2010 CALL FOR PROPOSALS FOR PROJECTS

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 projects".

Proposals involving only a regional, sub-national or national dimension (i.e. which involves only one eligible country or a region in a specific country) will be automatically rejected and will not be evaluated.

Interested parties active in the field of public health and risk assessment are invited to submit an application, through this call for proposals for projects, in accordance with the procedures set out in Annex I Paragraph 2.1 and Annex II 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.

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[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.

The proposals selected will qualify for Union financial assistance (grant for an action) on the basis of the shared cost principle.[2]

II. AREAS FOR FUNDING

Chapter 3 of Annex I of the 2010 Work Plan sets out the specific priority areas for projects to be implemented through the present call. Only project proposals which directly correspond to the specific topics described in sections 3.2, 3.3 and 3.4 and where "call for proposals for projects" is indicated as the financing mechanism will be considered for funding. Proposals which only address the wider subject area without matching the specific description of a given topic will not be considered for funding.

Hereafter you will find an extract of priority areas from the 2010 Work plan for which project proposals are expected. The text describes the specific topics to which project proposals have to correspond directly. 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 project proposals. All project applications must make clear reference to the relevant EU policy documents in the specific priority area.

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

Description	Reference in WP 2010	Reference in 2008-2013 Programme
IMPROVE CITIZENS HEALTH SECURITY	3.2.	
PROTECT CITIZENS AGAINST HEALTH THREATS	3.2.1.	1.1.1; 1.1.2; 1.2.3
DEVELOP PREVENTION AND CONTROL OF EXISTING OR EMERGING COMMUNICABLE DISEASES	3.2.1.1.	1.1.1;1.1.2; 1.2.3
Prevention activities, including communication campaigns on specific diseases (tuberculosis, hepatitis, seasonal influenza, H1N1) and on vaccination issues aimed at the general public and professionals. The aim is to increase general and professional knowledge about the main issues related to the prevention of communicable diseases, including those which are vaccine preventable and identification of best practices on managing and control of these issues at Member State level, such as the improvement of services and improved allocation of resources. This should help in the adoption of relevant prevention responses and thereby contribute to a better implementation of national plans on tuberculosis, hepatitis and immunisation. The evaluation of these activities will contribute to improving prevention approaches aimed at, in particular, hard-to-reach populations and minority/marginalised groups.		
Training on specific diseases (tuberculosis, hepatitis, seasonal influenza, H1N1) and issues related to vaccination for primary health workers and for "non health workers", such as people working in educational and social fields. The aim is to increase their capacity to take into account the specificities of the hard-to-reach, vulnerable and at risk populations and minority/marginalised groups with regard to communicable diseases and issues related to vaccination and thereby contribute to a better implementation of national plans on tuberculosis, hepatitis and immunisation. The validated training tools and methods developed under the activity will be disseminated and adapted to national contexts.		
Improve control of communicable diseases		
Setting up a tool kit for immunisation registries, indicating ways of cooperation with ECDC, and examining the conditions of its transfer, adaptation and use in Member States. The aim is to improve national, regional and local reporting systems on issues related to immunisation using a common tool and thereby facilitate comparison between Member States' immunisation coverage.		
IMPROVE PREPAREDNESS FOR AND RESPONSE TO HEALTH EMERGENSIES, INCLUDING CLIMATE CHANGE, ISSUES RELATED TO PANDEMIC INFLUENZA AND INTERREGIONAL CO-OPERATION	3.2.1.2.	1.1.1., 1.1.3., 1.1.5.
Reinforce collaboration between sectors		
Developing a strategy relying on assessment of lessons learnt with respect to improving intersectoral collaboration in responding to health emergencies in the surveillance, preparedness and response areas and for alerting systems in all relevant sectors. One area of special concern is cross-border coordination of interoperability and strengthening common responses to the upsurge of health emergencies. The aim is to improve preparedness and response to health emergencies through collaboration with relevant sector(s), for instance with transport, civil protection and security forces services involved in the continuity of activities, and to identify ways for improvement. There is a particular interest in using the results for intersectoral crisis management.		
Support the adaptation of the health sector to the consequences of climate change		
Implementing actions proposed in the document on health impacts of climate change accompanying the EC White Paper with regard to extreme weather conditions, modelling of health effects, training, and considering the impact of climate change on vulnerable groups, and co-operation with ECDC, WHO and neighbouring countries.		
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.

Reinforce global health security capacity		
Comparison of approaches, including benchmarking, guidance, exchange of best practice and organisational models in emergency response and analysis of the conditions for transfer and adaptation to other contexts. The aim is to mitigate the impact of mass emergencies and to provide guidelines on which public health measures can be adapted to threats that can spread internationally at e.g. ports and airports. The coordination of the European response is essential for the efficiency of any containment or delaying strategy. This framework is also related to the common application of the WHO International health Regulations (IHR).		
IMPROVE CITIZENS' SAFETY	3.2.2.	1.2; 1.2.3
DEVELOP PREVENTION IN THE FIELD OF PATIENT SAFETY	3.2.2.1.	
Training for health care professionals and health educators. The aim is to use tools developed within activities financed under the Work Plan 2009 of the second Health programme as common background. Particular attention will be paid to the specificities of prevention, in particular on the good use of antibiotics in hard to reach populations (e.g. regardless of residential status, migrant population, minority/marginalised groups).		
SCIENTIFIC ADVICE AND RISK ASSESSMENT	3.2.2.2.	1.2.1
Collaborative advisory reports on risk assessment methodological aspects and on emerging health risks, supporting or complementing the activities of the EU Scientific Committees and Panels, jointly prepared by several science advisory bodies in the Member States.		
SAFETY OF BLOOD, TISSUES, CELLS AND ORGANS	3.2.2.3.	1.2.2
Organisation of training sessions in the field of tissues and cells for a defined number of inspectors. The aim is to achieve a uniform knowledge and way of doing inspections across the EU and to increase the number of trained professionals. This alignment of inspections practices will improve mutual trust and therefore stimulate collaboration among Member States.		
PROMOTE HEALTH	3.3.	
FOSTER HEALTHIER WAYS OF LIFE AND THE REDUCTION OF HEALTH INEQUALITIES	3.3.1.	2.1
PUBLIC HEALTH CAPACITY BUILDING	3.3.1.2.	2.1.1
Developing action plans and strategies at national, regional or local level for public health capacity development. The aim is to improve the capacity of European public health systems and organisations including public health systems, civil society, NGOs and universities. The plans should target the development of public health professionals as well as the development of public health skills and knowledge of those who are not full time public health professionals but whose work would benefit from additional public health knowledge (including other health professionals, managers and administrators). They should also address the development of tools, knowledge and systems to support public health practice, including improvement of communication skills. Tasks may include networking and sharing of good practice, training programme development, information systems and public health aspects of public administration.		
Developing tools, procedures, good practice and pilot work to improve interaction between public health researchers and policy development at EU level. Focus should in particular be on leadership, infra-structure and capacity in the medium and short-term perspective as well as the development of criteria and key elements. The aim is to support the defining of health policy proposals and development in view to strengthening civil society and NGOs in the field of health in particular in new Member States and central and eastern European countries.		
PROMOTE HEALTHIER WAYS OF LIFE AND REDUCE MAJOR DISEASES AND INJURIES BY TACKLING HEALTH DETERMINANTS	3.3.2.	2.2
CHILDREN AND YOUNG PEOPLE	3.3.2.1.	2.2.1
Identifying and evaluating the effectiveness of best practice aimed at:		
— promoting the health and well-being of children and young people through informal and non-formal education and through social/youth work, building on the experiences and examples of youth organisations and social welfare organisations;		
— preventing young people from engaging in risky behaviour;		
— making schools and other education establishments a healthy setting and a setting for health promotion, also by implementing health issues in the school curricula, and also by the Youth health initiative.		

Analysing best practice in the provision of services or investment in health promoting activities targeting young people at local level, especially in big urban areas. The Commission intends to use the results of the financed activity for developing its Youth health initiative, integrating the outcome of the Conference on the health of young people, which took place in July 2009 in Brussels.		
HEALTH AND WORK	3.3.2.2.	2.2.1
Development and support of good practice in enabling those with chronic illness to stay at work or return to the labour market. This includes rehabilitation programmes and other activities, particularly those which involve collaboration between the health care sector and the employment sector. The aim is to support the Health Strategy and the Community Strategy for health and safety at work 2007-2012.		
NUTRITION AND PHYSICAL ACTIVITY	3.3.2.3.	2.2.1
Follow-up of the reformulation of manufactured foods – exchange of good practice with regard to the reduction of the levels of fat, saturated and trans fats, salt and sugar in manufactured foods focusing on the technical and economical aspects of reformulations in small and medium sized enterprises. The aim is to support the follow-up of the implementation of the White Paper on a Strategy for Europe on Nutrition, Overweight, and Obesity-related health issues.		
Developing and/or implementing good practice on how to promote physical activity in socio-economically disadvantaged areas through future planning of infrastructure and through recreational policies and whole community actions. The aim is to support the follow-up of the implementation of the White Paper on a Strategy for Europe on Nutrition, Overweight, and Obesity-related health issues and EU Physical Activity Guidelines.		
SEXUAL HEALTH AND HIV-AIDS	3.3.2.4.	
Sexual health of young people		
Identify good practice on the methods and adequate settings for the information of all young people on sexual and reproductive health with a particular emphasis on marginalised and hard to reach groups with the goal to decrease sexually transmitted infections and other measurable effects, such as unwanted teenager pregnancies and sexual violence. The aim is to bring forward discussion and exchange of information on sexual health at EU level for developing further EU policy.		
HIV/AIDS		
Developing strategies to reach the populations most at risk and to develop, in cooperation with stakeholders, appropriate means of communication whilst respecting specific cultural and socio-economic backgrounds. The aim is to support the implementation of the Commission Communication on HIV/AIDS.		
Promoting combined and targeted prevention complemented by a meaningful surveillance, access to state of the art treatment, HIV testing and effective infrastructure. The aim is to support the implementation of the Commission Communication on HIV/AIDS.		
MENTAL HEALTH	3.3.2.5	2.2.1
Involving young people in the development and implementation of approaches for integrating mental health promotion and the prevention of mental disorders into educational settings and youth initiatives. The aim is to achieve improved academic, social and health outcomes. This will enable the Community to encourage other actors to engage in similar approaches.		
Promoting the creation of regional and local networks and implementation strategies for mental health promotion, mental disorder prevention and suicide prevention, which involve health and other public authorities as well as non-health stakeholders and civil society. This will take into account the fact that decisions and actions taken in regions and municipalities have a key impact on the mental health of the population. The aim is to develop examples of action on mental health, which the Community can highlight as good practice.		
Promoting interdisciplinary cooperation between health professionals which addresses the links between mental and physical health and builds on the increasing understanding of their interdependence. Particular focus is put on identifying possibilities for preventing depression in co-morbidity with physical illness. The aim is to identify the benefits from such action for the health and quality of life of patients and the sustainability of health systems. This will enable the Community to support Member States in improving the quality of care and ensuring the sustainability of health systems.		

ADDICTION PREVENTION	3.3.2.6.	
Illicit drugs		2.2.1
Developing, implementing and exchanging good practice guidelines/quality standards for harm reduction interventions and services, taking into account specific needs of drug users (according to gender, cultural background, age and type of drugs), and focusing on synthetic drugs. Synthetic drugs use (e.g. Amphetamine-type Stimulants - ATS) is an increasing trend in the EU (cf. EMCDDA annual report), in particular among young people. The aim is to enhance the quality and effectiveness of demand reduction activities, as requested by the EU Action Plan objective 8, action 17, with the ultimate objective of curbing drug use. The outcome will also feed into the preparatory inventory work of the Commission, with the support of the EMCDDA, foreseen under action 18 of above EU Action Plan. This will help Member States to survey the availability and effectiveness of prevention, treatment, harm reduction and rehabilitation services.		
PREVENTION OF MAJOR AND CHRONIC DISEASES AND RARE DISEASES	3.3.2.7.	2.2.2
Cardiovascular health		
Developing European approaches and guidelines to identify strategic good practice approaches across society to address non-communicable diseases, in particular diseases of the heart and circulatory system, with a focus on inequalities and social conditions, linking to a broader strategic approach to address non-communicable diseases. This should include reporting on and analysing the current situation with regard to cardiovascular and circulatory diseases in the EU. The aim is to use the results for developing Community initiatives on cardiovascular health, building on the initiatives already financed by the Community.		
Autism Spectrum Disorders (ASD)		
Implementation of a pilot phase of the European Autism Prevalence Protocol as defined in the European Autism Information System. This is necessary to obtain valid information about ASD prevalence in several European countries as well as to define harmonized methods for planning a more broad ASD prevalence study in Europe. The protocol should try to establish how the public health authorities defined ASD as a condition, whether there were existing protocols on detection, including early recognition, and whether case registries exist and how these are maintained. The aim is to gather initial information in order to provide comparable European information about ASD, building on the needs already identified at European level.		
Neurodegenerative diseases		
Launching of a first phase of a European Multiple Sclerosis (MS) Register as transnational MS data collection system in Europe on the basis of pilot projects tested in former EU projects in the field focusing on the development of a minimum dataset, divided into a medical and a socio-economic part under certain conditions (such as a modular structure of the register, allowing input from existing and future national registries). The aim is to support the development of European Multiple Sclerosis registers, in order to provide comparable and reliable information at European level.		
Support to the creation of networks of action on neurodegenerative or neurodevelopmental diseases not covered by existing EU actions (e.g. Parkinson, epilepsy, etc.). These networks should constitute key instruments to increase stakeholder's cooperation and consensus initiatives on best practices and epidemiological knowledge on these diseases and contribute to developing clinical research. The aim is to have better comparable European information in the area of neurodegenerative/neurodevelopmental diseases, following the Communication on Alzheimer's and other dementias.		
Rare diseases		
Improving and refining definition of rare diseases taking into account incidence aspects as defined in the Commission Communication and in the Council Recommendation for a European Action in the field of rare diseases. 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, reflecting in particular the concerns around the definition of rare diseases expressed during the discussion in the European Parliament.		
Support to the creation of new registers on rare diseases. These registries should constitute key instruments to increase knowledge on rare diseases and develop clinical research. They are the only way to pool data in order to achieve a sufficient sample size for epidemiological research and/or clinical research. Collaborative efforts to establish data collection and maintain them will be considered, provided that these resources are open and accessible. 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 as well as in the High level Pharmaceutical Forum recommendations.[1]		

HEALTHY ENVIRONMENTS	3.3.2.8	2.2.3
Exchange of best practices in Member States on the prevention and management of chronic respiratory diseases such as asthma and Chronic Obstructive Pulmonary Disease. Respiratory diseases such as asthma are one of the most common causes of morbidity in children. WHO Europe identified an important increase of asthma rate for children in Europe. The International Study of Asthma and Allergies in Childhood (ISAAC) found an 11.5% annual average prevalence of self-reported asthma symptoms in children aged 13-14 years in Europe. Current activities try to reduce the exposure of people to know key risk factors, e.g. tobacco and other air pollutants. It is also important to support Member States' work on the prevention and management of chronic respiratory diseases and identifying and disseminating best practice. This would lead to significantly improving the quality of life of affected people by ensuring appropriate management of the disease and ultimately reducing morbidity.		
Identification of best practices in Member States to improve indoor air quality with reference to heating/cooking and air conditioning systems (maintenance, ventilation etc). The aim is to provide Member States with good practices on cost benefit measures to improve indoor air quality in homes.		
INJURY PREVENTION	3.3.2.9	2.2.4
Implementation of the Child Safety Action Plan (CSAP) in new countries, update of existing information and expanding existing CSAP into national action plans for all age groups. The aim is to target child safety, in particular in new countries and to get 27 countries summaries of Member States´ performances with respect to the level of safety provided to children and adolescents, based on over 100 effective prevention strategies and policies at national level. The results of these report card assessments are aimed at ultimately raising the level of all children's health.		
GENERATE AND DISSEMINATE HEALTH INFORMATION AND KNOWLEDGE	3.4.	
EXCHANGE KNOWLEDGE AND BEST PRACTISE	3.4.1.	3.1.
The evaluation of health care interventions aims at ensuring that health care systems are working efficiently. The 2009 joint action on health technologies assessment (HTA, which covers pharmaceuticals, medical devices and health care interventions) promotes collaboration at EU level on scientific and methodological HTA related issues. It is now important to accompany this cooperation through the development of HTA capacities in Member States. The aim of this action is to identify the organisational needs of some Member States to set up/develop their HTA capacity and expertise, either at national or at cross-border level. The project should also map the potential sources of Community support, notably from the EU cohesion policy (use of the structural funds).		
COLLECT, ANALYSE AND DISSEMINATE HEALTH INFORMATION	3.4.2.	3.2.1
Integrate the perinatal health indicators into public health monitoring systems such as ECHIM (European Community Health Indicators Monitoring) and prepare its integration into the work of the European statistical system (EUROSTAT). Develop capacity at the European level and at national levels in order to achieve high level reporting. The aim is to have data and information on a routine basis on perinatal health, which is essential for complete coverage of the ECHI indicators, and which is an area of particular potential added-value for action at European level given the variations in perinatal health across the EU.		
EUROPEAN HEALTH INFORMATION SYSTEM	3.4.2.1.	3.2.1
Web 2.0 applications for patient information and empowerment, patient safety, adverse effect reporting, health systems quality assessment and health systems coordination. Technical action to assess the quality and validity of web-based tools for patient information and empowerment, patient safety, adverse effect reporting, health systems quality assessment and health systems coordination. The usefulness, representativeness, fairness and predictive value should be evaluated in particular for: patient tutorials; social networking tools that report on patient experience, quality of treatment and patient safety; web-based health information repositories. The aim is to prepare to evaluate the potential use of these tools for health systems in general and to disseminate the related best practice.		
Best practice in involving health professionals and patients in designing, validating and implementing eHealth tools. Technical action to support the participation of health professionals and patients in the design, validation and implementation of eHealth tools. These tools should be evaluated as to their capacity to increase the flow of life-saving information and save the time of health professionals, to increase the quality and coordination of treatment and patient safety, and contribute to dynamic health systems. The aim is to evaluate and devise sound and practical ways to involve health professionals and patients in eHealth.		
DISSEMINATION AND APPLICATION OF HEALTH INFORMATION	3.4.2.2.	3.2.2

Network of European legal, economic and health experts addressing national as well as Community level obstacles and bottlenecks in collecting, analysing and using health information at Community level within relevant areas of "Community acquis". This action aims at providing a first consistent and comprehensive legal, economic and health impact assessment for future policies in health information.		

All projects should provide high European added value and be innovative in nature. Their duration should normally not exceed three years. The expected impact of a project should be measured by appropriate indicators, preferably the Healthy Life Years indicator. Where relevant, information should be included on how a gender perspective and health inequalities will be taken into account.

Applicants should also ensure that their projects do not duplicate work already done in the previous nine public health programmes or under other Union funding programmes and, where appropriate, projects should build on work already undertaken at Union level. Details of previously funded projects are available through the Executive Agency for Health and Consumers webpage http://ec.europa.eu/eahc, more specifically in the project database: http://ec.europa.eu/eahc/projects/database.html

Proposals requesting more than 60% co-funding will need to comply with the criteria for exceptional utility, specified in paragraph 3.1 and in particular 3.1.1 of the 2010 Work plan.

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

Project proposals will be evaluated by an evaluation committee set up according to article 116 of the Financial Regulation[5] and article 178 of the Implementing Rules[6], assisted by external experts.

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

Applicants must meet the evaluation criteria set out in Annex II of the 2010 Work Plan Decision: "Criteria for financial contributions to projects under the second Community programme in the field of health (2008 – 2013)" in sections 2 (exclusion and eligibility criteria), 3 (selection criteria) and 4 (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 that 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 project: threshold is 20 points.
- Technical quality of the project: threshold is 15 points.
- Management quality of the project 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 project 40/100 (threshold: 20)	Proposed Weighting	B Technical quality of the project 30/100 (threshold: 15	Proposed Weighting	C Management quality of the project and budget 30/100 (threshold: 15)	Proposed Weighting
(a) Project'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 project 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[3] 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;	6	(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 project 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 projects and activities already carried out at European and international level.	6	(c) Quality of partnership Applicants must describe the partnerships[4] envisaged in terms of extensiveness, roles and responsibilities, relationships among the different partners, synergy and complementarity of the various project partners and network structure	5
(d) Pertinence of the geographical coverage Applicants must ensure that the geographical coverage of the project is appropriate with regard to its objectives, explaining the role of the eligible countries as partners and the relevance of the project 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, visibility of EU co-funding.	5
(e) Adequacy of the project with social, cultural and policy context Applicants must relate the project to the situation of the countries or specific areas involved, ensuring the compatibility of the envisaged actions with the culture and views of the target groups.	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 project. 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)	10 (threshold 5)

[3] COM(2007)630 final; http://ec.europa.eu/health/ph_overview/strategy/health_strategy_en.htm

[4] These may include private sector partners

IV. FINANCIAL PROVISIONS

The Financial Regulation[5] 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 rules[6] 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 projects 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.

Projects 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 project without diluting either the objectives or the content.

Given the complementary and motivational nature of Union grants, at least 40% of the project costs must be funded by other sources. Consequently, the Union financial contribution will normally be up to 60% of the eligible costs for the projects considered.

For projects considered of exceptional utility i.e., which meet the criteria mentioned in paragraph 3.1 and 3.1.1 of the Work Plan 2010, a maximum Union contribution of 80% of the eligible costs could be envisaged. No more than 10% of the number of funded projects will receive a Union contribution of over 60%.

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

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

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5 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..

6 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, € 13 399 640 are reserved for the call for proposals for projects. The Awarding authority intends to award a maximum of 13 projects for co-funding and to place no more than 5 project proposals on the reserve list. The indicative average Union Contribution should be around 1 million € per project.

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. **If the application is not complete it will be automatically excluded.**

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

Documents	**Comments**	**Formal requirements**
PROPOSAL		
Application form for projects	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 project	1 original + 4 photocopies + an electronic version saved on a CD-ROM
Declaration of honour	**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 project) will be automatically created by the form based on the entered data. These need to be printed and signed by all partners. **Signing the form occurs through signing the Declarations of Honour by the main and associated partners.**	Signed original or copy (fax, scan) from the main and all associated partners, to be included with the application package. Declarations of honour sent separately will lead to the rejection of the proposal. 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

Be aware that only complete application packages will be admitted to the evaluation procedure. Applicants are responsible for ensuring the application is complete according to the requirements specified in this chapter. Incomplete application packages or applications received in more than one package will be automatically excluded.

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	
	Main partner	Associated partner	Main partner	Associated partner
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"
   PROJECTS

   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"
   PROJECTS

   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"
   PROJECTS

   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 V3 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. Proposals arriving in various packages will not be accepted and will be automatically rejected.

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.