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ANNEX 1

## ANNEX

### *ANNEX I to the*

### **Commission Implementing Decision**

*amending Commission Implementing Decision C(2021) 4793 final of 24 June 2021 and Commission Implementing Decision C(2022) 317 final of 14 January 2022 on the financing of the Programme for the Union's action in the field of health ('EU4Health Programme') and the adoption of the work programmes for 2021 and 2022 respectively*

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# *EU4Health Work Programme for 2021*

## **INTRODUCTION**

On 24 March 2021, Regulation (EU) 2021/522 of the European Parliament and of the Council<sup>1</sup> was adopted as part of the Multiannual Financial Framework for the 2021-2027 period. That Regulation established a Programme for the Union's action in the field of health ('the EU4Health Programme'). This marks an important step towards making available instruments and solutions to support Member States in building stronger, more resilient and accessible health systems.

The COVID-19 pandemic has caused an unprecedented health crisis in the Union and beyond with severe socio-economic consequences and human suffering. The national health systems were severely overburdened and the Union mechanisms were urged to find solutions, bolster coordination of Member States and provide support. The crisis has revealed fragmentations and vulnerabilities of Union health systems; it is a lesson to learn for handling future crises with care, responsibility and unity; and it is an opportunity to emerge with stronger vision, plan and investment to reinforce Union's health policies. The Union traditionally complements national health policies by supporting Member States to achieve common objectives, pool resources and overcome shared challenges. Now, with the COVID-19 pandemic, health has become an urgency and a priority for the Union.

The EU4Health Programme represents an unprecedented Union level financial commitment for health actions in comparison with previous health programmes. The EU4Health Programme is the Union's response to the current public health emergency that will make a significant contribution to the post-COVID-19 recovery aiming to:

- (a) improve public health in the Union through disease prevention and health promotion, as well as international health initiatives and cooperation;
- (b) protect people from serious cross-border health threats through prevention, preparedness and response to cross-border health threats, complementing national stockpiling of essential crisis-relevant products and establishing a reserve of medical, healthcare and support staff;
- (c) improve access to medicinal products, medical devices and crisis-relevant products by encouraging sustainable production and supply chains and innovation in the Union as well as efficient use of medicinal products;
- (d) strengthen the national health systems through improved health data use and re-use, development of digital tools and services, digital transformation of healthcare, enhancing access to healthcare, developing and implementing Union health legislation and evidence-based decision making and integrated work among Member States' health systems.

The EU4Health Programme is a success story for the Union health policy. Putting health at its core, the EU4Health Programme is a tangible evidence of the fact that it is now a high Union priority to ensure that the Union remains the healthiest region in the world. The EU4Health Programme will be the main financial instrument to fund Union initiatives paving the way to the European Health Union under four overarching 'strands': 1) crisis preparedness; 2) disease prevention; 3) health systems and healthcare workforce; and 4) digital.

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<sup>1</sup> Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027, and repealing Regulation (EU) No 282/2014 (OJ L 107, 26.3.2021, p. 1).

Cancer is a major initiative and a transversal strand. Health challenges are cross-sectorial by nature, henceforth the EU4Health Programme will be implemented in overall consistency, synergy and complementarity with other Union programmes, policies, instruments and actions.

This work programme sets out the priorities and actions for 2021, including the resource allocation, for the implementation of the EU4Health Programme. It will work in synergy with and in a manner that complements other Union policies, programmes and funds<sup>2</sup>. In addition, where relevant, the needs of vulnerable groups such as persons with disabilities as well as a gender sensitive approach will be considered.

The EU4Health Programme will provide funding to eligible legal entities from the Member States, third countries associated to it, or listed in the annual work programme created under Union law or an international organisation such as health organisations, non-governmental organisations (NGOs), the private sector and other eligible legal entities. The funding will be provided in the forms of grants, procurement and prizes, directly by the Commission or by the Health and Digital Executive Agency (HaDEA).

**LEGAL BASIS**

Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council of 18 July 2018 on the financial rules applicable to the general budget of the Union, amending Regulations (EU) No 1296/2013, (EU) No 1301/2013, (EU) No 1303/2013, (EU) No 1304/2013, (EU) No 1309/2013, (EU) No 1316/2013, (EU) No 223/2014, (EU) No 283/2014, and Decision No 541/2014/EU and repealing Regulation (EC, Euratom) No 966/2012, and in particular Article 110 thereof; and

Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 on the establishment of a Programme for the Union’s action in the field of health (‘EU4Health Programme’) for the period 2021-2027, and repealing Regulation (EU) No 282/2014, and in particular Article 17(2) thereof.

**BUDGET OVERVIEW FOR 2021**

On the basis of the objectives defined in the Regulation (EU) 2021/522, this work programme contains the actions to be financed and the total budget (Table 1). The budget breakdown for 2021 indicated in Table 2.

**TABLE 1: BUDGET LINES**

BUDGET LINES	2021 (in EUR)
06.06 01	311 684 898
<b>TOTAL</b>	<b>311 684 898</b>

<sup>2</sup> For example: Digital Europe Programme, Horizon Europe, the Union Civil Protection Mechanism and in particular its European reserve of additional capacities (the RescEU reserve), the Emergency Support Instrument, the ESF+, the ERDF, the Recovery and Resilience Facility, and Erasmus +, and the European Solidarity Corps Programme.

Funds committed in the work programme are deployed via grants, procurement and prizes, in compliance with the rules set out in the Financial Regulation.

Grants<sup>3</sup> are financial contributions by way of donation by the Commission in order to finance: (a) an action intended to help achieve a Union policy objective (action grants) or (b) the functioning of a body, which has an objective forming part of, and supporting, a Union policy (operating grants). The award of a grant follows, in general, a call for proposals procedure.

Procurement<sup>4</sup> is the acquisition of a service by the Commission from an economic operator, which is selected following a call for tenders' procedure.

Prizes<sup>5</sup> are financial contributions given by the Commission as a reward following a contest. They shall promote the achievement of policy objectives of the Union.

**TABLE 2: OVERVIEW OF FUNDING BY PROCEDURE**

FUNDING	2021 Budget (EUR)
<b>Direct management</b>	296 684 898
Grants	194 800 000
Procurement	95 919 898
Prizes	400 000
Other activities and expenditure	5 565 000
<b>Indirect management</b> (contribution agreements)	15 000 000
<b>TOTAL</b>	<b>311 684 898</b>

The implementation of actions is directly managed by the Directorate-General for Health and Food Safety of the Commission (DG SANTE) unless specified otherwise.

The Commission delegates powers<sup>6</sup> to implement actions in the Health and Digital Executive Agency (HaDEA).

The indicative budget allocation per specific objective is presented in Table 3.

**TABLE 3: BUDGET BY ACTION AREAS**

<sup>3</sup> Article 2(33) and Article 180(2) of the Financial Regulation.

<sup>4</sup> Article 2(49) of the Financial Regulation.

<sup>5</sup> Article 2(48) and Article 206(1) of the Financial Regulation.

<sup>6</sup> Article 69 of the Financial Regulation.

<b>STRANDS &amp; ACTIONS AREAS</b>	<b>2021 Budget (in EUR)</b>
<b>1. CRISIS PREPAREDNESS</b>	
Support action to mitigate shortages of medicines and improve security of supply including on COVID-19 therapeutics	<b>12 000 000</b>
Communicable diseases - surveillance and early detection	<b>10 000 000</b>
2017 EU AMR <sup>7</sup> one health action plan	<b>8 500 000</b>
EU Immunisation initiative	<b>10 000 000</b>
EU preparedness: plan, country-profiles platform, interregional elements and training programmes for health specialists	<b>5 500 000</b>
HERA: (i) flexible manufacturing; (ii) AMR; (iii) mapping; (iv) laboratory network; (v) IT platform for intelligence gathering and (vi) cross-border health threats	<b>60 000 000</b>
<b>2. DISEASE PREVENTION</b>	
Health promotion and prevention of non-communicable diseases and related risk factors	<b>18 400 000</b>
Cancer - Saving lives through sustainable cancer prevention	<b>13 500 000</b>
Cancer - Improving early detection of cancer	<b>15 500 000</b>
Cancer - Ensuring access to high standard in cancer diagnosis and treatment	<b>26 200 000</b>
Cancer - Improving the quality of life for cancer patients, survivors and carers	<b>17 900 000</b>
Disease knowledge gate -Networking and accessing comparable data for policy, monitoring and research	<b>3 000 000</b>
Support tobacco control policy and the implementation and enforcement of tobacco control legislation	<b>1 850 000</b>
Enhance prevention, testing and linkage to care in communicable diseases	<b>5 000 000</b>
<b>3. HEALTH SYSTEMS &amp; HEALTHCARE WORKFORCE</b>	
Reforming and strengthening health systems	<b>14 500 000</b>
A health workforce to meet health challenges – forecasting and planning for workforce in the healthcare sector	<b>7 000 000</b>
Digital collaboration and synergies between EU decentralised agencies <sup>8</sup> and DG SANTE – Health Policy Agency collaboration (AC)	<b>8 000 000</b>
Strengthening the implementation of the legislation on blood, tissue, cells and organs and cooperation between national authorities and professional sector associations	<b>13 000 000</b>
Implementation of pharmaceutical legislation and pharmaceutical strategy	<b>9 790 000</b>

<sup>7</sup> Antimicrobial resistance.

<sup>8</sup> Such as the European Medicine Agency, European Centre for Disease prevention and Control, European Food Safety Authority, European Chemical Agency, Community Plant Variety Office.



Implementation of medical device Regulation and in-vitro diagnostic devices Regulation	<b>5 700 000</b>
Health Technology Assessment (HTA) preparatory actions	<b>500 000</b>
Contribution to the European Observatory of Health Systems and Policies partnership	<b>700 000</b>
Enhanced European Reference Networks	<b>7 800 000</b>
Setting up an EU health system resilience testing and support programme	<b>1 500 000</b>
<b>4. DIGITAL</b>	
Establishment of European Health Data Space – secondary use of health data	<b>7 050 000</b>
Establishment of European Health Data Space – primary use of health data	<b>25 450 000</b>
<b>5. OTHER ACTIONS</b>	
Recurrent activities, conferences under Council presidencies, support to evaluations	<b>3 344 898</b>

## **ELIGIBILITY, SELECTION AND AWARD CRITERIA FOR ACTION GRANTS**

The essential **eligibility** criteria of action grants are specified in the calls for proposals.

Grant applicants and partners must meet the following **selection criteria**:

- a) applicants and partners must have stable and sufficient sources of funding to maintain their activity throughout the duration of the grant and to participate in its funding ('financial capacity');
- b) applicants and partners must have sufficient operational and professional capacities to implement the activities for which co-funding is requested ('operational capacity').

Organisations participating in several projects shall have sufficient financial and operational capacity to implement multiple projects.

The verification of the financial capacity shall not apply to international organisations and public bodies<sup>9</sup>.

Proposals will be assessed based on the following **award criteria**:

- a) relevance to the priorities of the call for proposals;
- b) quality of the proposed action;
- c) impact of the proposed action.

Grants shall involve co-financing<sup>10</sup>. The maximum possible rate of Union co-financing is 60% of the total eligible costs of the action, unless specified otherwise in the specific calls for proposals. In cases of exceptional utility, the Union contribution may be increased up to 80% of the total eligible costs.

Ranking of proposals will be done in accordance with the criteria described in the calls for proposals.

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<sup>9</sup> Article 198(5) and (6) of the Financial Regulation.

<sup>10</sup> Article 190(1) of the Financial Regulation.

## **A. GRANTS**

### **ACTIONS WITH A COST OF EUR 20 000 000 OR MORE**

#### **CRISIS PREPAREDNESS (CP)**

##### **CP-g-06.5 Call for proposals: supporting a HERA laboratory network**

#### **POLICY CONTEXT**

Following the EU Health Union proposals of 11 November 2020, the Commission established the European Health Emergency preparedness and Response Authority (HERA) on 16 September 2021<sup>11</sup>, HERA will contribute to improving the Union's development, manufacturing, procurement and distribution of key medical countermeasures within the Union so as to improve preparedness and response to serious cross-border threats and emergencies – whether of natural, accidental or deliberate origin. With the view of ensuring development and supply of medical countermeasures, one of HERA's tasks is strengthening health security coordination within the Union during preparedness and crisis response times, and bringing together Member States, the industry and the relevant stakeholders in a common effort. HERA will do so, among others through the assessment of health threats and intelligence gathering relevant to medical countermeasures.

The COVID-19 crisis has illustrated certain limits to the ability to have informed decision-making in terms of preparedness and response to serious cross-border threats. This included, for example: the difficulty to, at an early stage, detect and warn on emerging health threats, in particular those from outside the Union; fragmented involvement in global surveillance, and the access to surveillance results and relevant biological samples from third countries; the paucity and lack of comparability of scientific data; the translation of scientific data (e.g. biological characterisation) into operational recommendations on medical countermeasures for prevention and treatment.

A stable long-term network of laboratories and research institutes could address these challenges and provide scientific data and analysis necessary for HERA's operations in the area of medical countermeasures.

This action supports the policy priority to respond to the COVID-19 crisis and to enhance preparedness for future health emergencies with the particular emphasis on intelligence gathering to support the timely provision of medical countermeasures. It implements the EU4Health Programme's general objective of protecting people in the Union from serious cross-border threats to health and strengthening the responsiveness of health systems and coordination among the Member States to cope with serious cross-border threats to health (Article 3, point (b)) through the specific objectives defined in Article 4, points (b) and (c), of Regulation (EU) 2021/522.

#### **OBJECTIVES, SCOPE AND ACTIVITIES**

This action aims to establish a pilot network of top class laboratories and research institutes that have the critical expertise and capacities to provide the information needed in the shortest possible timeframe and to support HERA in identifying emergent pathogens and ensuring the availability of medical countermeasures for improved health preparedness and response.

In preparedness time, the network will provide data, information and knowledge for HERA's threat assessments and intelligence gathering function relevant to medical countermeasures.

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<sup>11</sup> C(2021) 6712 final

Its activities will focus on the health threats arising at global level including those that have not been included in the priority list developed by HERA. The tasks will include at least: operating and maintaining the network of participating laboratories and research institutes, supporting HERA's assessment of health threats and intelligence gathering in the area of medical countermeasures, pro-actively running the detection and biological characterisation of emerging pathogens, rapid identification of relevant medical countermeasures and enhancing global cooperation.

Activities should draw on relevant intelligence from animal, environmental health (One Health) surveillance and other relevant areas<sup>12</sup>.

In times of emergency, the network will inform HERA's decision making with respect to medical countermeasures by providing a timely, targeted, and tailored input on the identified health threat. This will include: collecting global intelligence including through biological samples; carrying out specific emergency studies mandated by HERA, including biological characterisation, providing specific medical countermeasures, options for diagnosis, prevention and treatment and provide ad-hoc in-country response support. The network will also activate critical surge capacities at Union and global level to allow rapid and effective response during crisis times.

All these activities will be defined and carried out taking into account of the EU reference laboratories to be established under Article 15 of the Proposal for a Regulation of the European Parliament and of the Council on serious cross border health threats<sup>13</sup>, and in close collaboration with ECDC, in particular its activities under Article 5 (surveillance network) and 10 (identification of emerging health threats) of Regulation (EC) No 851/2004<sup>14</sup> (ECDC Regulation), and the planned future network of EU reference laboratories<sup>15</sup> and activities under other relevant EU policy areas (e.g. One Health) to ensure complementarities and avoid overlap and duplication.

## **EXPECTED RESULTS AND IMPACT**

This action is expected to result in the following outcomes:

- a) in the short-term, a sustainable, efficient and high capacity laboratory network (consisting in one or more existing EU laboratories with a structure allowing the widest possible geographical and global coverage e.g. having branches or associated members in several countries and continents) that addresses HERA's needs notably in terms of intelligence gathering;
- b) in the short/medium-term, established and optimised procedures and means such as key infrastructure, resources, policies and procedures for the network preparedness operations and rapid response in crisis times, to work in emergency mode for a readily available network in case a public health emergency is declared;

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<sup>12</sup> Ensuring complementarity with actions implemented under the EU4Health programme such as CP-g-02.1.1 (EU4Health 2021 work programme) and CP-g-22-04.01 (EU4Health 2022 work programme).

<sup>13</sup> COM(2020) 727 final. Proposal for a Regulation of the European Parliament and of the Council on serious cross-border threats to health and repealing Decision No 1082/2013/EU.

<sup>14</sup> OJ L 142, 30.4.2004, p.1-11.

<sup>15</sup> COM(2020) 727 final. Proposal for a Regulation on Serious cross-border to health and repealing the Decision 1082/2013/EU, which will establish a network of EU reference laboratories for public health.

- c) in the medium/long-term, dedicated assessments of health threats and related countermeasures and intelligence gathering supporting HERA’s tasks during preparedness times including biological characterisation.
- d) in the medium/long-term, contribution to extend and reinforce the global outreach of the pilot network by sharing of relevant data and analysis, and providing advice, reports, country support missions, etc;
- e) in the long-term, contribution to enhanced medical countermeasures preparedness to timely and efficiently respond to future cross-border health threats.

This action will provide the Commission with information to support the decision making as regards the extension (geographical and pathogens prioritisation) and options for potential institutionalisation of the HERA laboratory network in the medium/long term.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for proposals 06.5	Q2/2022	25 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grant)	HaDEA	Public and non-profit and profit private laboratories and research institutes

**ACTIONS WITH A COST BELOW EUR 20 000 000**

**1. CRISIS PREPAREDNESS (CP)**

**1.1 SUPPORT ACTION TO MITIGATE SHORTAGES OF MEDICINES AND IMPROVE THE SECURITY OF SUPPLY INCLUDING OF COVID-19 THERAPEUTICS**

**CP-g-01.1.1 Direct grants to Member States’ authorities: availability of medicines, shortages and security of supply**

**POLICY CONTEXT**

The new Pharmaceutical Strategy for Europe<sup>16</sup> highlights medicines shortages amongst long-standing weaknesses in the area of medicines, weaknesses that have been further exacerbated and thrown into sharp focus by the current COVID-19 pandemic. The main challenges concern the affordability, access and shortages of medicines as well as the need to support the Union pharmaceutical industry to innovate, tackle its economic and environmental sustainability challenges and be a world leader.

The COVID-19 pandemic has placed significant pressure on the medicines supply chain and has led (particularly in the early stages of the pandemic) to a significant unexpected increase in the hospital demand for certain medicines used for the treatment of COVID-19. This action is to address medicines shortages in general, which will in turn help to address crisis

<sup>16</sup> COM(2020) 761 final.

situations such as the COVID-19 pandemic. However, the scope of the action is not limited to emergency situations. The main drivers of shortages are generally manufacturing and supply chain issues as well as economic reasons. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

The joint action supports the policy priority to respond to the COVID-19 pandemic and the need to address shortages of medicines by contributing to the affordability and accessibility of medicines. It implements the EU4Health Programme's general objective of improving the availability, accessibility and affordability of medicinal products, medical devices and crisis-relevant products and supporting innovation regarding such products (Article 3, point (c)) through the specific objectives defined in Article 4, points (b) and (c) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The objective of this action is to enhance cooperation among Member States in:

- a) identifying the root causes of observed shortages of medicines;
- b) monitoring and reporting medicine shortages;
- c) reducing observed medicine shortages and managing them; and
- d) reducing the likelihood of medicines shortages via preventative strategies.

The work will be divided in several work packages based on a timetable and concrete deliverables.

This joint action will complement the proposed enhanced role of the European Medicines Agency (EMA)<sup>17</sup> in monitoring and mitigating shortages by supporting the national authorities in putting in place the structure and resources to monitor and mitigate such shortages.

The joint action aims to:

- a) establish a coordinating structure to:
  - steer the coordination of this joint action and the cooperation between the Member States authorities/institutions involved,
  - organise the work of the different work packages, coordinate mutual learning and ensure the overall consistency of the project,
  - design and plan the follow up to the outcome and deliverables produced in the context of the joint action,
  - ensure the timely preparation of the deliverables of this joint action and the contractual reports including the deliverables;
- b) structure the collection and consolidate the analysis of relevant data (which could include market data and marketing authorisation data) and statistics from Member States and other relevant parties; this should include an analysis of the root causes of medicines shortages as reported by Member States;
- c) develop IT solutions to monitor and manage medicines shortages in Member States and possibly connect them to EMA systems;
- d) define preventive strategies of medicines shortages based on observed root causes of such shortages, including risk minimisation concepts, and agree on an implementation plan together with EMA and other stakeholders;
- e) identify, assess and exchange best practices on systems for monitoring supply and responding to shortages; including on aspects that would require developing

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<sup>17</sup> Regulation of the European Parliament and of the Council on a reinforced role for the European Medicines Agency in crisis preparedness and management for medicinal products and medical devices (COM(2020) 725 final).

cooperation across authorities at national level, e.g. on procurement pricing and contracting methods; supply chain and manufacturing monitoring; ‘greening’ manufacturing, etc.

#### **EXPECTED RESULTS AND IMPACT**

The expected results are the following:

- (a) better coordination of Member States’ joint efforts to prevent, mitigate, monitor, manage and report medicines shortages;
- (b) identification, analysis and definition of modalities of implementation and scaling up for a number of best practices and increased professional capacity to address medicines shortages;
- (c) timely availability of and accessibility to data on medicines shortages;
- (d) improved detection and measurement of the decrease in the number of medicines shortages in the Union overall and in particular on the most affected Member States;
- (e) a better understanding of root causes of medicines shortages and assessment of the success of measures previously taken to address them; and
- (f) a strategy for the prevention of medicines shortages and an implementation plan.

This joint action will support Member States in ensuring appropriate cooperation to tackle causes of shortages; mitigating existing shortages of medicines and improving the security of supply, and have an overall impact on the reduction of systemic shortages, in line with the objectives set in the Pharmaceutical Strategy for Europe.

#### **INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants - 01.1.1	Q3-Q4/2021	10 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to Member States (Joint action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States’ authorities

## **CP-g-01.1.2 Direct grants to Member States' authorities: support to coordinated and expedited assessment of clinical trials for COVID-19 therapeutics**

### **POLICY CONTEXT**

Therapeutics continue to play a critical role in the response to COVID-19 pandemic. They help to save lives, speed up recovery time and help to avoid or reduce periods of hospitalisation. However, joint efforts are still needed to ensure access to safe and effective therapeutics. The EU Strategy on COVID-19 therapeutics<sup>18</sup> highlighted that robust clinical trials are an essential source of evidence for the authorisation of innovative COVID-19 medicines and there is a need for speeding up and coordinating their authorisation. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

This joint action will implement the EU4Health Programme's general objective of improving the availability, accessibility and affordability of medicinal products and medical devices, and crisis-relevant products in the Union, and supporting innovation regarding such products; (Article 3, point (c)) through the specific objectives defined in Article 4, points (b) and (c) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

Clinical trials in the Union need an authorisation by Member States before they can start. In the case of multi-country trials this involves several regulatory bodies (competent authorities and ethics committees) in several Member States, often leading to dis-harmonisation and significant delays. Member States established the voluntary harmonisation process for coordination, which is free of charge to sponsors, however the assessments are often long and burdensome, especially in comparison to fast national authorisation in the case of high priority trials (e.g. COVID-19 trials during the pandemic). Furthermore, once the clinical trials Regulation (EU) 536/2014<sup>19</sup> becomes applicable in January 2022, it will require close coordination among Member States, which should not jeopardize the speed and efficiency of the authorisation.

This joint action will support Member States to ensure expedited and coordinated assessments in a voluntary harmonisation-like procedure at present and later under the clinical trials Regulation (EU) 536/2014. This will allow for a fast authorisation of harmonised clinical trial protocols for COVID-19 therapeutics in the Union and will make the Union more attractive to run large, multi-country trials using master protocols.

### **EXPECTED RESULTS AND IMPACT**

The joint action is expected to result in an increase in the number of coordinated assessments of COVID-19 therapeutics' clinical trials and on a reduction of the time needed to authorise such trials.

A favourable regulatory environment for larger trials will reduce fragmentation of trial initiatives and will provide a faster way to generate solid evidence to drive rapid marketing authorisations and public health decisions.

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<sup>18</sup> COM (2021) 355 final.

<sup>19</sup> Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC (OJ L158, 27.5.2014, p. 1).



**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants - 01.1.2	Q3-Q4/2021	2 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to Member States (Joint action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

## **1.2. COMMUNICABLE DISEASES – SURVEILLANCE AND EARLY DETECTION**

### **CP-g-02.1.1 Direct grants to Member States' authorities: Union and national surveillance systems**

#### **POLICY CONTEXT**

A rapid response to cross-border health threats requires surveillance and monitoring mechanisms to ensure timely detection and identification of such threats. Early lessons learned from the COVID-19 pandemic have shown that the Union's preparedness and response to cross-border health threats were sub-optimal. Real time surveillance, integrated with other areas, is therefore essential to ensure a timely response to health emergencies. This needs to be based on the capacities and requirements at Union and national level.

A digital platform is needed to enable the automated collection of surveillance and laboratories data. This platform will use electronic health records and the application of artificial intelligence for data validation, analysis and automated reporting and will allow for the computerised handling and exchange of information, data and documents. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

This joint action supports the policy priority to respond to the COVID-19 crisis and to prepare for any future health threats and implements the EU4Health Programme's general objective of protecting people in the Union from serious cross-border threats to health and strengthening the responsiveness of health systems and coordination among the Member States in order to cope with serious cross-border threats to health (Article 3, point (b)) through the specific objectives defined in Article 4, points (a) and (b) of Regulation (EU) 2021/522.

#### **OBJECTIVES, SCOPE AND ACTIVITIES**

This joint action aims to support Member States and the Union in the implementation of digitalised, integrated surveillance systems at Union and national level, to ensure better detection of early signals for accurate risk assessment and response.

The activities will be carried out by means of a joint action that will work towards upscaling national surveillance systems. This will facilitate building up the required national capacity for the development of interoperable, reliable and modern national surveillance systems, driven by digital transformation, making use of available and relevant research results.

The joint action will be focused on capacity building, taking into account the needs analysis and the requirements for the development of national surveillance systems, with the creation of a training package. Three regional trainings of trainers (ToT) will be organised to pilot the integrated, real-time surveillance systems. The regional trainings will be hosted by countries with different needs and will promote exchange of experience. Based on the ToT evaluation, a Union training package will be developed.

In order to ensure that the new integrated surveillance systems will be taken up by all Member States, tailored workshops will be organised, with the participation of the Commission, health authorities (at national and regional level) and stakeholders from different sectors (i.e. managers of data sources which can be integrated in the surveillance systems, such as health systems data, pharmaceutical supplies, trade, transport and economics). As a result of these workshops, recommendations on the development of and implementation of real time national surveillance systems will be elaborated.

## EXPECTED RESULTS AND IMPACT

The joint action grant is expected to support capacity building at national and Union level, including an integrated surveillance system training package, exchange of experience and drawing up of recommendations.

Using data analytics and artificial intelligence and electronic health data at Union level, based on the strengthening of capacities and requirements at national level, will allow for real time surveillance. Therefore, this action will support Union and national surveillance systems to ensure that they are integrated, which is essential to ensure a rapid response to cross-border health threats.

## INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants - 02.1.1	Q2-Q3/2021	7 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to Member States (Joint Action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

### **1.3. SUPPORT TO THE IMPLEMENTATION OF THE 2017 EU ONE HEALTH ACTION PLAN AGAINST ANTIMICROBIAL RESISTANCE**

#### **CP-g-03.2.1 Call for proposals: action grants supporting training activities, implementation, and best practices**

##### **POLICY CONTEXT**

Antimicrobial resistance (AMR) – the ability of microorganisms to resist antimicrobial treatments, especially antibiotics – has a direct impact on human and animal health and carries a heavy economic burden due to higher costs of treatments and reduced productivity caused by sickness. AMR is responsible for an estimated 33 000 deaths per year in the Union. It is also estimated that AMR costs in the Union amount to €1.5 billion per year in healthcare and productivity losses.

In June 2017, the Commission adopted the EU One Health Action Plan against AMR. With its holistic view on the issue, recognising the link between human and animal health and the role of the environment, it has three key objectives: making the Union a best practice region, boosting research development and innovation and shaping the global agenda. As part of the first objective, the plan pursues a better prevention and control of AMR, among other things, by strengthening infection prevention and control measures. As indicated in the plan, the Commission will help to address patient safety in hospitals and long term care facilities by supporting good practices in infection prevention and control.

The mission letter to Commissioner Stella Kyriakides defines the need to tackle the rise or return of highly infectious diseases, highlighting the need to focus on the full implementation of the EU One Health Action Plan against AMR in order to work with international partners to advocate for a global agreement on the use of and access to antimicrobials.

The action supports the policy priority to prevent and control the rise or return of highly infectious diseases. It implements the EU4Health Programme's general objective of protecting people in the Union from serious cross-border threats to health and strengthening the responsiveness of health systems and coordination among the Member States in order to cope with serious cross-border threats to health (Article 3, point (b)) through the specific objectives defined in Article 4, points (a), (b) and (i) of Regulation (EU) 2021/522.

##### **OBJECTIVES, SCOPE AND ACTIVITIES**

This action aims to support enhanced hospital and long-term care facilities infection prevention and control practices, as well as antimicrobial stewardship practices, and the development of best practices and implementation at all levels. It supports the commitment in the EU One Health Action Plan against AMR for the Commission to help to address patient safety in hospitals by supporting good practices in infection prevention and control and antimicrobial stewardship.

The activities will focus on capacity building, by providing training and implementation of enhanced infection prevention and control (IPC) practices and antimicrobial stewardship (AMS) in hospitals and in long-term care facilities and support for further dissemination, as well as antimicrobial stewardship (AMS) in primary care.

They shall include training as well as other activities to support good practice in IPC, and AMS including clinical audit and feedback, action by regulators (e.g. incentive schemes, sanction schemes), pilots to showcase state-of-the-art IPC and AMS schemes in hospitals and long term facilities that can be replicated elsewhere using for instance the Cohesion Policy funds in the future (e.g. for investments into healthcare infrastructure).

## EXPECTED RESULTS AND IMPACT

The support of capacity building is expected to enhance primary and secondary healthcare services.

An improved effectiveness of healthcare systems to prevent infection is likely to result in reductions in healthcare associated infections and improvements in patient safety in relation to AMR in the participating hospitals and long-term care facilities.

## INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals - 3.2.1	Q3-Q4/2021	7 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Public health authorities; academia and education establishments, research institutes, hospitals; international organisations and civil society organisations (associations, foundations, NGOs and similar entities)

## 1.4. HERA

### CP-g-06.6 Direct grants to Member States' authorities: strengthening Member States' IT systems ensuring interoperability with HERA's IT platform for intelligence gathering

#### POLICY CONTEXT

One of HERA's core missions is contributing to the strengthening of health security coordination within the Union during preparedness and crisis response times, and bringing together Member States, the industry and the relevant stakeholders in a common effort. HERA will do this, among others through the assessment of health threats and intelligence gathering relevant to medical countermeasures.

Intelligence gathering and threat assessment is a core function of HERA to detect and assess emerging cross-border health threats and identify potential countermeasures for preparedness and response.

This function needs to be supported by an appropriate partnership with Member States and enhanced collaborative framework with Union agencies, international actors and industry, and a comprehensive state-of-the-art IT system generating actionable insights for decision-making during both preparedness and crisis response phase (the intelligence-insight-action cycle).

Member States have different national IT systems capacities and there is a need to strengthen them, including further digitalising or developing new ones where relevant to improve their interoperability, which is critical for an efficient intelligence gathering at Union level. The upcoming HERA IT platform for intelligence gathering will only be operational if Member States have strong national IT systems that are interoperable with HERA's IT system. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 to Member States is duly justified because this action can only be carried out by Member States' public health authorities. Their IT systems will complement and be interoperable with existing Union systems for early warning and response<sup>20</sup>, and the epidemic intelligence systems<sup>21</sup> for public health surveillance .

This action supports the policy priority to be better prepared to respond to cross-border health threats. It contributes to the achievement of the EU4Health Programme's general objective of protecting people in the Union from serious cross-border threats to health and strengthening the responsiveness of health systems and coordination among the Member States to cope with serious cross-border threats to health (Article 3, point (b)) through the specific objectives defined in Article 4, points (b) and (c), of Regulation (EU) 2021/522.

#### OBJECTIVES, SCOPE AND ACTIVITIES

The main focus of this action is to support Member States to enhance and/or improve national IT systems in an efficient and coordinated manner with the objective to obtain full interoperability. This will entail either developing new IT systems and/or strengthening/aligning existing IT systems for the assessment of health threat and intelligence gathering in the area of medical countermeasures at national level, as well as promoting data comparability. This will facilitate the integration of national IT systems with the HERA IT platform currently under development and complement existing Union systems for early

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<sup>20</sup> Decision 1082/2013/EU that defines the operation of the Early warning and response system (EWRS): <https://ewrs.ecdc.europa.eu/>

<sup>21</sup> EIOS – epidemic intelligence from Open sources - [Epidemic Intelligence from Open Sources - European Commission \(europa.eu\)](https://ec.europa.eu/eios/)

warning and response<sup>22</sup>, epidemic intelligence<sup>23</sup>, public health surveillance and medical countermeasures.

The direct grant will address specific needs related to IT infrastructure and processes that should be part of a plan of activities to build on, complement and extend IT systems and workflows at national and/or regional level. This can include all relevant phases of the workflow processes.

The strengthening of these systems will need to include the main features of the HERA's IT platform, in particular:

- Early detection and assessment of health threats that may require medical countermeasure response;
- Rapid assessment of health events in order to identify the relevant medical countermeasure response;
- Intelligence gathering on medical countermeasures, understood as the collection of relevant data and information;
- Data comparability and alignment;
- Consequence management;
- Exchange of data at local, regional and international level on serious cross-border threats to health.

#### **EXPECTED RESULTS AND IMPACT**

This action will deliver results that are directed, tailored, and contribute towards the following expected outcomes:

- (a) a HERA IT system for early warning, modelling, simulation, and forecasting at Union level<sup>24</sup> in which Member States' IT systems are fully integrated and interoperable; a horizon scanning, intelligence gathering and analysis function established in HERA (and complemented by other stakeholders, networks, etc.) which will be able to detect pertinent signals on possible cross-border health threats/disease outbreaks, as well as on specific medical countermeasures, and anticipatory threat assessments, contributing to address vulnerabilities and strategic dependencies or shortages of medical countermeasures level by assessing among others national data;
- (b) facilitating the rapid provision of medical countermeasures at regional, national and Union level.

Ultimately, this action will facilitate and improve the exchange of data across borders in relation to cross-border health threats and relevant medical countermeasure, ultimately enhancing preparedness and response at Union level. This action will complement international actions on epidemic intelligence and integrated surveillance (by WHO, and other global actors).

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<sup>22</sup> Decision 1082/2013/EU that defines the operation of the Early warning and response system (EWRS): <https://ewrs.ecdc.europa.eu/>

<sup>23</sup> EIOS – epidemic intelligence from Open sources - [Epidemic Intelligence from Open Sources - European Commission \(europa.eu\)](https://ec.europa.eu/eios/)

<sup>24</sup> Developed by HERA according to CP-p-22-01.03 – 2022 EU4Health Work Programme

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 06.6	Q2 /2022	10 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grants to Member States in accordance with Article 195, first paragraph, point (c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities



## **2. DISEASE PREVENTION (DP)**

### **2.1. HEALTH PROMOTION AND PREVENTION OF NON-COMMUNICABLE DISEASES AND RELATED RISK FACTORS**

#### **DP-g-07.1.1 Direct grants to Member States' authorities: implementation of best practices and research results on prevention of non-communicable diseases and risk factors**

##### **POLICY CONTEXT**

Non-communicable diseases (NCDs) such as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, represent the major share of the burden of disease in Europe accounting for 80% of deaths. NCDs are the result of a combination of genetic, physiological, environmental and behavioural factors. Beyond environmental issues, a number of modifiable risk factors may have important impacts on people's health and mortality; about 60% of deaths are attributed to modifiable risk factors such as smoking, physical inactivity, unhealthy diet, overweight and obesity and alcohol-related harm. Although these deaths are largely preventable, expenditure on preventive care is only around 3% of national health budgets in the Union.

To support the Member States in reaching the health targets of the United Nation's 2030 Agenda for Sustainable Development and its goals, the Commission has established a Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) to provide advice and expertise to the Commission and to foster exchanges of relevant experience, policies and practices between the Member States on how to tackle the burden of NCDs in the Union. Best practices, which are developed and implemented successfully in one country, are transferred more effectively to other countries by Union level actions with a concrete, direct, positive impact for citizens, health systems and society.

The Commission, via the SGPP, facilitates the transfer of best practices between Member States, allowing them to identify the areas where the interventions are needed. In the prioritisation exercise carried out in 2020, Member States indicated that the areas of need included reducing the use of tobacco products, improving the environmental determinants, reducing overweight and obesity and reducing alcohol-related harm. The Commission launched a best practice call for these risk factors in the Best Practice Portal. The Joint Research Centre will evaluate the submitted best practices and will contribute to identifying those to be proposed for implementation and transfer. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

This joint action supports the policy objective of reducing the burden of NCDs and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (i) of Regulation (EU) 2021/522.

##### **OBJECTIVES, SCOPE AND ACTIVITIES**

The aim of this joint action is to reduce the burden of NCDs and related risk factors, both at a personal and societal level.

Activities will include the transfer and implementation of best practices and implementable research results on prevention of diseases and related risk factors that have been identified by the Member States, including on the following disease risk factors:

- a) reducing the use of tobacco products;
- b) addressing environmental risk factors which have an impact on preventing NCDs;
- c) reducing overweight and obesity;
- d) reducing alcohol-related harm.

**EXPECTED RESULTS AND IMPACT**

The identification and roll out of best practices for implementation through population level disease prevention and health promotion interventions is expected to reduce the burden of NCDs in the Member States.

The short-term impact would be an increased number of public health interventions being scaled up in all Member States and improvements in disease prevention and health promotion, and management policies related to NCDs. Networking between experts will also provide benefits for developing and improving public health policies.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 07.1.1	Q2-Q3/2021	7 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to Member States (One or two thematic joint actions) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

## **DP-g-07.2.1 Direct grants to international organisations (OECD): collection and support for implementation of innovative best practices and research results on non-communicable diseases**

### **POLICY CONTEXT**

NCDs represent a major cause of disability, ill-health, health-related retirement and premature death in the Union, resulting in considerable social and economic costs. According to the Organisation for Economic Co-operation and Development (OECD), every year in the Union, approximately 550 000 people of working age die prematurely from NCDs. As the leading cause of mortality in the Union, they account for most healthcare expenses.

Risk factors often contribute to the onset of NCDs and thus present considerable challenges to patients, health systems and society. Late diagnosis, late intervention and inadequate management are also relevant factors adding to the burden caused by these chronic diseases. Given the long progression of most NCDs and the consequent burden on individuals and on health systems, it is also essential to identify the most efficient and cost-effective ways of managing these diseases and their effects. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can best be carried out by the OECD that has the required expertise and capacity to implement the action.

The expertise of the OECD will be mobilised to support Member States with the evaluation, transfer and implementation of best and innovative practices on NCDs.

This action supports the policy objective of reducing the burden of NCDs in the Union and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (i) of Regulation (EU) 2021/522).

### **OBJECTIVES, SCOPE AND ACTIVITIES**

To evaluate, identify and promote the exchange of effective, evidence-based and innovative actions which, when applied in a systematic way, could contribute towards reducing the burden of NCDs and addressing public health challenges across the Union.

Activities will comprise collection and expert support for the implementation of innovative or promising practices, which could address Member States' challenges as prioritised in the SGPP.

These activities will support Member States' efforts to achieve the Sustainable Development Goal 3.4, in particular by providing an identification of proven or promising innovative practices and research results in the priority areas agreed by the SGPP including gap analysis related to addressing key public health concerns.

### **EXPECTED RESULTS AND IMPACT**

This action is expected to result in:

- a) collection of innovative and promising interventions addressing key public health challenges identified under the SGPP;
- b) transfer of identified best practices implemented to alleviate the burden from NCDs to all the Member States.

In the short-term, this action will result in an increased number of public health interventions being scaled up in all Member States and improvements in disease prevention and health promotion, and management policies related to NCDs. Networking between experts will also provide benefits for developing and improving public health policies.

The action will have an impact on the reduction of premature morbidity from such diseases and conditions in the Union, and will reduce the burden from NCDs and risk factors, both at personal and societal level.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 07.2.1	Q2-Q3/2021	500 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to international organisations in accordance with Article 195(f) of Regulation (EU, Euratom) 2018/1046	HaDEA	International organisation (OECD)

## **DP-g-07.4.1 Call for proposals: action grants to support implementation of best practices on the ground with direct impact on the effort to tackle mental health challenges during COVID-19**

### **POLICY CONTEXT**

Mental health is an integral and essential component of health. It is critical to individual wellbeing, as well as to social and economic participation. The heavy individual, economic and social burdens of mental illness are not inevitable.

In 2018, approximately 13.5% of hospital beds in the Union were psychiatric care beds with wide disparities between the Member States in the number of beds per 100 000 inhabitants. Although many Member States have policies and programmes to address mental illness at different ages, the distribution of these actions is uneven throughout the life course. Fewer countries have programmes targeting the mental health of unemployed people and older people. The total costs of mental health account for more than 4% of GDP across the Member States (Health at a Glance: Europe 2018). Therefore, addressing mental health challenges through the identification and transfer of best practices and implementation of relevant research results is a necessary priority.

Furthermore, the COVID-19 pandemic has immediate and long-term consequences, including on mental health, which require action. The Commission Communication ‘Short-term EU health preparedness for COVID-19 outbreaks’<sup>25</sup> calls to support the roll-out of practices that address the mental health impact of COVID-19 and have a potential for improvements and to support health professionals as well as NGOs focusing on mental health challenges during the pandemic. Best practices, which are developed and implemented successfully in one country, can be transferred to other countries with a concrete, direct, positive impact for citizens, health systems and society.

This action supports the policy objective of reducing the burden of NCDs and meets the following the EU4Health Programme’s general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives in Article 4, points (a) and (i) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The aim of the action is to increase awareness, knowledge sharing and capacity building in the area of mental health.

Activities will include the transfer of practices shared within the Health Policy Platform network on ‘COVID-19 mental health support’. The Commission has set up a dedicated space on ‘COVID19 mental health support’ within the Health Policy Platform. This allows interested stakeholder organisations to come together to discuss and exchange mental health practices and knowledge. Coordinated by Mental Health Europe, the group includes a focus on the needs of specific and/or vulnerable groups, including children and young people.

In addition to exchanging practices, the network on ‘COVID-19 mental health support’ will increase awareness, knowledge sharing and support for health professionals’ training, including the development of necessary guidance and/or training material, such as video tutorials, manuals, etc.

### **EXPECTED RESULTS AND IMPACT**

It is expected that the implementation of best practices to address mental health challenges during the COVID-19 pandemic, for example targeting mental health in schools, will have a direct impact on the effort to reduce the burden in the Member States and will support health professionals and improve awareness.

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<sup>25</sup> COM/2020/318 final.

The short-term impact would be achieved through an increased number of public health interventions being scaled up in all Member States and improvements in disease prevention and health promotion, and management policies, and awareness-building and training capacity for health professionals to strengthen the capacity and capabilities to address the mental health impact of health crisis. The long-term impact would be the identification of solutions to tackle specific mental health issues, both at personal and societal level. Networking between experts will also provide benefits for developing and improving public health policies.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 07.4.1	Q2-Q3/2021	750 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Academia and education establishments, research institutes, hospitals, expert networks, ; civil society organisations (associations, foundations, NGOs and similar entities); Member States' authorities and established networks in the field of public health

## **DP/C-g-08.5.1 Call for proposals: action grants for the initiative ‘HealthyLifestyle4All’: promotion of healthy lifestyles**

### **POLICY CONTEXT**

Lifestyle factors, including healthy diet and physical activity, have long been recognised as potentially important determinants of cancer risk and other non-communicable diseases (NCDs), such as obesity and cardiovascular disease. The 4<sup>th</sup> edition of the European Code against Cancer recommends that to reduce their risk of cancer people have a healthy diet, are physically active in everyday life and limit the time spent sitting. However, only 3% of national health budgets are currently spent on health promotion and disease prevention. Therefore, there is a need to support Member States’ and stakeholders’ actions to promote healthy diets regular physical activity and the creation of physical and social environments where making healthy choices is easy.

The action supports the implementation of the Europe’s Beating Cancer Plan objective to improve health promotion through access to healthy diets and physical activity, and implements the EU4Health Programme’s general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objective defined in Article 4, point (a)) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The ‘HealthyLifestyle4All’ is an initiative, which will build upon the Tartu Call for a Healthy Lifestyle. The aim of this initiative will be to promote healthy lifestyles in the Union, in particular amongst children, and its scope will be widened to involve various Commission services, civil society organisations and the Member States.

This specific action will support the ‘HealthyLifestyle4All’ initiative by strengthening the health literacy component for the promotion of healthy lifestyles with a focus on the school setting, ensuring equal access to the activities by all socio-economic groups, and thereby reducing health inequalities. The work will be done through a holistic approach of a healthy school initiative, supporting Member States to create a healthy school environment. The action will support public authorities to increase opportunities for regular physical activity, to promote healthy lifestyles by exchanges of best practices on health literacy, including the health aspects of the Union school scheme and the promotion of the European Code against Cancer. The project will develop proposals for effective uptake of successful practices on health literacy and healthy lifestyles in schools.

This action will support activities involving key actors, including the Member States, regional and local governments, education establishments and civil society organisations, to help promote healthy choices and to make them easy and affordable choices. A Union approach will be developed and shared to promote investment in active mobility infrastructures, healthy canteens and to develop outreach measures. Targeted activities of the initiative will complement major Union initiatives, including the European Week of Sport, the EU school scheme, and the EU promotion policy for agri-food products, as well as the Action Plan for the Development of Organic Production<sup>26</sup>.

### **EXPECTED RESULTS AND IMPACT**

The expected results include:

- a) the creation of healthy school environments that promote healthy lifestyles with a spill-over effect on the whole community;

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<sup>26</sup> COM(2021)141 final.

- b) the broadening of cross-sectoral cooperation to promote healthy lifestyles across generations;
- c) the investment in a healthy school environment, including healthy canteens.

The action will help to improve healthy lifestyles of children and young people and consequently reduce the incidence of NCDs and reduce their impacts on the healthcare systems and social care systems, and ensure the growth and competitiveness of the economy by ensuring a healthy workforce.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 08.5.1	Q2-Q3/2021	4 400 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Civil society organisations (associations, foundations, NGOs and similar entities); Member States’ authorities and established networks in the field of public health.



## **DP/C-G-08.2.3/4 Call for proposals: action grants boosting cancer prevention through the use of the European Code against Cancer and other concerted actions**

### **POLICY CONTEXT**

About 40% of cancer cases in the Union are preventable. Prevention is also the most cost-efficient long-term cancer control strategy. It is estimated that the cancer burden could be reduced by up to 50% if scientific knowledge on causes of cancer could be translated into successful preventive actions, including through improving health literacy with the view to increasing access to understandable messages on prevention, including by hard-to-reach and marginalised groups of the population.

One of the policy objectives of Europe's Beating Cancer Plan is to improve health literacy on cancer risks and determinants. Initiatives will be launched to give people the information and tools they need to make healthier choices. The European Code against Cancer, which was first published in 1987, has a long-standing tradition as a preventive tool aimed at reducing the burden of cancer by informing people on how to avoid or reduce carcinogenic exposures, adopt behaviours to reduce their cancer risk, or to participate in organised intervention programmes. The European Code against Cancer needs to be updated to take into account the latest scientific developments and to include new evidence-based recommendations to improve health literacy and to guide national health policies in cancer prevention.

Evidence demonstrates that the recommendations of the European Code against Cancer are only partially reaching the general population. Therefore, there is a need to improve its impact across the Union. To achieve this, there is a need for the appropriate tools and instruments to improve communication with the public and to make use of new communication tools, including taking into account a gender-sensitive approach. An 'EU Mobile App for Cancer Prevention' will be developed to extend the coverage of the European Code against Cancer, to help behavioural interventions through commitment devices and reminders, with the aim of empowering people to manage their own health. To ensure that the recommendations of the European Code against Cancer are understood and translated into practice, communication will be adapted according to the literacy level of the target population, as a low health literacy is one of the social determinants of health associated with cancer-related disparities.

This action supports the implementation of a Europe's Beating Cancer Plan flagship initiative and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (j) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The aim of this action is to improve access to and understanding of risk factors and health determinants to improve health outcomes for cancer.

Action grants will be provided:

- (a) to support the usability of the recommendations of the European Code against Cancer through the 'EU Mobile App for Cancer Prevention' by means of activities covering training, piloting and promotion amongst the general population.
- (b) to support 'Health Literacy for Cancer Prevention and Care' by means of activities that develop and share best practices to strengthen health literacy in cancer prevention and care programmes, with a focus on disadvantaged groups. These activities will include the assessment of literacy on cancer prevention and will provide support for targeted actions to improve the degree to which individuals have the capacity to obtain, process, and understand health information to make informed decisions about cancer prevention. These targeted actions will be designed taking into consideration health literacy programs developed within healthcare systems and in the community,

for instance, to reduce medical jargon and improve education using plain language, easy-to-understand written materials and teach-back, and also plain language written materials, including visuals to provide more culturally and linguistically appropriate health education and enhanced web-based information

#### EXPECTED RESULTS AND IMPACT

The expected results are:

- (a) increased usability of ‘EU Mobile App for Cancer Prevention’ amongst the general population through training, piloting and promotion;
- (b) the launch of a project to increase health literacy for cancer prevention and care.

The action aims to reduce individual cancer risks across the Union through the application of the European Code against Cancer recommendations.

#### INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

Call topic/sub-topic	Estimated call publication	Budget
Call for Proposals		
Sub-topic (a) 08.2.3 <i>Support for mobile app training, piloting, promotion, use</i>	Q2-Q3/2021	1 500 000 EUR
Sub-topic (b) 08.2.4 <i>Support for health literacy</i>		1 000 000 EUR
Procedure type	Implemented by	Type of applicants targeted
Open call for proposals (action grants)	HaDEA	Civil society organisations (associations, foundations, NGOs and similar entities); Member States’ authorities and established networks in the field of public health

## **DP/C-g-11.2.2 Direct grants to international organisation (OECD): establishment of a Cancer Inequalities Registry to map disparities and inequalities between Member States and regions**

### **POLICY CONTEXT**

Currently no systematic surveillance and reporting mechanism exists to track the cancer situation in the Union. Building on (mostly) existing data and indicators collected for instance through the augmented European Cancer Information System, and the European Statistical System (Eurostat), the Cancer Inequalities Registry is expected to make comparable up-to-date quantitative cancer indicators available in a systematic and easily accessible way to the general public and policy-makers.

A number of indicators show major differences in cancer prevention and care between and within Member States. These disparities and inequalities can be seen in access to prevention programmes, in rates of early cancer detection, diagnosis, treatment, survival and measures to improve quality of life of cancer patients and survivors. These inequalities are unacceptable in a European Health Union that seeks to protect everyone. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can best be carried out by the OECD that has the required expertise and capacity to implement the action.

This action supports the implementation of Europe's Beating Cancer Plan flagship initiative to establish a Cancer Inequalities Registry to reduce cancer inequalities across the Union, and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives in Article 4, points (a) and (i) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The aim of this action is to make available quantitative data and contextual qualitative analysis of the cancer situation in the Member States in an easily accessible and digestible form.

The cancer situation and trends in the Union and the Member States will be monitored, including at sub-national level and for specific socioeconomic groups, to identify areas of potential action and to guide investment decisions on Union and national level.

These activities will provide systematic and comparable information and analysis on the cancer situation in Member States and at Union level, including on inequalities between and within Member States to inform Union investment decisions in cancer control.

The quantitative indicators will be complemented by the regular publication of analytical reports contextualising the quantitative data, and by qualitative information in relation to Union and national cancer control policies identifying trends, gaps and inequalities, with a view to informing and steering future investment decisions at Union and national level.

### **EXPECTED RESULTS AND IMPACT**

The establishment of a Cancer Inequalities Registry to map key cancer data is expected to result in the identification of inequalities between Member States and regions. A consolidated view of the inequality landscape across the Union will assist in targeting investments and interventions at Union, national and regional level to address trends, disparities and inequalities between Member States and regions.

The expected impact will be a reduction in measurable disparities in cancer prevention and care across the Union.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 11.2.2	Q2-Q3/2021	1 500 000
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to international organisations in accordance with Article 195(f) of Regulation (EU, Euratom) 2018/1046	HaDEA	International organisation (OECD)

## **2.2. Cancer: SAVING LIVES THROUGH SUSTAINABLE CANCER PREVENTION**

### **DP/C-g-08.1.1 Call for proposals: action grants to support actions to improve access to human papillomavirus vaccination**

#### **POLICY CONTEXT**

Cervical cancer is one of the most preventable and treatable forms of cancer. The primary cause of cervical cancer is a persistent infection of the genital tract by a high-risk human papillomavirus (HPV) type. HPV is also associated with other cancers, in both the male and female population.

In May 2018, the World Health Organisation (WHO) called for the elimination of cervical cancer as a public health problem, and set a target of 90% coverage of HPV vaccination in girls by 2030 in the Global Strategy Towards the Elimination of Cervical Cancer as a Public Health Problem drafted in 2019. In the Union, HPV vaccination has been gradually introduced in national immunisation programmes since 2007, but policies and vaccination coverage rates vary across countries.

One of the flagship initiatives of Europe's Beating Cancer Plan is to vaccinate at least 90% of the Union target population of girls and to significantly increase the vaccination of boys by 2030, in order to eliminate cervical cancer and other cancers caused by HPV such as head-and-neck and anal cancers. To support this initiative, the Commission will propose a Council recommendation on vaccine-preventable cancers to help address cancer risks associated with HPV infection and other infections.

This action supports the implementation of a Europe's Beating Cancer Plan flagship initiative and meets the following EU4Health Programme general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives in Article 4, points (a) and (j) of Regulation (EU) 2021/522.

#### **OBJECTIVES, SCOPE AND ACTIVITIES**

The aim of the action is to contribute to the implementation of Europe's Beating Cancer Plan, which aims to support Member States' efforts to extend the roll-out of routine HPV vaccination of girls and boys to eliminate cervical cancer and other cancers caused by HPV in the coming decade.

The action will support civil society organisations, including non-governmental organisations, to complement the Member States' actions according to national and regional needs related to HPV vaccination policies and programmes. Those Member States, which need to start large-scale HPV vaccination campaigns, will receive support through the provision of expertise, best practices, and guidelines covering the planning and roll-out of vaccination campaigns.

These activities may include training on how to successfully communicate with parents and patients on HPV vaccination, how to ensure the provision of consistent messages to the public, and the provision of concrete examples on how to support vaccination in other Member States. Activities may include recommendations for the 'bundling' of all adolescent vaccines, including the HPV vaccine, by establishing a policy to check patients' immunisation status at every visit and to always recommend and administer vaccines to those in need. Actions will be designed on the already available evidence-based understanding of behavioural determinants of vaccination acceptance for HPV vaccination.

## EXPECTED RESULTS AND IMPACT

The action will contribute to the design, planning and roll-out of an HPV vaccination campaign at Member State level.

The expected impact is the improvement of the vaccination coverage of the target population, and a reduction in the incidence and mortality of cervical and other cancers caused by HPV.

## INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 08.1.1	Q2-Q3/2021	1 200 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grant)	HaDEA	Civil society organisations (associations, foundations, NGOs and similar entities).

## **DP/C-g-08.1.2 Direct grant to Member States' authorities: support to assist Member States to roll out large-scale human papillomavirus vaccination campaigns**

### **POLICY CONTEXT**

Cervical cancer is one of the most preventable and treatable forms of cancer. Its primary cause is a persistent infection of the genital tract by a high-risk human papillomavirus (HPV) type. HPV is also associated with other cancers, in both the male and female population.

In May 2018, the World Health Organisation (WHO) called for the elimination of cervical cancer as a public health problem, and set a target of 90% coverage of HPV vaccination in girls by 2030 in the Global Strategy Towards the Elimination of Cervical Cancer as a Public Health Problem drafted in 2019. In the Union, HPV vaccination has been gradually introduced in national immunisation programmes since 2007, but policies and vaccination coverage rates vary across countries.

One of the flagship initiatives of Europe's Beating Cancer Plan is to vaccinate at least 90% of the Union target population of girls and to significantly increase the vaccination of boys by 2030, in order to eliminate cervical cancer and other cancers caused by HPV, such as head-and-neck and anal cancers. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level

This joint action supports the policy objective of reducing the burden of non-communicable diseases and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (i) of Regulation (EU) 2021/522).

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The aim of this joint action is to contribute to the implementation of Europe's Beating Cancer Plan, which aims to support Member States' efforts to extend the roll-out of routine HPV vaccination of girls and boys to eliminate cervical cancer and other cancers caused by HPV in the coming decade.

The joint action will support the exchange of validated best practices between the Member States to ensure a consistent and efficient roll-out of HPV vaccination.

### **EXPECTED RESULTS AND IMPACT**

The joint action is expected to result in:

- a) the identification, sharing, and implementation of validated best practices to support Member States in their national efforts to roll-out HPV vaccination;
- b) the extension of the benefits of these best practices to the participating Member States.

The expected impact is the improvement of vaccination coverage of the target population and a reduction in the incidence and mortality of cervical and other cancers caused by HPV.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 08.1.2	Q2-Q3/2021	3 800 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct Grant to Member States (Joint action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities



## **DP/C-g-08.2.2 Direct grants to international organisations (International Agency for Research on Cancer (IARC)) to revise and update the European Code against Cancer**

### **POLICY CONTEXT**

About 40% of cancer cases in the Union are preventable. Prevention is also the most cost-efficient long-term cancer control strategy. It is estimated that the cancer burden could be reduced by up to 50% if scientific knowledge on causes of cancer could be translated into successful preventive actions.

One of the policy objectives of Europe's Beating Cancer Plan is to improve health literacy on cancer risks and determinants. Initiatives will be launched to give people the information and tools they need to make healthier choices. The European Code against Cancer, which was first published in 1987, has a long-standing tradition as a preventive tool aimed at reducing the burden of cancer by informing people how to avoid or reduce carcinogenic exposures, adopt behaviours to reduce their cancer risk, or to participate in organised intervention programmes. The 4<sup>th</sup> edition of the European Code against Cancer will be updated to take into account the latest scientific developments and include new evidence-based recommendations to improve health literacy. The updated 5<sup>th</sup> edition of the European Code against Cancer will guide national health policies in cancer prevention. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can best be carried out by the IARC that has the required expertise and capacity to implement the action.

This action supports the implementation of the Europe's Beating Cancer Plan and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (j) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The International Agency for Research on Cancer will be mandated to revise the 4<sup>th</sup> edition of the European Code against Cancer which is a set of recommendations providing advice on the prevention of cancer, taking into account the principles and the three levels of information of the 4<sup>th</sup> edition:

- a) Level I: cancer risk-reduction recommendations to the general public;
- b) Level II: questions and answers to the general public explaining and providing additional information on the recommendations on how to reduce cancer risk, including messages for specific target groups and information on interventions to reduce exposure and practical preventive actions on how to best follow the recommendations;
- c) Level III: scientific justification of the recommendations by means of peer-reviewed analysis of available scientific evidence done by experts.

### **EXPECTED RESULTS AND IMPACT**

The expected result is a revised and updated European Code against Cancer (5<sup>th</sup> edition).

The action aims to reduce individual cancer risks across the Union through the application of the European Code against Cancer recommendations.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants - 08.2.2	Q2-Q3/2021	1 500 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct Grant to international organisations in accordance with Article 195(f) of Regulation (EU, Euratom) 2018/1046	SANTE	International organisation (International Agency for Research on Cancer)

## DP/C-g-08.6.1 Call for proposals: action grants to reduce liver and gastric cancers caused by infections

### POLICY CONTEXT

Europe's Beating Cancer Plan aims to ensure access to vaccination against Hepatitis B and to treatments to prevent liver and gastric cancers associated with the Hepatitis C virus and *Helicobacter pylori* infections, respectively. According to the European Centre for Disease Prevention and Control (ECDC)<sup>27</sup>, when compared with 2011, the mortality rate in 2015 for all cases of hepatocellular carcinoma increased by 5.3%, and progress towards the 2030 elimination target of a 65% reduction in mortality from the 2015 baseline is currently sub-optimal. Gastric cancer associated with *Helicobacter pylori* infection show important gaps in incidence across the Union. Moreover, there is an acute need to address the risk of liver cancer associated with these specific infections.

The action supports the implementation of the Europe's Beating Cancer Plan objective to prevent cancers caused by infections and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, point (a) and (j).

### OBJECTIVES, SCOPE AND ACTIVITIES

The action aims to reduce the risk of liver cancers associated with infections caused by the Hepatitis B and Hepatitis C viruses and the risk of gastric cancers caused by *Helicobacter pylori*.

Each of the three types of infectious agents will be addressed by specific approaches targeted to support vaccination in case of Hepatitis B virus and to drug treatment in case of Hepatitis C virus and *Helicobacter pylori*. In addition, specific activities will be dedicated to the early detection of infections, the cornerstone strategy to reduce the risk of liver and gastric cancer caused by the three mentioned pathogens.

### EXPECTED RESULTS AND IMPACT

Reduction of incidence of Hepatitis B infections and chronic diseases and reduction of Hepatitis C and *Helicobacter pylori* related liver and gastric cancers, respectively.

### INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

Call topic/sub-topic	Estimated call publication	Budget
Call for Proposals – 08.6.1	Q2-Q3/2021	2 000 000 EUR
Procedure type	Implemented by	Type of applicants targeted
Open call for proposals (action grants)	HaDEA	Academia and education establishments, research institutes, hospitals; enterprises in the field of public health; Member States' authorities and established networks in the field of public health

<sup>27</sup> Technical Report, Monitoring the responses to Hepatitis B and C epidemics in EU/EEA Member States, 2019.

## **2.3. Cancer: IMPROVING EARLY DETECTION**

### **DP/C-g-09.1.2 Call for proposals: action grants to support accreditation and certification of quality assurance schemes for breast, colorectal and cervical cancer screening programmes**

#### **POLICY CONTEXT**

Cancer screening is necessary for disease risk reduction as it allows the detection of the disease at an early stage of invasiveness or even before the cancer becomes invasive. Screening therefore is an important tool in limiting morbidity and improving survival rates of those who have developed cancer.

In the Union, countries have adopted significant measures to deliver cancer screening services to their populations as recommended in the Council Recommendation of 2 December 2003 on cancer screening<sup>28</sup>. Screening methodologies are subject to ongoing development and therefore the application of recommended screening approaches and methodologies should be accompanied by simultaneous assessments of the quality, applicability and cost-effectiveness of new methods.

Quality assurance at all levels of population-based screening programmes can only be ensured if good information about benefits and risks, adequate resources, follow-up with complementary diagnostic procedures and treatment of those with a positive screening test are available.

The report on the implementation of the Council Recommendation on cancer screening (2017)<sup>29</sup> demonstrated barriers to access to screening services by the population and also to deliver quality-assured services. These barriers introduce serious inequities at the Union level and the delivery of quality-assured services in a population-based approach still has to be assessed and addressed through pragmatic public health initiatives in many countries.

This action supports the implementation of a Europe's Beating Cancer Plan flagship initiative and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (j) of Regulation (EU) 2021/522.

#### **OBJECTIVES, SCOPE AND ACTIVITIES**

To support the Member States in the implementation of accreditation and certification schemes for cancer screening programmes in agreement with the Union (EU) guidelines and quality assurance schemes for population based screening programmes. Activities will include the organisation, implementation and running of accreditation and certification activities making use of guidelines for breast, colorectal and cervical cancer screening, diagnosis and care.

#### **EXPECTED RESULTS AND IMPACT**

The expected result is the implementation at national and regional level of accreditation and certification of quality assurance schemes for breast, colorectal and cervical cancer screening.

This action will improve the quality and performance of population-based screening for breast, cervical and colorectal cancers and will reduce the disparity among the Member States associated with an unequal access to quality-assured screening programmes.

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<sup>28</sup> OJ L 327, 16.12.2003, p.34-38.

<sup>29</sup> Cancer Screening in the European Union (2017). Report on the implementation of the Council Recommendation on cancer screening, International Agency for Research on Cancer.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 09.1.2	Q2-Q3/2021	2 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Civil society organisations (associations, foundations, NGOs and similar entities); academia and education establishments, research institutes, hospitals, expert networks and Member States' authorities - cancer centres

## **DP/C-g-09.2.2 Call for proposals: action grants on collection tasks in relation to updating the European Cancer Information System to monitor and assess cancer screening programmes**

### **POLICY CONTEXT**

The European Cancer Information System (ECIS) managed by the Joint Research Centre provides the latest information on indicators that quantify cancer burden across Europe. It permits the exploration of geographical patterns and temporal trends of incidence, mortality and survival data across Europe for the major cancer entities. The survival rate for cervical, breast and colorectal cancer is a key indicator of how effective healthcare systems are in cancer care, reflecting both efficiency in early detection and the effectiveness of treatment. There is a need to further develop the ECIS to enable the monitoring and assessment of cancer screening programmes, which will require the collection of the relevant data from those entities in the Member States responsible for cancer screening.

This action supports the implementation of a Europe's Beating Cancer Plan flagship initiative and links also with the European Health Data Space and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a), (f) and (i) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

This action will support linking the data provided by the cancer screening programmes into ECIS with a view to allowing the permanent monitoring of the screening programmes, including the performance indicators.

The action will consist in the collection of data from entities in the Member States that are responsible for collecting data on cancer screening, in order to provide this data to ECIS, and develop a piloting of the new ECIS functionality as well as a new separate section to ensure a permanent collection and monitoring of the coverage and performance indicators of population-based cancer screening across the Union.

### **EXPECTED RESULTS AND IMPACT**

The expected result is the collection of the relevant cancer screening data from the Member States.

This action will improve the monitoring of the implementation of cancer screening programmes across the Union, and will have an impact on the implementation of such programmes by providing the Member States with evidence-based information to strengthen their programmes.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 09.2.2	Q2-Q3/2021	2 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Networks in the field of public health (responsible for cancer screening); Member States' authorities; academia and education establishments; research institutes and civil society organisations (associations, foundations, NGOs and similar entities).

## **2.4. Cancer: ENSURING ACCESS TO HIGH STANDARD CANCER CARE DIAGNOSIS AND TREATMENT**

### **DP/C-g-10.1.1 Call for proposals: action grants for ‘EU Cancer Treatment Capacity and Capability Mapping’ project - Network of Comprehensive Cancer Centres**

#### **POLICY CONTEXT**

The European Guide on Quality Improvement in Comprehensive Cancer Control recommends as a priority the establishment of Comprehensive Cancer Care Networks, and likewise the Horizon Europe Cancer Mission Board recommends the establishment of such structures in all Member States as well as the networking of these centres at Union level.

One of the flagship initiatives of Europe’s Beating Cancer Plan is the establishment by 2025 of an EU Network linking recognised National Comprehensive Cancer Centres in every Member State to facilitate the uptake of quality-assured diagnosis and treatment, in agreement with the European guidelines and quality assurance schemes for population based screening programmes, including training, research and clinical trials across the Union. The Cancer Plan aims to ensure that 90% of eligible patients have access to such centres by 2030.

This action supports the implementation of a flagship initiative of Europe’s Beating Cancer Plan objective to deliver higher-quality care and links also with the European Health Data Space and the European Digital Cancer Patient Centre, and implements the EU4HealthProgramme’s general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (g) of Regulation (EU) 2021/522.

#### **OBJECTIVES, SCOPE AND ACTIVITIES**

The ‘EU Cancer Treatment Capacity and Capability Mapping’ action aims to map and share the different capabilities and expertise available across the Union. The action will support the identification of the different capabilities and expertise available across the Union, and build the foundation to regularly identify gaps and needs to be addressed at national and regional level across the Union. At the same time, the EU Network of Comprehensive Cancer Centres will be updated on cancer care innovation as well as on cancer workforce training.

#### **EXPECTED RESULTS AND IMPACT**

The mapping of EU Cancer Treatment Capacity and Capability in the Member States is expected to result in facilitating the delivery of higher-quality care and reduce inequalities across the Union, while enabling patients to benefit from diagnosis and treatment close to home.

#### **INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 10.1.1	Q2-Q3/2021	1 200 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Academia and education establishments, research institutes, hospitals, expert networks ,Member States’ authorities and established networks in the field of public health



## **DP/C-g-10.1.2/3 Direct grants to Member States' authorities: network of Comprehensive Cancer Centres**

### **POLICY CONTEXT**

The European Guide on Quality Improvement in Comprehensive Cancer Control recommends as a priority the establishment of Comprehensive Cancer Care Networks, and likewise the Horizon Europe Cancer Mission Board recommends the establishment of such structures in all Member States and the networking of these centres at Union level.

One of the flagship initiatives of Europe's Beating Cancer Plan is the establishment by 2025 of an EU Network linking recognised National Comprehensive Cancer Centres in every Member State, to facilitate the uptake of quality-assured diagnosis and treatment, including training, research and clinical trials across the Union. The Cancer Plan aims to ensure that 90% of eligible patients have access to such centres by 2030. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

This joint action supports the implementation of a flagship initiative of Europe's Beating Cancer Plan objective to deliver higher-quality care and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (g) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

(a) Preparatory activities to establish 'National Comprehensive Cancer Centres and EU Network linking these Centres:

The aim of this joint action is to establish or upgrade Comprehensive Cancer Centres in Member States, and the creation of an EU network of the already existing and newly established Comprehensive Cancer Centres.

The EU Network of National Comprehensive Cancer Centres will support the implementation of quality-assured early detection, screening, diagnosis, treatment, support to cancer survivors, and training of the cancer workforce.

(b) Preparatory activities to establish an EU Network of Expertise on Cancers and Cancer Conditions:

The aim of this joint action is to establish the new EU Network of Expertise on Cancers and Cancer Conditions.

The EU Network will link with the existing four European Reference Networks for Rare Cancers and a group of new (possibly 5) EU Networks of Expertise to be funded under this action. This action will prepare the establishment of new EU Networks of Expertise, which will be supported to target specific, challenging cancer conditions, benefiting from cross-border cooperation and Union expertise. These conditions include metastatic diseases, co-morbidities in cancer care, complex cancers with poor prognosis and specific conditions related to genomics in cancer care, integrative oncology, palliative care and survivorship.

### **EXPECTED RESULTS AND IMPACT**

The expected results are the following:

(a) the establishment of an EU Network of National Comprehensive Cancer Centres, that is expected to improve early detection of cancers in the general population, and to enable cancer patients and survivors to benefit from better access to all steps of cancer care, from diagnosis

to treatment, rehabilitation, palliative care and support to survivorship, and to innovative approaches that will have the potential to be developed in the future. The establishment of the EU Network will also help with patient mobility to ensure adequate treatment for patients with complex conditions.

(b) the Union will benefit from a unique EU Network that will help in the fight against cancer in a more equitable way and follow a modern comprehensive approach, including the showcasing of the highest standards of cancer care at an international level, by ensuring shared high-quality cancer care across the Union, and enabling patients to benefit from diagnosis, treatment and care of high Union standard as close as possible to home.

#### INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

Call topic/sub-topic	Estimated call publication	Budget
Direct grants - 10.1.3 <i>Preparatory activities on creation of National Comprehensive Cancer Centres and EU Networking</i>	Q2-Q3/2021	3 000 000 EUR
Direct grants - 10.1.2 <i>Establishment of new EU Network of Expertise on Cancers and Cancer Conditions</i>		4 000 000 EUR
Procedure type	Implemented by	Type of applicants targeted
Direct grant to Member States (Joint action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

## DP/C-g-10.2.1 Call for proposals: Action grants for inter-speciality cancer training programme

### POLICY CONTEXT

An objective of Europe's Beating Cancer Plan is to build a stronger multidisciplinary cancer workforce. High-quality cancer care depends on a high-quality workforce. Patients deserve the best care possible and health professionals need support to ensure they can receive training and keep updating their skills throughout their professional lives. An 'inter-speciality cancer training programme' will be launched to help deliver a more skilled and mobile cancer workforce through cross-border training and information-sharing.

This action supports the implementation of the Europe's Beating Cancer Plan objective to ensure a high-quality health workforce and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (g) of Regulation (EU) 2021/522.

### OBJECTIVES, SCOPE AND ACTIVITIES

The aim of this action is to update the skills of healthcare professionals and foster the development of a high-quality workforce.

This action will develop an inter-speciality cancer training programme focused on clinical oncology, surgery and radiology specialities, including their nursing services, as well as on patients' quality of life and well-being, including mental, psychosocial and nutritional support, along with patient empowerment.

### EXPECTED RESULTS AND IMPACT

The establishment of an inter-speciality cancer training programme is expected to result in the upskilling and re-skilling of healthcare professionals in the areas of clinical oncology, surgery and radiology, and related nursing services.

This action will help the Member States to improve cooperation among their cancer services, by addressing skills gaps and better equipping the health workforce with personnel trained in cancer care.

### INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

Call topic/sub-topic	Estimated call publication	Budget
Call for Proposals - 10.2.1	Q2-Q3/2021	5 000 000 EUR
Procedure type	Implemented by	Type of applicants targeted
Open call for proposals (action grants)	HaDEA	Academia and education establishments, research institutes, hospitals, expert networks including ERNs, Member States' authorities and established networks in the field of public health

## **DP/C-g-10.3.1 Call for proposals: action grants for a project on the quality and safety of radiation technology in diagnosis and treatment of cancer**

### **POLICY CONTEXT**

Europe's Beating Cancer Plan will seek to ensure that people in the Union have the right to access affordable, preventive and curative healthcare of good quality, as called for under the European Pillar of Social Rights. High-quality cancer care depends on a number of factors including access to essential medicines and innovation.

The large majority of current radiation technologies used in medicine address cancer diagnosis and treatment, and the quality and safety of these medical applications needs to be harmonised across the Union as it is evident that disparities exist in the applied level of such standards. In addition, the supply of radioisotopes used for cancer diagnosis and treatment is still not constant and subject to interruptions, therefore measures should be developed to ensure their sustainable supply, in particular in the long-term.

This action supports the Europe's Beating Cancer Plan objective to ensure high standards in cancer care and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (g) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The aim of the action is to enhance the quality and safety and optimise radiation technology in medicine.

This action will be implemented in close cooperation with the Strategic Agenda for Medical Ionising Radiation Applications of nuclear and radiation technology (SAMIRA) and the activities will be grouped as follows:

#### **(a) Quality and safety of medical radiation applications**

The action will include accompanying activities to build co-operations, support and monitor medical radiations applications, develop evidence-based guidance and practical tools for quality and safety of medical ionising radiation applications, EU dose registry for patients undergoing radiological and nuclear medicine imaging, support to align Euratom / EU action on medical radiological diagnostic and therapeutic equipment, including acceptance and performance testing, technical standards and harmonised reporting of adverse events, align Euratom / EU action on radiopharmaceuticals, and support actions for clinical audit of radiology, nuclear medicine and radiotherapy practices.

#### **(b) Workforce education and training**

The action will include activities for the Union-wide monitoring of workforce availability, education and training; capacity building in modern radionuclide cancer diagnosis, therapy and 'theragnostics'; and to establish EU curricula and certification schemes in the quality and safety of radiology, nuclear medicine and radiotherapy.

#### **(c) Equal access to modern medical radiation technology and interventions**

The action will include monitoring of the Union imaging and radiotherapy equipment base and the availability of modern quality and safety features; develop quality and safety criteria and optimised imaging protocols for advanced medical imaging; cover medical radiation technology, including diagnostic and therapeutic application, in national cancer plans; improve evidence for clinical efficacy of novel cancer interventions involving ionising radiation.

## EXPECTED RESULTS AND IMPACT

The action will contribute to improve the quality and safety of medical radiation applications, the standards of the workforce in the radionuclear medical sector through education and training, and it will facilitate a more equal access to modern medical radiation technology and interventions.

In addition, the action will help to better align Euratom and EU health actions on important issues such as safety and quality in medical and radiation applications and in radiopharmaceuticals. It will contribute to a reduction in discrepancies through a shared and harmonised approach to current radiation technology for medical applications to address cancer diagnosis and treatment.

This action will ultimately benefit cancer patients and the general population in accessing radiology and nuclear medicine services in the Member States.

## INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 10.3.1	Q2-Q3/2021	3 500 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Academia and education establishments, research institutes, hospitals, expert networks including ERNs, enterprises in the field of public health, Member States' authorities and established networks in the field of public health

## DP/C-g-10.4.1 action grants for the Computer-aided Drug Repurposing for Cancer Therapy Project

### POLICY CONTEXT

Despite huge improvements, current anticancer pharmacological therapies are effective in a limited number of cancer cases. Tumours with a high mortality rate, a target not reachable by chemotherapy, and chemotherapy resistance, represent the current challenges of cancer treatments. As the pharmaceutical productivity and drug efficacy in oncology seem to have reached a plateau, ‘drug repurposing’ – meaning the use of old drugs, already in clinical use, for a different therapeutic indication, is a promising and viable strategy to improve cancer therapy. Opportunities for drug repurposing are often based on occasional observations or on time-consuming pre-clinical drug screenings that are often not hypothesis-driven.

This action supports the implementation of Europe’s Beating Cancer Plan objective to ensure high standards in cancer care and implements the EU4Health Programme’s general objective of improving and fostering health in the Union (Article 3, point (a) through the specific objectives defined in Article 4, points (a) and (g) of Regulation (EU) 2021/522.

### OBJECTIVES, SCOPE AND ACTIVITIES

The aim of the action is to identify potential viable effective anti-cancer drugs by making use and piloting ‘in-silico drug repurposing’ including by upscaling available innovation<sup>30</sup> using advanced computing and the new big-data technologies and high-performance computing while reducing timeframes and development costs.

The action will launch an EU platform based on ‘computational drug networks’ to predict, in-silico, the efficacy of approved drugs against relevant cancer targets, as well as to select better responder patients or disease biomarkers. This will be implemented following a time and cost-effective approach, also building on experiences with repurposing of medicines to treat COVID-19, where high-performance computing will be used to rapidly test existing molecules and new drug combinations.

The action will also devise and test models for closer collaboration among stakeholders.

### EXPECTED RESULTS AND IMPACT

The launch of an EU platform based on improved ‘computational drug networks’ is expected to result in a better prediction of the efficacy of approved drugs against relevant cancer targets, as well as to select better responder patients or disease biomarkers, and to link Member States’ structures responsible for cancer treatment and care.

Starting with cancers with poor prognosis and rare cancers, and using high-performance computing, this work will help to improve the arsenal of anticancer drugs and overcome certain limitations of modern cancer therapies against old and new therapeutic targets in oncology.

The action is likely to increase available anticancer drugs and overcome limitations of current cancer therapies against old and new therapeutic targets in oncology, to the final benefit of patients with poor prognosis and rare cancers.

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<sup>30</sup> For example from HORIZON-HLTH-2021-DISEASE-04-02: *Building a European innovation platform for the repurposing of medicinal products.*

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 10.4.1	Q2-Q3/2021	3 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Academia and education establishments, research institutes, hospitals, expert networks, private entities, Member States' authorities, and established networks in the field of public health

## **DP/C-g-10.5.1/2 Call for proposals: action grants for ‘Cancer Diagnostic and Treatment for All’ including ‘Genomic for Public Health’**

### **POLICY CONTEXT**

Cancer is strongly driven by genomic modifications, and new technological approaches are now available for diagnostic, therapeutic and personalised risk-assessment for prevention. These new approaches have a relevant positive impact on the outcome of cancer care. Therefore, there is a need to support access to such measures while guaranteeing a viable and a high standard of performance of these new techniques.

This action supports the implementation of Europe’s Beating Cancer Plan objective to ensure high standards in cancer care and implements the EU4Health Programme’s general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (g) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The new ‘Cancer Diagnostic and Treatment for All’ initiative, and the ‘Genomic for Public Health’ project will help Member States to improve access for individuals and cancer patients and survivors to prevention, diagnosis and treatment of cancer through personalised medicine, by upscaling available innovation<sup>31</sup> in the field of innovative cancer diagnosis and treatment.

Sub-topic (a) - ‘Cancer Diagnostic and Treatment for All’ initiative: It will use the ‘next generation sequencing’ technology for a quick and efficient application of personalised cancer diagnosis and treatment. The action will scale up the already available results in genetic profiling of patients and tumour cells allowing cancer centres to share such cancer profiles with a view to apply the same or similar diagnostic and therapeutic approaches to patients with comparable cancer profiles across the Union.

Sub-topic (b) - ‘Genomic for Public Health’ project: which is expected, to scale up the ‘1+ Million Genome Initiative’ results, to translate them into implementable public health measures to address cancer prevention on the basis of specific individual genetic profiles, which indicates the susceptibility of individuals to develop a certain type of cancer. Therefore, the project will open new perspectives to personalised risk-assessment and targeted cancer prevention.

### **EXPECTED RESULTS AND IMPACT**

The ‘Cancer Diagnostic and Treatment for All’ and the ‘Genomic for Public Health’ actions will help Member States to develop guidelines and recommendations to better determine who and what to test, organise health services to implement genetic testing, and provide specific education and training for health workers to advance our understanding of cancer control. Ultimately, individuals and cancer patients will benefit on a large-scale of high quality and viable way to prevent cancer, to diagnose and treat it.

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<sup>31</sup> For example, from OncGNS: Next Generation Sequencing diagnostics in 21<sup>st</sup> century oncology: the best, for all, at all times.



**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
<p>Call for Proposals</p> <p><b>Sub-topic 10.5.1</b></p> <p><i>Cancer Diagnostic and Treatment for All</i></p> <p><b>Sub-topic 10.5.2</b></p> <p><i>Genomics for Public Health project</i></p>	<p>Q2-Q3/2021</p>	<p>3 000 000 EUR</p> <p>3 000 000 EUR</p>
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
<p>Open call for proposals (action grants)</p>	<p>HaDEA</p>	<p>Academia and education establishments, research institutes, hospitals, expert networks including ERNs, private entities (profit and non-profit) and established networks in the field of public health</p>

## **2.5. Cancer: IMPROVING THE QUALITY OF LIFE FOR CANCER PATIENTS, SURVIVORS AND CARERS INCLUDING REDUCING INEQUALITIES IN CANCER CARE AND CHILDHOOD CANCERS**

### **DP/C-g-11.1.1 Call for proposals: action grants to create a ‘Cancer Survivor Smart Card’**

#### **POLICY CONTEXT**

Evidence shows that cancer survivors often report difficulties in communicating with oncologists, general practitioners and nurses, and to establish a link with social services, which can be of particular importance to reduce the risk of negative quality-of-life outcomes. Therefore, it is imperative to develop interventions to improve communication between survivors, health and social care providers. The action will be implemented taking into account the assumption that communication between patients and clinicians embraces three core attributes of ‘patient-centered’ care: (1) consideration of patients’ needs, perspectives, and individual experiences; (2) provision of opportunities to patients to participate in their care (‘self-management’); and (3) enhancement of the patient-clinician-nursing relationship.

This action supports the implementation of Europe’s Beating Cancer Plan objective to improve the quality of life for cancer patients, survivors and carers and links with the European Health Data Space and the European Cancer Patient Digital Centre, and implements the EU4Health Programme’s general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a), (f) and (g) of Regulation (EU) 2021/522.

#### **OBJECTIVES, SCOPE AND ACTIVITIES**

The aim of the action is to improve the quality of life and health status of cancer survivors, and to address their potential needs through the development and support for the wide use of new approaches to communication.

A ‘Cancer Survivor Smart Card’ will link with a ‘resource’ function to give access to best practices, guidelines and recommendations specifically targeted to cancer survivors, with a view to helping them to address or to connect with professionals in different areas, to deal with the most common issues that survivors face, such as insufficient management of late and long-term effects of treatment, unmet psychosocial needs, self-management, pain management, and issues related to rehabilitation, emotional distress, tumour recurrence and metastatic disease.

The action will support the development, delivery and usability of a personalised ‘Cancer Survivor Smart Card’ by 2022. The smart card, in the form of an interoperable portable eCard or app, will store certain information related to the monitoring and follow-up of the survivor, including the survivor’s clinical history and follow-up. The smart card will allow connection with the health professionals responsible for the individual’s follow-up, including the survivor’s general practitioner, to improve healthcare provider and survivor communication on the survivor’s worries, questions and other matters of relevance to improve the survivor’s quality of life. The action will involve patients’ groups and health and social care providers, in order to apply a participatory and co-creative approach to help with the development of the tool, and to coach a group of ‘card-users’ to pilot the smart card’s usage once it has been developed, in preparation for the wider application phase.

#### **EXPECTED RESULTS AND IMPACT**

The co-creation, piloting, promotion, and use of the ‘Cancer Survivor Smart Card’ is expected to improve patient-centred communication between cancer survivors and health and social care providers, through the wide use of communication tools and the application of new

approaches to communication to improve quality of life, promote healing and reduce suffering.

This is likely to improve the quality of life of cancer patients, including that of children and young cancer survivors, through dissemination of best practices on issues such as psychological support, self-management, pain management and professional re-integration. The action will also facilitate the portability and the sharing of data from medical records.

The action will ensure a shared and equal access to high-quality information and data, and best practices for cancer survivors across the Union. No country can reach the same results alone, in particular considering that survivorship is still an area that requires additional evidence-based information, and that a sharing approach will ensure the improvement of the quality of life of cancer survivors.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 11.1.1	Q2-Q3/2021	1 800 000
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Civil society organisations (associations, foundations, NGOs and similar entities), enterprises in the field of public health, social Media, Press and journalist associations, and IT developer supported by Expert Networks

## **DP/C-g-11.3.1 Direct grants to Member States' authorities: strengthening eHealth, integrating telemedicine and remote monitoring in health and care systems for cancer prevention and care**

### **POLICY CONTEXT**

Disparities in cancer prevention and care are also linked to the geographical context, such as in rural and difficult-to-reach areas of countries that are disadvantaged in comparison with other territorial settings. The COVID-19 pandemic has hit even further the most disadvantaged groups in society, including cancer patients. Isolation and containment measures due to the pandemic have affected their follow-up care and quality of life. The Union is working to ensure continued and equitable access to care, including in crisis situations, and the activities under this action are a key part of these efforts.

The usage of telemedicine in healthcare has also been acknowledged as important in responding to and coordinating actions in epidemic situations, including the current COVID-19 pandemic that is severely impacting cancer care, through online consultations and real-time clinical data exchange, and the provision of technical support to the emerging need for big-data analysis and digitalisation. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level. This joint action supports the implementation of Europe's Beating Cancer Plan objective to reduce cancer inequalities across the Union, and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (b) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The objective of this joint action is to strengthen and integrate telemedicine and remote monitoring in health and care systems and to promote the virtual consultation model of the ERNs.

Activities in this area will include strengthening and integrating telemedicine and remote monitoring in health and care systems building on innovative approaches and actions for the deployment of telemedicine using Union funds.

Telemedicine services will help individuals and providers to meet the needs of citizens, including rural and remote residents and other groups, by enabling remote consultations, in-home monitoring, outsourced diagnostic analysis, remote specialist consultations, and direct-to-consumer telemedicine, for instance through virtual consultations for urgent care needs. Furthermore, telemedicine activities will help in improving the response to the rapid spread of epidemics, and their impact on cancer care, through the ability to deliver clinical care in a timely manner and through a more efficient coordination amongst health authorities, hospitals and patients.

Additionally, the already established virtual consultation model of the ERNs will be upgraded using the mechanisms and instruments which will be developed to improve the knowledge-sharing among healthcare professionals.

### **EXPECTED RESULTS AND IMPACT**

It is expected that the exchange of best practices on using digital tools will provide assistance to individuals and patients during serious cross-border emergencies and health crises, in particular to those in remote and rural areas.

Such improvement of cancer care in remote areas will:

- (a) allow for a better response in case of a rapid spread of an epidemic and in crisis situations, where isolation of patients will be an urgent requirement to respond to events;
- (b) increase capability and capacity to communicate between cancer services during an emergency situation and health crises;
- (c) improve knowledge of the cancer care workforce in the virtual consultation of patients and survivors resident in areas that are difficult-to-reach, as well as improving preparedness to respond to emergency and crisis situations;
- (d) increase efficiency by upgrading and promoting the already established virtual consultation model of the ERNs; and
- (e) increase communication to support knowledge-sharing among healthcare professionals.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 11.3.1	Q2-Q3/2021	4 000 000
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to Member States (Joint action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

## **DP/C-g-11.4.1 Call for proposals: action grants for the EU Network of Youth Cancer Survivors**

### **POLICY CONTEXT**

In 2020, over 15 500 children and adolescents were diagnosed with cancer, with over 2 000 young patients losing their lives to it. In fact, cancer is the principal cause of death by disease in children beyond the age of one. Up to 30% of children affected by cancer suffer severe long-term consequences. The number of childhood cancer survivors continues to grow and comprehensive care, treatment and follow-up are essential to help young patients make a good recovery and enjoy an optimal quality of life. There is a need for multidisciplinary and proactive approaches to healthy cancer survivorship, as well as for improved social networking and establishment of communication and information sharing platforms tailored specifically to young adult cancer survivors, which are well demonstrated instruments to improve the quality of life of children and young adult cancer survivors.

This action supports the implementation of Europe's Beating Cancer Plan objective to put childhood cancer under the spotlight and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives in Article 4, points (a), (g) and (j) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The action will improve the quality of life of children and young adult cancer survivors through improved social networking and the use of a platform to improve the links amongst individuals, patients, cancer survivors, and social and health professionals active in cancer prevention and care across the Union.

Building on the experiences gained by several organisations, non-governmental organisations and cancer care institutions active in childhood, adolescent, and young adult cancers, the action has the ambition of establishing the new 'EU Network of Youth Cancer Survivors' through federating the mentioned bodies to create a Union-wide platform to support the promotion of targeted actions and initiatives, covering the main areas which are of demonstrated benefit to improve the quality of life of young cancer survivors. The activities will be designed taking into account those key factors that may influence childhood cancer survivors' participation in social networking and programmes tailored to their needs, such as the resources accessed by individuals through a broad range of social connections ('social capitals of individuals'), social support, family interaction, self-efficacy and self-reported quality of life.

Children, adolescents and young adult survivors will be at the core of the actions and will be the main actors in linking with their countries and/or organisation. A conference will give the possibility to show and share the results of the activities implemented and on-going across the Union, and to discuss as widely as possible the needs and challenges. The EU Network will also be open to establish international links through direct contacts with partners outside the Union or through links with international organisations. Particular attention will be given to actions limiting the disruptive impact of cancer on the education of children and young people affected by cancer. This will happen with the involvement of patients and of formal and informal carers, on a voluntary basis.

### **EXPECTED RESULTS AND IMPACT**

The action is expected to result in an expansion of the current support to improve the quality of life of young cancer survivors through networking, targeted actions, linking with existing organisations at Union and international level, and through highly visible periodical events to show the impact of the work done, and the future challenges.

The action will improve communication between children and adolescent cancer survivors, formal and informal carers, and civil society, and will strengthen the knowledge on how to better recognise the risk of getting cancer, and how to make a difference in the lives of young people with cancer and survivors, and allow them to learn how to become an advocate to bring key messages and knowledge on cancer survivorship to civil society.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 11.4.1	Q2-Q3/2021	5 000 000
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Civil society organisations (associations, foundations, NGOs and similar entities), private entities (profit or non-profit), Member States' authorities and established networks in the field of public health

## **2.6. ENHANCE HEALTH PROMOTION, EARLY INTERVENTION AND PREVENTION, TESTING AND LINKAGE TO CARE IN COMMUNICABLE DISEASES**

### **DP-g-27.1 Call for proposals: action grants to support the implementation of best practices in community-based services for the human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS), tuberculosis, viral hepatitis and sexually transmitted infections**

#### **POLICY CONTEXT**

Communicable diseases such as HIV/AIDS, tuberculosis, viral hepatitis and sexually transmitted infections are examples of epidemics that continue to beset our societies, posing a public health burden. In addition, major communicable diseases can be serious cross-border health threats, with the potential to rapidly escalate, if left unchecked. HIV, tuberculosis and viral hepatitis, in particular, remain a challenge to Member States' health systems. Moreover, the Union is not yet on track to reach the United Nations Sustainable Development Goals, including ending HIV and tuberculosis, and combatting viral hepatitis by 2030. In 2016, the Commission committed itself to support Member States in reaching these targets<sup>32</sup>.

There is wide recognition (including by ECDC, UNAIDS and WHO) that community responses must play an increasing role in addressing the epidemics and many Member States include community-based services in their response. Further support is needed to broaden the reach of services, supporting retention in care, increasing demand, monitoring quality, advancing human rights and combatting stigma and discrimination.

This action supports the prevention and monitoring of communicable diseases and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives in Article 4, points (a), (b) and (j) of Regulation (EU) 2021/522.

#### **OBJECTIVES, SCOPE AND ACTIVITIES**

To strengthen and support community-based service organisations in the Member States and neighbouring countries in the implementation of people-centre effective and integrated interventions, as well as linkage to care amongst groups at high risk of contracting HIV/AIDS, tuberculosis, viral hepatitis and sexually transmitted infections. It will also directly contribute to national programmes and public health measures, thus, supporting the implementation of internationally agreed goals.

The action will build on the results of the Third Health Programme (2014-2020), which, among others, served to foster the development of integrated community-based services, the setting-up of Union-wide networks and the design of tools/guides for community-based services.

This action will support the implementation of the generated knowledge, as well as piloted good practices.

Activities will support:

- (a) the strengthening and expansion of community voluntary testing, early diagnosis and linkage to care of HIV/AIDS, tuberculosis, viral hepatitis and sexually transmitted infections as well as counselling. They will also pursue harm-reduction, peer support, prison-in-reach and through-care services approaches in hard-to-reach vulnerable groups;

<sup>32</sup>

Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on Next steps for a sustainable European future: European action for sustainability, COM(2016) 739 final, 22.11.2016.



(b) the implementation and scaling up of tools developed under previous actions and other practical approaches to support community-based activities. This will include implementation and quality assurance of Union-wide standardised indicators on testing and linkage to care and treatment among key risk groups; (c) consolidation of the existing network(s) of community-based services in Europe in order to forge closer interaction, facilitate the exchange of best practice and promote innovative approaches fostering the increase of early diagnosis of HIV/AIDS, tuberculosis, viral hepatitis and sexually transmitted diseases and linkage to care in Europe among the most affected groups.

#### **EXPECTED RESULTS AND IMPACT**

The expected results are:

- (a) integrated community-based health services, including prevention, counselling, peer-support, harm-reduction, prison-in-reach and through-care services, as well as testing and linkage to care;
- (b) capacity and network building in the areas of HIV/AIDS, hepatitis and tuberculosis, including training, promotion and use of relevant IT tools towards hard-to-reach populations;
- (c) managerial tasks including organisation of meetings and exchange of information facilitating the participation of relevant civil society organisations and networks.

#### **INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals – 27.1	Q3-Q4/2021	5 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Civil society organisations (associations, foundations, NGOs and similar entities)

### **3. HEALTH SYSTEMS AND HEALTHCARE WORKFORCE (HS)**

#### **3.1. REFORMING AND STRENGTHENING OF HEALTH SYSTEMS**

##### **HS-g-14.1.1 Direct grants to international organisations (WHO): supporting Member States in improving access to healthcare and effectiveness of health coverage, taking into account vulnerabilities of specific groups and targeted intervention**

###### **POLICY CONTEXT**

As part of the commitments of the Commission expressed in the Action Plan on the Implementation of the European Pillar of Social Rights (announced by the Commission on 4 March 2021), measures need to be proposed to improve accessibility metrics with a view to reduce persisting inequalities in access to healthcare (Principle 16 - Access to healthcare of the Pillar). The award of a direct grant as referred to in Article 13(5) of Regulation 2021/522 is duly justified because this action can best be carried out by the WHO that has the required expertise and capacity to implement the action.

The action supports the policy priority to respond to health inequalities and to improve the access to healthcare and it implements the EU4Health Programme's general objective of 'strengthening health systems' (Article 3, point (d)) through the specific objectives defined in Article 4, points (g), (i) and (j) of Regulation (EU) 2021/522.

###### **OBJECTIVES, SCOPE AND ACTIVITIES**

The action will help Member States in designing and implementing more tailored policies and measures to address persisting gaps in access to healthcare. The action will also look at health systems accessibility, a challenge that has been exacerbated due to the COVID-19 pandemic.

This action will also consider and put into practice tools and solutions, including tools proposed in the Report of the Expert Group on Health Systems Performance Assessment (HSPA) 'Improving access to healthcare through more powerful measurement tools', affordability metrics developed by the WHO Regional Office for Europe and new tools to monitor how different health systems' financing affects equitable access.

The action will support Member States in improving access to healthcare and effectiveness of health coverage, taking into account vulnerabilities of specific groups and targeted interventions.

The activities include development and delivery of:

- (a) recommendations on more effective policies to close gaps in access to healthcare, taking into particular account specific groups of the population with biggest access inequality;
- (b) recommendations for different health systems on more equitable financing solutions of healthcare, addressing also long-term challenges related to shrinking resources due to ageing (with the breakdown by type of healthcare service and goods);
- (c) policy assistance to Member States who are interested on a voluntary basis in implementing the recommendations.

###### **EXPECTED RESULTS AND IMPACT**

The expected results are the following:

- (a) report (s) with recommendations per Member State on the use of metrics to better capture challenges in access to healthcare, especially for vulnerable groups, clearly identifying these groups, the problems they face and proposing solutions to reduce

- hurdles they experience. The analysis will build on the available WHO Regional Office for Europe series on affordability and the HSPA report as referred above;
- (b) report (s) on more equitable financing solutions of healthcare, addressing long-term challenges related to shrinking resources due to ageing (with the breakdown by type of healthcare service and goods);
  - (c) thematic policy dialogues with Member States on a voluntary basis on: (i) instruments of financial protection, (ii) more equitable financing solutions of healthcare.

The action will increase the capacity of national, regional and local authorities to design, finance and implement innovative approaches to improve accessibility of health systems, in particular with reference to groups of the population with biggest access inequity.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants - 14.1.1	Q2-Q3/2021	1 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to international organisations in accordance with Article 195(d) of Regulation (EU, Euratom) 2018/1046	HaDEA	International organisation (WHO Regional Office for Europe)

## HS-g-14.2.1 Direct grants to international organisations: State of Health in the EU (4<sup>th</sup> cycle): ‘Health at a Glance: Europe 2022’, Country Health Profiles 2023 and strengthened Voluntary Exchanges

### POLICY CONTEXT

With the COVID-19 pandemic, the pressing need to develop better health data, analyses and technical exchanges has come to the fore, together with the need to strengthen health systems resilience. In this context, the deliverables from the *State of Health in the EU* cycle and their focus on the dimensions of accessibility, effectiveness and resilience proved a useful starting point to identify weaknesses in the early phase of the pandemic, when information on resilience was scant.

In light of the success of its first iterations and the renewed focus on its objectives brought to the fore by the COVID-19 pandemic, the *State of Health in the EU* is fully in line with the mission letter to Commissioner Stella Kyriakides to find ways to improve information, expertise and the exchange of best practices in the field of health systems. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can best be carried out by the OECD and the European Observatory on Health Systems and Policies that have the required expertise and capacity to implement the action.

Following three successful cycles of the *State of Health in the EU*, the fourth cycle will be strengthened with additional and more impactful knowledge-brokering products and services offered to Countries. The action implements the EU4Health Programme’s general objective of strengthening health systems (Article 3, point (d)) through the specific objectives defined in Article 4, points (a), (b) and (i) of Regulation (EU) 2021/522.

### OBJECTIVES, SCOPE AND ACTIVITIES

The scope of this action is to revamp the ‘classic’ structure of the previous *State of Health in the EU* cycles by strengthening the set of deliverables and services developed in the next cycle (2022-2024).

The activities that are to be carried out are the following:

- (a) expanding the *Country Health Profiles* and breaking them into two sections: a general one (which would always be based on the ‘triad’ of effectiveness, access and resilience) and a thematic one, which would provide a detailed analysis focused on a specific health policy topic of high interest to the Member States;
- (b) stepping up the *Voluntary Exchanges* (VEx) by enabling the national authorities to discuss the technical challenges identified in the *State of Health in the EU* deliverables. VEx would also provide a convenient platform to support the dissemination of best practices in specific areas of health policy;
- (c) digitalisation of the project deliverables to increase users’ engagement with the deliverables from the project by creating a reference website that presents the analysis and findings using dynamic data visualisation tools and some possibilities for user interaction;
- (d) an analysis of the implications of the COVID-19 pandemic on oncological care in the Union to be considered for the thematic chapters of *Health at a Glance: Europe 2022*.

### EXPECTED RESULTS AND IMPACT

The proposed changes/additions to the classic structure of the project are expected to enable its output to (i) reach a wider audience, (ii) provide more detailed country-specific insights on selected topics, (iii) strengthen multi-country exchange to support mutual learning and networking, through a higher number of and more impactful technical exchanges and (iv)

continued support to policymakers at the national level on their health investment and reform efforts.

In the short term, the *State of Health in the EU* cycle will support Member States by strengthening the analytical base on the performance of their health systems. The deliverables and related support services provided will contextualise country-specific data in a comparative, analytical perspective, and provide national authorities with a library of high-quality resources that will support their development of more effective health system investments, policies and reforms.

In the medium term, the revamped project will increase the capacity of national, regional and local authorities to design, finance and implement innovative approaches and reforms for more effective, accessible and resilient health systems.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants - 14.2.1	Q2-Q3/2021	3 500 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to international organisations in accordance with Article 195(f) of Regulation (EU, Euratom) 2018/1046	HaDEA	International organisations (OECD and European Observatory on Health Systems and Policies)

### **HS-g-14.3.1 Direct grants to Member States' authorities: transfer of best practices in primary care**

#### **POLICY CONTEXT**

The topic of primary care is chosen in relation to the European Semester and the COVID-19 pandemic. Strong primary care is a key element in achieving the Country-Specific Recommendations (CSR) provided to all Member States in 2020, in order to strengthen the resilience of their health systems, as well as to improve their accessibility in many cases. In addition, the COVID-19 pandemic highlighted that where primary care services were effective, there was less pressure on hospitals.

Primary care is also in the focus of the Cohesion Policy 2021-2027, closely linked with the CSRs implementation, where support to primary care is explicitly mentioned in one of the objectives of the European Regional Development Fund's investments.

The joint action implements the EU4Health Programme's general objective of 'strengthening health systems' (Article 3 point (d)) through the specific objectives defined in Article 4 points (b), (g) and (i) of Regulation (EU) 2021/522. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

#### **OBJECTIVES, SCOPE AND ACTIVITIES**

The proposed joint action will transfer a number of best practices in primary care (the number will be decided by the Member States before the launch of the joint action) and will support the Member States to raise their capacity in implementing innovative care models in their health systems.

Member States that 'own' the selected best practices will help other Member States that are interested to adopt them. Activities will entail knowledge-transfer and "twinning" actions between the 'owners' of best practices and the 'new adopters' (e.g. policy dialogues, workshops, staff visits and secondments, short courses, expert advice, mutual and peer learning programmes, etc.). There will also be pilots for the actual 'replication' of the best practices, as well as activities to monitor and assess the pilot implementation in the 'interested' Member States.

#### **EXPECTED RESULTS AND IMPACT**

The expected results are the following:

- (a) transfer and pilot implementation of good practices in primary care into new locations in a number of Member States;
- (b) reports with lessons from the transfer process and recommendations how to do this successfully;
- (c) reinforced capacity of health authorities in Member States to address important aspects of health system transformation in primary care.

The joint action will increase the capacity of national, regional and local authorities to design and implement innovative approaches and reforms for strengthening their health systems, improving health outcomes and increasing the safety of patients.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 14.3.1	Q2-Q3/2021	10 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to Member States (Joint action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

### **3.2. HEALTH WORKFORCE TO MEET HEALTH CHALLENGES – FORECASTING AND PLANNING FOR WORKFORCE IN THE HEALTHCARE SECTOR**

#### **HS-g-15.1.1 Direct grants to Member States’ authorities: health workforce to meet health challenges – forecasting and planning for workforce in the healthcare sector**

##### **POLICY CONTEXT**

Even before the COVID-19 pandemic many Member States were confronted with critical health workforce problems such as structural shortages, recruitment, retention and lack of ‘self-replenishment’. Various factors can influence the numbers and availability of health workforce and the adequate skill-mix of the health workforce to ensure for the better access to quality care and patient safety as well as health workforce safety and wellbeing.

The COVID-19 pandemic has also highlighted the need for a structural and functional healthcare staff ‘*capacity-buffer*’ for better preparedness and reactivity to surges in healthcare demand. The pandemic revealed a relatively low level of investments in healthcare workforce and emphasised the health workforce’s critical role in the resilience of the healthcare systems. It has also revealed that difficult working conditions can have direct consequences for the health workers’ well-being and mental health, influencing health service delivery and patient safety.

Asymmetries still exist in the ability of Member States to collect and analyse complex datasets on existing and future structural shortages of healthcare workers and to develop/make use of a detailed planning model for healthcare workforce. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

The joint action supports the policy priority to respond to the COVID-19 pandemic by improving health system resilience and reinforcing healthcare workforce. It implements the EU4Health Programme’s general objective of strengthening health systems (Article 3, point (d)); through the specific objective defined in Article 4, point (i) of Regulation (EU) 2021/522.

##### **OBJECTIVES, SCOPE AND ACTIVITIES**

The joint action will support:

- (a) Member States’ administrative capacity building;
- (b) developing knowledge on datasets needed for a more future-proof comprehensive workforce planning and
- (c) building capacity in effective forecasting and planning for health workforce.

The proposed joint action’s activities will continue the existing Union-level support for a cross-country collaboration, including technical work of an established informal network of experts which can be extended to include experts from different sectors (health, economic and finance, labour, development, education, university, research, etc.) in line with the concept of “health in all policies”. Activities should help to close the divide between Member States on expertise in health workforce planning. It should also support Member States’ authorities and the professional organisations to address common challenges and to use improved tools and methodologies to achieve a higher effectiveness in health workforce planning processes and policy (in both numbers and skills of staff needed as well as working conditions).

Activities will include twinning, mentoring or ‘clustering’, joint workshops, technical assistance work and specific blended learning or training courses.



## EXPECTED RESULTS AND IMPACT

The expected results are:

- (a) a refined model for the ‘minimum data set’ needed for the optimal health workforce planning and forecasting activity at Member State level;
- (b) an improved tool/methodology for the health workforce planning and forecasting, which will take into account the identified key drivers likely to have an impact on skills and competences and working conditions required for the health workforce;
- (c) a collection and analysis of demand-side indicators of health workforce, based on the main drivers representing people’s health needs.

The joint action will increase the administrative capacity of Member States in health workforce planning and forecasting and to understand principles for using extended datasets and tools for workforce planning and forecasting.

In the medium term, Member States’ participation in this joint action will gather experience to look into their own national planning system through:

- (a) a better use of tools for health workforce planning and its integration into financing models and organisation of services taking into account lessons learnt from the COVID-19 pandemic;
- (b) multi-stakeholders’ cooperation mechanisms to analyse and adapt the specific education and training requirements for the health workforce to the skills and competences needed for future care delivery models.

## INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants - 15.1.1	Q3-Q4/2021	7 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to Member States (Joint action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States’ authorities

### **3.3. STRENGTHENING THE IMPLEMENTATION OF THE LEGISLATION ON BLOOD, TISSUES AND CELLS AND ORGANS AND COOPERATION BETWEEN NATIONAL AUTHORITIES AND PROFESSIONAL SECTOR ASSOCIATIONS**

#### **HS-g-17.1.1 Direct grants to international organisations (EDQM): improving the quality, safety and availability of Substances of Human Origin, disseminating best practices, implementing Union standards and tackling new challenges**

##### **POLICY CONTEXT**

While the Union legislation defines safety and quality rules for Substance of Human Origin (SoHO), the European Directorate for the Quality of Medicines and HealthCare of the Council of Europe (EDQM) works with professional experts and authorities to develop and disseminate technical guidelines to ensure a standardised effective approach to the application of the rules. It also supports implementation by providing quality management training for professionals, a donor testing proficiency scheme, vigilance data analysis and guidance on topics not currently addressed in Union legislation, such as emergency planning. The collaboration with EDQM has proven to be an essential element in the effective implementation of the Union rules and a key to promoting networking for the exchange of best practices among professionals with expertise in SoHO area. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can best be carried out by the EDQM that has the required expertise and capacity to implement the action.

The action supports the policy priority to respond to the effective implementation of the Union safety and quality rules for SoHO and addresses also the consequences of the COVID-19 pandemic. It implements the EU4Health Programme's general objective of improving the availability, accessibility and affordability of medicinal products and medical devices, and crisis-relevant products in the Union, and supporting innovation regarding such products (Article 3, point (c)) through the specific objectives defined in Article 4, point (c) of Regulation (EU) 2021/522.

##### **OBJECTIVES, SCOPE AND ACTIVITIES**

This action will build on the programmes established in the previous grant agreements and will introduce new actions to improve the safety, quality and availability of substances of human origin. The new actions will include the review of national responses during the COVID-19 pandemic to identify those practices that successfully mitigated the impact of the pandemic and allowed donations and transplants to proceed safely.

The following activities will be conducted by the EDQM:

- (a) support to the exchange and implementation of good practices and the development of an action plan for achieving and maintaining sustainable supplies of SoHO particularly in the context of:
  - the severe impact of the pandemic on organ transplantation and the need to rebuild these programmes and,
  - the increasing reliance on third countries for plasma (to manufacture plasma derived medicinal products);
- (b) maintain/update (following the current 2-3 year cycle) the sector-specific technical guidance documents for blood, tissues and cells and organs to support effective implementation of Union safety and quality requirements for all SoHO sub-sectors;
- (c) continue to aggregate and analyse vigilance data collected annually by the Commission from the Member States for blood and for tissues and cells and draft annual vigilance reports for each of those sub-sectors for validation by national competent authorities and publication by the Commission;

- (d) maintain and organise further quality management courses and audits for blood and tissue establishments/banks in the context of the established programmes;
- (e) maintain an established scheme of proficiency testing (external quality control) for blood establishment laboratories that test donors for communicable diseases.

#### **EXPECTED RESULTS AND IMPACT**

The expected results are:

- (a) development of a model for an action plan and recommendations for Member States' organisations and involved SoHO establishments, for monitoring, maintaining and/or increasing the supply of critical SoHO, particularly at times of crisis, including building effective preparedness and crisis management plans;
- (b) recommendations on building effective preparedness and crisis management plans addressing risks to SoHO at establishment and authority levels;
- (c) supporting the Commission in the assessment of the level of compliance with Union legislation on SoHO of EU candidate countries, potential candidates and neighbourhood countries, by organisation.

Other deliverables of this action are the following:

- (a) development and update of guidelines for the implementation of safety and quality rules for blood, tissues and cells and organs;
- (b) audits of SoHO establishments to support improvements in quality management and a programme to monitor and improve the proficiency of donor testing;
- (c) three assessment missions in third countries, candidate countries and potential candidates, and in the neighbourhood countries, compared to the requirements of the EU acquis, on the set-up of their national blood and transplant services, as well as the oversight of these services by their national authorities. The missions will be documented in a report.

This action will support professionals in SoHO establishments and authorities in Member States to implement Union safety and quality requirements more effectively. It will also help them mitigate/address the impact of the COVID-19 pandemic on the supply of SoHO. It will strengthen oversight by national competent authorities, in particular through improved vigilance of serious adverse events and reactions.

#### **INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants - 17.1.1	Q2-Q3/2021	3 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to international organisation in accordance with Article 195(f) of Regulation (EU, Euratom) 2018/1046	HaDEA	International organisation (Council of Europe/EDQM)

## **HS-g-17.2.1 Call for proposals: action grants on substances of human origin (SoHO) - increase resilience, ensure continuity of supply and access to safe and high quality therapies, in particular in times of crisis**

### **POLICY CONTEXT**

The COVID-19 pandemic has significantly tested the resilience of blood and transplant systems and has strongly reduced supply, availability, use and access to these therapies.

There is a need to improve resilience, ensure the continuity of supply, increase access, safety and quality of therapies, in particular in times of infectious disease outbreaks.

The action supports the policy priority to respond to the COVID-19 pandemic and implements the EU4Health Programme's general objective of improving the availability, accessibility and affordability of medicinal products and medical devices, and crisis-relevant products in the Union, and of supporting innovation regarding such products (Article 3, point (c)) through the specific objectives defined in Article 4, point (c) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

This action aims to enable the medical/professional organisations and Member States authorities in SoHO subsectors to develop and exchange good practices for professionals and authorities to optimise supply and increase access to quality and safe use of critical therapies based on substances of human origin donated by fellow citizens.

The work will aim to identify, share, assess and refine measures and actions taken and planned to mitigate the impact of the COVID-19 pandemic on safety, quality and accessibility of these therapies.

The specific sub-sectors that will be supported include in particular:

- (a) blood and blood components (red blood cells, plasma);
- (b) organs (e.g. kidneys, liver, heart);
- (c) haematopoietic stem cells (bone marrow, cord blood);
- (d) gametes and embryos (for reproductive medicine);
- (e) tissues (corneas, heart valves).

Proposed measures and actions can be targeted at local/hospital level, regional/national level and supra-national/Union level. The measures and actions developed can then be implemented by professionals in collaboration with their national authorities, as appropriate, across the Union.

### **EXPECTED RESULTS AND IMPACT**

The expected results of this action are the following:

- (a) development and dissemination of good practices and guidance by medical/professional associations and Member States authorities in the SoHO subsectors to strengthen and make more resilient transplant, transfusion and medically assisted reproduction systems, in particular in crises;
- (b) contribution to a more sustainable supply and increased access to essential SoHO therapies without disruptions (comparison with the annual volumes monitored for several SoHO subsectors).

These activities will enable professional associations and Member States authorities in the sector to ensure a more resilient supply system for sustainable access to safe SoHO. Ultimately, this action will contribute to strengthening the safety and the protection of patients receiving SoHO therapies.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals - 17.2.1	Q3-Q4/2021	3 500 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Professional medical societies (with professional members from hospitals, transplant centres and blood/tissue establishments across the Union), and Member States' authorities.

### **HS-g-17.3.1 Call for proposals: action grants to organise and collect data to understand the safety, quality and efficacy of therapies applied in the field of assisted reproduction and based on haematopoietic stem cells**

#### **POLICY CONTEXT**

Hematopoietic stem cells play a significant role in the area of cancer immunotherapy, in particular in the treatment of liquid blood cancers like leukaemia and lymphoma.

Medically assisted reproduction (MAR) is a field of major and increasing importance, where shortcomings have been identified related to the protection of donors and offspring. In addition, MAR can also play a direct role in cancer care by sustaining fertility of young patients by preserving their reproductive cells for use in MAR after cancer treatment that would have rendered them infertile.

The action supports the policy priority to respond to the COVID-19 crisis and implements the EU4Health Programme's general objective of improving the availability, accessibility and affordability of medicinal products and medical devices, and crisis-relevant products in the Union, and of supporting innovation regarding such products as defined in (Article 3, point (c)) through the specific objectives defined in Article 4, point (c) of Regulation (EU) 2021/522.

#### **OBJECTIVES, SCOPE AND ACTIVITIES**

This action will aim to collect and organise in registries data on the safety, quality and efficacy of therapies applied in the field of medically assisted reproduction (MAR) and haematopoietic stem cell transplantation.

This action will support Union data collection, aggregation and analysis on the use and outcome of therapies in the fields of:

- (a) assisted reproduction;
- (b) haematopoietic stem cells.

For both (a) and (b) it will facilitate the design, development and management of dedicated IT solutions with and for medical/healthcare professionals.

#### **EXPECTED RESULTS AND IMPACT**

The expected results are new or substantially upgraded digital registries with higher quality data entries from medical professionals across the Union and Member States authorities. This will provide good quality data collection on therapies in the field of MAR and based on haematopoietic stem cells and facilitate data sharing for open science and for Union legal requirements for oversight purposes, for monitoring safety and outcome as well as for the protection of donors and offspring.

Proposed solutions should ensure the findability, accessibility, interoperability, and reuse of digital assets (FAIR principles), use or interoperate with the main European and global data standards and other initiatives (i.e. European Health Data Space, EOSC Life).

Qualitative data will be available for professionals as well as authorities and other stakeholders in the sector and facilitate their respective tasks in the sector (such as clinical protocols, authorisations, market feedback, value-based reimbursement).

This will allow improving and promoting medical excellence, as well as increasing the efficiency of the healthcare systems and transparency for patients.

The action will have an impact on the digital transformation and uptake of digital solutions in the Union sector of MAR and hematopoietic stem cells, in order to facilitate the monitoring of activities and outcomes.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for Proposals - 17.3.1	Q2-Q3/2021	a) 2 000 000 EUR b) 2 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	professional associations, foundations, NGOs and similar entities and Member States' authorities

### **3.4. IMPLEMENTATION OF PHARMACEUTICAL LEGISLATION AND PHARMACEUTICAL STRATEGY**

**HS-g-18.2.1 Direct grants to Member States' authorities: to promote quality of medicines and to increase cooperation between the Member States and between the Union and third countries through trainings, joint audits, reassessments and inspections on good manufacturing and good distribution practices (GDP). Implementation of international mutual recognition agreements on pharmaceutical good manufacturing practices (GMP) with the United States, Switzerland, Australia, Japan, New Zealand, Canada, Israel, the UK, and cooperation with third countries such as China and India**

#### **POLICY CONTEXT**

The implementation of Directive 2001/83/EC<sup>33</sup> of the European Parliament and of the Council (Article 111), the Pharmaceutical Strategy for Europe<sup>34</sup>, the international mutual agreements and the cooperation with third countries require concerted and continuous efforts and cooperation between national competent authorities, the compliance group of the GMP/GDP inspectors working group and the Commission.

The joint audit programme for GMP inspectorates is an important tool for continuous improvement that ensures consistency of GMP standards and a harmonised approach within EU/EEA in line with the compilation of Union procedures on inspections and supports confidence building within the Union/EEA and with the strategic partners (United States, Switzerland, Australia, Japan, New Zealand, Canada, Israel, the UK).

There is a need for activities targeting all Member States and the EEA competent authorities, to join efforts in inspection on good manufacturing and good distribution practice and to increase the capacity building on trainings and to carry-out joint audits. These activities will further strengthen the EU medicines regulatory network, ensure the oversight of the quality of medicinal products and enhance the Member States' capacity to participate in international inspections and audit programmes. Moreover, the improvement of the Member States' capacity will enhance compliance with the Union legislation and guidelines and the implementation of the Pharmaceutical Strategy for Europe. This will facilitate patients' access to high quality medicines and to building a robust supply chain.

Furthermore, in the framework of preparations for future cooperation with international partners, there is a need to engage more to ensure the quality of the active pharmaceutical ingredients imported from third countries that are used to produce medicinal products. To this end, Member States will lead and organise fact-findings missions. The quality of active pharmaceutical ingredients is a key factor in a robust supply chain guaranteeing high quality medicines for patients in the Union (nitrosamine case). The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

The joint action supports the policy priority to implement the Pharmaceutical Strategy for Europe as it concerns the enhancement of compliance with GMP and GDP. It implements the EU4Health Programme's general objective of improving the availability, accessibility and affordability of medicinal products and medical devices, and crisis-relevant products in the Union, and of supporting innovation regarding such products (Article 3, point (c)) through the specific objectives defined in Article 4, points (c) and (j) of Regulation (EU) 2021/522.

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<sup>33</sup> Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use (OJ L 311, 28.11.2001 p. 0067 – 0128).

<sup>34</sup> COM (2020) 761 final.



## OBJECTIVES, SCOPE AND ACTIVITIES

The scope of this joint action is to support the cooperation between competent authorities by organising trainings, joint audits, reassessments and inspections on GMP and GDP in the Union and third countries.

Preparatory work of a joint audit programme which includes training, planning of joint audits, conducting of joint audits and reassessment planning in the Union and third countries will be supported. This will also aim at the implementation of the mutual recognition agreements with the United States, Switzerland, Japan, New Zealand and Canada, Australia, Israel and the UK, in consultation with the compliance group of the GMP/GDP inspectors working group.

Once the joint audits will be carried out, in the framework of preparation for future cooperation on the quality of active substances with third countries, this action will also cover the preparation of fact finding missions in third countries with inspectors from the Member States.

## EXPECTED RESULTS AND IMPACT

This joint action will:

- (a) improve compliance with the Union pharmaceutical legislation and alignment with the Pharmaceutical Strategy for Europe, thus contributing to the highest quality of pharmaceutical products through all the proposed activities;
- (b) enhance oversight and strengthen the capacity of Union and EEA GMP/GDP inspectors and auditors/national competent authorities to ensure compliance with GMP and GDP in inspections and audits;
- (c) contribute to the development of a crisis proof GMP medicines regulatory system based on a network of Union agencies operating in accordance with best practice standards;
- (d) assure the quality of active pharmaceutical ingredients imported from third countries, as they are a critical element of a reliable global supply chain that secures high quality medicines in the Union.

This joint action will be a continued implementation of international agreements with the United States, Canada, Switzerland, Australia, Japan, New Zealand, Israel and the UK, as these agreements are either extended in scope or require continuous maintenance. It will also enable future cooperation with strategic third countries.

## INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

Call topic/sub-topic	Estimated call publication	Budget
Direct grants - 18.2.1	Q2-Q3/2021	2 150 000 EUR
Procedure type	Implemented by	Type of applicants targeted
Direct grant to Member States (Joint action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

## **HS-g-18.3.1 Direct grants to Member States’ authorities: safety assessment cooperation and facilitated conduct of clinical trials**

### **POLICY CONTEXT**

Coordinated safety assessment is a legal provision set up under the clinical trials Regulation (EU) 536/2014, which will be applicable as of 30 January 2022. There is a need to build up and harmonise the necessary expertise of Member States’ national competent authorities and the relevant ethics committees in some Member States on the safety assessment of information on active substances in clinical trials.

This will be achieved through expert exchange and assessor ‘twinning’ programmes as well as through the setting-up of a secretariat to provide administrative support to the coordinated safety assessment. The secretariat would identify the Member State responsible for assessing the safety of each active substance used in the context of clinical trials. The assessment record will be accessible to the regulatory bodies in all Member States. Based on data in the European Union Drug Regulating Authorities Clinical Trials Database<sup>35</sup>, it can be seen that the number of active substances continued to increase in the past years and in 2019 it reached around 3 500 active substances that were used in about 6 600 active clinical trials authorised in the Union. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

The joint action supports the policy priority to implement the Union legislation on clinical trials and the Pharmaceutical Strategy for Europe as well as the COVID-19 therapeutic strategy as it concerns the safety assessment cooperation for clinical trials. It implements the EU4Health Programme’s general objective of improving the availability, accessibility and affordability of medicinal products and medical devices, and crisis-relevant products in the Union, and of supporting innovation regarding such products (Article 3, point (c)) through the specific objectives defined in Article 4, points (g) and (h) Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The aim of this joint action is to set up a framework for cooperation between Member States’ authorities on the assessment of participants’ safety in clinical trials.

This includes the setting up of a secretariat, whose main task is to support the coordination of different safety assessment activities. Safety assessors will carry out safety assessments and will participate in mentoring and twinning programmes to help other Member States to build the necessary expertise to be able to carry out safety assessments and act as safety assessing Member States.

These activities will facilitate Member States’ coordination under the Clinical Trials Regulation (EU) 536/2014 and the successful implementation of the Pharmaceutical Strategy for Europe by supporting patient oriented trials also those with innovative trial designs.

### **EXPECTED RESULTS AND IMPACT**

The expected results are the following:

- (a) the building up and harmonisation of the necessary resources and expertise of Member States’ national competent authorities and relevant ethics committees in some Member States on the safety assessment of information on active substances in clinical trials through expert exchange and assessor ‘twinning’ programmes;

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<sup>35</sup> The European database for all interventional clinical trials on medicinal products authorised in the European Union (EEA) and outside the EU/EEA if they are part of a Paediatric Investigation Plan (PIP).

(b) effective and timely implementation of a coordinated safety assessment between Member States' national competent authorities and national ethics committees (when applicable according to the national law) for a qualitative and quantitative improvement of safety assessment in Union/EEA.

The effective and timely implementation of coordinated safety assessment will contribute to higher safety standards and improved participants' safety in clinical trials and for future patients. It will also contribute to higher quality safety profile of medicines for marketing authorisations.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget<sup>36</sup></b>
Direct grants - 18.3.1	Q4/2021	4 500 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to Member States (Joint action) in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

<sup>36</sup> In addition relevant expert expenses (EUR 500 000) are covered under section "Other actions and expenditure".

### **3.5. ENHANCED EUROPEAN REFERENCE NETWORKS (ERNS)**

#### **HS-g-22.2.1 Direct operating grant: European Reference Network on Urogenital Diseases and Conditions (ERN eUROGEN)**

##### **POLICY CONTEXT**

The ERNs were established in 2017 in accordance with Article 12 of the Directive 2011/24/EU of the European Parliament and of the Council<sup>37</sup> in the field of rare or low-prevalence complex diseases. There are 24 virtual networks involving healthcare providers across Europe. ERN eUROGEN is dealing with rare and complex urogenital diseases and conditions.

ERN eUROGEN has not applied for a multiannual grant in 2017 such as the majority of the existing ERNs but only in 2018. The current grant for coordination activities for ERN eUROGEN will end in May 2021. This new direct grant to ERN eUROGEN should be provided to ensure their business continuity until the end of February 2022, when the launch of the new the multiannual grants for all 24 existing networks will take place. In the future, the timing of the multiannual grants for all ERNs will be aligned.

This action supports the coordination, management and non-clinical activities of ERN eUROGEN. It implements the EU4Health Programme's general objective of strengthening health systems (Article 3, point (d)) through the specific objectives defined in Article 4, points (f), (g) and (i) of Regulation (EU) 2021/522.

##### **OBJECTIVES, SCOPE AND ACTIVITIES**

The proposed action is expected to support the ERN eUROGEN Coordinating Centre to perform effective coordination, management and non-clinical activities.

The action aims to fulfil the goals of the network including inter alia, through:

- a) networking and coordination activities;
- b) virtual expert consultations on diagnosis and treatment;
- c) development of knowledge generation tools (e.g. development of clinical practice guidelines, development of training programmes);
- d) enhancing research.

##### **EXPECTED RESULTS AND IMPACT**

This action will support the provision of specialised healthcare for rare urogenital conditions and support development of new guidelines, build evidence of best practice, develop educational programmes and training, set the research agenda in collaboration with patient representatives, and share knowledge through participation in virtual multidisciplinary teams.

This action will help in pooling knowledge, expertise and resources for the benefit of Union's patients suffering from rare urogenital diseases and their health professionals.

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<sup>37</sup> Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare (OJ L88, 4.4.2011, p. 45-65).

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call opening</b>	<b>Budget</b>
Direct grants – 22.2.1	Q2/2021	200 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to bodies identified by the basic act (operating grant) in accordance with Article 195(d) of Regulation (EU, Euratom) 2018/1046	HaDEA	Coordinating Centre of ERN eUROGEN

## **HS-g-22.4.1 Direct grant on the basis of Article 195, first paragraph, point (c) of the Financial Regulation (*de facto* monopoly): technical assistance and support for disease codification knowledge and information sharing through a direct grant with Orphanet**

### **POLICY CONTEXT**

Orphanet was established in 1997 to gather scarce knowledge on rare diseases so as to improve the diagnosis, care and treatment of patients with rare diseases. It is a multi-stakeholder, global network of 41 countries, coordinated by the Orphanet coordinating team at the French National Institute of Health and Medical Research (INSERM) in Paris. Orphanet produces massive, computable, re-usable scientific data that can be used to identify rare disease patients and help expand knowledge about such diseases. Orphanet produces the only nomenclature specific for rare diseases, with the aim to provide stakeholders with a common, controlled language to improve interoperability between health information systems, databases and registries. As such, Orphanet constitutes a *de facto* monopoly.

An essential part of the ERN initiative is the possibility to integrate clinical cases in medical registries. This is only possible if a coherent and uniform coding system is widely used which, in the domain of rare diseases, is the existing orphacode system. Since Orphanet and the 24 ERNs are involved in the large research consortium “European Joint Programme on Rare Diseases” (EJP RD) as a co-fund with Member States, this action will also contribute to streamlining research and healthcare coding efforts.

This action supports the establishment of a harmonised coding system for rare diseases. It implements the EU4Health Programme’s general objective of strengthening health systems (Article 3, point (d)) through the specific objectives defined in Article 4, points (f), (g) and (i) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The proposed action will include the integration of Orphanet nomenclature and orphacodes as the main codification system for rare diseases in the new IT system of the ERNs, and the continuous maintenance, update and improvement of the system based on scientific analysis of the state of the art knowledge in the area of rare diseases.

The action aims to fulfil the goals of Orphanet including inter alia, through:

- a) continuous scientific update and analysis of the rare disease coverage with orphacodes and state of the art knowledge in this domain;
- b) extending integration of Orphanet nomenclature and orphacodes as the main codification system for rare diseases in the new IT system of the ERNs.

### **EXPECTED RESULTS AND IMPACT**

This action will contribute to the harmonisation of the codification systems and thus enable to fill medical registries with data coming from the ERN clinical discussion system. Quantity and quality of healthcare and research activities on rare diseases are expected to improve substantially.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call opening</b>	<b>Budget</b>
Direct grants – 22.4.1	Q2/2021	1 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Orphanet coordinating team

### **3.6 SETTING UP AN EU HEALTH SYSTEM RESILIENCE TESTING AND SUPPORT PROGRAMME**

#### **HS-g-23.1.1/2 Direct grants to international organisations: EU HEALTH SYSTEM RESILIENCE TESTING AND SUPPORT PROGRAMME**

##### **POLICY CONTEXT**

Developing a resilience testing methodology will facilitate better data, information and enable cross-country learning. This action will assist in contributing to the European Semester, which addresses the effectiveness, accessibility and resilience of health systems.

The encompassing resilience assessment framework ('the testing framework') will serve to detect critical health system weaknesses against specific shocks as well as long-term structural challenges. This will help to develop recommendations for remedial action.

The testing framework will build on the work carried out by the 'Expert Panel on effective ways of investing in health' in its 'opinion on the organisation of resilient health and social care following the COVID-19 pandemic', adopted on 25 November 2020 as well as the December 2020 report by the EU Expert Group on Health Systems Performance Assessment (HSPA) titled 'Assessing the resilience of health systems in Europe: an overview of the theory, current practice and strategies for improvement'. This work presents relevant conceptual sub-dimensions related to health system resilience as well as real-life measurement strategies and 'toolkit materials'. The testing framework will be developed using focus groups, pilots and structured dialogues with Member States.

The action requires that the consortium holds a unique combination of technical expertise, broad knowledge of national health systems in the Member States and their specific challenges, as well as familiarity with international multi-country co-operation. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can best be carried out by the OECD and the European Observatory on Health Systems and Policies that have the required expertise and capacity to implement the action.

The action supports the policy priority to respond to COVID-19 crisis and it prepares the grounds for the rollout of resilience testing. It implements the EU4Health Programme's general objective of strengthening of health systems (Article 3, point (d)) through the specific objectives defined in Article 4, points (b) and (i) of Regulation (EU) 2021/522.

##### **OBJECTIVES, SCOPE AND ACTIVITIES**

The objective is to establish a solid operational methodology for carrying out health system resilience tests and, when applicable, help to develop remedial action. The methodology will be accompanied by a manual. Trainings for Member State authorities on the methodology can be provided upon request.

A framework for possible remedial action will be developed to follow up on the resilience tests. This framework will be designed in collaboration with national/regional health authorities and with ECDC to prepare support programmes to Member States. It will include an implementation plan to assist Member States to enhance crisis preparedness and to strengthen health system resilience against specific shocks.

##### **EXPECTED RESULTS AND IMPACT**

By establishing a resilience testing methodology and technical support, Member States will be able to regularly review health crisis preparedness and check their health systems' resilience against specific high-pressure scenarios and long-term structural challenges. Issues such as patient safety and safety of healthcare personnel should also be considered as part of the resilience tests.



This action will generate insight and evidence through resilience tests and will reinforce the ability of Member States and regions to become more resilient.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 23.1.1/23.1.2	Q2-Q3/2021	1 500 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to international organisations in accordance with Article 195(f) of Regulation (EU, Euratom) 2018/1046	HaDEA	International organisations (OECD and European Observatory on Health Systems and Policies)

## **4. DIGITAL (DI)**

### **4.1. ESTABLISHMENT OF A EUROPEAN HEALTH DATA SPACE (EHDS) – INFRASTRUCTURE AND GOVERNANCE – SECONDARY USE OF HEALTH DATA**

#### **DI-g-24.1.1 Call for proposal: action grants for developing a pilot project for an EU infrastructure ecosystem for the secondary use of health data for research, policy-making and regulatory purposes**

##### **POLICY CONTEXT**

The cross-border access to health data is fragmented, and makes it particularly difficult to re-use health data collected during healthcare. There is a need to initiate and fund a pilot project on health data exchange in collaboration with national authorities in order to facilitate access to European health data repositories through common rules, instruments and procedures. The use cases of this pilot would demonstrate the potential of cross-country re-use of health data for research, policy-making and regulatory activities by connecting the health data permit authorities and other organisations (e.g. research infrastructures) and highlight the potential benefits and added value of a large-scale infrastructure for the reuse of health data.

An improved coordination of national efforts and harmonisation of the digital infrastructure and data quality would promote the collaboration of several stakeholders involved in the health data processing towards the delivery of better healthcare to citizens. It would contribute to the creation of an ecosystem of infrastructures relying on common standards and policies to enable integration of currently fragmented national data systems while at the same time provide space for diversity and specificity for each research, policy-making or regulatory needs. The action supports the development of the EHDS and the re-use of health data for the research, policy-making and regulatory activities. It implements the EU4Health Programme's general objective of 'strengthening health systems' (Article 3, point (d)) through the specific objectives defined in Article 4, point (f) of Regulation (EU) 2021/522.

##### **OBJECTIVES, SCOPE AND ACTIVITIES**

This pilot will design, develop, deploy and run a network of nodes (representing different data brokers, holders and data consumers) federated by central services.

This pilot will demonstrate and prove the value of an infrastructure ecosystem for the secondary use of health data and assess the ability to scale towards an EU-wide infrastructure.

In particular, it will require to:

- (a) define and select key use cases that build on health data made available by the pilot partners to demonstrate added value of cross-country re-use of health data for policy-making, regulatory and research activities including, for example, the verification of the safety and efficacy of therapeutics;
- (b) elicit requirements (business, functional and non-functional) for an IT and data infrastructure to enable Union-wide re-use of health data;
- (c) design the specifications for the building blocks necessary for an IT infrastructure to enable Union-wide re-use of health data;
- (d) develop, customise or integrate technology to fulfil the agreed requirements;
- (e) deploy, in conformity with the design specifications, at partner level (nodes) and at central level (federation services), the components necessary for an IT infrastructure to enable Union-wide re-use of health data;
- (f) run the selected use cases over the implemented IT infrastructure;
- (g) assess the performance of the technological building blocks used and their ability to scale towards a Union-wide infrastructure;

- (h) inform on the development of governance arrangements for efficient cross border re-use of data in the context of a digital infrastructure for the secondary use of health data.

#### **EXPECTED RESULTS AND IMPACT**

The expected results of this action are the following:

- (a) candidate requirements and specifications for the technological building blocks for an IT and data infrastructure to enable EU-wide re-use of health data;
- (b) deployment of an IT infrastructure consisting of, at least, 6 nodes and central federation services enabling Union-wide re-use of health data;
- (c) assessment of the proposed technological building blocks having an impact on the potential to scale for a Union-wide solution;
- (d) inform on evolutions of the development of governance arrangements for a digital infrastructure for efficient cross border re-use of data.

This pilot aims at reducing risks and unknowns regarding a Union-wide large scale deployment of an infrastructure for re-use of health data. It would demonstrate the feasibility and added value of a cross-border infrastructure for secondary use of health data. The experience gained in such project would also provide a better understanding of the limitations and the potential of a common EHDS.

#### **INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Call for proposals - 24.1.1	Q3/2021	5 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Open call for proposals (action grants)	HaDEA	Member States' authorities and research infrastructures, ERICs etc.

## **4.2. ESTABLISHMENT OF A EUROPEAN HEALTH DATA SPACE (EHDS) – INFRASTRUCTURE AND GOVERNANCE - PRIMARY USE OF HEALTH DATA**

### **DI-g-25.3.1 Direct grants to Member States’ authorities: enlargement of the geographic coverage and scope of the MyHealth@EU Digital Service Infrastructure (eHDSI)**

#### **POLICY CONTEXT**

There is a need to set up national contact points for eHealth (NCPeH) in Austria, Denmark, Germany, Norway, and Romania. It will broaden the scope and the number of Member States and EEA countries associated to the Programme included in the eHDSI network. The award of a direct grant as referred to in Article 13(5) of the Regulation 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

The action supports the development of the EHDS and the use of health data for the provision of healthcare. It implements the EU4Health Programme’s general objective of strengthening health systems (Article 3, point (d)) through the specific objectives defined in Article 4, point (f) of Regulation (EU) 2021/522. Moreover, the EU Digital COVID certificate has increased the availability of health data in digital form (including vaccination, test results and medical problems).

#### **OBJECTIVES, SCOPE AND ACTIVITIES**

This action will allow, from newly participating Member States, to aggregate the patient information from the national electronic health records or other infrastructure and share it across the border. It will also broaden the coverage of ePrescriptions and patient summaries in Member States that have not currently this system in place.

This action will allow Member States to apply for:

- (a) the setting up of the NCPeH and start exchanging the ePrescriptions and/or patient summaries (including vaccination data etc.);
- (b) adding newly available services to the existing NCPeH;
- (c) deploying new services (medical images and image reports, laboratory results, hospital discharge letters), as original clinical documents or as structured data services.

#### **EXPECTED RESULTS AND IMPACT**

This action will make eHDSI available in more countries and for more citizens in the Union.

The new service will increase the type of Health data being exchanged across borders and add value to the continuity of care. It will facilitate cross-border healthcare and contribute to achieving a high level of trust and security, enhancing continuity of care and ensuring access to safe and high-quality healthcare.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 25.3.1	Q4/2021	11 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grants to Member States in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

## **DI-g-25.4.1 Direct grants to Member States' authorities: enabling patient access to their health data**

### **POLICY CONTEXT**

Current services enabled by the eHDSI provide health professionals with access to patient data. However, the infrastructure does not include services aimed at providing patients directly with their own data. Additionally, the services are lacking a mobile element, which could work for example on a smartphone. Moreover, the EU Digital COVID certificate has increased the access and control of patients to some of their health data (including vaccination).

Thus, there is a need for Member States to develop new elements and services in order to explore possible ways to provide services directly to citizens. These new services could be seen as an addition and/or extension of MyHealth@EU.

In addition, the action supports the targets expressed in the Commission's Communication '2030 Digital Compass: the European way for the Digital Decade'<sup>38</sup>, calling for enabling access to medical records (e-records) for 100% of Union citizens. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

The action supports the development of the EHDS, the use of health data for the provision of healthcare and the target calling for enabling access to medical records (e-records) for 100% of Union citizens. It implements the EU4Health Programme's general objective of 'strengthening health systems' (Article 3, point (d)) through the specific objectives defined in Article 4, points (f) and (g) of Regulation (EU) 2021/522.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

This action will enable a few pioneer Member States to design and implement this service. It would enable direct access for patients to their health data and automatically translated it into a target language used in a country of treatment. It will allow the opportunity at the same time to explore challenges for implementing this new service.

This action will:

- (a) design and develop the proposed new service;
- (b) test the developed service;
- (c) deploy the new service in the pioneer Member States.

### **EXPECTED RESULTS AND IMPACT**

Patients will be able to gain access to their health data for example by using their smartphone. The data will be translated to the language understood by the health professional in another Member State or even outside the Union. Member States will launch national projects developing or improving patient access to health data.

The availability of a new mobile service offered directly to patients will create a new platform that can be dynamically expanded to support Union citizens in cases of new health threats by providing them with relevant health data and related digital tools at the point of care.

### **INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

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<sup>38</sup> COM(2021) 118 final.

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 25.4.1	Q4/2021	2 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to Member States Direct grant to international organisation in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

## **DI-g-25.5.1 Direct grants to Member States’ authorities: increase health data semantic interoperability and build national capacity on health terminologies**

### **POLICY CONTEXT**

There is currently a fragmentation of standards used to express clinical concepts. This hampers the semantic interoperability of health data. Thus, there is a need to provide a standard terminology to express clinical meanings captured by the clinicians and harmonise the way health professionals express themselves.

The action supports the development of the EHDS and the use of health data for the provision of healthcare. It implements the EU4Health Programme’s general objective of ‘strengthening health systems’ (Article 3, point (d)) through the specific objectives defined in Article 4, point (f) of Regulation (EU) 2021/522. The award of a direct grant as referred to in Article 13(5) of Regulation (EU) 2021/522 is duly justified because this action can only be carried out by Member States authorities that have the required competence and responsibility to implement the Union policies at national level.

### **OBJECTIVES, SCOPE AND ACTIVITIES**

The objective is to facilitate the use of a standardised terminology to express clinical meanings.

This action will propose to provide access to Member States to the Systematised Nomenclature of Medicine - Clinical Terms, which supports the development of comprehensive high-quality clinical content in electronic health records. The nomenclature is a standardised, multilingual vocabulary of clinical terminology that is used by physicians and other health care providers for the electronic exchange of clinical health information. Snomed would also provide additional services supporting the implementation of these services at national level, including translation services. This could allow, in the end, that the EU patients have their data available in all the EU languages and can share them with healthcare professionals of their choice when travelling abroad.

### **EXPECTED RESULTS AND IMPACT**

This action will encourage Member States to use a common terminology.

It would increase the semantic interoperability of health data and thus facilitate the cross-border exchange and re-use of health data.

It could facilitate patient access to and translation of their health data.

### **INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Call topic/sub-topic</b>	<b>Estimated call publication</b>	<b>Budget</b>
Direct grants – 25.5.1	Q4/2021	3 600 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Direct grant to Member States in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States’ authorities



## 5. OTHER ACTIVITIES (OA)

### OA-g-26.1/2.1 Direct grants to Member States' authorities: events organised by the Presidency of the Council of the European Union

The programme will support the multiple objectives of the EU4Health Programme during the rotating Presidency of the Council with two conferences to be organised in 2021 and early 2022.

#### OBJECTIVES, SCOPE AND ACTIVITIES

These conferences are an opportunity for a discussion among Member States on how to work better together at Union level on one or more health-related topics and improve implementation on a national level.

Conferences to provide a platform for Member States and relevant stakeholders to exchange information and good practices, in particular on promoting the implementation of innovative solutions for resilient health systems within the Union and on other relevant topics in the field of public health.

#### EXPECTED RESULTS AND IMPACT (INCLUDING OUTPUTS)

The Member States holding the rotating Presidency of the Council are the beneficiaries of the grants to be awarded without a call for proposals on the basis of Article 195, first paragraph, point (c) of the Financial Regulation. The form, topic and expected results are established by the Presidency in agreement with the Commission. These events, which are highly political in nature and which need representation at the highest level both from national authorities and the Union, are to be organised exclusively by the Member State holding the Presidency. Given the unique role of the Presidency among Union activities, the Member State responsible for the organisation of the event is considered as a *de jure* monopoly.

#### INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE

Call topic/sub-topic	Estimated call publication	Budget
Direct grants – 26.1.1 & 26.2.1	Q2/2021-Q1/2022	200 000 EUR
Procedure type	Implemented by	Type of applicants targeted
Direct grant to Member States in accordance with Article 195(c) of Regulation (EU, Euratom) 2018/1046	HaDEA	Member States' authorities

## B. PROCUREMENT

The overall allocation reserved for procurement contracts and administrative arrangements in 2021 amounts to EUR 95 919 898, distributed among the different strands of action as follows:

Crisis preparedness:	EUR 29 000 000
Disease prevention:	EUR 30 450 000
Health systems and healthcare workforce:	EUR 24 904 000
Digital:	EUR 10 150 000
Recurrent, horizontal and communication activities:	EUR 1 414 898

IT development and procurement choices will be taken in line with the guidelines proposed by the European Commission Information Technology and Cybersecurity Board.

### ACTIONS WITH A COST BELOW EUR 20 000 000

#### 1. CRISIS PREPAREDNESS

In 2021, the Commission intends to undertake actions through contracts following public procurement (call for tenders and use of existing framework contracts) or administrative arrangements (including service level agreements, co-delegations and memoranda of understanding) with other Commission services (e.g. JRC, DIGIT) or European bodies (e.g. European Environmental Agency) to support priorities in the following thematic areas.

#### **CP-p-02.1 Communicable diseases: surveillance systems requirements, early detection, risk assessment**

The actions under this thematic section have as objectives:

- a) to support a real-time integrated surveillance system at Union level, assist and support Member States in the development of interoperable, reliable and modern national surveillance systems, driven by digital transformation;
- b) to conduct a data protection impact assessment of the Early Warning and Response System (EWRS) digital platforms;
- c) to perform an analysis of the contact tracing management in EWRS taking into account the impact of the COVID-19 pandemic on contact tracing practice;
- d) to support the technical finalisation of the European digital platform for traveller contact tracing (Healthy Gateways), a digital single entry point and database for passenger locator forms.

The expected results are a gap analysis feeding into the development of requirements for future-oriented integrated, artificial intelligence and electronic data based, real-time surveillance systems and subsequently an adequate deployment of digital platforms and applications supporting epidemiological surveillance that comply with the data protection requirements. Furthermore, the results include the sustainable establishment of the digital platform for traveller contact tracing.

Within this thematic area, the Commission plans to launch open procedures for a feasibility study on whether the contact tracing tools and application used at national and Union level could be integrated into and interoperable with the EWRS

Type of contracts: service

Indicative budget for this thematic area: EUR 3 000 000

Implementation: by DG SANTE and HaDEA

### **CP-p-3.1 Support to the implementation of the 2017 EU One Health action plan**

The actions under this thematic section have as objectives to strongly contribute to the goal of the European Action Plan on AMR for the Union to become a ‘best practice region’ and to support the coordination of measures to combat serious cross-border threats to health as well as to raise awareness on the citizens’ use of antibiotics.

The expected results include an inventory of existing barriers to the development and implementation of national action plans on AMR, and of infection prevention, control and antimicrobial stewardship measures, at both the policy and clinical levels in the Member States as well as the identification of feasible measures to overcome these obstacles. Furthermore, the activities will lead to insights into reported public use of and knowledge about antimicrobials in the general public. The results will contribute to the ongoing review by the Commission of the AMR situation in the Member States and to the identification of options for provision of additional Union support.

Within this thematic area, the Commission plans to launch open procedures for: an interview survey of key informants from the policy, clinical and managerial levels; an in-depth field investigation and reports for Member States identified on the basis of the first survey as having the greatest need for assistance in overcoming barriers; results of literature reviews on methods for overcoming the barriers identified; a series of workshops.

Type of contracts: service

Indicative budget for this thematic area: EUR 1 500 000

Implementation: by HaDEA

### **CP-p-04.1 - EU Immunisation initiative**

The actions under this thematic section have as objectives:

- (a) to identify obstacles to vaccination of physical, practical or administrative nature, assess to what extent such obstacles have a negative impact on vaccination coverage rates, to identify best practices to overcome them and develop recommendations;
- (b) to support Member States in defining and delivering national vaccination programmes and services, based on the monitoring of performance, including at subnational level and among specific population groups;
- (c) to support Member States in their decision-making on national vaccination plans, by strengthening the assessment and sharing of scientific evidence related to vaccines of interest, including COVID-19 vaccines and any adaptations of those vaccines due to the emergence of SARS-CoV-2 variants. This action will be carried out in close collaboration with the competent EU bodies such as ECDC, EMA or the EU/EEA National Immunisation Technical Advisory Groups (NITAG);
- (d) to have a dynamic and up-to-date communication system to respond to the latest misinformation myths or trends on vaccination, to measure the confidence on vaccines and to train the professionals in contact with children and parents - and the children themselves – to understand the purpose and to be proactive in promoting vaccination.

The expected results are: (i) an insight into barriers and risks in achieving a high uptake of vaccines in the Member States, leading towards recommendations, mitigating measures and initiatives to overcome these obstacles;(ii) increased knowledge and data sharing on scientific evidence related to vaccines and capacity building activities including training; and(iii) to set up a powerful vaccine misinformation counter initiative including monitoring and analysis of misinformation on vaccines (e.g. spread on social media), library of positive messages for proactive communication and a print or online tool for children and teenagers debunking some of the myths on vaccination.

Within this thematic area, the Commission plans to launch open procedures for:

- (a) a service contract for a study to identify obstacles to vaccination of physical, practical or administrative nature;
- (b) a service contract for a study on guidance on methodologies to assess the performance of vaccination programmes;
- (c) a service contract to support systematic reviews of scientific evidence on vaccines, and capacity building activities.

Type of contracts: service

Indicative budget for this thematic area: EUR 9 000 000

Implementation: by HaDEA

### **CP-p-05.1 - EU preparedness: Capacity and capability assessment and training programmes for health specialists**

The actions under this thematic section have as objectives to support the enhancement of existing pandemic preparedness capacities and capabilities such as national plans, coupled with a comprehensive and transparent framework for reporting and assessment.

The expected results are a series of benchmarks and indicators for the assessment of preparedness of the Member States as well as increased capacity and knowledge of public health specialists through trainings.

Within this thematic area, the Commission plans to launch open procedures for:

- (a) a service contract for a study to outline the indicators along which Member States should report their capacity and capability;
- (b) a service contract for an analysis of capacity gaps and training needs, development of adequate trainings at national and Union level and the rollout of pilot training courses.

Type of contracts: service

Indicative budget for this thematic area: EUR 5 500 000

Implementation: by HaDEA

### **CP-p-06.1 – AMR - HERA**

The actions under this thematic section have as objectives to support bringing AMR medical countermeasures to market, the prudent use of antimicrobials, as well as a feasibility study to analyse AMR related stockpiling ;

The expected results are:

- (a) a technological review of the latest AMR medical countermeasures, gap analysis and needs assessment in the Member States;
- (b) a feasibility study on AMR stockpiling to analyse the medical countermeasures most needed and means to stockpiling;

Within this thematic area, the Commission plans to launch open procedures for:

- (a) a service contract for needs assessment and technology review reports (to feed into future work to bring AMR medical countermeasures to market);
- (b) a service contract for a feasibility study on AMR stockpiling;

Type of contracts: service

Indicative budget for this thematic area: EUR 2 000 000

Implementation: by DG SANTE/HaDEA

### **CP-p-06.3 – Flexible manufacturing - Preparation of the European Health Emergency Preparedness and Response Authority (HERA)**

This action covers the assessment of how flexible (multi-technology) EU manufacturing and process innovation capacities can be implemented to facilitate surge manufacturing capacity and improve EU's access to medical countermeasures in case of health emergencies, as part of the HERA 'Preparatory Action'. It is in line with Communication on HERA Incubator<sup>39</sup>, as well as the EU strategy on COVID-19 therapeutics.

The expected results of this action are to obtain:

- key details of technical specifications, volumes and types of product in order to enable manufacturing capacities for medical countermeasures;

Within this thematic area, the Commission plans to launch an open procedure for:

- a service contract for a study assessing scientific, engineering, legal and economic considerations for implementation and maintenance of a flexible (multi-technology) EU manufacturing and innovation capacity for medical countermeasures for serious cross-border threats to health.

Type of contracts: service/supply

Indicative budget for this thematic area: EUR 3 000 000.

Implementation: by DG SANTE/HaDEA

### **CP-p-06.4 – Mapping of medical countermeasures - HERA**

The actions under this thematic section have as the objective to support the mapping of COVID-19 therapeutics, including ICU medicines, heparin, dexamethasone and antibiotics and availability of in vitro diagnostic medical devices including companion diagnostics.

The expected results is the identification (mapping) of the current developments and the future production of COVID-19 therapeutics and the availability of in-vitro diagnostics, as well as an analysis of the supply chains and any possible bottlenecks. This includes the development of an interactive mapping platform.

Within this thematic area, the Commission plans to launch an open procedure for a service contract for the mapping of COVID-19 therapeutics, including ICU medicines, heparin, dexamethasone and antibiotics and availability of in vitro diagnostics devices including companion diagnostics.

Type of contracts: service

Indicative budget for this thematic area: EUR 5 000 000

Implementation: by DG SANTE/HaDEA

## **2. DISEASE PREVENTION**

In 2021, the Commission intends to undertake actions through contracts following public procurement (call for tenders and use of existing framework contracts) or administrative arrangements (including service level agreements, co-delegations and memoranda of understanding) with other Commission services (e.g. JRC, DIGIT) or European bodies (e.g. European Environmental Agency), to support priorities in the following thematic areas:

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<sup>39</sup> [communication-hera-incubator-anticipating-threat-covid-19-variants\\_en.pdf \(cec.eu.int\)](https://cec.eu.int/communication-hera-incubator-anticipating-threat-covid-19-variants_en.pdf)

### **DP-p-07.1 - Prevention of non-communicable diseases and related risk factors**

The actions under this thematic section have as objectives the implementation, in the field of disease prevention, of best practices and the monitoring of policy developments to foster public health investments at Union level under the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases, including organisation of meetings of its subgroups and related technical support.

The expected results focus on the identification of concrete challenges in the prevention of non-communicable diseases and policy solutions in the form of best practices and innovative solutions for collective action between the Member States and the Commission, to tackle the main public health challenges.

Type of contracts: service

Indicative budget for this thematic area: EUR 1 750 000

Implementation: by DG SANTE

### **DP-p-12.1 - Disease knowledge gate**

The actions under this thematic section have as objectives:

- (a) to increase the availability and coordinated access to basic data on non-communicable diseases, supporting evidence-based national and Union policy-making, monitoring and research;
- (b) to link and provide access to data on the prevalence of various diseases such as the number of Europeans with (i) diabetes, cardiovascular or Chronic Obstructive Pulmonary Disease; (ii) (long) COVID; (iii) certain types of cancer; or (iv) certain types of rare diseases.

The expected results are the design of the use cases and architecture of the access platform/portal, the definition of the approach for achieving buy-in for the use cases for monitoring, research and policy use, and the design of the incentive scheme for Member States including how to effectively promote that the data is produced and curated in the correct formats.

Type of contracts: administrative arrangement

Indicative budget for this thematic area: EUR 3 000 000

Implementation: by DG SANTE

### **DP-p-13.1 - Tobacco control policy, implementation and enforcement of tobacco control legislation**

The actions under this thematic section have as objectives to support the implementation of Directive 2014/40/EU of the European Parliament and of the Council<sup>40</sup> and related tobacco control legislation by means of:

- a) practical sensory and chemical assessments of tobacco products;
- b) improving the use and the interpretation of data on tobacco and related products, through the procurement of technical expertise and laboratory capacity, including access to reliable and up-to-date market data; and
- c) evaluating legislation in the field of tobacco control for possible revisions.

The expected results are clear indicators for prohibiting the placing on the market of non-compliant tobacco and related products, better use and interpretation of tobacco control related data, and studies supporting first steps in the adaptation of the legal framework in this field

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<sup>40</sup> Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC (OJ L127, 29.04.2014, p.1).

towards the ambitious goal of the Europe's Beating Cancer Plan to significantly reduce the tobacco and related products' use rates in the Union.

Within this thematic area, the Commission plans to launch open procedures for:

- a) a framework contract for studies supporting the evaluation and possible revision of the current legislative framework for tobacco and related products

Type of contracts: service, administrative agreements

Indicative budget for this thematic area: EUR 1 600 000

Implementation: by DG SANTE and by HaDEA

### **DP/C-p-08.1 - Cross-cutting cancer actions: saving lives through sustainable cancer prevention**

The actions under this thematic section have as objectives:

- a) to give citizens the information and tools they need to make healthier choices including recommendations and questions and answers to the general public, and messages to specific target groups;
- b) to update the European Code against Cancer in line with new scientific developments in the area of cancer prevention;
- c) to contribute to the delivery of an 'EU Mobile App for Cancer Prevention' to support the usability of the European Code against Cancer messages by the general population; and
- d) to gain a better understanding of the health literacy level of the target populations and to support the improvement of health literacy on cancer prevention.

The expected results are the development of the 5<sup>th</sup> edition of the European Code against Cancer, leading to an increased coverage of the European Code against Cancer across the Union. Moreover, the actions will contribute to the development of an 'EU Mobile App for Cancer Prevention' and to the increase of health literacy on cancer prevention within the Union.

Within this thematic area, the Commission plans to launch open procedures for a service contract for the development of an 'EU mobile app for cancer prevention'.

Type of contracts: service, administrative arrangements

Indicative budget for this thematic area: EUR 5 000 000

Implementation: by DG SANTE and by HaDEA

### **DP/C-p-09.1 - Cross-cutting cancer actions: improving the early detection of cancer**

The actions under this thematic section have as objectives:

- a) to ensure that guidelines and quality assurance schemes for cancer screening programmes reflect the latest available scientific evidence and to assess the possibility to apply them to other cancers;
- b) to update the European Cancer Information System to monitor and assess cancer screening programmes, and to support the development and rollout of protocols for future data collections from cancer registries.

The expected results are an update of guidelines on breast, colorectal and cervical cancer screening, diagnosis and care, including recommendations on early screening of high-risk individuals and implementation at national and regional level, the assessment of extending population screening to other cancers, and an update to the European Cancer Information System to ensure that it will provide the latest information on incidence, mortality and survival across Europe for the major cancer entities.

Indicative budget for this thematic area: EUR 11 500 000

Type of contracts: service, administrative arrangements

Implementation: by DG SANTE

#### **DP-p-10.1 - Cross-cutting cancer actions: ensuring access to high standard in cancer diagnosis and treatment**

The actions under this thematic section have as objectives to enhance the quality and safety of radiation technology and optimise its use in medicine.

The expected results aim at improving the quality and safety of medical radiation applications, the standards of the workforce in the radio-nuclear medical sector through education and training, and the facilitation of a more equal access to modern medical radiation technology and interventions.

Within this thematic area, the Commission plans to launch open procedures for a service contract for an analysis in the area of access to quality and safety in the use of medical radiation applications.

Type of contracts: service

Indicative budget for this thematic area: EUR 500 000

Implementation: by HaDEA

#### **DP-p-11.1 - Cross-cutting cancer actions: improving the quality of life for cancer patients, survivors and carers, including the reduction of inequalities in cancer care and childhood cancers**

The actions under this thematic section have as objectives, on the one hand, to contribute to the creation of a 'Cancer Survivor Smart Card' which will link with a 'resource' function to give access to best practices, guidelines, and recommendations specifically targeted to cancer survivors and, on the other hand, to provide easily accessible quantitative data and a contextual qualitative analysis of the cancer situation in the Member States through establishing a Cancer Inequalities Registry.

The expected results are enabling access to comparable up-to-date quantitative cancer indicators in a systematic and easily accessible way to the general public and policy-makers, as well as to improve patient-centred communication between cancer survivors and health care providers. Moreover, the results aim at providing a tool to monitor the cancer situation and trends in the Union and the Member States, including at sub-national level and for specific socio-economic groups, and to identify areas of potential action and to guide investment decisions at Union and national level.

Within this thematic area, the Commission plans to launch open procedures for a service contract for the supply of a software to develop an IT tool for a 'Cancer Survivor Smart Card'.

Type of contracts: service, administrative arrangements.

Indicative budget for this thematic area: 7 100 000

Implementation: by DG SANTE and by HaDEA

### **3. HEALTH SYSTEMS AND HEALTHCARE WORKFORCE**

In 2021, the Commission intends to undertake actions through contracts following public procurement (call for tenders and the use of existing framework contracts) or administrative arrangements (including service level agreements, co-delegations and memoranda of understanding) with other Commission services (e.g. JRC, DIGIT) or European bodies (e.g. European Environmental Agency) to support priorities in the following thematic areas:



### **HS-p-16.1 - Digital collaboration and synergies between EU decentralised agencies<sup>41</sup> and DG SANTE – Health Policy Agency Collaboration)**

The actions under this thematic section have as objectives:

- (a) to create a series of domain specific data lakes to nurture data ecosystems for the Health Policy Agency Collaboration members enabling the sharing of structured and unstructured data and providing the groundwork to launch more modern tools and techniques, such as using artificial intelligence to gain insights from data or employing process automation techniques in order to bring further efficiencies;
- (b) to provide for a single digital customer relationship management solution to capture the interactions with various stakeholders and hold a common repository to manage these stakeholders;
- (c) to evaluate and assess the current digital landscape with the goal to find common business needs for common solutions and to propose rationalisation and strategic actions for evolution.

This action aims to facilitate the sharing of data via a number of different digital solutions between DG SANTE and its partner health policy Agencies enabling stakeholders to make evidence based decisions. Being able to have statistics, simulations, visualisations and navigation across this huge knowledge base will provide answers to questions about the value of implementing legislation, the degree of adherence to legislation and the benchmarking and cross-checking of available data.

Within this thematic area, the Commission plans to launch open procedures for a framework contract for services related to ‘Health Policy digital domain solutions and services’.

Type of contracts: service

Indicative budget for this thematic area: EUR 8 000 000

Implementation: by DG SANTE, co-delegation to DIGIT

### **HS-p-17.1 - Strengthening the implementation of the legislation on blood, tissue and cells and organs and cooperation between national authorities and professional sector associations**

The actions under this thematic section have as objectives:

- (a) to organise training and networking activities for competent authorities’ staff, in particular inspectors and preparation process assessors, for the strengthening of the oversight in the field of Substances of Human Origin (SoHO); to provide training to the competent authorities’ staff on critical supplies, effective vigilance and on reporting of serious adverse reactions and events;
- (b) the provision of immediate laboratory capacity to optimise the use of COVID-19 convalescent plasma in view of the emergence and spread of SARS-CoV-2 variants.

The expected results aim at:

- (a) increasing and standardising the competence of inspectors and assessors in this sector across the Union as well as building a network of senior inspectors/experts, facilitating possible joint inspections and peer audits among Member States, and reinforcing trust between them to facilitate the exchange of SoHO;
- (b) building capacity for the assessment of the neutralising capacity of convalescent plasma samples, assessing the effect of different spike mutations on neutralisation, supporting the

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<sup>41</sup> Community Plant Variety Office (CPVO), European Centre for Disease Prevention and Control (ECDC), European Chemicals Agency (ECHA), European Food Safety Authority (EFSA), European Medicines Agency (EMA)).

sequencing of recipient viruses and enabling the monitoring of the virus evolution among donors;

- (c) training courses for vigilance officers and analysis of annual EU vigilance data for publication by the Commission;
- (d) training courses on stock and critical supply of SoHO.

Within this thematic area, the Commission plans to launch open procedures for a service contract to organise training courses for Member States' Authorities staff on oversight tasks (including vigilance, inspection, supply, etc) on activities in the field of Substances of Human Origin.

Type of contracts: service

Indicative budget for this thematic area: EUR 2 500 000

Implementation: by DG SANTE

### **HS-p-18.1 - Implementation of pharmaceutical legislation and pharmaceutical strategy**

The actions under this thematic section have as objectives:

- (a) the in-depth analysis of the legislative framework for medicines in the format of evaluations and impact assessment;
- (b) the training scheme activities supporting the Member States to increase their capacity building and address the knowledge gaps related to the environmental risk assessment aspects that would support the pharmaceuticals strategy and reply to the environmental challenges identified therein; and
- (c) supporting cooperation between the national authorities to improve the affordability and cost-effectiveness of medicines and health system's sustainability, including that of cancer treatment.

The expected results are preparatory works in accordance with the better regulation provisions in view of the revision of Directive 2001/83/EC of the European Parliament and of the Council<sup>42</sup> and Regulation (EC) 726/2004 of the European Parliament and of the Council<sup>43</sup>; capacity building and training scheme related to the environmental risk assessment of medicinal products; increase co-operation with and among Member States on improving the affordability and cost-effectiveness of medicines.

Within this thematic area, the Commission plans to launch open procedures for a service contract for a training scheme and training-related activities for Member States, to increase their capacity building and fill in the training needs related to the environmental risk assessment, on pharmaceuticals in the environment and the environmental challenges under the Pharmaceutical Strategy.

Type of contracts: service

Indicative budget for this thematic area: EUR 1 850 000

Implementation: by DG SANTE

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<sup>42</sup> Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use (OJ L 311, 28.11.2001, p. 0067 – 0128).

<sup>43</sup> Regulation (EC) No 726/2004 of the European Parliament and of the Council of 31 March 2004 laying down Community procedures for the authorisation and supervision of medicinal products for human and veterinary use and establishing a European Medicines Agency (OJ L136, 30.4.2004, p. 1).

## **HS-p-19.1 - Implementation of Regulations on medical devices and in vitro diagnostic medical devices**

The actions under this thematic section have as overall objective to support the implementation of Regulation (EU) 2017/745<sup>44</sup> of the European Parliament and of the Council on medical devices (MDR) and Regulation (EU) 2017/746<sup>45</sup> of the European Parliament and of the Council on in-vitro diagnostic medical devices (IVDR). These actions will reinforce the safety requirements for all operators for the placing of their products on the Union market among other things by:

- (a) facilitating the adoption of science-based regulatory measures on specific health-related aspects (e.g. surface characterisation of breast implants);
- (b) supporting the development of the EUDAMED database that will allow centralisation and efficient management of data on medical devices and in-vitro devices in a single database accessible to all actors placing medical devices on the Union market, their notified bodies and the national competent authorities and the public;
- (c) supporting the establishment of a network of Union reference laboratories, introduced by the IVDR to perform, among other things, additional assessment of high risk in-vitro diagnostic devices, who will verify, by laboratory testing, that these devices perform as stated by the manufacturers;
- (d) medical proof-reading and quality control of the European nomenclature for medical devices to be made available by the Commission under the MDR and the IVDR.

The expected results are reinforced safety requirements for medical devices on the Union's market, including an improved data management for all involved actors, a European nomenclature for medical devices in all official languages of the Union and the establishment of Union reference laboratories for in-vitro diagnostic medical devices.

Type of contracts: service, administrative arrangements

Indicative budget for this thematic area: EUR 5 455 000

Implementation: by DG SANTE and HaDEA

## **HS-p-20.1 - Preparation and implementation of HTA Regulation – infrastructure hosted by the Commission**

The actions under this thematic section have as overall objective to ensure that the future Union framework on HTA has the necessary IT infrastructure (e.g. website, intranet, secure system for exchanging information) to produce joint work, joint clinical assessments; joint scientific consultations carried out each year, reports on the identification of emerging health technologies, as well as results of other joint voluntary activities agreed by the Member States.

The expected results are a one-stop-shop for HTA national experts when preparing and endorsing high quality and timely joint HTA reports relevant for decision-making, and for the industry when submitting commercially confidential data required for joint clinical assessments (restricted access module), also ensuring access to joint HTA summary reports and activities for patients, healthcare professionals and the industry (public module), with potential contribution to the EHDS).

Type of contracts: service

Indicative budget for this thematic area: EUR 500 000

Implementation: by DG SANTE

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<sup>44</sup> Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices, amending Directive 2001/83/EC, Regulation (EC) No 178/2002 and Regulation (EC) No 1223/2009 and repealing Council Directives 90/385/EEC and 93/42/EEC (OJ L 117, 5.5.2017, p. 1).

<sup>45</sup> Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices and repealing Directive 98/79/EC and Commission Decision 2010/227/EU (OJ L 117, 5.5.2017, p. 176)

## HS-p-22.1 - ERNs

The actions under this thematic section have as objectives:

- (a) to provide support for the functioning and enhancement of the system of the ERNs for rare, low prevalence and complex diseases (as established under Article 12 of Directive 2011/24) and for activities addressing the specific unmet needs in this area. This will enable rare disease patients to benefit from pooling of expertise, knowledge and resources at the Union level and to receive the appropriate diagnosis and treatment as well as enhance knowledge generation, training and research in the area of rare diseases;
- (b) the coordination, management and operational activities of the ERNs (including integration of new members and affiliated partners);
- (c) dissemination of generated knowledge on rare diseases to a wider audience and promoting online professional training; ensuring proper rare disease codification and evolution of the IT tool for virtual consultations of clinical cases;
- (d) an analysis of options reducing the administrative burden for the coordination teams of ERNs through the use of simplified cost options.

The expected results are:

- a) an optimisation of the administrative framework for the ERN System and a centralised IT platform serving the training needs of all 24 ERNs regarding content hosting and management of training activities. This will include support to the production of specialised medical content by the networks and other content producers and the possibility to host content produced by other eHealth initiatives such as the EHDS and eHDSI ('Virtual ERN and eHDSI Academy);
- b) an upgrade of the current Clinical Patient Management System (CPMS) to a new enhanced modular version, addressing the growing needs of the networks and incorporating the latest trends in user-centric design. The maintenance of the current CPMS until the new one becomes available, the addition of updated orphacodes in the encoding system of CPMS and the maintenance of other ERN-related IT tools;
- c) a set of recommendations envisaging administrative simplifications for ERN coordination teams to allow for an even greater focus on the outputs and results achieved.

Within this thematic area, the Commission plans to launch open procedures for:

- (a) a service contract for logistic, administrative and secretarial support related to the tasks of the functioning of the governing bodies of the ERN system and eHealth Network;
- (b) a framework contract for independent assessment and evaluation bodies for ERNs

Type of contracts: service, administrative arrangements

Indicative budget for this thematic area: EUR 6 600 000

Implementation: by DG SANTE and by HaDEA

## 4. DIGITAL

In 2021, the Commission intends to undertake actions through contracts following public procurement (call for tenders and use of existing framework contracts) or administrative arrangements (including service level agreements, co-delegations and memoranda of understanding) with other Commission services (e.g. JRC, DIGIT) or European bodies (e.g. European Environmental Agency) to support priorities in the following thematic areas.

### **DI-p-25.1 - EHDS: primary use of health data - infrastructure governance**

In 2021, the Commission intends to undertake actions through contracts following public procurement (call for tenders and use of existing framework contracts) or administrative arrangements (including service level agreements, co-delegations and memoranda of understanding) with other Commission services (e.g. JRC, DIGIT) or European bodies (e.g. European Environmental Agency) to support priorities in the following thematic areas.

The actions under this thematic section have as objectives:

- (a) the management and governance support to eHealth DSI Member States Expert Group and the eHealth Operational Management Board and the management of eHDSI Solution Provider team;
- (b) the design and continuous improvement of eHDSI requirements and specifications as well as the operation and continuous improvement of eHDSI core configuration and terminology services;
- (c) the continuous improvement and support to the NCPeH Reference implementation used by most of the NCPeHs to enable cross-border health care information services and the continuous improvement and operationalization of the test and audit (compliance check) frameworks;
- (d) the orchestration of eHDSI communities of practice;
- (e) proving NCPeH compliance with the eHDSI requirements to conclude on potential risks to the confidentiality, integrity and availability of health data;
- (f) by using a twinning approach, to support Member States in the development and/or improvement of their own digital health strategies at national level. Support exchange of best practices;
- (g) support for the managed operations, maintenance of software and on boarding support for Member States in the context of the European Federation Gateway Service for contact tracing and warning apps.

The expected results are increased safety and quality of care throughout the Union and an enlargement of the geographical coverage of the eHDSI so that all Member States can start cross-border exchanges of health data. In addition, it will result in an increased Member States' capacity to develop national digital health strategies and as a follow-up to implement and increase the capacity to perform digital transformation of national health services.

Within this thematic area, the Commission plans to launch open procedures for

- a) a service contract for supporting Member States to improve their capacities in the field of digital health;
- b) a framework contract for IHE support to EHDSI test activities.

Type of contracts: service, administrative arrangements, co-delegation to DIGIT

Indicative budget for this thematic area: EUR 8 850 000

Implementation: by DG SANTE and by HaDEA

### **DI-p-24.1 - EHDS – secondary use of health data - infrastructure governance**

The actions under this thematic section have as objectives to provide support for the development of a governance model and rules on access to health data for secondary use and for the development, deployment and operation of infrastructures and IT systems that will enable access to health data for secondary use, i.e. for research and development, policy-making and regulatory activities. The EHDS supports research and development on new preventive strategies, treatments,

medicines, medical devices and better outcomes, and it should support policy-makers and regulators to make evidence-based decisions, ensuring in full the preservation of the privacy and the personal data of citizens. Furthermore, and embracing the ‘One Health’ approach, the set-up of the European Climate and Health Observatory aims at supporting adaptation plans and measures in Member States related to climate change and health.

The expected results are the setting of the foundations of a common EHDS, both at national and European level with due respect to all aspects related to the processing of data. The expected results of the European Climate and Health Observatory are the establishment of a knowledge base for better-informed Union policy-making on climate change-related health effects.

Within this thematic area, the Commission plans to launch open procedures for a service contract for support services in the field of development, deployment and operation of infrastructures and IT systems enabling access to health data for secondary use.

Type of contracts: service, administrative arrangements, co-delegation to DIGIT

Indicative budget for this thematic area: EUR 1 300 000

Implementation: by DG SANTE and by HaDEA

### **OT-P-26.1 - RECURRENT, HORIZONTAL AND COMMUNICATION ACTIVITIES**

In 2021, the Commission intends to undertake actions through contracts following public procurement (call for tenders and use of existing framework contracts), special indemnities or administrative arrangements (including service level agreements and memoranda of understanding) with other Commission services (JRC, DIGIT or EEA) to support activities with a horizontal and/or recurrent character.

The actions have as objectives the organisation of events in the field of health, the logistical support to meetings of expert groups and similar entities as well as of scientific committees (e.g. Scientific Committee on Consumer Safety, Scientific Committee on Health, Environmental and Emerging risks, etc.) in the field of risk assessment and research, the enhancement of the Health Policy Platform, the support in studies, analysis, impact assessments and evaluations of health-related legislation and of the activities of the ‘Expert Panel on effective ways of investing in health’. Furthermore, the objectives are the support of traditional and on-line communication and dissemination activities on the EU4Health Programme and the results of actions supported by the programme as well as the support of various policy-related communication and dissemination activities in the field of health as well as horizontal activities such as graphic design or website management and maintenance. Moreover, and in accordance with Article 26 of the Regulation, and in line with the Communication to the Commission on "Corporate Communication action in 2021-2023 under the Multi-annual Financial Framework 2021-2027", the EU4Health programme will contribute to the corporate communication which would cover the corporate communication of the Union's political priorities to the extent that they are related to the general objective of the Programme.

The expected results are improved capacities to carry out evaluations of existing legislation and/or legislative proposals, an enhanced Health Policy Platform and improved communication with a range of stakeholders in the field of public health or on corporate level. Moreover, the expected results will ensure a broad coverage for Union health policy activities and in doing so, gain support for them. Finally, the expected results are the production of content; provision of corporate technical services; dissemination of information through integrated communication actions; organisation of and participation in events; studies and evaluations, where relevant.

Within this thematic area, the Commission plans to launch open procedures for a framework contract for evaluation and impact assessment-related services;

a framework contract for services related to the organisation of meetings and events as well as related activities.

Type of contracts: service, administrative arrangements, co-delegation with DG COMM

Indicative budget for this thematic area: EUR 1 414 898

Implementation: by DG SANTE and by HaDEA

## C. PRIZES

In 2021, the Commission intends to launch contests for the following awards:

### **OT-PR-26.2 - EU HEALTH AWARDS**

The EU Health Awards focus on practices and interventions which support the implementation of the Sustainable Development Goals in priority health topics such as in the fields of cancer and mental health. The awards create an incentive for European health stakeholders to share their evaluated good practices/interventions and get involved in Union health policy. The awards will be an opportunity to reward stakeholders that have been proactive or reactive in helping to prevent, address and/or mitigate the mental health impact of the pandemic. In this sense, it aims to acknowledge and highlight the work of stakeholders that developed and initiated dedicated activities to support individuals whose mental health was most affected or at risk of being affected. Furthermore, the awards will acknowledge and highlight recognised innovative and excellent actions by cities, NGOs/other civil society organisations, schools, etc., which contribute to promoting and improving cancer prevention through the strengthening of communication, including health literacy, promoting healthy lifestyles for children, adolescents and young people (from 6 to 25 years old).

Participants targeted for the contest: NGOs from both health and the wider civil society, cities or schools in different areas and at any level (Union, national, regional or local) and any similar entities.

Indicative budget: EUR 400 000

Implementation: by DG SANTE and by HaDEA

## **OTHER ACTIONS AND EXPENDITURE**

In 2021, the Commission intends to launch the following other actions which contribute to one or several strands.

### **MEMBERSHIP FEES TO INTERNATIONAL ORGANISATIONS AND REGULATORY BODIES**

#### **Assessed contribution to the World Health Organisation Framework Convention<sup>46</sup> on Tobacco Control**

This action covers the Union contribution to the World Health Organisation Framework Convention on Tobacco Control, which the Community ratified and to which the Union is a party.

#### **Annual membership fee to the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use – ICH<sup>47</sup>**

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<sup>46</sup> Council Decision of 2 June 2004 concerning the conclusion of the WHO Framework Convention on Tobacco Control (2004/513/EC).

<sup>47</sup> Commission Decision of 23 October 2015 on the participation of the Commission as Founding Regulatory Member in the 'International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use' C(2015)7256.

This action covers the contribution to the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) of which the Commission is a founding member.

#### **Annual contribution to the International Pharmaceutical Regulators Programme<sup>35</sup> - IPRP**

This action covers the contribution to the International Pharmaceutical Regulators Programme of which the Commission is a member.

#### **Annual contribution to the Partnership European Observatory on Health Systems and Policies<sup>48</sup>**

This action covers the contribution to the European Observatory on Health Systems and Policies Partnership to which the Commission is a participating member.

Indicative budget: EUR 1 213 000

#### **IMPLEMENTATION: BY DG SANTE VARIOUS MEETINGS OF STANDING, AD-HOC MEETINGS, COMMITTEES AND OTHER EVENTS**

This action intends to support events and meetings through covering expert expenses including special indemnities, in particular in relation to participations in steering groups and expert panels,<sup>49</sup> the participation of experts in joint assessments of notified bodies and related training and audits in the fields of medical devices, active pharmaceutical ingredients and clinical trials; the expert exchange program to support the safety assessment of active substances used in clinical trials, GMP and GDP in the Union and third countries for the quality of medicines, to support international harmonisation of requirements for pharmaceuticals and regulatory convergence; international activities with the regulators of the Union's main trading partners; as well as the VICH<sup>50</sup> committee and expert group and the participation in the VICH outreach forum.

Indicative budget: EUR 2 352 000

Implementation: by DG SANTE, by HaDEA and by sub-delegation to PMO

#### **EXPERT EVALUATORS**

DG SANTE and HaDEA publish an increasing number of calls for proposals in highly technical fields requiring expert knowledge in the respective areas. This action covers the assistance to evaluation committees regarding calls for proposals by assessors with a specific technical expertise in the field of public health.

Indicative budget: EUR 250 000

#### **IMPLEMENTATION: BY HADEA CONTRIBUTION AGREEMENTS WITH DECENTRALISED AGENCIES**

This activity covers contribution agreements with decentralised agencies, which have as an objective the setting-up and follow-up pilot of electronic product information, including tools needed for generation of that information, guidance and reference implementation for EMA and

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<sup>48</sup> Commission Decision of 21 December 2009 on its incorporation as a Participating Organisation of the "European Observatory on Health Care Systems and Policies" project C(2009)10213.

<sup>49</sup> Where applicable, the reimbursement of daily subsistence and accommodation allowances will be aligned with the scales of the amounts for staff missions to Member States as provided for in Article 13(2) of the Annex VII of the Staff Regulations of Officials of the European Union and the Conditions of Employment of Other Servants of the Union, laid down in Council Regulation (EEC, Euratom, ECSC) No 259/68 (OJ L 56, 4.3.1968, p. 1), and as further detailed in Commission's Missions Guide C(2017) 5323 Annex 1.

<sup>50</sup> VICH is a trilateral (EU-Japan-USA) programme aimed at harmonising technical requirements for veterinary product registration.



the national competent authorities. Furthermore, the activity targets the reinforcement of the vaccination information portal.

These actions will support the development and testing of a regulatory approved electronic version of the medicinal product leaflet information thus improving access to up-to-date product information on medicines when and where needed. In addition, the actions will support continuous and dynamic updates and translations and the introduction of interactive approaches with the target population in the vaccination information portal in order to increase to fight vaccine disinformation.

Implementation: by ECDC, EMA

Indicative budget: 1 750 000

## **D. ACTIONS IMPLEMENTED IN INDIRECT MANAGEMENT**

### **ACTIONS WITH A COST OF EUR 20 000 000 OR MORE**

Not applicable for the present work programme.

### **ACTIONS WITH A COST BELOW EUR 20 000 000**

#### **CP-g-06.7 Strengthening preparedness and response to cross-border health threats at global level**

##### **POLICY CONTEXT**

HERA will improve the Union's development, manufacturing, procurement and distribution of key medical countermeasures within the Union so to best prepare and respond to serious cross-border threats and emergencies – whether of natural or deliberate origin. One of HERA's core missions is contributing to reinforcing the global health emergency preparedness and response architecture.

The COVID-19 pandemic has shown the need to improve and further strengthen the pandemic preparedness and response mechanism at national and global level. At the World Health Assembly, the 194 members of WHO adopted on 31 May 2021 the decision to discuss a new international treaty on pandemics at a special session held in November 2021. The Council adopted in 20 May 2021 a decision to support the launch of negotiations for an international treaty on the fight against pandemics within the framework of WHO. Such a treaty would support international efforts to reinforce global health security, on preparedness and response.

Emerging serious cross-border health threats have a global nature and therefore need to be looked with a global perspective. Direct experience from COVID-19 and data from countries show the need to strengthen the Union's and global capacities required under International Health Regulations ('IHR') and against serious cross-border threats to health. The pandemic showed that threats arising in other parts of the world have a huge impact on health worldwide, including in the EU. Therefore, it is clear that the reinforcement of emergency preparedness and response at EU level needs to be coupled with strengthening at global level.

The proposed action will contribute to strengthening preparedness to respond to cross-border health threats in the EU through improvement, among others, of surveillance, early detection and warning systems including at global level. In accordance with Articles 7(1) and 13(7) of Regulation (EU) 2021/522 the award of the action to WHO is duly justified by its crucial leadership, its convening and coordination role in global health, and in strengthening multilateral cooperation and in steering the world's preparation and response to public health emergencies. Therefore, WHO is the sole body with the required expertise and capacity to implement the action.

The action supports the Union's global commitments and health initiatives and the policy priority to respond to health inequalities and to improve the access to healthcare and it implements the EU4Health Programme's general objective of 'strengthening health systems' (Article 3, point (b)) through the specific objectives defined in Article 4, points (b), (c) and (j), of Regulation (EU) 2021/522.

## **OBJECTIVES, SCOPE AND ACTIVITIES**

This main focus of this action is to support ongoing and effective global initiatives coordinated by WHO that can bring an added value to the EU health protection in improving significantly pandemic prevention, preparedness and response, including but not limited to the following:

- support the activities on epidemic and pandemic intelligence, and also ensure cooperation between WHO, the Commission, its Services and Agencies, and Member States in terms of access to and sharing of data, analytics and support for decision making, with regard to preparedness and response to health emergencies;
- to ensure a fastest, most coordinated, and successful global effort to develop tools to fight COVID-19;
- to support the development of new medical countermeasures relevant against antimicrobials resistance (AMR), notably the development of antibiotics efficient against resistant pathogens that pose the greatest threat to health, and ensuring sustainable access to treatments, promoting responsible use and affordability;
- support to specific regional initiatives with the biggest possible impact to prevent cross border health threats e.g. support to COVID-19 genome sequencing laboratory network in Africa or the Regional Centre of Excellence for Genomic Surveillance and Bioinformatics in Africa.

The specific initiatives will be jointly defined by WHO in very close collaboration with the Commission and other relevant Union agencies in order to maximise the effectiveness and efficiency of the action and develop synergies and complementarities with on-going activities and initiatives at EU level<sup>51</sup>.

## **EXPECTED RESULTS AND IMPACT**

This action is expected to contribute to strengthening the global capacities to prevent, prepare and respond to cross border health threats, resulting in enhancing preparedness and response at EU level by providing information, capacities, and tools to generate the biggest possible impact to prevent, prepare and allow adequate response to cross border health threats.

Contribution to these on-going initiatives will improve coordination, communication and community engagement, therefore improving detection and coordinated response to health emergencies. This action will thus facilitate and improve the exchange of data across borders in relation to cross-border health threats and relevant medical countermeasures.

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<sup>51</sup> Including CP-g-22-05.01 in the 2022 EU4health programme.

**INDICATIVE TIMETABLE, BUDGET, IMPLEMENTATION AND PROCEDURE TYPE**

<b>Topic/sub-topic</b>	<b>Estimated launch date</b>	<b>Budget</b>
CP-g-06.7	Q2/2022	15 000 000 EUR
<b>Procedure type</b>	<b>Implemented by</b>	<b>Type of applicants targeted</b>
Indirect management/ Contribution agreement	SANTE	International organisation (WHO Regional Office for Europe)