

2010 CALL FOR PROPOSALS FOR JOINT ACTIONS

PROGRAMME OF COMMUNITY ACTION IN THE FIELD OF HEALTH (2008-2013)

(Text with EEA relevance)

I. BACKGROUND AND PURPOSE OF THIS CALL

On 23 October 2007, the European Parliament and the Council adopted a Decision establishing a second programme of Community action in the field of health (2008-2013)¹. This programme entered into force on 1 January 2008.

The programme replaces the previous Programme of Community action in the field of public health (2003 – 2008) which laid down the foundations for a comprehensive and coherent approach to public health at EU level contributing to the promotion of a high level of health and well-being throughout the Union.

The second Health Programme is intended to complement, support and add value to the policies of the Member States and to contribute to increased solidarity and prosperity in the European Union. The Programme's objectives are

- to improve citizens' health security;
- to promote health, including the reduction of health inequalities and
- to generate and disseminate health information and knowledge.

The 2010 Work Plan sets out details of the financing mechanisms and priority areas for action in implementing the programme. This document (Commission Decision 2009/964/EU) has been published in the Official Journal of the European Union no L340/2009, pp 1 and is available under <http://ec.europa.eu/eahc>. The present call relates to the financing mechanism "call for proposals for joint actions".

Proposals with national or sub-national dimension (i.e. which involves only one eligible country or a region in a specific country) will be rejected immediately and will not be submitted to the evaluation of the award criteria.

Joint actions can be proposed by the Union and one or more Member States or by the Union and the competent authorities of other countries participating in the Programme. Applications can be submitted through this call for proposals for joint actions, in accordance with the procedures set out in Annex I Paragraph 2.3 and Annex IV of the above Commission Decision, in order to implement the priority actions defined in the programme decision.

The areas for funding, the selection and award criteria, the procedures for application and approval and the indicative amount are described hereafter.

¹ Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-2013), OJ L 301, 20.11.2007.

In addition to the 27 Member States of the European Union, the call is also open to the participation of EFTA-EEA countries within the context of the Agreement on the European Economic Area (Iceland, Liechtenstein and Norway) and Croatia. Organisations from these countries can receive funding from the second Health Programme.

Moreover, third countries not participating in the programme (in particular countries to which the European Neighbourhood Policy applies, countries that are applying for, are candidates for or are acceding to membership of the European Union and the western Balkan countries included in the stabilisation and association process, in accordance with the conditions laid down in the respective bilateral or multilateral agreements establishing the general principles for their participation in Union programmes) are eligible to participate as collaborating partners or subcontractors. However, this participation should not involve any financial contribution under the Programme.

Union contributions may only be awarded to a public body or a non-profit-making body, designated by the Member State or the competent authority concerned.

The proposals selected will qualify for Union financial assistance (grant for an action) on the basis of the shared cost principle²

II. AREAS FOR FUNDING

Chapter 3 of the 2010 Work Plan sets out the specific priority areas for action to be implemented through the present call. Only proposals which fall within the scope of the above mentioned work plan and the priorities specified in that document will be accepted.

Hereafter you will find an extract of priority areas from the 2010 Work plan for which Joint Action proposals are expected. Note that it is very important to consult the Work plan 2010 for references to the policy documents which are the basis for all the priorities that are open for Joint Action proposals. Joint Action applications should make clear reference to relevant EU policy documents in the specific priority area.

Description	Reference in WP 2010	Reference in 2008-2013 Programme
IMPROVE CITIZENS' HEALTH SECURITY'	3.2	
<i>PROTECT CITIZENS AGAINST HEALTH THREATS</i>	3.2.1.	1.1.1.;1.1.2; 1.2.3
ENHANCE EXISTING RESPONSE CAPACITY AGAINST THREATS FROM BIOLOGICAL, CHEMICAL AND RADIOLOGICAL AGENTS AS WELL AS EMERGING ENVIRONMENTAL BURDEN OF DISEASES	3.2.1.3.	1.1.1.; 1.1.4.
<u>Reinforce global health security capacity</u>		
Increasing capacity building for joint law enforcement of security and health authorities' operations on the basis of the EC working paper on Bridging security and health ³ . The document focuses on the cooperation between civilian health and law enforcement authorities at national level, between Member States and at EU level and provides a compilation of good practice		

² art. 109 of the Financial Regulation and art. 165a of the implementing rules

³ http://s-sanco-europa/health/ph_threats/com/preparedness/prephome/cbrn_en.htm.

that aims at helping Member States to improve their national structures, raise awareness and enhance European cooperation and coordination.		
IMPROVE CITIZENS' SAFETY	3.2.2.	1.2; 1.2.3
SAFETY OF BLOOD, TISSUES, CELLS AND ORGANS	3.2.2.3.	1.2.2
Promoting actions (priority Action 6) and regional cooperation. The idea of the Action Plan is to strengthen cooperation and coordination activities of Member States in respect to organ donation and transplantation. The aim is to facilitate such cooperation between Member States with well developed transplantation systems and Member States that are in the process of improving or developing their transplantation systems. Through this mutual learning process the efficiency and accessibility of transplantation systems will be strengthened.		
PROMOTE HEALTH	3.3.	
FOSTER HEALTHIER WAYS OF LIFE AND THE REDUCTION OF HEALTH INEQUALITIES	3.3.1.	2.1
REDUCTION OF HEALTH INEQUALITIES	3.3.1.3.	2.1.2
Technical and scientific support to EU Expert Group and associated groups including scientific groups, stakeholder groups and a regional network on health inequalities as well as technical work to include the development of a methodology and implementation of a work programme on health inequality impact assessment for 3 years. The aim is to implement actions in the Commission Communication on Health Inequalities ⁴ .		
PROMOTE HEALTHIER WAYS OF LIFE AND REDUCE MAJOR DISEASES AND INJURIES BY TACKLING HEALTH DETERMINANTS	3.3.2.	2.2
PREVENTION OF MAJOR AND CHRONIC DISEASES AND RARE DISEASES	3.3.2.7.	2.2.2
<u>Cancer</u>		
Implementing the Communication on Action against Cancer: European Partnership. The overall aim is to support Member States and other stakeholders to more efficiently and effectively work together at European level in addressing the burden of cancer, using innovative cooperation and governance structures. The Partnership, by bringing together European stakeholders with a common objective and commitment to reduce the cancer burden, will provide Member States and other stakeholders with a framework for sharing information, resources, best practise and expertise in cancer prevention and control. It should also help identifying common action at EU level that can provide added-value to national efforts.		
<u>Alzheimer's disease and other dementias</u>		
Technical action to support the improvement of collection of better epidemiological data on dementias in Member States, analysis of existing early detection tools for cognitive decline at European and national level in order to define best practices recommendations and establishment of a platform to assess existing practices on rights and to preserve autonomy of persons suffering from dementias as well as promoting the dementia dimension in health determinants actions at EU level in order to define a healthy brain lifestyle set of recommendations. The aim is to implement actions in the Commission Communication on a European Initiative on Alzheimer's disease and other dementias.		

<i>Rare diseases</i>		
Technical action to support the development of the Orphanet database on rare diseases and orphan drugs which is run by a large consortium of European partners and which is the most important rare diseases database in the world. In order to implement the establishment of a dynamic EU inventory of rare diseases it will be necessary to further develop the database. The aim is to implement actions in the Commission Communication and in the Council Recommendation for a European Action in the field of rare diseases by providing a single reference point adding value at European level by bringing together all relevant information on rare diseases.		
Technical action to support the European Surveillance on Congenital Anomalies (EUROCAT) network which is run by a large consortium of European partners in order to create a sustainable prevalence data system for 90 congenital anomaly subgroups which are to be updated annually. The aim is to implement actions identified in the Commission Communication and in the Council Recommendation for a European Action in the field of rare diseases.		
INJURY PREVENTION	3.3.2.9.	2.2.4
Joint action on injury data and monitoring at European level. Comparable European data and information on accidents and injuries is needed in order to support policy and action in this area and to monitor the implementation of the Council Recommendation. This action aims at building on the Injury Database developed so far in order to expand country coverage, improve the quality, representativity and comparability of data, and laying the ground for integration of the IDB into the European statistical system.		
Generate and disseminate health information and knowledge'	3.4.	
<i>Collect, analyse and disseminate health information</i>	3.4.2.	3.2.1
Maintain and continue developing a European Health and Life Expectancy Information System in order to improve and harmonise calculations for and the development of the Healthy Life Years - HLY - structural indicator. The system is elemental in providing harmonised and reliable data for supporting policy-making with regard to health systems as well as monitoring the implementation and impact of policies. This activity seeks to ensure appropriate technical support for the calculation and further development of this key indicator in the coming years.		
EUROPEAN HEALTH INFORMATION SYSTEM	3.4.2.1.	3.2.1
Implementation of the Communication on Telemedicine – a platform for stakeholder involvement ⁵ . Technical action to support the implementation of the Communication on Telemedicine, in particular the participation of health professionals and patients in the design, validation and implementation of eHealth tools, in particular of Telemedicine. This action will be coordinated with the related support of DG INFSO, with the work of the existing Member State governance structures on eHealth and with the Presidency priorities. The aim is to support the technical work of the governance structure, in particular in developing recommendations on how to involve health professionals and patients in eHealth and to address barriers to implementing e-health solutions within Member States.		

The duration of a joint action should normally not exceed three years.

⁵ http://ec.europa.eu/health/ph_information/e_health/e_health_en.htm

Proposals requesting more than 50% co-funding (up to 70%) will need to comply with the criteria for exceptional utility specified in paragraph 3.1, in particular 3.1.2 of the 2010 Work plan.

III. SELECTION AND AWARD CRITERIA (GRANTS FOR ACTIONS (JOINT ACTIONS))

Joint Action proposals will be evaluated by an evaluation committee set up according to article 116 of the Financial Regulation⁶ and article 178 of the Implementing Rules⁷, assisted by experts.

Eligibility of applicants and evaluation criteria (exclusion, selection and award criteria)

Applicants must meet the evaluation criteria set out in Annex IV of the 2010 Work Plan Decision: “Criteria for financial contributions to joint actions under the second community Programme in the field of health (2008-13)” in sections 1 (exclusion and eligibility criteria), 2 (selection criteria) and 3 (award criteria). The awarding authority reserves the right to reject proposals that neither meet these criteria nor follow the procedures.

As regards award criteria, each proposal will be assessed according to the scale of marks referred to in the table below.

Proposals which do not reach a threshold of 50% of the total points will be rejected.

Furthermore, a threshold is set for each of the following blocks of criteria:

- Policy and contextual relevance of the Joint Action: threshold is 20 points.
- Technical quality of the Joint Action: threshold is 15 points.
- Management quality of the Joint Action and budget: threshold is 15 points.

In addition, for the individual criteria 'Overall and detailed budget including financial management' the threshold is set at 5 points.

Proposals not reaching one or more of these thresholds will be rejected.

A Policy and contextual relevance of the Joint Action 40/100 (threshold: 20)	Proposed Weighting	B Technical quality of the Joint Action 30/100 (threshold: 15)	Proposed Weighting	C Management quality of the Joint Action and budget 30/100 (threshold: 15)	Proposed Weighting
(a) Joint Action's contribution to meeting the objectives and priorities of the second Health Programme, as defined in the work plan for 2010;	8	(a) Evidence base Applicants must include the problem analysis and clearly describe the factors, the impact, the effectiveness and applicability of measures proposed;	6	(a) Planning and organisation of the Joint Action Applicants must describe the activities to be undertaken, timetable and milestones, deliverables, nature and distribution of tasks, risk analysis.	5
(b) Strategic relevance in terms of relevance to the EU Health Strategy and in terms of expected contributions to existing knowledge and implications for health;	8	(b) Content specification Applicants must clearly describe the aims and objectives, target groups including relevant geographical factors, methods, anticipated effects and outcomes;	8	(b) Organisational capacity Applicants must describe the management structure, competency of staff, responsibilities, internal communication, decision making, monitoring and supervision;	5
(c) Added value at European level in the field of public health: — impact on target groups, long term effect and potential multiplier effects such as replicable, transferable and sustainable activities; — contribution to, complementarity, synergy and compatibility with EU relevant policies and other programmes;	8	(c) Innovative nature, technical complementarity and avoidance of duplication of other existing actions at EU level Applicants must clearly identify the progress the Joint Action intends to accomplish within the field in relation with the state of the art and ensure that there will be neither inappropriate duplication nor overlap, whether partial or total, between Joint Action, projects and activities already carried out at European and international level.	6	(c) Quality of partnership Applicants must describe the partnerships ⁽²⁾ envisaged in terms of extensiveness, roles and responsibilities, relationships among the different partners, synergy and complementarity of the various Joint Action partners and network structure	5
(d) Pertinence of the geographical coverage Applicants must ensure that the geographical coverage of the action is appropriate with regard to its objectives, explaining the role of the eligible countries as partners and the relevance of the Joint Action resources or target population they represent. Proposals of a national or sub-national dimension (i.e. which involve only one eligible country or a region of a country) will be rejected.	8	(d) Evaluation strategy Applicants must clearly explain the kind and adequacy of methods proposed and indicators chosen.	6	(d) Communication strategy Applicants must describe the communication strategy in terms of planning, target groups, adequacy of channels used and visibility of EU co-funding.	5
(e) Adequacy of the Joint Action with social, cultural and policy context Applicants must relate the action to the situation of the countries or specific areas involved, ensuring the compatibility of envisaged activities with the culture and views of the target groups. ⁽¹⁾ COM(2007) 630 final; http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm	8	(e) Dissemination strategy Applicants must clearly illustrate the adequacy of envisaged strategy and methodology proposed to ensure transferability of results and sustainability of the dissemination.	6	(e) Overall and detailed budget including financial management Applicants must ensure that the budget is relevant, appropriate, balanced and consistent in itself, between partners and with the specific objectives of the Joint Action. Budget should be distributed within partners at a minimum reasonable level, avoiding excessive fragmentation. Applicants must describe financial circuits, responsibilities, reporting procedures and controls. ⁽²⁾ These may include private sector partners	10 (threshold: 5)

IV. FINANCIAL PROVISIONS

The Financial Regulation⁶ lays down the rules to be applied with a view to ensuring that the procedures for protecting Union funds are complied with. This regulation and the associated implementing rules⁷ constitute the reference documents for all the financial measures needed to implement the second Health Programme.

Following the evaluation, proposals recommended for funding are drawn up in a list, ranked according to the total marks awarded. Depending on budget availability, the highest ranked proposals will be awarded for co-funding or placed on a reserve list.

For joint actions selected for funding, the Awarding authority will determine the amount of financial assistance to be granted and the percentage of co-financing on the basis of budget availability.

Joint Actions are financed under the shared cost principle. If the amount granted by the Awarding authority is lower than the funding sought by the applicant, it is up to the latter to find supplementary financing or to cut down on the total cost of the Joint Action without diluting either the objectives or the content.

Given the complementary and motivational nature of Union grants, at least 50% of the Joint Action costs must be funded by other sources. Consequently, the Union financial contribution will normally be up to 50% of the eligible costs for the Joint Action considered.

For Joint Actions considered of exceptional utility i.e., which meet the criteria mentioned in paragraph 3.1 and 3.1.2 of the Work Plan 2010, a maximum Union contribution of 70% of the eligible costs could be envisaged.

The Awarding authority will determine in each individual case the maximum percentage to be awarded.

The duration of Joint Actions to be co-funded should normally not exceed three years.

⁶ [Council Regulation \(EC, Euratom\) No 1605/2002 of 25 June 2002 on the Financial Regulation applicable to the general budget of the European Communities, OJ L 248, 16. 9.2002](#), amended by Council Regulation (EC, Euratom) No 1995/2006 of 13 December 2006, OJ L 390, 30.12.2006..

⁷ [Commission Regulation \(EC, Euratom\) No 2342/2002 of 23 December 2002 laying down detailed rules for the implementation of Council Regulation \(EC, Euratom\) No 1605/2002 on the Financial Regulation applicable to the general budget of the European Communities, OJ L 357, 31.12.2002.](#)

[Commission Regulation \(EC, Euratom\) No 1261/2005 of 20 July 2005 amending Regulation \(EC, Euratom\) No 2342/2002 laying down detailed rules for the implementation of Council Regulation \(EC, Euratom\) No 1605/2002 on the Financial Regulation applicable to the general budget of the European Communities, OJ L 201, 2.8.2005.](#)

[Commission Regulation \(EC, Euratom\) No 1248/2006 of 7 August 2006 amending Regulation \(EC, Euratom\) No 2342/2002 laying down detailed rules for the implementation of Council Regulation \(EC, Euratom\) No 1605/2002 on the Financial Regulation applicable to the general budget of the European Communities, OJ L 227, 19.8.2006](#)

The programme budget for the period 2008-2013 is € 321 500 000. For the work programme 2010, the indicative amount of the operating budget is €46 984 640. Of this amount, €10 600 000 are reserved for the call for proposals for Joint Actions.

V. PROCEDURES

In submitting a proposal, applicants accept the procedures and conditions as described in this call and in the documents to which it refers. Applications that do not comply with the requirements set out will be excluded from the selection procedure.

V.1 Application package

A proposal is made up of a standard application form and supporting documents, as mentioned in the table below. To be considered complete, the application must comply with these formal requirements.

Please bind the original (together with the supporting documents) and each of the four copies separately.

Documents	Comments	Formal requirements
PROPOSAL		
Application form for joint actions	The application form, to be downloaded from the website: http://ec.europa.eu/eahc provides information on administrative aspects of the main and associated partners as well as the technical and financial information of the joint action	1 original + 4 photocopies + an electronic version saved on CD-ROM
Declaration of honour	<p>Declaration of honour stating that the applicant (main partner and associated partners) is not in any of the situations listed in paragraph 2.1. of Annex II of the Work plan 2010. This declaration of honour (for the main partner and each of the associated partners of the joint action) will be automatically created by the form based on the entered data. These need to be printed and signed by all partners.</p> <p>Signing the application form occurs through signing the Declarations of Honour by the main and associated partners.</p>	Signed original or copy (fax, scan) from the main and all associated partners, to be included with the application package. In case of copies, the original shall be requested in the case that the proposal is selected for funding.

SUPPORTING DOCUMENTS TO BE SUBMITTED ONLY BY THE MAIN PARTNER		
The organisation's status/articles of association	Supporting documents are not required from public bodies	1 copy, signed by the legal representative of the organization
The official registration certificate of the association		1 copy, , signed by the legal representative of the organization
Profit and loss accounts for the last 2 years for which the accounts are closed		1 copy, signed by the legal representative of the organization

OBLIGATORY CHECK LIST TO BE FILLED IN BY THE APPLICANT AS PART OF THE APPLICATION FORM		
Check list	This mandatory checklist is a new feature of the application form. It only needs to be filled in once by the main partner, who submits the application package. It helps the applicant to ensure that a complete and correct application is provided on time. Please check each applicable box, date and sign it.	1 signed original

The overview table below specifies which documents are mandatory for main and associated partners in both cases – public and private entities

	Public entity		Private entity	
	<u>Main partner</u>	<u>Associated partner</u>	<u>Main partner</u>	<u>Associated partner</u>
Declaration of Honour (*)	yes	yes	yes	yes
Organisation's statutes / articles of the association	no	no	yes	no
Official registration certificate of the association	no	no	yes	no
Profit and loss accounts for the last 2 years for which the accounts are closed	no	no	yes	no

(*) The Declaration of honour certifies that the applicant organisation is not in any of the situations listed in paragraph 2.1 of the Annex II of the Work plan 2010. The declaration can be found at the end of the application form. When completing the form a declaration of honour will automatically be generated for the main as well as the associated partners.

V.2 Additional documentation

At any moment during the selection phase the awarding authority may request, from any associated partner, the organisation's status / articles of association, the official registration certificate of the association, etc. The awarding authority may also request, from the main partner or any associated partner, an external audit report produced by an approved auditor. It may also request a letter of commitment, etc. from any external sponsor. Such documentation must be delivered by the main applicant, **within the deadline specified in the request**, by e-mail to: EAHC-PHP-CALLS@ec.europa.eu and by fax at: +352 4301 30359.

V.3 Deadline

The final deadline for the submission of proposals is **19 March 2010**.

V.4 Submission

Application package and CD-ROM

Applicants may submit their proposals, in one single batch:

1. either by postal mail, preferably by registered mail, **clearly postmarked** on or before the deadline indicated above, to:

European Commission
CALL FOR PROPOSALS “HEALTH – 2010”
JOINT ACTIONS

Bâtiment Jean Monnet
Rue Alcide de Gasperi
L-2920 LUXEMBOURG;

2. or by hand delivery **during the working hours of the European Commission: (9H00 to 16H30 Monday to Thursday and 9H00 to 16H00 on Friday)** to:

European Commission
CALL FOR PROPOSALS “HEALTH – 2010”
JOINT ACTIONS

Bâtiment Jean Monnet
Rue Alcide de Gasperi
L-2920 LUXEMBOURG;

either by the applicant in person or by an authorised representative and confirmed by a duly signed and dated acknowledgment of receipt on or before the deadline indicated above;

3. or by private courier service to:

European Commission
CALL FOR PROPOSALS “HEALTH – 2010”
JOINT ACTIONS

Bâtiment Jean Monnet
Rue Alcide de Gasperi
L-2920 LUXEMBOURG.

- i. If a dated acknowledgment of receipt is returned to the applicant by the private courier service, the date of delivery to the private courier service will act as proof of delivery.
- ii. In the absence of a dated acknowledgment of receipt by the private courier service, the date of delivery to the awarding authority at the address above will be proven by a signed and dated receipt.

IMPORTANT NOTICE

To avoid any delays in the call evaluation procedure, the awarding authority will disregard and not process proposals sent before or on the set deadline, as described in paragraphs V4.1 and V4.3.i above, but which have not been actually delivered by post or by private courier service to the awarding authority **before 7 April 2010**, even if late delivery is due to postal delays or to other reasons beyond the control of the submitter. It is understood that it is the responsibility of the submitter to ensure timely delivery of the proposal by a quality delivery service and that he will seek appropriate guarantees from the service he contracts.

Submission by fax or electronic mail will not be accepted.

A helpdesk at the Executive Agency for Health and Consumers will be available at: +352 4301 37707, e-mail address: EAHC-PHP-CALLS@ec.europa.eu on weekdays between 9.30 – 12.00 and 14.00 – 17.00. Please note that the helpdesk will be unavailable on weekends and during the Christmas period (24 December 2009 to 3 January 2010).

VI. General requirements

1. The proposal application form (the original; four copies; CD-ROM), the declarations of honour, the supporting documents and the check list must be sent in one single batch.
2. The awarding authority may request clarification at any time on the contents of the application documents submitted. Any clarification or information so requested must be delivered **within 5 working days of the request** by e-mail to: EAHC-PHP-CALLS@ec.europa.eu or by fax to: +352 4301 30359. Additional documentation not included in the single batch application package will not be taken into consideration. Additional documents not listed in paragraph V will not be taken into account in the evaluation procedure (e.g. scientific publications, letters of recommendation, reports etc).
3. In all correspondence relating to this call (e.g. when requesting information, or submitting an application), reference must be clearly made to this specific call. Once the Awarding authority has allocated a registration number to a proposal, indicated in the acknowledgement of receipt, the applicant must use this number in all subsequent correspondence.