action and therefore patients' organisations cannot take part in it unless expressly mandated by the Member States/third countries national authorities. However, this action is particularly interesting for EFA given the expertise gained with the involvement in the European Medicines Agency (EMA) activity. EMA being the agency responsible for the safety of medicines in the EU, its role as a coordinator body in this best practice exchange cannot be underestimated and the involvement of the patients' and consumers' organisations working with the agency could easily be foreseen.

b) Promoting health (second objective of the health programme): [Addressing chronic diseases and promoting healthy ageing across the life cycle](#)

This action is composed of a joint action and of project grants. The former is particularly interesting for its first work package that will develop a system for the collection, validation and dissemination of good practice focused on the prevention of chronic conditions and diseases along the life cycle with emphasis on innovative approaches to address major risk factors. The latter focuses on the promotion of healthy lifestyles among the 65+ age group through the prevention of specific risks, such as unhealthy lifestyles and social isolation. It should promote targeted innovative cost-effective health promotion approaches in older age groups.

→ Funding available for the **joint action**: EUR 5,000,000 – Funding available for **project grants**: EUR 1,000,000

**EFA comment:** EFA and its members could be involved in the joint action if this would be focused on the sharing of the Finnish allergy, asthma and COPD national programmes. Projects that could foresee EFA's or its member's participation may include tackling smoking (unhealthy lifestyle) and developing integrate care systems (including ehealth, social exclusion).

c) Promoting health (second objective of the health programme): [Supporting the priorities of the European Innovation Partnership on Active and Healthy Ageing](#)

These pilot actions will group existing and planned public and private activities of excellence in order to create innovative, practical, feasible and measurable projects centred around:

- implementation of integrated or coordinated interventions for early identification and diagnosis of physical frailty in older persons that can be preceded by multimorbidity and followed by the development of disability;
- implementation of interventions to address polypharmacy.

→ Funding available for **project grants**: EUR 6,000,000

**EFA comment:** once again, the PAPA-EU project (Prevention of asthma and prevention of allergy in the European Union) can be re-proposed as it was not deemed worthy of funding last year and the activity has been continued under the European Innovation Partnership on Active and Healthy Ageing. However,

given the two specific objectives of the action (combating frailty and address polypharmacy), it may be difficult for EFA and its members to find an interesting project and become part of the consortium.

Other actions are particularly welcomed by EFA, such as “Information to citizens and stakeholders on the transposition of the Directive on the application of patients’ rights in cross-border health care”, “Empowering patients in the management of chronic diseases”, “Tobacco studies”, “Scoping study on communication action addressing chronic diseases”. However, being these calls for tenders and/or framework contracts, EFA does not have the specific expertise needed to carry them on. Other European umbrella organisations, such as the European Patients’ Forum ([EPF](#)) or the European Network for Smoking and Tobacco Prevention ([ENSP](#)), EFA is member of, may do so and we would be happy to contribute by providing our perspective and representing disease-specific patients. Especially the outcomes of the second action are going to feed into the chronic diseases’ reflection process and therefore it is necessary to ensure that patients’ views are properly taken into account.