



3rd Health Programme 2014-2020

Joint Actions

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European
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What is new on JA 2014-2020?

EVERYTHING!

- Direct Grant without an open call.
- More structured electronic nomination procedure.
- Electronic submission system.
- External evaluation with simplified award criteria.
- New grant with enhanced role for coordinator.
- Fully electronic monitoring system.



Call 2015: Actions co-financed with MS authorities – Joint Actions

JA have a clear EU added value and are co-financed either by competent authorities that are responsible for health in the MS or in the third countries participating in the Programme, or by public sector bodies and non-governmental bodies mandated by those competent authorities.

Proposals should provide a genuine European dimension. Depending on the scope of the action, previous JA involved on average 25 partners.

A multibeneficiary grant agreement.

3rd HP: New procedure for JA

- Direct grant procedure = > all participants have to be nominated first (no open call!)
- If a non competent authority, like an academic organisation, European umbrella organisation/NGO wants to participate in a JA, it must be designated by a MS competent authority through a transparent procedure.
- For the "follow-up" JA (second phase of an existing JA): because an organisation is part of the running/finishing JA, this organisation is not automatically designated to participate in the new JA on the same topic!
- As in PHP2, international organisations (e.g. WHO, OECD, etc.) are not eligible to participate.
- Chafea will carry out spot checks concerning the transparency and legality of the designation process.



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http://ec.europa.eu/health/programme/docs/joint_actions_2008_2011_en.pdf





How are the policy priorities identified for new Joint Action?

The priorities for what should become a JA are decided by a comprehensive appraisal of public health needs in Europe, with input from Member States, e.g. expert committees.

Priorities for the coming year's JAs are defined through negotiations leading up to publication of the Health Programme's annual work plan.

This process resulted in the establishment of the 30 JAs funded between 2008 and 2013.

How are the policy priorities identified for new Joint Action?

1. The **Commission in order to implement, propose and sustain a legislative process in a specific health field**. In other cases, a legal framework exist, but more collaboration among the EU Member States is needed to support the implementation. For example, JAs MODE and ACCORD resulted from an EU directive, while EPAAC and EJA resulted from Council recommendations.
2. Another source of **JA priorities is individual health problems that come to light in the global or European health environment**. As these problems do not respect borders, they can affect several Member States; therefore, common actions need to be developed. The priority area should emerge from a consensus among the Member States, and must be in line with national health needs.

How are the policy priorities identified for new Joint Action?

3. Other JAs are instigated in response to the **work of EU expert committees that carry out horizon-scanning work to identify emergent health problems in Europe** that could become priorities in need of European action. Examples include the Equity Action JA of the Expert Group on Social Inequality, and the EHLEIS and ECHIM JAs of the Working Party on health indicators.
4. Lastly, **Health Programme projects can also identify priority issues.** In particular, projects that result in examples of recognised good practices might be scaled up and further developed by the Commission and the Member States through implementing JA. Examples of such actions are the JAMIE, EHLEIS, Equity Action and QUANDHIP JAs.

Process of policy priority setting for new Joint Action on Health inequalities?

1. Legal framework exist, Communication (2009) 567, Solidarity in Health: Reducing health inequalities in the EU, and Council recommendation on closing the health gaps (2011/C 359/05), more collaboration among the EU MS is needed to support the implementation
2. JA priorities might be required to address an emergent health issues that come to light in the EU MS health environment. When this problem do not respect borders, they can affect several Member States; therefore, common actions need to be developed
3. The EU expert committees on social inequalities can decide to address emergent health problems that could become priorities in need of European coordinated action.
4. Several EU actions produced relevant results, good practices and tools that could be scaled up, replicated and further developed by the EU MS, with the support of the EC

http://ec.europa.eu/chafea/documents/health/health-inequality-brochure_en.pdf



Action on **health**
inequalities
in the European Union

HI actions relevant reports

1. 20106202 -Health inequalities in the EU(Marmot report),
www.instituteofhealthequity.org/projects/eu-review
2. 20106303 - Impact of Structural Funds on Health Gains (Structural Funds on Health Gains), www.healthgain.eu
3. 20115201 - European Review of Social Determinants and the Health Divide, WHO/Europe direct grant Agreement (RAHEE),
www.euro.who.int/en/data-and-evidence/equity-in-health-project
4. 20126322 – Report on identifying best practice in actions on tobacco smoking to reduce health inequalities,
http://ec.europa.eu/health/social_determinants/docs/2014_best_practice_report_en.pdf
5. 20126261 - Reports on health status of the Roma population in the EU and the monitoring of the data collection in the area of Roma health in Member States (Roma Health),
<http://ec.europa.eu/chafea/news/news341.html>

HI actions focus on social determinants of health

1. 2010 - Joint Action on Health Inequalities (Equity Action), www.equityaction-project.eu
2. 2011 - HEALTHEQUITY-2020 - Reducing health inequalities: preparation for action plans and structural funds projects, www.healthequity2020.eu
3. 2011 - ACTION-FOR-HEALTH - Reducing health inequalities: preparation for action plans and structural funds projects, www.action-for-health.eu

HI actions focus on vulnerable groups

1. 2009 - Promote vaccinations among Migrant Populations in Europe(PROMOVAX), www.promovax.eu
2. 2009 - A European network on cervical cancer surveillance and control in the new Member States (AURORA), www.aurora-project.eu
3. 2009- Health Promotion for Young Prisoners (HPYP), www.hpyp.eu
4. 2010 - Empowering civil society and public health system to fight tuberculosis epidemic among vulnerable groups (TUBIDU), www.tai.ee/en/tubidu
5. 2010 - Screening for Hepatitis B and C among migrants in the European Union(EU HEP SCREEN), www.hepscreen.eu
6. 2012 - Fostering health provision for migrants, the Roma, and other vulnerable groups (EQUI-HEALTH), <http://equi-health.eea.iom.int>
7. 2013 - Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma(MEM-TP) , <http://www.mem-tp.org/>



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Project database

This database includes information about projects, joint actions, conferences, and operating grants funded through calls for proposals in the years 2003 to 2013 under the previous EU Public Health Programme and the current EU Health Programme 2008-2013

▶ **Quick lists Default (two last available years)**

- ▶ Programme quick list [Show](#) ▶ By Years [Show](#) ▶ By Financing Instrument [Show](#)
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▶ **All proposals**

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98 records



WITH THE YEARS EQUAL TO 2012,2013;

LTH PROMOTION

ANALISED

Conference - 2013 - 20130001
Mental Health 2013
Mental Health: Challenges and Possibilities

The specific objectives of the conference are to: 1. Promote successful mental health prevention/promotion policies and programmes as evidenced through the various European collaborative projects and to facilitate their implementation in particular in new Member States; 2. Strengthen national and local capacities for mental health prevention/promotion by sharing resources and mainstreaming mental health

Types of projects

Research projects - increasing knowledge to serve as basis for "evidence based" decisions.

Development projects - development and pre-testing of an intervention/method to address a particular problem in a particular population or target group

Implementation projects - wider dissemination and implementation of an existing intervention in a particular target group or population

Combined projects

Elements of a successful project plan

Technical aspects: problem analysis & evidence base, SMART Objectives and Indicators, Target group, Methods, Outcomes, outputs and deliverables

Policy and contextual relevance: social-cultural-policy, support priorities of the Health programme, geographical coverage, EU added value

Management of the project: Partnership, management capacity, risk analysis and planning

Description of work packages, deliverables and timetable

Financial management



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The process of nomination of JA participants

The Role of the MS

MS to nominate participants prior to Chafea invitation to prepare the proposal

Process starts with a letter send from the EC to the EU MS

Representation inviting to nominate, with information of the National focal points for the Health Programme

Participants

- **Competent authorities** (national or regional level) or other **bodies** (public sector body/NGO: nominated via a transparent procedure, according to relevant national legislation) to *participate in one or more of the listed JA*

Nomination process in line with the direct grant conditions

- More structured – Chafea is required to know all the partners before negotiation can start
- Requirement for transparency:
 - competent authorities legally established or
 - Publication of invitation or call for expression of interest for non competent authorities
- Chafea need to verify the eligibility of the applicant organizations.

OFFICIAL NOTIFICATION

of
a competent authority *to participate in the joint action*

[please insert here the title of the joint action].....
.....

I, Ms/Mr *[please insert name]*, *[please insert title / function]*, duly authorised to sign this notification on behalf of the *[please insert name of the ministry/governmental organisation]* officially notify the Consumer, Health and Food Executive Agency that the

| | |
|----------------------------|--|
| Organisation official name | |
| Organisation short name | |

Legally represented by:

| | |
|------------------------------|--|
| Name of legal representative | |
|------------------------------|--|

is [the/an] *[delete as appropriate – depending if one or more competent authorities are mandated]* eligible body to participate on behalf of *[please insert country/regional entity]* and under its responsibility in the above mentioned joint action to be funded under the Health Programme 2014.

The contact person is:

| | | |
|--------------------------|-----------------------|--|
| <input type="checkbox"/> | First and last name | |
| | Direct telephone line | |
| | E-mail address | |

Date:

Signature

Place:

OFFICIAL NOTIFICATION
of
a body other than a competent authority to participate in the joint action

[please insert here the title of the joint action]

.....

.....

I, Ms/Mr *[please insert name]*, *[please insert title / function]*, duly authorised to sign this notification on behalf of the *[please insert name of the ministry/governmental organisation]* officially notify the Consumer, Health and Food Executive Agency that the

| | |
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is *[the/an]* *[delete as appropriate – depending if one or more bodies are mandated]* eligible body to participate on behalf of *[please insert country/regional entity]* and under its responsibility in the above mentioned joint action to be funded under the Health Programme 2014.

The contact person is:

| | |
|-----------------------|--|
| First and last name | |
| Direct telephone line | |
| E-mail address | |

I confirm that the designation procedure was executed and concluded in the respect of the national legislation in force in *[please insert country]* and that all the transparency requirements for the use of public EU and national funds in *[please insert country]* have been fully met. I confirm that the *[please insert name of the ministry/governmental organisation]* is fully responsible for this designation and its legality.

Date:

Signature

Place:

How much co-funding?

- *EU contribution is **60** % of the total eligible cost;*
- *In cases of exceptional utility, it is **80** %.*

Who can participate?

- *Country eligibility – EU28 and EEA/EFTA (Norway and Iceland).*
- *Focus: MS authorities*
- *Public sector bodies and non-governmental bodies from the above countries can participate in JA, if they are mandated by competent authorities.*

Exceptional utility criteria – up to 80% EC co-funding

1. At least 30 % of the budget of the proposed action is allocated to MS whose gross national income (GNI) per inhabitant is less than 90 % of the Union average.

This criterion intends to promote the participation from MS with a low GNI.

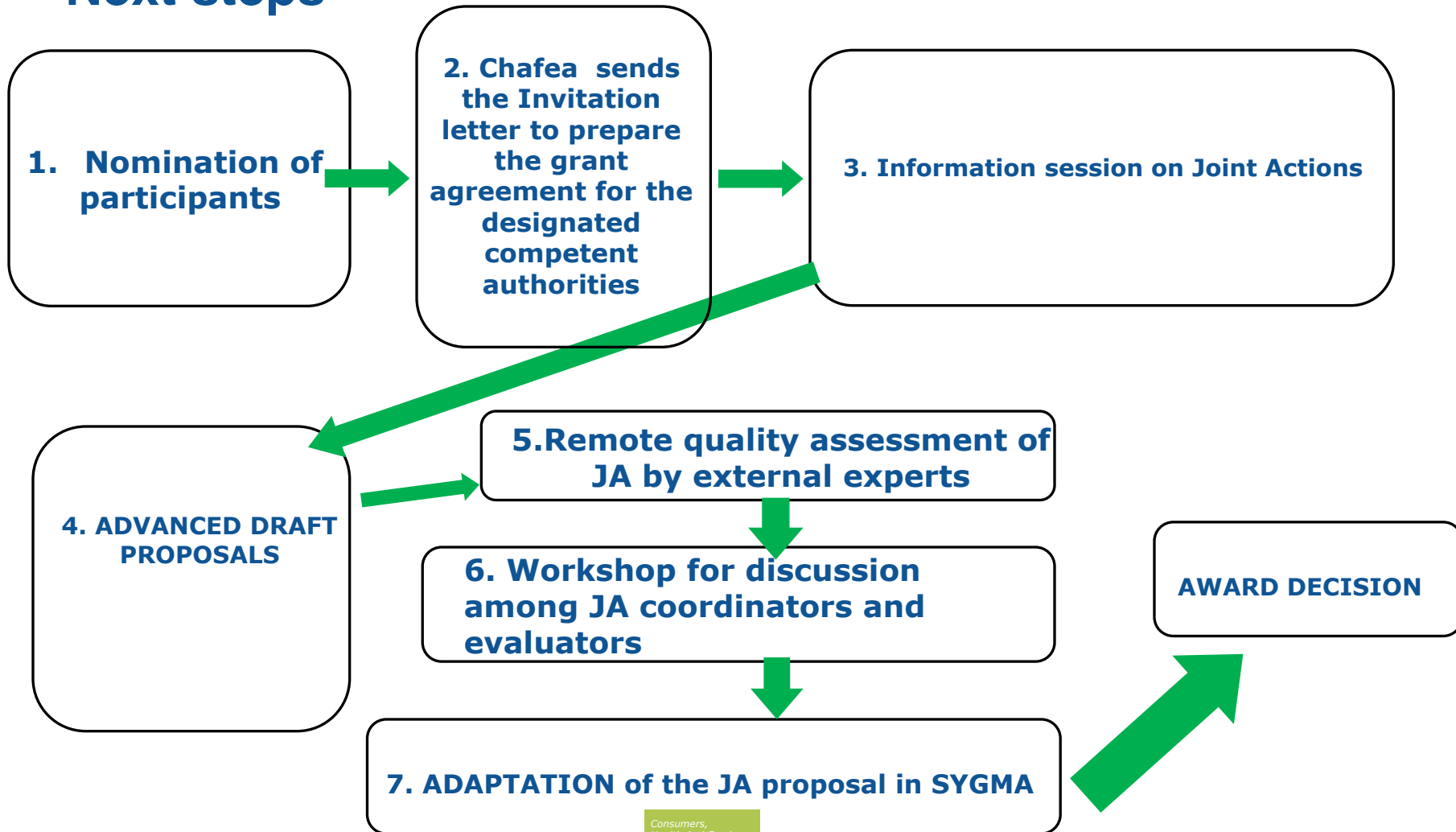
2. Bodies from at least 14 participating countries participate in the action, out of which at least four are countries whose GNI per inhabitant is less than 90 % of the Union average.

This criterion promotes wide geographical coverage and the participation of MS authorities from countries with a low GNI.



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Next steps





NEW in 2014: Electronic submission !upon invitation!

**Electronic Submission System used for
H2020 and other programmes**

No paper / online submission!

**Information will be on Chafea, SANCO web
and the Participant Portal**

Evaluation & grant agreement: online

New system = new terminology

- The **ECAS account** is the European Commission's Authentication Service. It is the system for logging on to a whole range of websites and online services run by the Commission.
- The **Beneficiary Register** is the European Commission's online register of the beneficiaries participating in EU Programmes, such as Horizon 2020 programmes, the Health and Consumers Programmes and others.

New system = new terminology

- The **Participant Identification Code (PIC number)** is a 9-digit participant identification code, received upon completing the registration of the entity online.
- The **LEAR (Legal Entity Appointed Representative)** is the appointed representative within the beneficiary organisation to manage its data in the Electronic Submission System.



How it work 2014-2020!


- Submission is on **only possible online via the Electronic Submission Service**
 - For the nomination of a competent authority or non- CA through the EU representation
 - For the submission of an application by the coordinator
- Nominations and proposals need to be submitted **BEFORE the deadline.**
- A **link to the Electronic Submission System**
 - For the nomination is send to the EU MS representations an
 - For the submission will be sent to each Joint Action coordinator after their nominations.


Step 3

Create a Draft Proposal


TEST MODE


HP-JA-2014

 Georgios Margetidis


 JA-01-2014


 HP-PJ

 THU January 2015 17:00:00
29 Brussels Local Time

 84 days left until closure

Configuration OK 



 You're using Firefox 17 on Windows. **Adobe Reader** (version 10,1,3,23) is installed.

 For more information, please consult the [User Guide](#).

Create a Draft Proposal


Please enter the following information to create a draft proposal. Please note that fields marked with a star (*) are **mandatory**.

Your organisation

PIC*  Short name* 

Organisations you have been previously associated with. Click to select.

PIC: 999985417
UNEW
KINGS GATE
NEWCASTLE UPON TYNE, UK
VAT: GB499672470

Search your PIC 

Your Role

Please indicate your role in this proposal

- Main contact
- Contact person

Your Proposal

Please choose an acronym for your proposal. It will appear also in the "General Information" section of the submission form Part A and can also be updated there.

Login with or register for an ECAS account



The screenshot shows the ECAS Participant Portal website. A large green arrow points from the text 'ECAS registration/login' to the 'LOGIN' and 'REGISTER' buttons in the top right corner. The website header includes the European Commission logo and the text 'RESEARCH & INNOVATION Participant Portal'. The main content area features a 'Funding Opportunities' section with a list of programmes: Horizon 2020, COSME, and the 3rd Health Programme. The 'Horizon 2020' section includes a globe image and text describing the programme's budget and start date. The 'COSME' section describes the programme for SMEs. The '3rd Health Programme' section describes the programme's focus on health. The 'Consumer Programme' section describes the programme's focus on consumer protection. The website footer includes the URL 'http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/index.ht' and the text 'Local intranet | Protected Mode: Off'.

European Commission

RESEARCH & INNOVATION
Participant Portal

European Commission > Research & Innovation > Participant Portal > Funding Opportunities

HOME FUNDING OPPORTUNITIES HOW TO PARTICIPATE EXPERT SUPPORT

ECAS
registration/login

LOGIN REGISTER

Funding Opportunities

H2020 ONLINE MANUAL

Find the European Union funding opportunities and search for new or closed calls, grouped by the following programmes:

- Horizon 2020 - EU research funding from 2014
- Seventh Framework Programme (FP7)
- Competitiveness and Innovation Framework Programme (CIP)
- other research and innovation programmes

Horizon 2020



Horizon 2020 is the new EU funding programme for research and innovation running from 2014 to 2020 with a €80 billion budget. The first calls for proposals for Horizon 2020 were published on **11 December 2013**. Its simplified rules and submission and grant management tools should facilitate participants' tasks. For practical guidance, see the [H2020 online manual](#).

H2020 supports **SMEs** with a new **instrument** that runs throughout various funded research and innovation fields, so it should be easy for SMEs to find opportunities in many calls.

H2020 also aims to enhance EU **international research cooperation** so there are more opportunities for Third Country participation.

COSME

Programme for the Competitiveness of Enterprises and SMEs (COSME) will run from 2014 to 2020, with a planned budget of €2.3bn. It will facilitate SME access to finance, create supportive environment for business creation, help small businesses operate outside their home countries and improve their access to markets.

3rd HEALTH PROGRAMME

The **Third Health Programme** will run from 2014 to 2020, with a planned budget of 449 million EUR. It will support actions that complement, support and add value to the policies of the Member States to improve the health of EU citizens and reduce health inequalities by promoting health, encouraging innovation in health, increasing the sustainability of health systems and protecting Union citizens from serious cross-border health threats.

CONSUMER PROGRAMME

The **Multiannual Consumer Programme** 2014-2020 has a planned budget of 188 million EUR. It will support actions that ensure a high level of consumer protection, that empower consumers and that place the consumer

http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/index.ht

Local intranet | Protected Mode: Off

100%



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http://ec.europa.eu/chafea/health/events_en.html

HEALTH PROGRAMME EVENTS

| | | |
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| 11-12 November 2015 | ESCAIDE 2015 conference - 10 November pre-event and conference | Stockholm (SE) |
| 14-17 October 2015 | EUPHA 2015 conference - 8th European Public Health Conference | Milan (IT) |
| 23-25 September 2015 | 1st Addiction conference - Lunch workshops on 23-24 September | Lisbon (PT) |
| 28-30 July 2015 | 12th AIDS Impact Meeting - Health programme workshop on 29 of July | Amsterdam (NL) |
| 3 June 2015 | Financing conference | Brussels (BE) |

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Health programme Publications



PressPack

EU contribution to a reinforced prevention and improved care in times of HIV epidemic resurgence

Overview of the EU Health Programme support to tackle HIV/AIDS and co-infections



2008-2013 EU funded actions to support the EU Public Health priorities - Nutrition and Physical Activity Actions addressing Obesity

Links and documents

- [National Focal Points for Health Programme](#)
- [Jobs: Register to be an expert for EU Health Programme](#)
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2nd EU Health Programme INFO-SHEETS

Info-sheets are brief documents encompassing the summary and analysis of implemented actions, and their outcomes, co-funded under the 2nd Health Programme with special relevance to the EU policy in defined public health areas.

The info-sheets are structured in three main sections:

- ▶ EU health policy area,
- ▶ Health programme contribution
- ▶ Six short summaries of the actions on a specific thematic area

Currently available:

[Mental Health and Well-being](#)

Good for people, society and the economy

[Nutrition and physical activity - essential routes to better health](#)

EU support to promote healthier eating and more exercise

[Promoting healthy ageing](#)

[Reducing the cancer burden](#)

Links and docu

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Tackling health inequalities

EU support to improve health across all sectors of society

Large disparities in health exist across Europe, between countries, between different parts of the same country and between social groups. By raising awareness of these health inequalities, supporting the development of policies to address them and sharing best practice, EU-funded projects are aiming to ensure that all members of society enjoy better health.

Variation in health

Life expectancy and many other measures of health vary widely both between and within countries.

Health inequalities generally reflect social inequalities, leading to a marked 'social gradient' in health and wellbeing. Moreover, certain communities — including ethnic minorities (especially Roma) and stigmatised groups, such as irregular migrants and sex workers — experience significant health inequalities.

Disparities in health reflect variations in the structures of societies in which people live and the conditions of their daily lives. They are generally mediated by factors such as alcohol and tobacco use and risk behaviours typically associated with low education, income and skills and adverse environments.



Building capacity for action

Project name: Action-for-Health

Number of partners: 10 from 10 countries (BG, EE, ES, HR, HU, LT, NL, SI, SK, UK). **EC co-funding:** €588 863. **Duration:** 24 months.

By sharing experience and building on existing know-how, Action-for-Health has helped European regional stakeholders, especially in Eastern Europe, to increase their capacity to tackle health inequalities, particularly by accessing EU structural funds.

Needs assessments were carried out at a national level in seven countries. This identified barriers to health equity and highlighted best practices. By sharing a common methodology that respected local situations and resources, project partners were able to develop strategic and locally tailored health-promotion action plans to address health inequalities.

Action plans were developed for seven regions, while a publication on structural funds and a distance learning tool to support development and implementation of action plans will promote wider adoption of the approach.

Visit: www.action-for-health.eu/

Tackling social determinants

Project name: WHO European Review of Social Determinants and the Health Divide

Number of partners: Single beneficiary direct grant. **EC co-funding:** €400 000. **Duration:** 30 months.

The EU and the WHO Regional Office for Europe worked together to produce the WHO European Review of Social Determinants and the Health Divide and translate its findings into policy guidance for action on social determinants and health inequalities.

The project built policymaker capacity through a series of policy dialogues and by integrating guidance into existing WHO capacity-building activities and programmes.

The project generated online health inequalities atlases to assess trends and provide a core set of indicators for use by health policymakers/advisers. The project also developed six policy briefs, and guidance to policymakers on applying the 'health in all policies' approach.

Visit: www.euro.who.int/en/data-and-evidence/equity-in-health-project



Promoting 'health in all policies'

Project name: Equity Action

Number of partners: 24 from 16 countries (BE, CZ, DE, IE, EL, ES, FR, IT, LV, HU, NL, NO, PL, FI, SE, UK). **EC co-funding:** €1 699 999. **Duration:** 36 months.

Promoting 'health in all policies', Equity Action engaged with stakeholders across multiple policy areas to focus attention on health inequalities and cross-sectoral policies in order to address them at national, regional and local level.

It built on the evidence base covering the extent and implications of health inequalities highlighted in 'Solidarity in Health' and promoted use of tools such as 'health impact assess-

ments with an equity focus' and 'health equity audits', in order to integrate a health perspective into policy development and promote action across government on health inequalities.

It also developed a guidance tool for regions on the use of EU structural funds to reduce health inequalities, identified new evidence on the links between a range of policies and health inequalities, and assisted countries in considering the broad range of stakeholders needed to tackle socio-economic inequalities.

Visit: www.equityaction-project.eu





Thank you for your attention!

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Consumers, Health and Food Executive Agency
Health Unit

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<http://ec.europa.eu/eahc/>