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Report from the Commission to the European Parliament and the Council

Implementation of the third Programme of Union action in the field of health in 2019

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Table of contents

Introduction.....	3
1. JOINT ACTIONS	4
1.1 Efficient response to highly dangerous and emerging pathogens at EU level (EMERGE).....	4
1.2 Joint Action on Market Surveillance of Medical devices (JAMS)	6
1.3 Vigilance and inspection for the safety of transfusion assisted reproduction and transplantation (VISTART).....	7
2. PROJECTS	10
2.1 Raising awareness and action-research on heavy episodic drinking among low-income youth and young adults in Southern Europe (AllCool)	10
2.2 Operational refugee and migrant maternal approach (ORAMMA).....	11
2.3 FRAILTOOLS: a comprehensive validation of tools to screen and diagnose frailty in different clinical and social settings to provide instruments for integrated care in older adults.....	13
2.4 Scaling integrated care in context (SCIROCCO).....	15
2.5 Good practices for demonstrating safety and quality through recipient follow-up [Euro-GTP II].....	16
3. OPERATING GRANTS	18
3.1 EUROPEAN PUBLIC HEALTH ALLIANCE	19
3.2 Health Action International (HAI).....	21
3.3 EURORDIS.....	22
4. DIRECT GRANT WITH INTERNATIONAL ORGANISATIONS	24
4.1 Country Health Profiles 2019 (OECD and European Observatory on Health Systems and Policies); Health at a Glance: Europe 2020 (OECD).....	24
4.2 OECD- Support to develop patient-reported measures (PaRIS).....	26
5. CALLS FOR TENDERS	29
5.1 Medical devices - Information campaign contracts	29
5.2 Investing for a healthy and inclusive EU	30
6. HIGHLIGHTS OF CO-FUNDED ‘CROSS-CUTTING’ AND ‘OTHER’ ACTIONS	32
6.1 Dissemination activities carried out in 2019.....	32
6.2 Other actions	33

6.2.1 Morbidity statistics.....	34
6.2.2 Consistency between EHIS and EU-SILC Module on Health 2022.....	35
6.3 Final evaluation of the third health programme.....	36
7. IMPLEMENTATION OF ANNUAL WORK PROGRAMME 2019.....	37
7.1 Calls for proposals.....	37
7.1.1 Joint Actions.....	37
7.1.2 Project grants.....	39
7.1.3 Project grants - Rare disease registries for the European Reference Networks.....	40
7.1.4 Grants for stakeholder projects to implement the EU guidelines on prudent use of antimicrobials in human health.....	43
7.1.5 Operating grants.....	44
7.1.6 Direct grant agreements and Presidency conferences.....	47
7.1.7 Other direct award of grants.....	49
7.2 Beneficiaries.....	50
7.3 Experts evaluators.....	51
7.4 PRIZES – EU Health award for NGOS.....	52
7.5 Procurements (service contracts).....	53
7.6 Other actions.....	77
8. DETAILED OVERVIEW OF THE REPORTING YEAR 2019.....	82
8.1 Funding per thematic priority and financial instrument.....	82

Introduction

This staff working document (SWD) accompanies the report on the implementation of the third health programme ('the programme') in 2019.

While the report provides an overview of all the actions funded under the 2019 annual work programme (2019 AWP), this SWD presents the key results achieved in 2019 of actions that were co-funded under the programme in previous years through grants and service contracts. It provides details on how these actions contributed to the programme's four objectives, and how their results were taken up at national or EU level.

This SWD also provides comprehensive figures and statistics on the programme's 2019 operational budget, including a list of all co-funded initiatives and contracts by programme objective, type of action and type of beneficiary organisation.

More information about these actions and their results is available in the health programme database managed by the Consumers, Health, Agriculture and Food Executive Agency (Chafea)¹.

¹ The database covers actions co-funded under the Health Programmes from 2003-2020.

1. JOINT ACTIONS

Objective 2: Protect citizens from serious cross-border health threats

1.1 Efficient response to highly dangerous and emerging pathogens at EU level (EMERGE)

More information is available on the joint action website² and in Chafea database³.

Background information

EMERGE aimed to ensure that serious emergent and re-emergent cross-border events are responded to efficiently by strengthening the existing EU network of Bio-safety level 3 and 4 laboratories that already work to identify dangerous bacterial and viral human pathogens.

It comprised a European network of about 40 diagnostic laboratories focused on different groups of bacteria and viruses of special concern, and involved 33 associated partners from 25 European countries.

The total EU contribution amounted to EUR 3 499 873 for 46 months.

Brief description of activities

EMERGE helped establish an integrated European laboratory network and strategy to protect Europeans against exposure to a number of globally-recognised high threat bacteria and viruses.

Specific results

EMERGE is having a positive long-term effect on the performance of diagnostic laboratories in identifying highly pathogenic agents. The external quality assurance exercises (EQAEs) and training helped to improve partner laboratories' potential to respond during outbreaks. The EQAE certificates were used by partner laboratories for accreditation purposes. Interoperability between the partner laboratories and other institutions is already ensured when it comes to the diagnostics of highly pathogenic bacteria and viruses, as demonstrated by the coordinated response to real outbreaks, such as Ebola in 2014-2015 and the Plague⁴.

Its main results included:

² <https://www.emerge.rki.eu>

³ https://webgate.ec.europa.eu/chafea_pdb/health/projects/677066/summary

⁴ [Microsoft Word - EMERGE-Plague-Recom_v7.docx \(rki.eu\)](#)

- Protocols and guidelines on outbreak management, and recommendations on diagnostic approaches, by relevant networks and agencies, including the European Centre for Disease Prevention and Control (ECDC), that continuously assess emerging and re-emerging infectious pathogens with the potential to cause cross-border outbreaks.
- Increased diagnostic capabilities for high threat pathogens and best diagnostic practices during outbreaks, especially in support of Member States without the required laboratory capacities/capabilities.
- Assessment of the status quo and recommendations to improve laboratories' capability and quality to diagnose highly pathogenic viral and bacterial agents, as well as pathogens in 'unknown' samples in an inter-laboratory approach by EQAEs, and establishment of quality assurances of diagnostics in cross-border infectious outbreaks (with reference material provided for both).
- Five EQAEs were carried out (two viral, two bacterial and one 'unknown') and discussions were held on diagnostic gaps and ways to address them. Partner laboratories improved or developed new standard operating procedures based on the EQAE results. An additional ad hoc EQAE was performed during the outbreak response mode (ORM) simulation exercise.
- A simulation exercise 'Salutem' was organised to rehearse practical laboratory testing and the decision-making processes of the EMERGE Steering Committee at different stages of an outbreak of highly infectious pathogens in several European countries⁵.

The network of laboratories specialised in diagnosing highly infectious pathogens and/or viruses will continue to be supported through the SHARP (Strengthened International Health Regulations and Preparedness in EU⁶) joint action. SHARP's aim is to strengthen member's existing capacities and support improvements in international health regulation (IHR) capability gaps. SHARP partners work closely with diagnostic laboratories on preparedness and IHR implementation capacities.

Objective 3 Contributing to innovative, efficient and sustainable health systems

⁵https://www.emerge.rki.eu/Emerge/EN/Content/Topics/Publication/Exercise-Salutem-Public-Report.pdf?_blob=publicationFile

⁶ <https://www.sharpja.eu/about-us/>

1.2 Joint Action on Market Surveillance of Medical devices (JAMS)

More information is available on the joint action website⁷ and in Chafea database⁸.

Background information

JAMS aimed to strengthen the market surveillance system for medical devices by improving the coordination of activities between EU countries, and ensuring good communication and cooperation.

JAMS was built around two key principles:

- Share and develop best practice, training, knowledge, and resources to increase public health protection in the medical devices sector.
- Improve coordination and help to develop skills and capacity in the market surveillance network.

The overarching aim of the joint action was to ensure consistently high health and safety protection for EU patients using medical devices.

The total EU contribution amounted to EUR 849 488.

Brief description of activities

JAMS contributed to Objective 3 of the health programme by developing tools to enable joint inspections of manufacturers, and developing resources and platforms to improve clinical processes and market surveillance coordination between Member States. It helped lower-resourced Member States, in particular, develop skills and capacity in the market surveillance network. It ensured a consistent and proportionate approach across all Member States to manufacturer inspections, clinical process and resource development.

Specific results

⁷ www.camd-europe.eu >

Market surveillance of medical devices (JAMS) - CAMD : CAMD (camd-europe.eu) www.camd-europe.eu >

⁸ https://webgate.ec.europa.eu/chafea_pdb/health/projects/723964/summary

The first three work packages (WPs) involved coordination, dissemination and evaluation, WP 4 focused on joint inspections of manufacturers and WP 5 on clinical process and resources development.

WP 4 resulted in methods, tools and guidance for a consistent and proactive approach to manufacturers' inspections and inspectors' training courses by national competent authorities (CAs). It further established specific inspection scopes and objectives to complement those conducted by conformity assessment bodies.

WP 5 resulted in a communication platform for national CAs to discuss –confidentially and in real time - market surveillance issues affecting several of them. JAMS also developed a training strategy to give practical guidance on assessing and reviewing of clinical data. Finally, this cooperation helped identify the priorities for developing common specifications.

The JAMS Stakeholder Conference, held in December 2019⁹, gathered representatives from 24 competent authorities for medical devices, the Commission (DG GROW, DG SANTE and Chafea) and 15 interested stakeholders to share and discuss the results and the next steps.

JAMS helped improve the level of scrutiny that CAs have on medical devices in the EU. Indeed, the regulatory systems governing the medical devices industry are now better equipped and can efficiently and effectively maintain oversight of the industry. This positively affects both the safety of medical devices in Europe, and the level of confidence that patients, consumers and healthcare professionals have in such devices.

Objective 4: Facilitating access to better and safer healthcare for Union citizens

1.3 Vigilance and inspection for the safety of transfusion assisted reproduction and transplantation (VISTART)

More information is available on the joint action website¹⁰ and in Chafea database¹¹.

Background information

⁹ <https://www.camd-europe.eu/events/jams-stakeholder-conference-held-in-brussels-on-dec-12th-2019/>

¹⁰ <https://vistart-ja.eu/>

¹¹ https://webgate.ec.europa.eu/chafea_pdb/health/projects/676969/summary

Seven EU directives on blood, tissues and cells (BTC), adopted between 2002 and 2006, put in place a quality and safety (Q&S) framework for the donation, testing, collection/recovery, processing, storage and distribution of these substances of human origin.

Around a decade after the adoption of the BTC directives, it was apparent that the Q&S principles to protect recipient patients were largely common across these types of donation and that greater consistency and significant efficiency improvements could be achieved by harmonising some of the guidance and tools in use at EU level.

VISTART evaluated some key EU tools and proposed to consolidate them - particularly the inspection guide, guidance on preparation process authorisation and import and export, inspection training, and guidance for annual vigilance reporting and for issuing rapid alerts. It aimed to help EU Member States develop and strengthen their monitoring and control capacity in the area of blood transfusion and tissue and cell transplantation.

The joint action involved 14 partners from 14 European countries.

The total EU contribution amounted to EUR 2 328 664.

Brief description of activities

VISTART aimed to help harmonise the inspection, authorisation and vigilance systems for BTC, including reproductive cells, and to improve collaboration between Member States by increasing mutual confidence in their inspection and vigilance systems. It also aimed to increase the consistency and efficiency of competent authorities' regulatory activities by introducing EU-level tools applicable across BTC used in transfusion, transplantation and assisted reproduction. VISTART's technical work packages covered: vigilance (WP4 and WP5A), new processes for tissues and cells (WP5B), the Single European Coding System (SEC) (WP10) and inspections (WP6, 7, 8, 9).

Specific results

WP4 focused on 'Horizon scanning for identifying new risks related with the donation of substances of human origin that may be of relevance to patient safety or BTC availability'. It examined the risk response procedures in place at national and international levels and the notification tools used by Member States, assessed their strengths and weaknesses, and developed

guidelines on horizon scanning activities to identify new risks from pathogens. It also formulated recommendations on appropriate preventive measures to be developed and communicated at EU and national level.

WP 5 - Part A helped increase the involvement of EU competent authorities in the WHO didactic tool developed and managed by the Italian National Transplant Centre (CNT): the Notify Library¹². The library is an open access searchable database of reliably documented adverse occurrences arising from the donation, preparation or clinical application of substances of human origin. It aims to share this information as widely as possible to improve processes to better protect donors and patients. This collaboration resulted in competent authorities transferring information from their annual serious adverse reactions and events (SARE) reports into the Library's database, with the help of practical guidelines on 'How to select and prepare SARE cases of didactic value for insertion in the Notify Library - a user guide for competent authorities'.

WP10 helped EU tissue establishments (TEs) and professionals working on the provision of tissues and cells for human application, comply with Commission Directive (EU) 2015/ 565 on the Single European Code (SEC). It provided them with an overview of the legal background and the available tools for implementing the SEC requirements in their country. EU competent authorities now have full access to the EU coding platform for tissues and cells¹³ and can manage information on their TEs. An e-learning course with locally-adjustable training material was also made available to all competent authorities and may be uploaded onto an e-learning platform in the near future.

¹² <https://www.notifylibrary.org>

¹³ <https://webgate.ec.europa.eu/eucoding>

2. PROJECTS

Objective 1 – Promote health, prevent diseases and foster supportive environments for health lifestyles

2.1 Raising awareness and action-research on heavy episodic drinking among low-income youth and young adults in Southern Europe (AllCool)

More information is available on the project website¹⁴ and in Chafea database¹⁵.

Background information

The AllCool project was launched in May 2016 in Portugal, Spain and Italy. It aimed to contribute to a better understanding of heavy episodic drinking in order to inform comprehensive measures and policies to address it. Although heavy episodic drinking occurs in several societal groups, it is the main drinking pattern found in youth and young adults. This worrying phenomenon is growing among adolescents and young adults, mainly in low-income countries and in western societies.

The EU contribution amounted to EUR 236 843.80.

Brief description of activities

This project aimed to contribute to the reduction of alcohol-related harm among low-income youth and unemployed young graduates. Given the complexity of this phenomenon, one of the major concerns of the AllCool project was the need to closely link research, intervention and policies. It therefore encompassed four main methodologies: (i) action-research, (ii) networking, (iii) informal education through training and (iv) informal education through consultative forums and harm reduction interventions.

Specific results

Key project results included:

- Increased professional skills and confidence in managing and working in European partnership.

¹⁴ <https://apdes.pt/en/home-en/>

¹⁵ https://webgate.ec.europa.eu/chafea_pdb/health/projects/710063/summary

- Design and implementation of innovative local measures adapted to the specific challenges faced by each city in the consortium. This was achieved by closely linking research, community intervention, consultative forums and harm reduction measures.
- Increased professional skills in linking research with implementation and advocacy thanks to scientific presentations of project results, close links and intensive communication with consultative forums stakeholders and communication on the project's results on websites and social media and in newsletters.

2.2 Operational refugee and migrant maternal approach (ORAMMA)

More information is available on the project website¹⁶ and in Chafea database¹⁷.

Background information

ORAMMA aimed to improve the outcomes of pregnancies in migrants, asylum seekers and refugees, by training health and social care providers on cultural competences and providing support by other migrant women, called ‘maternity peer supporters’¹⁸.

It developed, piloted and evaluated by comparative analysis with an integrated and cost-effective approach as regards safe motherhood provision for migrant, asylum seeking and other refugee women, taking into consideration:

- best practices
- the special risks and characteristics of the target group and
- the transferability of the model in different healthcare systems across the EU: from camp sites in Greece, to the National Health Service in the United Kingdom, and the community-based midwifery model in the Netherlands.

ORAMMA brought together eight partners from four Member States (Greece, the Netherlands, Belgium and the United Kingdom).

The EU contribution amounted to EUR 477 014.37.

¹⁶ <http://oramma.eu/>

¹⁷ https://webgate.ec.europa.eu/chafea_pdb/health/projects/738148/summary

¹⁸ A maternity peer supporter is a woman with a migrant background who acts as a cultural bridge between the pregnant migrant and the midwife.

Brief description of activities

The ORAMMA project developed an integrated mother- and woman-centred, culturally-sensitive and evidence-based approach to perinatal healthcare for migrant and refugee women. The method for this was:

- (a) desk research to collect updated information on national practices for the perinatal healthcare of migrant and refugee women,
- (b) a qualitative survey on midwives through the network of the European Midwives Association,
- (c) a literature review of scientific papers and reports from major health organisation (such as the WHO) and medical journals on perinatal healthcare of migrant and refugee women (special risks, best practices, case studies, implementing tools, social issues etc.) and,
- (d) development of the main project deliverables, as shown below.

Specific results

Key project results included:

- A practice guide for perinatal healthcare for migrant, asylum seeking and refugee women¹⁹: A practice guide for healthcare professionals with recommendations and guidelines on the specific needs of migrant/refugee mothers, evidence and good practices for the antenatal, intrapartum and postnatal care of new migrant, asylum seeker or refugee women.
- A training handbook for maternity peer supporters²⁰ with educational material relevant for their training/capacity-building activities.
- A training handbook for health and social care providers²¹ with comprehensive training material on perinatal healthcare for migrant and refugee women.
- An e-learning course²² to give health professionals the necessary knowledge and skills to provide migrant and refugee maternal care. The course includes knowledge tests, video lectures and presentation material.

¹⁹ http://oramma.eu/wp-content/uploads/2018/12/ORAMMA-D4.1-Practice-Guide_REVIEWED.pdf

²⁰ http://oramma.eu/wp-content/uploads/2019/07/ORAMMA_MPSs_training-handbook-D5.1.pdf

²¹ http://oramma.eu/wp-content/uploads/2019/07/ORAMMA_HCPs_training-handbook-D5.2.pdf

²² oramma.eu/e-course/

Objective 3 Contributing to innovative, efficient and sustainable health systems

2.3 FRAILTOOLS²³: a comprehensive validation of tools to screen and diagnose frailty in different clinical and social settings to provide instruments for integrated care in older adults

More information is available on the project website²⁴ and in Chafea database²⁵.

Background information

Strong evidence points to frailty being a useful indicator to predict certain undesired outcomes in older populations. Several studies have shown its usefulness for improving prognoses and predicting various risks (hospitalisation, surgical and non-surgical complications, length of stay, death, incident disability, etc.) in emergency departments, cardiac surgery, surgical patients and in-patients with cardiovascular disease. These studies have focused on assessing population risk, while the validation process for these instruments as diagnostic or screening tools has been largely neglected.

The FRAILTOOLS consortium involved six partners from Spain, the UK, Italy, France and Poland, as well as some highly relevant and committed collaborating stakeholders.

The EU contribution amounted to EUR 1 124 463.

Brief description of the activities

The partners assessed the usefulness of a selection of instruments as screening and diagnosis tools to detect frailty (through clinically-sound algorithms) in both clinical (hospital and primary care) and social (nursing homes) settings. The target group was older adults at risk of frailty (pre-frail) and those that are already frail and at risk of developing a disability. Around 40-50% of people over 65 and 60-70% of people over 75 fall into these categories.

²³ The frailty syndrome is a physiological condition characterised by increased vulnerability and sensitivity to physical, psychological and social stressors affecting older people all over the world. It is associated with genetic factors, the ageing process, multimorbidity, eating disorders and lack of physical activity. It affects 1 in 10 people over 65 and 1 in 3 people over 90. Frailty is also more common in long-term care. Some studies reported that it affects up to 68% of nursing home residents.

²⁴ <http://www.frailtools.eu/>

²⁵ https://webgate.ec.europa.eu/chafea_pdb/health/projects/662887/summary

FRAILTOOLS contributed to the Commission's initiative on frailty, integrated care and multi-chronic conditions by:

- applying coordinated and innovative preventive measures, developing and implementing screening and early diagnostic programmes for frailty, optimising functional capacity and developing guidelines on managing frailty;
- improving healthcare systems, implementing health promotion strategies, facilitating the exchange of good clinical practice, expanding knowledge networks, and driving healthcare innovation at European level.

Specific results

The partners evaluated eight frailty assessment instruments: (i) Frailty Phenotype; (ii) FRAIL Scale; (iii) Rockwood 35-item; (iv) CSHA Clinical Frailty Scale; (v) SHARE FI; (vi) The Gérontopôle Frailty Screening Tool; (vii) and (viii) Shorten version of the Frailty Trait Scale (3 and 5 items).

Frailty was detected in 42.93% of patients. Its prevalence varied depending on the setting and the tool assessed. The tools showed that the highest rate of frailty was in nursing homes (93.5% according to Rockwood 35-item), followed by geriatric wards (74.6% reported by SHARE FI). The lowest rate of frailty was in general practice (6.9% at stated in FTS3 Frailty Trait Scale (>15).

In general, the degree of concordance was found to be low between the instruments evaluated, suggesting that they are probably measuring different clinical entities. This is probably why several subtypes of frailty syndrome exist.

The results of the FRAILTOOLS study will make it possible to:

- Identify the best instruments to assess (screen and/or diagnose) frail older adults in each setting: geriatric wards (in-patients), geriatric consultation (outpatients); primary care; nursing homes.
- Provide sequential algorithms to diagnose frailty by setting (geriatric outpatients; primary care; nursing homes) and between the settings. These results will feed into recommendations for healthcare authorities on incorporating frailty diagnosis tools into protocols for following up older patients.

2.4 Scaling integrated care in context (SCIROCCO)

More information is available on the project website²⁶ and in Chafea database²⁷.

Background information

In 2012, under the European innovation partnership on active and healthy ageing (EIP on AHA), the Commission set up an action group on integrated care to increase healthy life years by scaling-up innovative active and healthy ageing solutions. Scaling-up means extending the coverage of a certain health measure, usually by increasing the relevant financial and human resources.

SCIROCCO aimed to build on the work of this action group and help scale-up integrated care solutions by facilitating effective knowledge transfer and exchange of good practices at local, regional or country level, in full consideration of the local context in which a good practice was developed and the conditions for its transferability to different settings. A key notion of the ‘Maturity Model’ developed in SCIROCCO is that of context and transferability.

The EU contribution amounted to EUR 1 322 775.00.

Brief description of activities

The SCIROCCO project validated, tested and operationalised the Maturity Model in the form of an easy-to-use online self-assessment tool that focuses on helping regions to scale-up integrated care.

SCIROCCO explored how European regions can:

- receive practical support for the scaling-up of good practices that promote active and healthy ageing and participation in the community;
- improve their capacity and readiness for adoption and scaling-up of integrated care;
- develop a strong basis for successful twinning and coaching that will facilitate their shared learning, exchange of good practices and scaling-up of integrated care;
- improve informed decision-making on future actions and priorities for the improvement of local conditions enabling the adoption and scaling-up of integrated care.

²⁶ <https://www.scirocco-project.eu/>

²⁷ https://webgate.ec.europa.eu/chafea_pdb/health/projects/710033/summary

Specific results

SCIROCCO developed an online self-assessment tool for integrated care based on the Maturity Model developed by the action group on integrated care. The tool is user-friendly and available in English, Czech, Italian and Spanish. The partners also developed videos and other training material to support the use of the tool. The tool can be used to: (a) assess the maturity requirements of good practices, and/or (b) assess the maturity/readiness of health and social care systems. More than 30 European regions are currently testing the SCIROCCO Maturity Model and stakeholder feedback is being gathered and analysed to inform its future potential use²⁸.

As a result, a follow-up project, ‘Personalised knowledge transfer and access to tailored evidence-based assets on integrated care: SCIROCCO Exchange²⁹’, was launched in 2019 and will run until the end of September 2021.

Objective 4: Facilitating access to better and safer healthcare for Union Citizens

2.5 Good practices for demonstrating safety and quality through recipient follow-up [Euro-GTP II]

More information is available on the project website³⁰ and in Chafea database³¹.

Background information

Advances in basic science, technology and medicine continually create opportunities for new and improved tissue and cellular therapy/ products (TCTP). These may be completely new products, or improved methodologies for preparing existing TCTPs. While these advances aim to develop TCTPs that are safer, clinically more effective and meet the needs of clinicians and patients, there is always a risk that any change in the processing method can harm the recipient.

Euro-GTP II aimed to define the threshold of novelty as well as the factors to consider when determining the scope and depth of the clinical follow-up studies needed. It aimed to establish a tissue and cells (T&C) database of products, preparation procedures and

²⁸ <https://www.scirocco-project.eu/scirocco-tool/>

²⁹ <https://www.sciroccoexchange.com/>

³⁰ <http://www.goodtissuepractices.eu/>

³¹ https://webgate.ec.europa.eu/chafea_pdb/health/projects/709567/summary

clinical applications, with information on their authorisation and implementation status. This was intended as a starting point for determining the ‘novelty’ of processes/therapies by Tissues Establishments (TEs) and the Organisation Responsible for Human Application (ORHA), and for allowing the use of established processes/therapies by any centre that strictly follows the same procedure/clinical procedure/indication. The project also aimed to define a ‘Good tissues and cells practices (GTP) management model’ to enable future standards harmonisation and promotion, and enable European accreditation and training programmes to be set up for TE.

The project involved 14 partners from 11 Member States, and 12 collaborative partners.

The EU contribution amounted to EUR 1 032 024.00.

Brief description of activities

Euro-GTP II’s four core work packages determined:

- methodologies for assessing the risk associated with novel tissues/cells and for assessing the extent of the studies needed to provide quality, safety and efficacy data for the tissues/cells applications;
- the follow-up programmes to assure safety and efficacy and to confirm the validation of the processing methods.

Specific results

The project developed good practices, principles and reference tools for TCTPs and on how to conduct adequate clinical evaluations. It proposed methodologies to be applied systematically and consistently to ensure standard practices and recognition among the stakeholders.

Euro-GTP II proposed a systematic approach to:

- evaluate risks resulting from all aspects of T&C supply chain (from donor selection to clinical application) of the final product;
- design appropriate studies proportionate to the level of residual/unknown risk in order to confirm that the TCTP is safe and effective.

Its three key results were:

- a systematic, risk-based mechanism and interactive assessment tool (IAT);

- a database of tissues/cells products, preparation processes, applications and therapies - structure defined to publish data related to the products and therapies available, and support end users in the evaluation of TCTPs for safe and efficacious use;
- a GTP management model which assures the continuity and sustainability of the outcomes of the Euro GTP II Project, and the future update, promotion and harmonisation of standards³².

While all the tools were developed to assist professionals in their daily activities, an effort was done to align the guidance and tools with regulatory principles, legislation and good practices. The tools are also available to national competent authorities and may therefore facilitate their evaluation and the authorisation procedures.

3. OPERATING GRANTS

Fifteen (15) non-governmental organisations (NGOs) that signed a framework partnership agreement (FPA) in 2017³³ were invited to submit their proposals for a specific grant agreement (SGA) to cover their 2019 recurrent operational expenses.

As shown in Table 1 below, the FPAs and their SGAs contribute to three 3rd health programme objectives, with 10 NGOs addressing Objective 1 (*Promote health, prevent diseases and foster supportive environments for healthy lifestyles, taking into account the 'health in all policies' principle*) one contributing to Objective 3 (*Contribute to innovative, efficient and sustainable health systems*) and three to Objective 4 (*Facilitate access to better and safer healthcare for Union citizens*).

Table 1: List of applicant organisations awarded an FPA 2017-2021 and subsequent SGAs

Acronym	Organisations	Thematic priority
EPHA	EPHA multiannual work programme	1.1
EUPHA	Application for an operating grant EUPHA	1.1
SFP	SFP Coalition's multiannual work plan	1.1
ENSP	ENSP - The Network - United for a tobacco-free Europe	1.1
SHE Network	SHE Schools for health in Europe Network	1.1

³² <http://www.goodtissuepractices.eu/index.php/project-outcomes>

³³ Of the 16 applications received, 15 were evaluated and one was withdrawn as it was a duplicate. Only one of them was put on the reserve list due to the unavailability of funds.

AAE	Stronger together	1.3
C- EHRN	Correlation Network on harm reduction and social inclusion	1.3
TBEC	Strengthening the capacity and capability of civil society to drive the TB response in Europe	1.3
AE	Alzheimer Europe	1.4
ECL	European Cancer Leagues collaborating for impact in cancer control	1.4
HAI	A plan for action: Ensuring equitable, affordable and responsibly used medicines in the European Union	3.6
Eurordis	EURORDIS - the voice of rare disease patients in Europe	4.2
THALIA	Thalassaemia in action	4.2
SAVDON	High-quality blood stem cells products available for all patients in need, and to protect the rights and welfare of volunteer stem cell donors	4.5

Throughout 2019, in line with their SGAs, the organisations achieved their objectives, produced valuable work for their stakeholders and supported Commission health policy initiatives in their areas of activity.

The work and outcomes of three of these organisations (EPHA, HAI and EURORDIS active under thematic priority 1.1, 3.6 and 4.2 respectively) is described below.

3.1 EUROPEAN PUBLIC HEALTH ALLIANCE

More information about the work of the European Public Health Alliance (EPHA) is available on the organisation's website³⁴ and in Chafea database³⁵.

Background information

EPHA works in eight thematic priority areas: prevention of chronic non-communicable diseases (NCDs), access to affordable medicines, antimicrobial resistance, digital health, healthy trade policy, improving access to healthcare for disadvantaged groups, financing for public health, and capacity building.

It focuses strongly on ensuring the transfer of knowledge between the EU and national level to support the priorities of the 3rd health programme and to emphasise the added value of EU health policies.

³⁴ <https://epha.org/>

³⁵ https://webgate.ec.europa.eu/chafea_pdb/health/projects/837500/summary

Brief description of activities

EPHA carries out different types of activities in each of its eight priority areas to effectively fulfil its role as Europe's largest public health umbrella network. These activities are fundamental for implementing its five-year strategic plan and achieving the main aims of the SGA and the milestones and deliverables it sets out.

EPHA's methods include gathering, analysing and disseminating evidence and intelligence (e.g. via articles, reports, surveys, policymaker meetings, etc.), consensus development (among EPHA members and with partner organisations), advocacy and representation, event organisation, and building capacity of public health organisations, with a focus on less affluent Member States. EPHA closely monitored evolving policy developments related to public health at EU and national levels, as well as changes to the political, economic, social and cultural environment that influence public health and/or provide opportunities or challenges. EPHA's activities targeted a diverse audience from high-level EU and national decision-makers to health professionals and patients, underserved groups and the public.

EPHA representatives spoke at more than 70 events and, EPHA provided input for 7 public consultations, participated in 9 expert groups or committees and in 5 steering groups. EPHA also remained an active user of the European Health Policy Platform, leading its Stakeholder Network on antimicrobial resistance (AMR) and providing input for the 'Nobody left outside' joint statement that contains concrete policy tasks for tackling health inequalities in Europe.

As in the previous year, EPHA took care to identify and disseminate best practices in all of its work streams to emphasise the EU added-value of health action and support the third health programme.

Specific results

Through the 2019 SGA, EPHA provided its target groups, including policymakers, civil society, and ordinary people with new evidence-based knowledge and recommendations for tangible support to the third health programme's objective on strong, resilient and sustainable health systems. For example, its work on preventing non-communicable diseases and its focus on healthy and sustainable food and drink environments, with a new mapping tool for healthy living environments, enabled an active exchange of information and dialogue. In the area of trade,

EPHA drafted a ‘Model Health Chapter’ (together with members the European Heart Network), which EU policymakers can consider as a reference tool for future trade negotiations.

EPHA also submitted papers on artificial intelligence/big data and digitalisation in public health. It also raised awareness about public health challenges among healthcare professionals, students and patients. Its messages on antimicrobial resistance (AMR), for example, aimed to encourage behaviour change without losing sight of the need to strengthen political leadership and ensure adequate funding for AMR strategies and research. EPHA continued to provide a civil society perspective of public health developments and building up health literacy, e.g. of non-traditional users of digital health and marginalised Roma communities via its network of national partners.

3.2 Health Action International (HAI)

More information about the work of HAI is available on the organisation’s website³⁶ and in Chafea database³⁷.

Background information

HAI aims to respond to shortcomings in European medicines policy and regulation. Its work plan aligns with the third health programme’s objectives and its own three goals: (1) access to affordable medicines; (2) medicines safety, added therapeutic value and responsible use; and (3) democratisation of medicines policy. Through the SGA, HAI continued to implement initiatives to promote responsible use of medicines, including antibiotics, by healthcare professionals. As a member of the Health Technology Assessment (HTA) Network Stakeholders Pool, HAI contributes to the work programme of the network and advocates for strengthened EU collaboration on HTA. As a member of the European Medicines Agency (EMA) Patients’ and Consumers’ Working Party (PCWP), HAI brings an independent consumers’ voice to EMA’s discussions and public consultations.

Brief description of activities

HAI used a variety of methods to suit the objective and target group, and worked alone or in cooperation with members and partner organisations depending on the activity. In engaging with

³⁶ <https://haiweb.org/>

³⁷ https://webgate.ec.europa.eu/chafea_pdb/health/projects/836477/summary

policymakers, for example, HAI made use of policy papers, public consultation responses, and one-on-one meetings and organised public conferences, workshops and awareness campaigns (e.g. Our Medicines, Our Right). HAI also continued to engage in civil society coalitions and strategic partnerships in order to maximise the impact their work.

Specific results

As part of the ‘Our Medicines, Our Right’ campaign, HAI organised two breakfast meetings and two events, and developed 11 campaign materials and two policy briefs targeting Dutch policymakers. To increase support from regulators and policy makers for higher standards on medicines marketing authorisation, HAI produced various materials and published them in its online database on ‘Risk biases in clinical trials for cancer medicines in the EU’, prepared a policy brief with recommendations to improve marketing authorisation procedures and organised eight meetings with civil society organisations (CSOs) and/or policymakers.

The database now has over 1000 users. Academics and decision-makers can either use the data for their own research/work and/or add to it by sharing their own findings. The policy brief ‘Clinical Trials in the European Union: A Roadmap to Greater Transparency’, written together with TranspariMED, called on EMA to take a more proactive role in enforcing transparent practices.

To fill the educational gap for students at targeted EU universities, it developed tools to help them critically assess pharmaceutical promotion and ensure rational prescribing, including two webinars, a rebranded ‘Fact or Fiction’ manual, quizzes and an explainer video.

3.3 EURORDIS

More information about the work of EURORDIS is available on the organisation’s website³⁸ and in Chafea database³⁹.

Background

EURORDIS is a non-governmental, patient-driven alliance of patient organisations and individuals who are dedicated to improving the quality of life of everyone living with a rare

³⁸ <https://www.eurordis.org/>

³⁹ https://webgate.ec.europa.eu/chafea_pdb/health/projects/838112/summary

disease in Europe⁴⁰. It advocates for people living with rare diseases, supports patient engagement at EMA, as well as in HTA and ERN activities, and provides patients with training, information on all aspects of their condition, and networking opportunities. Its calendar includes the EURORDIS Open Academy, the EURORDIS Membership Meeting, Rare Disease Day and the European Conference for Rare Diseases. It also runs a comprehensive website, publishes regular newsletters, organises webinars and is active on social media.

Brief description of activities

EURORDIS' 2019 work plan was organised along the following main strategic objectives:

- To consolidate the rare disease patient's community and strengthen the rare disease patient voice;
- To actively engage rare disease patient representatives to contribute to the adoption, effective implementation and monitoring of relevant legislation/strategies;
- To build capacities and empower rare disease patients advocates, members and volunteers;
- To sustain human, financial and organisational resources.

To achieve these objectives EURORDIS organised meetings and training sessions; produced and published documents, reports and information material; and reached out to the community and stakeholders through webinars, conference calls and face-to-face meetings.

Specific results

The 2019 edition of Rare Disease Day involved over 100 participating countries – the most ever. In 2019, EURORDIS also updated its 'Show Your Rare' campaign videos with three new patient testimonials, which it produced with three national alliance partners. The videos had over 138 000 views on social media and YouTube and were translated into 35 languages. It also carried out a strategic review on the future of Rare Disease Day.

Building on its 10-year experience in capacity-building programmes, EURORDIS developed and launched the EURORDIS Open Academy consolidating all of EURORDIS' training activities. In

⁴⁰ Four patient groups active in different therapeutic fields founded EURORDIS in 1997: the Association Française contre les Myopathies (AFM), Vaincre la Mucoviscidose, Ligue nationale contre le Cancer (LNCC), and AIDES Fédération. Today, it is supported by its members and by the Association Française contre les Myopathies, AFM-Téléthon, the European Commission, corporate foundations and the health industry.

2019, EURORDIS delivered four training programmes (involving both online and face-to-face training) at the Open Academy summer school (on medicine research and development), winter school (on scientific innovation and translational research), as well as the leadership school and the digital school.

The summer school (11th edition) brought together 34 participants (patient advocates and researchers) from 15 countries and included a 4.5-day face-to-face training session in Barcelona, Spain. An online pre-training programme is available on the EURORDIS website for anyone who is interested to follow it. The total number of summer school alumni since 2008 stands at 508.

4. DIRECT GRANT WITH INTERNATIONAL ORGANISATIONS

4.1 Country Health Profiles 2019 (OECD and European Observatory on Health Systems and Policies); Health at a Glance: Europe 2020 (OECD)

Main objective

The ‘State of Health in the EU’ report aims to make health system information, expertise and best practices easily accessible to policy makers and all other shapers of health policy. The latest evidence on health is gathered in a series of concise, digestible reports. The project is managed by the European Commission, but benefits from the work of the OECD’s Health Division and of the European Observatory on Health Systems and Policies (Observatory), a partnership hosted by the World Health Organization (WHO).

On 28 November 2019, the Commission published the second edition of the biennial *country health profiles*⁴¹ - an important step in the European Commission’s State of Health in the EU cycle. *The country health profiles* are released once every 2 years, alternating with the release of *Health at a Glance: Europe*⁴², which is developed by the Commission in close cooperation with the OECD’s Health Division.

⁴¹ The *Country Health Profiles* can be found here: https://ec.europa.eu/health/state/country_profiles_en

⁴² Health at a Glance: Europe 2020 can be found here:

https://ec.europa.eu/health/sites/default/files/state/docs/2020_healthatglance_rep_en.pdf

The 2020 edition of *Health at a Glance: Europe* stems from the grant awarded under the 2019 annual work plan. It is one of the outcomes of the *State of Health in the EU* cycle, a key action of the 3rd health programme.

The next step in the ‘State of Health in the EU’ cycle is the publication of 29 *country health profiles for 2021* in the second half of November 2021.

The total EU contribution to OECD amounts to EUR 1 500 000.

The total EU contribution to the Observatory amounts to EUR 950 000.

For more information on State of Health in the EU: https://ec.europa.eu/health/state/summary_en

Brief description of activities

The recurring *State of Health in the EU* cycle consists of four main stages:

- 1) The joint OECD-Commission report *Health at a Glance: Europe* kicks off each *State of Health in the EU* cycle with a cross-cutting, cross-country assessment of national health systems’ performance in the EU.
- 2) Individual country health profiles, adapted to the specific context and situation of each EU country, assess the strengths and challenges in their respective health systems.
- 3) A companion report, published alongside the country health profiles, provides an overview of the country profiles.
- 4) At the close of the two-year cycle, health authorities in EU Member States can request voluntary exchanges with the experts behind the *State of Health in the EU*, to discuss findings and potential policy responses.

Through this initiative, the Commission brings together internationally recognised expertise and provides Member States with evidence relevant to their specific context, without making comparisons between countries. The cycle helps Member States learn from one another by sharing knowledge and best practices. It also provides a reliable international expert assessment of the health situation and health systems in Member States providing benchmarks to facilitate health sector reforms and enable informed decision-making at national level.

Specific results

State of Health in the EU provides extensive data and comparative analyses that can be used to identify strengths and opportunities for improvement in EU health systems. It helps EU national authorities to design more effective policies to improve the health of their citizens and the performance of their health systems.

In turn, the reports provide DG SANTE with data and policy analysis to support EU-level cooperation in the area of health. This information also feeds into the analytical phase of the European Semester, informing its country reports with sound cross-EU and country-specific insights.

The *Health at a Glance: Europe 2020* report provided a much-needed preliminary assessment of the effectiveness of European countries' COVID-19 containment and mitigation measures, health systems capacity, testing strategies, measures to protect vulnerable groups and continuity of care for non-COVID patients. The report provides policy makers with high-quality evidence from which they can draw valuable lessons. It provides a basis to develop more effective policy measures and build health system resilience, both in the short and the long term. It also assesses the health impact of air pollution, and provides comparative analyses of the health status, risk factors, health expenditure, quality and access to care in 36 European countries.

4.2 OECD- Support to develop patient-reported measures (PaRIS)⁴³

More information about the PaRIS report is available on the OECD website⁴⁴.

Background

The patient-reported indicator surveys (PaRIS) initiative builds capacity to measure patient-reported indicators and compare them across countries. It also aims to encourage international alignment of patient-reported indicators to enable shared learning, development and research.

The PaRIS initiative develops, pilots and implements new patient-reported indicators of health system performance, specifically patient-reported experience measures (PREMs) and patient-

⁴³ The full title is 'Measuring What Matters: the Patient-Reported Indicator Surveys - Patient-reported indicators for assessing health system performance'.

⁴⁴ <http://www.oecd.org/health/health-systems/Measuring-what-matters-the-Patient-Reported-Indicator-Surveys.pdf>

reported outcome measures (PROMs). It helps health systems to become more people-centred by providing systematic, internationally standardised information on what matters most to patients.

The 2019 action enabled the OECD to prepare the report ‘Measuring What Matters: the Patient-Reported Indicator Surveys Patient-reported indicators for assessing health system performance’, which defines and collects internationally comparable patient-reported indicators of health system performance⁴⁵.

The EU contribution amounted to EUR 500 000.

Brief description of activities

For the 2019 edition of PaRIS, groups of international experts were brought together to agree on appropriate health system performance indicators to be reported by patients with specific conditions or procedures. Three international working groups worked on sets of indicators in the areas of hip- and knee replacements, breast cancer surgery and mental health. Using feedback from the working groups, the OECD started collecting data on condition-specific performance indicators.

The action supported a pilot to test new indicators on patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) to define new and more reliable indicators of health outcomes and health system effectiveness.

The action developed expertise on assessing the performance of health systems. It also helped to draw lessons from recent experience and EU-funded research projects and to build further on country-specific and cross-country knowledge to inform national and European-level policies.

PaRIS’ added value for the OECD and the EU was to help Member States exchange best practices through knowledge-sharing and benchmarking networks, to enable informed decision-making at national and regional level. To ensure the comparability of data, PaRIS could only be done by international and supranational organisations. The cooperation between the OECD and the EU ensured maximum value for both organisations and their Member States.

⁴⁵More information is available at:

https://ec.europa.eu/health/sites/health/files/systems_performance_assessment/docs/prims_en.pdf

Specific results

In 2019, the OECD developed an implementation plan for a new PaRIS international survey on outcomes and experiences of patients with long-term conditions. Member States can use the results to assess their capacity to deliver positive health outcomes, and improve their policies. The comparability of the indicator allows countries to share best practices, information and experiences with their peers.

The action helped policy makers in two ways:

- In areas where patient-reported indicators for specific conditions already exist, the first work stream helped countries accelerate the adoption and reporting of validated, standardised, internationally comparable patient-reported indicators.
- To increase understanding on the outcomes and experiences of people with one or more chronic conditions, the second work stream developed a new international survey focusing on adults with one or more chronic conditions who are receiving primary/ambulatory care services.

5. CALLS FOR TENDERS

Objective 3: Contributing to innovative, efficient and sustainable health systems

5.1 Medical devices - Information campaign contracts

Background

These actions respond to thematic priority 3.6 of Annex I to the Programme Regulation: ‘Implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare’. The service contracts⁴⁶ helped finance a communication and information campaign on medical devices, to support the new medical devices ((EU) 2017/745) and in vitro medical devices (Regulation (EU) 2017/746). The campaign ran from 2018 to 2019.

The EU contribution amounted to EUR 449 856.

Brief description of the activities

The campaign targeted market players, healthcare professionals, health institutions and patients. Its overall purpose was to inform and raise awareness about the requirements of new regulations on medical devices (MD) and in vitro medical devices (IVD) before they enter into force in May 2021 and May 2022 respectively, to avoid any disruption to the MD and IVD markets.

Specific results

The second phase of the campaign⁴⁷ involved an evaluation of the previous campaign, database updates, producing tailored materials, a newsletter and a media mapping, organising webinars and participating in relevant events.

The key results include:

- An online information hub where stakeholders can find relevant, up-to-date material, (https://ec.europa.eu/health/md_newregulations/getting_ready_en)
- Over 2 30 stakeholders’ contacts in and outside the EU (mapping),
- A total of 106 910 views of the medical devices webpage between June and October 2020,

⁴⁶ Framework Contract FWC CHAFEA-2017-AGRI-06 Lot 4.

⁴⁷ <https://www.camd-europe.eu/wp-content/uploads/2020/01/2-MD-Campaign-Achievements-GOPacom-for-DG-GROW.pdf>

- Mapping of specialised media (approx. 1 500 contacts in and outside the EU) and media monitoring,
- Participation in key medical events.

The campaign produced the following material:

- Three newsletters, which were sent to over 13 000 contacts
- Three webinars
- Eight factsheets available on the website and disseminated to stakeholders, translated into all EU languages and Chinese, Turkish and Japanese.

5.2 Investing for a healthy and inclusive EU

Background

The report ‘Investing for a healthy and inclusive EU’ summarises the results of a two-year study into the extent and outcomes of health investments supported by the European Structural and Investment (ESI) Funds in 2014-2020 (particularly the European Social Fund (ESF) and the European Regional Development Fund (ERDF)). Using desk research, interviews and stakeholder workshops, the study highlights the successes and good practices observed, and identifies remaining challenges and prospects for the future.

Brief description of activities

The ESI Funds for Health project’s goal was to identify and classify all health-related projects supported by ESI Funds across the EU-28 and assess their contribution to EU health policy goals. The project also aimed to highlight and share good practices, success factors and lessons learnt, and to build capacity across the EU for investing in health. The approach provided some interesting insights and lessons about data availability and the links between projects and policy.

Specific results

The ESI Funds for Health project mapped and assessed more than 7 000 health-related projects supported by the ESI Funds during the first 4 years of the 2014-2020 spending period. The projects were on key EU health policy objectives: access to healthcare; the reform of health systems; the uptake of e-health and digital solutions; research and innovation in health; health promotion and healthy ageing; and support for the health workforce. The project also helped

inform the beneficiaries on how to use the funds effectively by organising 6 workshops in various EU countries and a final conference in Brussels.

This final report summarises the key outcomes of the two-year project. Its methods included desk research and analysis on the use of ESI Funds for Health investments, and input from stakeholders across EU Member States. It presents key findings on the use of ESI Funds to support each of the six health-related themes⁴⁸, success factors and challenges, cross-thematic and country-specific conclusions and recommendations for the next programming period.

⁴⁸ Improving access to healthcare; reform of health systems; uptake of e-health and digital solutions; research and innovation in health; ageing and health promotion, including disease prevention, the promotion of active and healthy ageing and a healthy workforce and health workforce.

6. HIGHLIGHTS OF CO-FUNDED ‘CROSS-CUTTING’ AND ‘OTHER’ ACTIONS

6.1 Dissemination activities carried out in 2019

In 2019, Chafea carried out dissemination activities to raise the visibility of the results and successes of the 3rd health programme, to promote the Commission’s specific communication priorities, and to reach even more potential programme beneficiaries. Details on these activities can be found in Chafea’s 2019 dissemination activity report for the third EU health programme. The health programme conference held on 30 September 2019 was the major event of the year, with over 350 attendees. It aimed: (1) to highlight the success stories of the 3rd health programme; and (2) to present EU health funding opportunities under the post-2020 multiannual financial framework. In cooperation with the health programme’s national focal points, Chafea organised several information days (in Bosnia and Herzegovina, Czechia, Greece, Ireland, Italy, Malta, Poland and Sweden) with over 250 participants, on topics connected with the national policy priorities.

Chafea also actively participated in some major European public health conferences attended by scientists and health professionals. For example:

- 19th International Foundation on Integrated Care, 1-3 April 2019, San Sebastian⁴⁹
- EU health programme conference, 30 September 2019, Brussels⁵⁰
- 22nd European Health Forum Gastein, 2-4 October 2010⁵¹ with stand
- 12th European Public Health Conference 2019, 20 -23 November, Building bridges for solidarity and public health, Marseille, France⁵². Organised lunch symposium on ‘How can we join forces to engage in multi-stakeholder actions to reach optimal influenza vaccination coverage rates in Europe?’.

Online dissemination activities included over 120 cross-linked news items on Chafea’s website with social media promo, webinars on funding opportunities, dissemination guidance for beneficiaries, and an upgrade of the database’s download features.

⁴⁹<https://integratedcarefoundation.org/events/icic19-19th-international-conference-on-integrated-care-san-sebastian-basque-country>

⁵⁰https://ec.europa.eu/chafea/health/newsroom/news/18032019/programme_en.htm

⁵¹<https://www.ehfg.org/archive/2019/conference/>

⁵²<https://ephconference.eu/conference-2019-marseille-271>

Web publications (available to print on demand) produced by Chafea included a booklet ‘Health for the EU’ presenting the programme’s success stories⁵³, and two information sheets on e-health⁵⁴ and on frailty⁵⁵ available in all 23 EU languages.

In 2019, Chafea spent EUR 625.035,58 on dissemination activities. This was for organising events: the costs of venues, renting space for stands at exhibitions, travel and accommodation of experts and the production and printing of materials.

6.2 Other actions

Background information

Eurostat, the EU’s statistical office, is the main source of comparable EU health data. Its mission is based on the [framework regulation on health statistics](#) and derived legal acts⁵⁶.

Brief description

Eurostat provides two kinds of health statistics, administrative, such as cause of death statistics, and self-reported data, e.g. from the European Health Interview Survey (EHIS) or the Minimum European Health Module (MEHM) of the EU-SILC survey. Themes covered by these statistics include:

- Health status,
- Health determinants,
- Health care expenditure,
- Health care resources and activities,
- Causes of death,
- Health and safety at work.

Under the 2019 work programme, the Commission provided a sub-delegation to Eurostat on non-monetary healthcare statistics for morbidity (EUR 150 000) and for improving the consistency between EHIS and the EU-SILC 2022 Module on Health (EUR 300 000).

⁵³ <https://op.europa.eu/en/publication-detail/-/publication/98986869-e049-11e9-9c4e-01aa75ed71a1>

⁵⁴ https://op.europa.eu/en/publication-detail/-/publication/08e68564-67fe-11e9-9f05-01aa75ed71a1/language-en?WT.mc_id=Selectedpublications&WT.ria_c=19980&WT.ria_f=3171&WT.ria_ev=search

⁵⁵ https://op.europa.eu/en/publication-detail/-/publication/b3cbce3e-5ccd-11e9-9c52-01aa75ed71a1/language-en?WT.mc_id=Selectedpublications&WT.ria_c=19980&WT.ria_f=3171&WT.ria_ev=search

⁵⁶ https://ec.europa.eu/health/indicators_data/key_documents_en#anchor1

6.2.1 Morbidity statistics

Brief description

Interest in morbidity statistics and the need to gather evidence to inform national and EU policies and initiatives has increased significantly. Disease-specific morbidity statistics should be produced based on an agreed diagnosis-related shortlist, which is closely linked to the data on causes of death. Morbidity statistics should also be reported regularly. Quantitative morbidity statistics are missing in evidence-based health policy decisions. Increasing the use of information from current data collections by improving coordination and the comprehensiveness of data and adding additional dimensions of data analysis is of major importance for public health.

The Commission provided a sub-delegated credit of **EUR 150 000 to support** ESTAT in this initiative, of which EUR 145 610 has been used. This first 30% payment went towards work carried out at the contractor's premises (corresponding to EUR 135 290) and onsite measures (up to EUR 10 320, as necessary). Given the changes in working practices due to the COVID-19 pandemic, further onsite measures did not take place.

- Title of the contract: Morbidity statistics (MORB2)

The main objectives of the contract were:

- To provide methodological assistance to Eurostat and countries during the pilot MORB data collection.
- To analyse the identified issues by the type of data source and to assess the quality of data and data sources based on metadata submitted.
- To analyse data submitted and identify possible underreporting and undercoverage.
- To suggest a standard method to collect morbidity indicators and calculate epidemiological estimates. The suggested approach can vary for different diseases and different indicators, but it should enable a cross-country comparison.
- To prepare the final documents and guidelines for the data collection and data validation.

Main outcomes of the project:

- 1) Helpdesk assistance and practical support were provided to Member States during the pilot stage.
- 2) Quality and appropriateness of data sources were assessed and documented in updated guidelines.

- 3) Pilot data was collected and validated for all countries except Malta and Germany, as they requested an amendment that ran beyond the duration of the contract with Sogeti.
- 4) Documents and guidelines on data collection and data validation were revised and updated based on the country experiences during the pilot exercise.

6.2.2 Consistency between EHIS and EU-SILC Module on Health 2022

Brief description

The project assists with the analysis of microdata and/or aggregated data, metadata, quality reports, questionnaires and other relevant documents from the European Health Interview Survey (EHIS). It also deals with the comparison between health data and related questions from EHIS and the EU Statistics on Income and Living Conditions (EU-SILC). The project's results will help prepare wave 4 of EHIS (2025) and the EU-SILC module on quality of life that will be conducted in 2022.

With the sub-delegated credit of EUR 300 000 from the Commission, DG SANTE for improving the **consistency between EHIS and the 2022 EU-SILC Module on Health**, ESTAT launched a specific contract (fixed price) under the framework contract for statistical services for social indicators, Lot 1 – Support and helpdesk for the production of social statistics and indicators (07112.2016.003-2017.018).

- Title of the contract: Support for methodological work and statistical analysis on the health-related information collected in various EU surveys and modules

Main objectives of the contract:

- Analysing the EHIS wave 3 microdata characteristics (response and non-response, proxy interview's use, sample size, weights, sample structure, other technical variables, etc.).
- Comparing the frequencies of each common variable of EHIS waves 2 and 3 in order to identify possible comparability issues.
- Employing advanced statistical analysis techniques in order to investigate the relationship between specific health-related concepts (including the exploration of the association of GALI with other disability measures available from EHIS).
- Supporting the preparation of the 2022 SILC module on quality of life (every 6-years).
- Analysing the national implementation of the 2021 SILC module on children's health and comparing it with that of 2017.

- Analysing the results and reports from the testing of the EHIS voluntary topics, including a summary of issues found during testing, conclusions from the analysis performed and recommendations for questions to be included in future EHIS waves.
- Analysing the national EHIS wave 3 quality reports in order to describe the main aspects influencing the quality process of conducting the survey.
- Updating and improving existing ‘Statistics Explained’ articles and drafting new articles that use or refer to health-related data from EU-SILC and EHIS.
- Assessing the 2018 EU-SILC ad hoc module on quality of life and housing difficulties (the latter are optional variables).

Main outcomes expected by the end the project:

- Statistical analysis plan for EHIS waves 2 and 3 data.
- Statistical report on EHIS wave 3 microdata characteristics, comparison of frequencies of each common variable of EHIS waves 2 and 3 and related conclusions, advanced analysis techniques applied to EHIS waves 2 and 3 microdata and related results.
- Report describing the selection of SILC variables on quality of life in the 2022 every 6-year module.
- Report describing the national implementation of the SILC 2021 module on children’s health and comparing the national implementation of the SILC 2017 module on children’s health.
- Assessment document for EU-SILC 2018 ad hoc module.
- Draft EHIS wave 3 EU quality report.
- Draft EHIS ESMS metadata text ready for publication on the Eurostat website.
- Report describing the testing of voluntary topics in EHIS wave 3 and presenting results and conclusions from the testing as well as recommendations for future EHIS waves.
- Up to 20 Statistics Explained articles updated, up to five articles improved and three new articles drafted; around four Statistics Explained methodological articles updated or improved.

6.3 Final evaluation of the third health programme

Article 34 of the [Financial Regulation](#) requires that the Commission monitors, evaluates and reports on the implementation of the spending programme actions. In line with this and with the better regulation

guidelines, the Commission started to prepare the final evaluation of the third health programme (2014-2020) in 2020, covering all Member States and other participating countries.

The Commission will publish the results of the evaluation in the form of a staff working document and ensure its dissemination. The results will also feed into the implementation of the 2021-2027 EU4Health programme.

7. IMPLEMENTATION OF ANNUAL WORK PROGRAMME 2019

7.1 Calls for proposals

Chafea launched calls/invitations for proposals for projects, joint actions, ERNs project grants and specific grants for NGOs from May 2019 on the [Funding & tender opportunities - Single Electronic Data Interchange Area \(SEDIA\)](#).

The sections below describes the results of each of the calls.

7.1.1 Joint Actions

The grants for actions co-financed with Member State authorities are *'actions having a clear Union added value co-financed by the competent authorities of Member States responsible for Health or by public sector bodies and non-governmental organisations, acting individually or as a network, mandated by these competent authorities'*⁵⁷.

These grants therefore enable the national authorities of EU and other countries participating in the programme and the European Commission to take forward work on jointly identified issues.

The maximum EU contribution is 60%, but it can go up to 80% for proposals that meet the criteria for exceptional utility.

Countries participating in the third health programme nominate competent authorities or other bodies who are then invited to submit a proposal under the direct grant procedure.

In 2019, three joint actions were published for a total of EUR 14 992 063, addressing the following first, second and third health programme objectives:

⁵⁷ Definition of a joint action according to Article.7 2(a) of the Regulation for the third Health Programme 2014-2020, https://ec.europa.eu/health/funding/programme_en

Under Objective 1, *Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle*, a joint action to implement validated best practices in the field of nutrition was launched to increase the offer of healthier processed food and/or reduce salt, sugar and saturated fat from the processed food available in EU supermarkets.

Under Objective 2, *Protect Union citizens from serious cross-border health threats*, a joint action was launched to strengthen health preparedness and the response to biological and chemical terror attacks. It aimed to detect threats and assess risks for health-related terrorism acts while bridging gaps between public health, security and civil protection sector partners.

Under Objective 3, *Contribute to innovative, efficient and sustainable health systems*, a joint action was launched on digitally-enabled, integrated person-centred care. It aimed to help healthcare authorities reform their healthcare systems by developing the capacity to implement integrated care using a bottom-up approach. It was based on the main design principles and building blocks for integrated care identified by the health systems performance assessment (HSPA) expert group⁵⁸.

The table below briefly describes each joint action by objective and thematic priority:

Financial instrument	Joint action by objective	Amount committed in EUR
Objective:	1	
Objectives' description:	1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic priority:	1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition	
User reference	Title	Amount committed

⁵⁸ Expert group on Health Systems Performance Assessment (HSPA): https://ec.europa.eu/health/systems_performance_assessment/policy/expert_group_en

951202 - HP-JA-2019	Joint action on implementation of validated best practices	6 000 000
Objective:	2	
Objectives' description:	Protect Union citizens from serious cross-border health threats	
Thematic priority:	2.2 Support capacity-building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries	Amount committed
User reference	Title	4 992 837
951442 - HP-JA-2019	Joint action on strengthened international health regulations and preparedness in the EU	
Objective:	3	
Objectives' description:	Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.4	Amount committed
User reference	Title	3 999 226
101003855- HP-JA-2019	Joint action on implementation of digitally-enabled integrated person-centred care	
Chafea - total committed for all joint actions		14 992 063

7.1.2 Project grants

Project grants were awarded to actions involving 79 organisations - mainly public health bodies, research institutions and non-governmental organisations. The maximum EU contribution is 60% of eligible costs, but it can go up to 80% for proposals that meet the criteria for exceptional utility.

Chafea launched the first call for proposals for projects in May 2019 in the following areas:

Rare disease registries for the European Reference Networks (ERNs) and stakeholder actions to implement the EU guidelines on prudent use of antimicrobials in human health.

Overall, 23 proposals were submitted in response to the two calls for proposals for projects, of which two were below the threshold and 21 reached the threshold.

7.1.3 Project grants - Rare disease registries for the European Reference Networks

The proposed action aims to support the development of rare disease registries for the ERNs. Its activities included building and developing rare disease patient registries for ERNs, and further developing the quality control of existing registries. Patient registries and databases are of key importance for developing clinical research on rare diseases, and improving patient care and healthcare planning. They are the best way of pooling data to achieve a sufficient sample size for epidemiological and/or clinical research. Registries serve as a recruitment tool for the launch of studies focusing on disease aetiology, pathogenesis, diagnosis or therapy.

Five ERNs already received financial support under the health programme (annual work plan for 2016) and are currently developing a comprehensive approach for rare disease registries covering their entire ERN, following JRC standards and tools.

Objectives:

The main objectives of the projects for rare disease registries for ERNs are:

- to build, upgrade, link and make interoperable registries covering the diseases and conditions of each ERN, thus linking and making visible patient cohorts at European level in order to follow up the natural course of diseases with sufficient patient data, also by registering all individual RD registries of the ERNs on the EU RD Platform;
- based on the above registration, to develop a comprehensive approach for rare disease registries covering the respective ERNs following the standards and tools provided by the EU RD Platform.

The expected outputs are:

- setting up new or improving the existing rare disease registries;
- better coordination and cooperation among rare disease registries;
- increased interoperability between rare disease registries;
- cost-effective building of registries by avoiding fragmentation and duplication of work;

- better visibility of rare disease registries and, in particular, of those used and enhanced by ERNs.

Responding to the above call, 21 proposals were received out of which 19 were deemed eligible. According to the financing decision, each network could receive up to EUR 200 000 per year. However, not all networks requested the full available amount (see below table). The projects began in early 2020 and most will run for 36 months.

The maximum overall EU funding for the ERNs project grants was **EUR 3 800 000**. The table below sets out the EU contribution allocated to each awarded project.

Financial instrument	ERN project grants by objective		
Objective:	4		
Objectives' description:	4. Facilitate access to better and safer healthcare for Union citizens		
Thematic priority:	4.1 Support the establishment of a system of European reference networks for patients with conditions requiring highly specialised care...		
User reference	Title	EU contribution in EUR	Total amount in EUR
HP-PJ-2019- 947664 EPICARE-GRANT (2 years duration)	An operational EPICARE registry for all rare and complex epilepsies	199 878.00	333 130.59
HP-PJ-2019- 947629 PETER (3 years duration)	PaEdiatric transplantation European registry	199 981.42	333 303.20
HP-PJ-2019-947662 ERNICA registry (3 years duration)	ERNICA registry for improving care	200 000.00	346 145.00
HP-PJ-2019- 947690- ERN-Skin REGISTRY (3 years duration)	Interoperable ERN on rare and undiagnosed skin disorders	200 000.00	333 333.33
HP-PJ-2019- ERN- RND Registry 947588 (3 years duration)	The ERN-RND rare neurological disease registry	200 000.00	333 786.50
HP-PJ-2019- TogethERN ReCONNET 947700 (3 years duration)	TogethERN ReCONNET: a European registry infrastructure for data harmonisation in rare and complex connective tissue and musculoskeletal	199 950.00	333 251.50

	diseases		
HP-PJ-2019-STARTER 947604 (3 years duration)	Starting an adult rare tumour European registry	199 999.00	333 331.75
HP-PJ-2019-REDgistry 947444 (3 years duration)	REDgistry: An interoperable sustainable European rare eye disease registry	197 748.84	329 581.40
HP-PJ-2019- ENROL 947670 (30 months duration)	European rare blood disorders platform	199 371.00	329 615.35
HP-PJ-2019- EuRR- Bone 946831 (3 years duration)	European registry for rare bone and mineral conditions	200 000.00	333 333.32
HP-PJ-2019- ERN CRANIO registry 947699 (3 years duration)	ERN CRANIO registry	200 000.00	345 503.00
HP-PJ-2019- MERITA 947180 (3 years duration)	MERITA project: a metadata registry for the RITA ERN	195 972.00	261 187.00
HP-PJ-2019- ILIAD 947617 (3 years duration)	ILIAD Rare diseases patient registry: an international library of intellectual disability and anomalies of development	198 119.00	363 832.42
HP-PJ-2019- EURO- NMD Registry 947598 (3 years duration)	Patient-centred and interoperable registry hub for rare neuromuscular diseases	200 000.00	551 724.17
HP-PJ-2019- ERN eUROGEN registry 946157 (3 years duration)	ERN eUROGEN Registry for rare urogenital diseases	200 000.00	333 333.61
HP-PJ-2019- GENTURIS registry 947257 (3 years duration)	The ERN genetic tumour risk syndromes registry	199 167.00	331 946.10

HP-PJ-2019- VASCERN Registries 947651 (3 years duration)	VASCERN Registries ⁵⁹	196 961.13	328 312.11
HP-PJ-2019- R- LIVER 945761 (3 years duration)	(R-Liver) Registry for rare liver diseases	200 000.00	333 333.89
HP-PJ-2019- GUARD-Heart Registry 946148 (3 years duration)	The Heart-Core Registry: a gateway to uncommon and rare diseases of the heart.	199 999.00	333 331.75
TOTAL ERN- HP- PJ-2019		3 787 146.39	6 521 315.99

7.1.4 Grants for stakeholder projects to implement the EU guidelines on prudent use of antimicrobials in human health

The second call for proposals was for actions by stakeholders to implement the EU guidelines on prudent use of antimicrobials in human health. It aimed to involve European-level stakeholders in promoting, disseminating and applying the EU guidelines on the prudent use of antimicrobials in human health to the target groups identified in the guidelines, e.g. prescribers (doctors, hospital clinicians), pharmacists, nurses, infectious disease specialists and those responsible for the management of health systems.

Objectives and expected results:

The call for projects (stakeholder actions) mainly focused on the implementation of the EU guidelines on prudent use of antimicrobials in human health:

- to raise awareness on the guidelines and encourage their direct application by healthcare practitioners and members of the stakeholder organisations;

⁵⁹ This project proposal concerns the registry needs of VASCERN, the ERN on rare multisystemic vascular diseases.

- to change practices on antimicrobial prescription and dispensing among members of the stakeholder organisations involved (in the project) in line with the guidelines;
- to reduce the inappropriate use of antimicrobials in human health.

The activities should enable stakeholder organisations to take further action on AMR in line with the EU guidelines on prudent use of antimicrobials in human health. The action will engage with professional groups and address settings that require specific attention. It will develop measures to implement the guidelines adapted to the needs of the job roles and settings (e.g. hospital, primary care long-term care) involved.

Three proposals were evaluated but only one was retained for funding as shown in the table below:

Financial instrument	Project grants by objective	
Objective:	4	
Objectives' description:	4. Facilitate access to better and safer healthcare for Union citizens	
Thematic priority:	4.4 improve the prudent use of antimicrobial agents and reduce the practices that increase antimicrobial resistance	
User reference	Title	Amount committed in EUR
HAPPY PATIENT 900024	Health alliance for prudent prescription and yield of antibiotics in a patient-centred perspective	1 987 001.00

7.1.5 Operating grants

Operating grants are awarded to non-governmental bodies that pursue one or more of the health programme's specific objectives. They must:

- be non-governmental;
- be non-profit-making and independent of industry, commercial and business or other conflicting interests;
- work in the public health area;
- play an effective role in civil dialogue processes at EU level;
- pursue at least one of the programme's specific objectives;
- be active at EU level and in at least half of the Member States; and
- have a balanced geographical coverage of the EU.

All activities within the scope of Annex 1 of the Regulation establishing the third health programme can be funded by a specific grant awarded under a framework partnership agreement (FPA) for the functioning of non-government bodies (operating grants).

Of those EU umbrella organisations that signed a FPA in 2017 for 2018-2021, priority areas included prevention and health determinants, chronic diseases, cancer, dementia, rare diseases, HIV/AIDS, tuberculosis and hepatitis, access to healthcare and substances of human origin.

FPA recipients were invited to apply for a specific grant agreement (SGA) to cover their operating costs for 2019. The maximum EU contribution is 60% of the annual operating costs, but it can go up to 80 % for proposals that meet the criteria for exceptional utility.

In 2019, of the 14 operating grants signed, seven (48%)⁶⁰ fulfilled the exceptional utility conditions.

At the end of 2019, the grant process was completed, representing EUR 5 434 283.00 in funding.

The table below lists all operating grants funded by objective and priority.

Financial instrument	Operating grants by objective	Amount committed in EUR
Objective:	1	
Objectives' description:	1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic priority:	1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition (...)	
User reference	Title	Amount committed
881531- EUPHA SGA-2019	European Public Health Association (EUPHA) 2019	361 914.00
881539 - SFP SGA 2019	Preventing cancer and chronic diseases through smoking prevention - 2019 annual work plan for the Smoke Free Partnership	470 013.00

⁶⁰ Operating grants, SGA 2019 with EC funding higher than 60%: Smoke Free Partnership, Correlation Network, AIDS Action Europe, European Network for Smoking prevention, European Public Health Alliance, SHE Network and Thalassaemia in Action.

881565 - ENSP - SGA-2019	European Network for Smoking and Tobacco Prevention – Paving the way for a tobacco free Europe	414 845.00
881533 – EPHA - SGA-2019	European Public Health Alliance (EPHA SGA 2019)	585 000.00
881568 – SHE - SGA-2019	Schools for health in Europe Foundation	358 660.00
Total		2 191 232.00
Thematic priority:	1.3 Support effective responses to communicable diseases such as HIV/AIDS, tuberculosis and hepatitis	
User reference	Title	Amount committed
881529- TBEC - SGA-2019	TBEC: strengthening TB response in the WHO Europe region	105 691.00
882331- AAE - SGA-2019	AIDS Action Europe - Stronger together	294 100,00
881545-CN- SGA-2019	Correlation - European Harm Reduction Network	238 395.00
Total		638 186.00
Thematic priority:	1.4 Support cooperation and networking in the Union in relation to preventing and improving the response to chronic diseases	
User reference	Title	Amount committed
881525 - AE2019 - SGA-2019	Alzheimer Europe	455 310.00
881569- ECL SGA-2019	European Cancer Leagues - Collaborating for impact in cancer control (2019)	318 868.00
Total		774 178.00
Objective:	3	
Objectives' description:	3. Contribute to innovative, efficient and sustainable health systems.	
Thematic priority:	3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare	
User reference	Title	Amount committed
882339 - SGA-2019	A plan for action: Ensuring equitable, affordable and responsibly used medicines in the European Union	200 640.00
Total		200 640.00
Objective:	4	
Objectives' description:	4. Facilitate access to better and safer healthcare for Union citizens	
Thematic priority:	4.2 Coordinated action at Union level in order to effectively help patients	

	affected by rare diseases	
User reference	Title	Amount committed
881554 - EURORDIS SGA 2019	Eurordis Rare Diseases Europe SGA 2019	1 058 520.00
881566 – THALIA SGA 2019	THALassaemia in action 2019	257 027.00
Total		1 315 54700
Thematic priority:	4.5 Implementation of Union legislation in the fields of human tissues and cells, blood, human organs, medical devices, medicinal products, and patients' rights in cross-border health care	
User reference	Title	Amount committed
881553 - SAVDON - SGA- 2019	High-quality blood stem cell products for all patients in need, while protecting the rights and welfare of the volunteer donors	314 500.00
Total		314 500.00
Chafea – total committed for all operating grants		5 434 283.00

7.1.6 Direct grant agreements and Presidency conferences

Direct grant agreements can be awarded to international organisations active in the area of public health⁶¹ for specific activities requiring organisations with particular technical competence, specialisation or administrative powers, on the condition that the activities concerned are not included in a call for proposals.

Funding for actions with international organisations will be allocated exclusively through grant agreements without a call for proposals on topics specifically identified in the work programme. The maximum EU contribution is 60%.

In 2019, Chafea signed four direct grant agreements with the WHO, the OECD and Unicef for a total amount of EUR 5 750 000.

⁶¹ Article 195(f) of Regulation (EU, Euratom) 2018/1046.

The table below lists all direct grant agreements per objective and priority.

Financial instrument	Direct grant agreements by objective	Amount committed in EUR
Objective:	3	
Objectives' description:	Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.7. Foster a health information and knowledge system to contribute to evidence-based decision-making	
User reference	Title	
2019 53 03	State of Health in the EU cycle – Direct grant agreement OECD	1 500 000.00
Objective:	3.	
Objectives' description:	Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.7. Foster a health information and knowledge system to contribute to evidence-based decision-making	
User reference	Title	Amount committed
2019 53 01	State of Health in the EU cycle – Direct grant to the European Observatory on Health Systems and Policies - a WHO hosted partnership	950 000.00
Thematic priority:	3.7. Foster a health information and knowledge system to contribute to evidence-based decision-making	
User reference	Title	Amount committed
2019 53 02	Support to OECD to develop and implement patient-reported measures	800 000.00
Total		
Objectives:	1 and 2	
Objectives' description:	Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle and Protect Union citizens from serious cross-border health threats	
Thematic priority:	1.1, 1.4, 2.2	
User reference	Title	Amount committed
2019 51 02	Support to children migrant populations in front line and transit countries	2 500 000.00
Total		2 500 000.00

TOTAL DIRECT GRANTS		5 750 000.00
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7.1.7 Other direct award of grants

Presidency conference grants – de jure monopoly

The Presidency conferences financed under the 2019 work programme were organised under the Finnish and the Croatian Presidency of the EU Council.

The ‘Economy of Wellbeing⁶²’ conference was held on 18 September 2019 in Helsinki. It aimed to generate cross-sectoral dialogue on various themes to back the Council conclusions on the economy of wellbeing.

Under the Croatian EU Council Presidency, a high-level conference on organ donation and transplantation was supposed to be held in Zagreb on 16-17 and March 2020 but it was cancelled due to the COVID-19 outbreak.

Financial instrument	Health programme support to Presidency conferences by objective	Amount committed in EUR
Objective:	1	
Objectives' description:	Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic priority:	1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition.	
User reference	Title	Amount committed
HP-PC-2019 882415	The Economy of Wellbeing	100 000.00
Objective:	4	
Objectives' description:	Facilitate access to better and safer healthcare for Union citizens	
Thematic priority:	4.5 Actions required by, or contributing to, the implementation of Union legislation in the fields of	

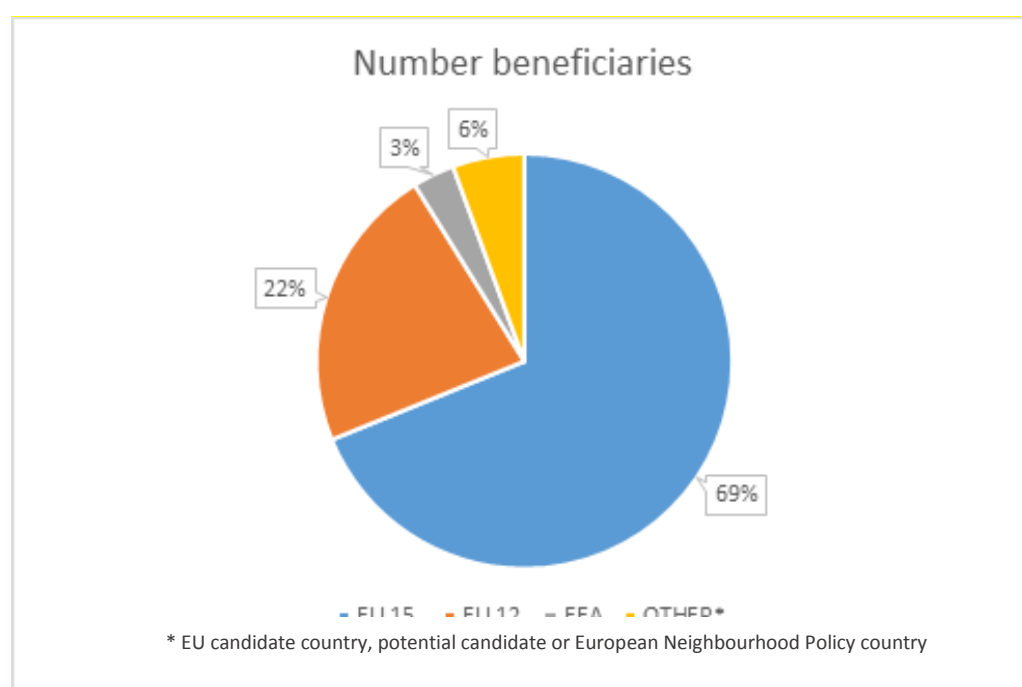
⁶² <https://eu2019.fi/en/events/2019-09-18/high-level-conference-on-the-economy-of-wellbeing>

	human tissues and cells, blood, human organs, medical devices, medicinal products, and patients' rights in cross-border healthcare	
User reference	Title	Amount committed
HP-PC-2020 952841	Organ donation and transplantation	13 687.18
Chafea – total committed for Presidency conferences		113 687.18

7.2 Beneficiaries

From the overall 215 grants beneficiaries, their geographic distribution shows that 148 (69%) are from an EU 15 country, 48 (22%) from those countries that joined the EU after 2004. From the list of countries participating to the 3rd health programme, 7 are from Norway (3%) and 12 from an EU candidate country, a potential candidate, or from a European Neighbourhood Policy country (Serbia, Bosnia and Herzegovina and Moldova) (6%).

Graphic 4: participation in the health programme - 2019 grants (%)



Chafea organised an ‘information days’ webinar on 8 May 2019 to promote the annual work programme for 2019. It included information on funding opportunities, the joint action

nomination process and policy priorities. This was followed by a joint action preparatory workshop organised on 24 June 2019, which gathered 65 attendees (competent authorities of the countries participating in the programme only). A quality assurance workshop was then organised on 25 November 2019 to provide feedback to the joint action coordinators on the proposals.

To promote participation in the 2019 calls, the national focal points⁶³ for the health programme organised eight national information days⁶⁴. These took place between May and June 2019 in seven EU countries and one non-EU country participating in the third health programme. Chafea published guidelines for applicants on its participants portal, and its helpdesk also provided practical assistance.

7.3 Experts evaluators

Applications were evaluated in accordance with the rules and criteria set out in the AWP annual work programme 2019 and in the specific calls for proposals.

The proposals submitted under different calls for proposals were evaluated by external experts (peer reviewers), drawn from a list established following the call for expressions of interest in the area of public health – EMI H2020 database⁶⁵. The external evaluation of the call for proposals supports the efficient and transparent selection of proposals funded under the AWP 2019.

Fourteen (14) external experts from 12 countries took part in the evaluation process for the award of the operating grants, projects and ERN grants and assessed the joint actions during the quality assurance workshop.

The evaluation process took place in two stages:

- In the **first stage**, three external evaluators assessed each proposal. They drew up a consolidated evaluation report for each proposal during the consensus meeting organised by Chafea.
- In the **second stage**, the evaluation committee reviewed the work of the external evaluators and drew up the final lists of proposals recommended for funding, together with

⁶³ http://ec.europa.eu/chafea/health/national-focal-points/index_en.htm

⁶⁴ https://ec.europa.eu/chafea/health/national-info-days/2019-nid_en.htm

⁶⁵ EMI -<https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/work-as-an-expert>

the reserve lists. The evaluation committee comprised representatives from the Directorate-General for Health and Food Safety (DG SANTE), the Directorate-General for Research and Innovation (DG RTD) and from Chafea.

7.4 PRIZES – EU Health award for NGOS

For the 2019 edition of the EU Health Award, the European Commission rewarded outstanding initiatives by cities, NGOs and schools seeking to prevent and reduce obesity in children and young people (6-18 years old). Out of the more than 120 proposals received, three were shortlisted per category, bringing the total of shortlisted initiatives to nine. Of these, one city, one NGO and one school were announced as winners at the EU Health Award Ceremony, which took place during the annual EU Health Policy Platform meeting hosted by the EU Commissioner for Health and Food Safety, Vytenis Andriukaitis, on 17 October 2019 in Brussels⁶⁶.

Financial instrument	PRIZES– EU Health award for NGOS, city and schools	Amount committed in EUR
Objective:	1	
Objectives' description:	Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic priority:	1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition.	
User reference	Title	Amount committed
C2 - 17.030100 - EU HEALTH AWARD - PRIZES	EU HEALTH AWARD PRIZES	300 000.00
Chafea – total amount committed for prizes		300 000.00

⁶⁶ https://ec.europa.eu/health/award/previous_editions/2019/preventing_obesity_in_children_en

7.5 Procurements (service contracts)

Procurement service contracts were used to purchase a variety of services. Contrary to grants, the health programme covers the full cost of procurement actions for the following tasks:

- evaluation, monitoring of actions and policies, including impact assessment,
- studies, data analysis and information on health,
- database development and maintenance,
- organisation of workshops, trainings, expert panels and coordination groups,
- scientific and technical assistance, provision of advice and opinions,
- communication, translations and publications,
- awareness raising and dissemination of the results, and
- information technology applications in support of policies.

In 2019, the Commission signed several service contracts and specific requests using existing framework contracts (FWC). Most of these contracts and requests were for horizontal actions, such as communication and IT services for the maintenance and functioning of existing IT tools.

Procurement contracts also covered the services of experts working for the scientific committees, for the evaluation of proposals and monitoring studies.

The amounts per objective and authorising organisation were as follows:

Health programme objective	Procurement managed by DG SANTE (EUR)	Procurement managed by Chafea (EUR)
1. Health promotion	396 900,00	2 246 793,50
2. Health threats	845 793,32	2 220 000,00
3. Health systems	4.478.233,00	2 186 565,85
4. Better and safer healthcare systems	-	6 626 708,00
5. Horizontal actions	3.618.376,90	869 229,70
TOTAL	9.339.303,22	14 149 296,55

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The overall public procurement budget implemented by DG SANTE was EUR **9 339 303,22**.

The overall public procurement budget implemented by Chafea was EUR **14 149 296,55**.

In 2019, CHAFEA managed 16 procurement procedures for the acquisition of services (4 contracts under health promotion, 1 contract under health systems, 4 contracts under health threats and 4 under objectives for better and safer health care) and 3 under horizontal actions to support the dissemination of the health programme's results.

The table below lists all service contracts signed by Chafea or DG SANTE by objective and by priority.

Financial instrument	DG SANTE service contracts by objective	Amount committed in EUR
Objectives:	1	
Objectives' description:	1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic priority:		
User reference	Title	Amount committed
	1.5 Actions required by, or contributing to, the implementation of Union legislation in the field of tobacco products (...).	
	B2 - 17.030100 - STUDY SUPPORTING THE COMMISSION REPORT ON APPLICATION OF DIRECTIVE 2014/40 ON TOBACCO PRODUCTS	1 052.94
	B2 - 17.030100 - STUDY SUPPORTING THE COMMISSION REPORT ON APPLICATION OF DIRECTIVE 2014/40 ON TOBACCO PRODUCTS	395 847.06
Total		396 900,00
Total objective		
Objective:	2.	
Objectives' description:	Protect Union citizens from serious cross-border health threats	
Thematic priority	2.2. Support capacity-building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries including vaccination	
	C3 - 17.030100 -VACCINATION SUMMIT -	1 707.90

	SEPT 2019 - BRUSSELS - IGEP - LANYARDS AND NOTEBOOKS	
	C3 - 17.030100 -VACCINATION SUMMIT - SEPT 2019 - BRUSSELS - CONFERENCE ASSISTANTS	2 532.00
	C3 - 17.030100 -VACCINATION SUMMIT - SEPT 2019 - BRUSSELS - PRODUCTION AND INSTALLATION OF BANNER	4 081.27
	C3 - 17.030100 -VACCINATION SUMMIT - SEPT 2019 - BRUSSELS - RAPPORTEUR	4 250.00
	C3 - 17.030100 -VACCINATION SUMMIT - SEPT 2019 - BRUSSELS - MODERATION	3 500.00
	C3 - 17.030100 -VACCINATION SUMMIT - SEPT 2019 - BRUSSELS - IGEP - T-SHIRTS	1 435.00
	C3 - 17.030100 -VACCINATION SUMMIT - SEPT 2019 - BRUSSELS - CATERING AND OTHER SMALL COSTS - COMPL3	25 000.00
	C3 - 17.030100 -VACCINATION SUMMIT - SEPT 2019 - BRUSSELS - CATERING AND OTHER SMALL COSTS - COMPL3	1 518.45
	17.030100 -VACCINATION SUMMIT - SEPT 2019 - BRUSSELS	257 493.83
	17.030100 -VACCINATION SUMMIT - SEPT 2019 - BRUSSELS	4 573.67
	DIR C - 17.030100 - EUROBAROMETER ON VACCINATION ATTITUDES - KANTAR	299 701.20
	DIR C - 17.030100 - CROSS SECTIONAL ANALYSIS OF THE EUROBAROMETER ON VACCINATION ATTITUDES - DE FIGUEIREDO	10 000.00
	DIR C - SI2.823570 - 17.030100 - STATE OF VACCINE CONFIDENCE IN THE EU 2020	230 000.00
Grand total		845 793.32

Financial instrument	SANTE service contracts by objective	
Objective:	3	
Objectives' description:	3. Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border health care	
User reference	Title	Amount committed
	GROW.R.3 - SI2.803703 - OF 5858 - CC DI/7360 - COMPAREX(NL) - E-ORDER 2019-14561 - SPARX ENTERPRISE ARCHITECT YEARLY MAINTENANCE RENEWAL 2019-2020	443.80
	"GROW.R.3 - OF 215 - CC DI/7450 - SAP POWERDESIGNER ENTERPRISE ARCHITECT -	8 652.00

	SAP BELGIUM & LUXEMBOURG (BE) - E-ORDER 2019-16875	
	GROW.R.3 - SI2.805947 - OF 1282 - CC DI/7722 - INSIGHT(BE) - E-ORDER 2019-19293 - JETBRAINS INTELLIJ IDEA ULTIMATE 2019-2020 LICENSES YEARLY SUBSCRIPTION RENEWAL	1 354.35
	GROW.R.3 - OF 2096 - CC DI/7722 - INSIGHT(BE) - E-ORDER 2019-37947 - JETBRAINS INTELLIJ IDEA ULTIMATE	3 179.82
	GROW.R.3 - SI2.813257 - CS 3941 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-7203 - PATRICIA WIERINCKX / ELISABETE MACHADO - PROJECT MANAGER LEVEL 5	41 533.20
	GROW.R.3 - SLG.CMM.2018.52063 + SI2.794693 - CS 1170 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2018-52063 - PATRICA WIERINCKX/ELISABETE MACHADO - PROJECT MANAGER LEVEL 5	6 229.98
	GROW.R.3 - SLG.CMM.2019.10968 - CS 3748 - CC DI/7700 - XPE GROUP(BE) - E-ORDER 2019-10968 - EZEKIEL FATUROTI - TECHNOLOGY EXPERT LEVEL 4	78 038.40
	GROW.R.3 - SLG.CMM.2019.11609 - CS 2425 - CC DI/7702 - BORN4ITB (LU) - E-ORDER 2019-11609 - MICHEL AUCLERT - TECHNOLOGY EXPERT LEVEL 5	88 563.60
	GROW.R.3 - SLG.CMM.2019.11833 - CS 4291 - CC DI/7701 - EURORA NOVA-AHRS(LU) - E-ORDER 2019-11833 - AUGUSTIN FLORESCU - APPLICATION ARCHITECT LEVEL 5	43 172.40
	GROW.R.3 - SLG.CMM.2019.14106 - CS 3528 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-14106 - LUCA VOGNA - APPLICATION ARCHITECT LEVEL 5	60 177.60
	GROW.R.3 - SLG.CMM.2019.17238 - CS 4677 - CC DI/7700 - XPE GROUP(BE) - E-ORDER 2019-17238 - BUKOLA OLAWOYIN - TECHNOLOGY EXPERT LEVEL 5	56 748.00
	GROW.R.3 - SLG.CMM.2019.17806 - CS 4808 - CC DI/7701 - EURORA NOVA-AHRS (LU) - E-ORDER 2019-17806 - MINHEA ANDREI MAGHETI - APPLICATION ARCHITECT LEVEL 4	79 149.60
	GROW.R.3 - SLG.CMM.2019.19186 - CS 4877 - CC DI/7701 - EURORA NOVA-AHRS(LU) - E-ORDER 2019-19186 - SWATHI CHANDRASHEKARAI AH - APPLICATION ARCHITECT LEVEL 3	60 507.00
	GROW.R.3 - SLG.CMM.2019.19306 - CS 4873 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-19306 - IONUT TUDOR - ENTERPRISE ARCHITECT LEVEL 3	69 528.80
	GROW.R.3 - SLG.CMM.2019.19425 - CS 3453 - CC DI/7701 - E-ORDER 2019-19425 - EFTERPI	50 367.80

	EVANGELIA KOTOUZA - EURORA NOVA-AHRS(LU) - APPLICATION ARCHITECT LEVEL 5	
	GROW.R.3 - SLG.CMM.2019.19707 - CS 4874 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-19707 - TSVETAN YOLOV - APPLICATION ARCHITECT LEVEL 3	50 566.40
	GROW.R.3 - SLG.CMM.2019.19730 - CS 4876 - CC DI/7702 - BORN4ITB-CRONOS(LU) - E-ORDER 2019-19730 - ARUNIMA VERMA - APPLICATION DEVELOPER LEVEL 4	53 580.00
	GROW.R.3 - SLG.CMM.2019.20827 - CS 5101 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-20827 - TOM LARMINIER - ENTERPRISE ARCHITECT LEVEL 5	75 222.00
	GROW.R.3 - SLG.CMM.2019.20839 - CS 5102 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-20839 - OMAR EL YAHYAOU - APPLICATION ARCHITECT LEVEL 5	45 133.20
	GROW.R.3 - SLG.CMM.2019.23386 - CS 3451 - CC DI/7701 - E-ORDER 2019-23386 - BRUNO PAIVA - EURORA NOVA-AHRS(LU) - APPLICATION ARCHITECT LEVEL 2	55 552.00
	GROW.R.3 - SLG.CMM.2019.23862 - CS 5393 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-23862 - REMO MORO - APPLICATION ARCHITECT LEVEL 4	82 714.80
	GROW.R.3 - SLG.CMM.2019.25840 - CS 5579 - CC DI/7702 - BORN4ITB-CRONOS(LU) - E-ORDER 2019-25840 - KUMAR PRASHANT - APPLICATION ARCHITECT LEVEL 3	43 424.50
	GROW.R.3 - SLG.CMM.2019.26070 - CS 5582 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-26070 - LAURA FERNANDEZ Y GARCIA - UX UI SPECIALIST LEVEL 4	102 821.40
	GROW.R.3 - SLG.CMM.2019.26992 - CS 5781 - CC DI/7701 - EURORA NOVA-AHRS(LU) - E-ORDER 2019-26992 - GIUSEPPE PERRICONE - TECHNOLOGY EXPERT LEVEL 3	9 811.26
	GROW.R.3 - CS 5800 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-27279 - TSVETAN YOLOV - APPLICATION ARCHITECT LEVEL 3 - 56.887,20 EUR	56 887.20
	GROW.R.3 - SLG.CMM.2019.27359 - CS 5784 - CC DI/7712 - EXXEL4EUS-UNISYS(BE) - E-ORDER 2019-27359 - ORLANDO JAIME DOS SANTOS SEIXAL LARANJO - SERVICE DESK AGENT LEVEL 3	3 459.00
	GROW.R.3 - SLG.CMM.2019.27377 - CS 5785 - CC DI/7713 - TEIDE-EVERIS(BE) - E-ORDER 2019-27377 - SAMIRA BEN LARBI - DATABASE APPLICATION ADMINISTRATOR LEVEL 3	4 380.80
	GROW.R.3 - SLG.CMM.2019.27660 - CS 5581 - CC	131 638.50

	DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-27660 - ASHLEY COUPLAND - APPLICATION ARCHITECT LEVEL 5	
	GROW.R.3 - SLG.CMM.2019.27949 - CS 5783 - CC DI/7713 - TEIDE-EVERIS(BE) - E-ORDER 2019-27949 - JEAN-NOEL CLAES - SUPPORT MANAGER LEVEL 3	8 785.98
	GROW.R.3 - SLG.CMM.2019.28064 - CS 5798 - CC DI/7701 - EURORA NOVA-AHRS(LU) - E-ORDER 2019-28064 - MAX KUDRENKO - APPLICATION ARCHITECT LEVEL 5	64 758.60
	GROW.R.3 - CS 5779 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-28103 - WILLIAM PROCTER - QUALITY / ASSURANCE MANAGER	5 247.50
	GROW.R.3 - SLG.CMM.2019.28230 - CS 5866 - CC DI/7702 - BORN4ITB-CRONOS(LU) - E-ORDER 2019-28230 - BRENDAN DOHERTY - APPLICATION ARCHITECT LEVEL 5	88 563.60
	GROW.R.3 - SLG.CMM.2019.28252 - CS 5802 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-28252 - DENISA VLAICU - PROJECT MANAGER LEVEL 5	10 383.30
	GROW.R.3 - SLG.CMM.2019.28407 - CS 5795 - CC DI/7700 - XPE GROUP(BE) - E-ORDER 2019-28407 - BUKOLA OLAWOYIN - TECHNOLOGY EXPERT LEVEL 5	70 935.00
	GROW.R.3 - SLG.CMM.2019.29269 - CS 5799 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-29269 - DUNG TRUONG - TECHNOLOGY EXPERT LEVEL 5	4 137.21
	GROW.R.3 - SLG.CMM.2019.29370 - CS 5924 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-29370 - LUCA VOGNA - APPLICATION ARCHITECT LEVEL 5	90 266.40
	GROW.R.3 - SLG.CMM.2019.29828 - CS 5782 - CC DI/7713 - TEIDE-EVERIS(BE) - E-ORDER 2019-29828 - JOSE RAMOS - IS SUPPORT MANAGER LEVEL 4	3 980.62
	GROW.R.3 - SLG.CMM.2019.30140 - CS 5922 - CC DI/7700 - XPE GROUP(BE) - E-ORDER 2019-30140 - MARTINE GUEBEL- PROJECT MANAGER LEVEL 5	7 093.50
	GROW.R.3 - SLG.CMM.2019.30498 - CS 5993 - CC DI/7701 - EURORA NOVA-AHRS(LU) - E-ORDER 2019-30498 - EWA OLOW - ENTREPRISE ARCHITECT LEVEL 5	13 190.80
	GROW.R.3 - SLG.CMM.2019.31116 - CS 5867 - CC DI/7701 - EURORA NOVA-AHRS(LU) - E-ORDER 2019-31116 - AUGUSTIN FLORESCU -	16 909.19

	APPLICATION ARCHITECT LEVEL 5	
	GROW.R.3 - SLG.CMM.2019.35865 - CS 6269 - CC DI/7701 - E-ORDER 2019-35865 - EFTERPI EVANGELIA KOTOUZA - EURORA NOVA-AHRS(LU) - APPLICATION ARCHITECT LEVEL 5	100 735.60
	GROW.R.3 - - CS 6731 - CC DI/7702 - BORN4ITB-CRONOS(LU) - E-ORDER 2019-38759 - MICHEL AUCLERT - TECHNOLOGY EXPERT - LEVEL 5 - 73.803,00 EUR	73 803.00
	GROW.R.3 - SLG.CMM.2019.40276 - CS 6729 - CC DI/7701 - EURORA NOVA-AHRS(LU) - E-ORDER 2019-40276 - MARIANA NASCIMENTO - BUSINESS ANALYST LEVEL 5	11 093.00
	GROW.R.3 - CS 6732 - CC DI/7701 - EURORA NOVA-AHRS (LU) - E-ORDER 2019-42295 - MINHEA ANDREI MAGHETI - APPLICATION ARCHITECT LEVEL 4 - 65.958,00 EUR	65 958.00
	GROW.R.3 - CS 3457 - CC DI/7702 - BORN4ITB-CRONOS(LU) - E-ORDER 2019-42780 - DIMITAR MARINOV - TECHNOLOGY EXPERT LEVEL 5 - 73.803,00 EUR	73 803.00
	GROW.R.3 - CS 6914 - CC DI/7700 - XPE GROUP(BE) - E-ORDER 2019-42889 - EZEKIEL FATUROI - TECHNOLOGY EXPERT LEVEL 4 -	65 032.00
	GROW.R.3 - SLG.CMM.2019.44767 - CS 7369 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-44767 - TOM LARMINIER - ENTERPRISE ARCHITECT - LEVEL 5	56 416.50
	GROW.R.3 - CS 7039 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-44915 - OMAR EL YAHYAOUI - APPLICATION ARCHITECT - LEVEL 5 - 22.566,60 EUR	22 566.60
	GROW.R.3 - SLG.CMM.2019.45916 - CS 7244 - CC DI/7701 - E-ORDER 2019-45916 - BRUNO PAIVA - EURORA NOVA-AHRS(LU) - APPLICATION ARCHITECT LEVEL 2	77 772.80
	GROW.R.3 - SLG.CMM.2019.47258 - CS 7491 - CC DI/7701 - EURORA NOVA-AHRS(LU) - E-ORDER 2019-47258 - SWATHI CHANDRASHEKARAI AH - APPLICATION ARCHITECT LEVEL 4	98 937.00
	GROW.R.3 - SLG.CMM.2019.48551 - CS 7487 - CC DI/7702 - BORN4ITB-CRONOS(LU) - E-ORDER 2019-48551 - KUMAR PRASHANT - APPLICATION ARCHITECT LEVEL 4	108 222.40
	GROW.R.3 - SLG.CMM.2019.48777 - CS 7490 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-48777 - IONUT TUDOR - ENTERPRISE ARCHITECT LEVEL 3	103 393.50
	GROW.R.3 - SLG.CMM.2019.48940 - CS 7492 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-48940 - REMO MORO - APPLICATION	105 310.80

	ARCHITECT LEVEL 5	
	GROW.R.3 - SLG.CMM.2019.52566 - CS 8179 - CC DI/7701 - EURORA NOVA-AHRS(LU) - E-ORDER 2019-52566 - MAX KUDRENKO - APPLICATION ARCHITECT LEVEL 5	88 015.20
	GROW.R.3 - SLG.CMM.2019.52783 - CS 7494 - CC DI/7702 - BORN4ITB-CRONOS(LU) - E-ORDER 2019-52783 - ARUNIMA VERMA - APPLICATION DEVELOPER LEVEL 4	18 186.40
	GROW.R.3 - SLG.CMM.2019.54799 - CS 8514 - CC DI/7702 - BORN4ITB-CRONOS(LU) - E-ORDER 2019-54799 - ARUNIMA VERMA - APPLICATION DEVELOPER LEVEL 5	39 529.60
	GROW.R.3 - SLG.CMM.2019.56013 - CS 8180 - CC DI/7700 - XPE GROUP(BE) - E-ORDER 2019-56013 - BUKOLA OLAWOYIN - TECHNOLOGY EXPERT LEVEL 5	50 614.20
	GROW.R.3 - SLG.CMM.2019.9818 + SI2.801977 - CS 3001 - CC DI/7704 - EXXEL4EUB-TRASYS(BE) - E-ORDER 2019-9818 - DUNG TRUONG - TECHNOLOGY EXPERT LEVEL 5	45 133.20
	UNIT E5 - 17.030100 - EXPERT MISSION COSTS RE VICH MEETINGS 2019 - COMPL	30 000.00
	B5 - SANTE/2019/B5/004 - 17.030100 - STAKEHOLDER EVENT ON EVALUATION OF ORPHAN AND PAEDIATRIC REGULATIONS – COMPL	32 408.46
	B5 - 17.030100 - STAKEHOLDER EVENT ON EVALUATION OF ORPHAN AND PAEDIATRIC REGULATIONS – AMEX	4 723.10
	UNIT B3 - 17.030100 - SERVICES FOR STAKEHOLDER EVENT ON EVALUATION OF ORPHAN AND PAEDIATRIC LEGISLATION	6 000.00
	C2 - 17.030100/19/801516 - SCIENTIFIC COMMITTEES AND PROVISION OF TARGUETED RISK ASSESSMENT IN CASE OF A CHEMICAL AND ENVIRONMENTAL INCIDENT OF CROSS BORDER RELEVANCE - COMPL	420 000.00
	UNIT B1 - 17.030100 - EXPERT PANEL ON INVESTING IN HEALTH - SPECIAL INDEMNITIES FOR EXPERTS - COMPL	300 000.00
	B5 - SI2.813150 - ICH AND IPPR MEMBERSHIP FEE FOR 2020 -	260 000.00

	GROW/D4 - MEETINGS OF THE MEDICAL DEVICES COORDINATION GROUP (MDCG) COVERING TRAVEL EXPENSES OF PARTICIPANTS - 2019	240 000.00
	DIR F - 17.0301 - REIMBURSEMENT OF EXPERTS FOR JOINT ASSESSMENTS ON MEDICAL DEVICES – COMPL	213 000.00
	B5 - 19 - SI2.803848 - JOINT AUDIT PROGRAMME ON GOOD MANUFACTURING PRACTICE	85000
	ICH MEETINGS - REIMBURSEMENT OF EXPERTS	80000
	B1 - SI2.804177 - SANTE2019 /B1/001 - ORGANISATION OF 6 HEAIRINGS OF THE EXPERT PANEL OF EFFECTIVE WAYS OF INVESTING IN HEALTH	79200
	UNIT E5 - 17.030100 - EXPERT MISSION COSTS RE VICH MEETINGS 2019 - COMPL	30000
	B1 - 17.030100 - EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH CONFERENCE ON 08/11/2019- AMEX	28654.3
	ICH AMSTERDAM 01 TO 06 JUNE	6897.74
	CO-DEL DG GROW (SANTE) - MEDICAL DEVICES	5756.55
Thematic priority:	3.7 4.6 Health information and knowledge system including support to the Scientific Committees set up in accordance with Commission Decision 2008/721/EC	
	B1 - 17.030100/19/SI2.812477 - ACCESSIBILITY OF PHARMACEUTICAL CARE AND SUSTAINABILITY OF PHARMACEUTICAL SPENDING	140 162.00
	ICH SINGAPORE 16 TO 20 NOVEMBER	80 000.00
	SANTE - IT SPECIFIC CONTRACTS - EUDAMED 2020 - BL 17.030100	200,559.09
	B5 - SI2.823486 - 17.030100 - STUDY SUPPORTING THE IMPACT ASSESSMENT OF	124 226,80

	THE REVISION OF THE EMA FEE SYSTEM - FDIX2	
	SC 381 - DATA PROTECTION AND IT SECURITY COMPLIANCE OF THE CPMS IN THE CONTEXT OF CONSULTATIONS BY THE ERN (OF 2020.31317) - MOD FDI	189 736, 50
	B5 - SI2.823486 - 17.030100 - STUDY SUPPORTING THE IMPACT ASSESSMENT OF THE REVISION OF THE EMA FEE SYSTEM - FDIX2	36,447.25
	B5 - SI2.823486 - 17.030100 - STUDY SUPPORTING THE IMPACT ASSESSMENT OF THE REVISION OF THE EMA FEE SYSTEM - FDIX2	80,367.45
	B5 - SI2.823486 - 17.030100 - STUDY SUPPORTING THE IMPACT ASSESSMENT OF THE REVISION OF THE EMA FEE SYSTEM - FDIX2	90,000.00
	B3 - 17.030100 - STUDY ON CROSS BORDER HEALTHCARE IN THE EU -E&Y - AM1+2 FOR EXTENSION	635,122.00
	ICH USA 30 OCT TO 04 NOV	2,394.32
	ICH TOKYO 24 AU 31 MARS	3,100.00
Grand total		4.478.233,00
Objective:	5	
Objectives' description:	5. IT / dissemination (Horizontal action related to all objectives)	
Thematic priority:	horizontal ICT / dissemination	
User reference	Title	Amount committed
	CC, CS896, 2019-58598, CANCOM ON LINE GMBH* - 2S-GEN10-AM12 STANDARD 2 SOCKET RACKABLE DL380 GEN10 - V2 - COMPUTE PLATFORM - DEDICATED SERVER - PURCHASE	199,93

	OF 2831 - JETBRAINS PHP STORM LICENSE	262,10
	SC 13593 - EM - USER DOCUMENTATION AND TRAINING - LATE INTERESTS	281,70
	OF 2852 - FLARE FLOATING BRONZE MAINTENANCE BY MADCAP	400,00
	CC07460, CS000206, 2019-24291, DIMENSION DATA BELGIUM EORDER FWC DI/07460 (OASIS II) DIMENSION DATA BELGIUM UNIX BASIC SERVICES - APPLICATION HOUSING - BASIC MODE SERVICE	388 329,49
	OF 5849 - MAINTENANCE OF IT EQUIPMENT/LICENSES	650,19
	SANTE/2019/02/047 - PROMOTIONAL MATERIAL FOR VACCINATION	837,00
	C2 - 17.030100 - EU HEALTH AWARD - PRIZES	300 000,00
	C2 - 17.030100 - EU HEALTH AWARD AND HEALTH POLICY PLATFORM MEETINGS - 2019 - TECHNICAL EQUIPMENT VENUE	1.189,70
	OF 6010 - ELA VMWARE YEAR 3 (CD)	1.200,00
	OF 6010 - ELA VMWARE YEAR 3 (CD)	1.200,00
	OF 6010 - ELA VMWARE YEAR 3 (CD)	1.200,00
	CC07720, CS1005525, 2019-33827, BECHTLE BRUSSELS FWC DI/07720 - SOFTWARE FOR INNOVATION, DIVERSITY AND EVOLUTION II (SIDE II) - BECHTLE BRUSSELS ARIS - ELA SOFTWARE AG MI IMPLEMENTATION OF ELA SOFTWARE AG - REF ELA-SOFTWAREAG-1 -	1.211,06
	C2 - 17.030100 - ASSISTANCE EU HEALTH POLICY PLATFORM AND EU HEALTH AWARD - NOVACOMM-AUSY	189.500,00
	SC 457 - DG SANTE WEBSITES MANAGEMENT	176.400,00

	OF 1546 - SOFTWARE PRODUCTS, MAINTENANCE, SUPPORT	1.450,70
	OF 2294 - LANCRYPT LICENSE + MAINTENANCE	1.462,41
	SC 2567 - FD - WEB OPERATIONS MANAGER FOR SANTE POLICIES (AV 1)	1.500,00
	CO-DEL DG SANTE- 2019 - PUBLIC HEALTH DIR B, C + UNIT 02	130.100,00
	OF 1007787 - SOFTWARE PRODUCTS, MAINTENANCE AND SUPPORT	1.640,67
	C2 - 17.030100 - EU HEALTH AWARD AND HEALTH POLICY PLATFORM MEETINGS - 2019 - TRANSPORT/ACCOMMODATION/VENUE/CATERING	110813,3
	OF 5854 - MAINTENANCE RENEWAL QUEST SOFTWARE TOAD	1.799,40
	CC, CS349, 2019-57171, CANCOM ON LINE GMBH* ACER B276HUL 27 INCHES DISPLAY SCREEN - OTHER (ADDITIONAL SCREENS, SPEC; MICE, ...)	1.888,40
	CC, CS22, 2019-56623, TELECOM ITALIA SPARKLE SPA SERVICES - PUBLIC CLOUD PAAS - SUITE AU CS 20 - CLOUD_COSTS	2.276,90
	SC 1560 - AG - APPLICATION ARCHITECT FOR BI PROJECTS (OF 2019.17334)	2.369,28
	CC, CS000352, 2019-55175, PRICEWATERHOUSECOOPERS EU SERVICES EORDER EXTENSION OF EU SEND COMMUNICATION AND ONBOARDING - D3 STAKEHOLDERS_MANAGEMENT	100.000,00

	CC07490, CS000179 AV1, 2019-50762, SOPRA STERIA BENELUX FWC DI/07490 MSP II DESIGN SERVICES - STARTDATE: 01/12/2019 - ENDATE: 31/03/2020 - MODE SERVICE - SUPPORTING SERVICE DEVELOPME	96.336,54
	OF 1396 - RENEWAL MAINTENANCE LICENSES	2.752,99
	SC 1052 - PS - PROJECT MANAGER FOR HEALTH PROJECTS - AV 2	3.000,00
	SC 4492 - RR - APPLICATION ARCHITECT	94.694,60
	02 - PROMOTION MATERIAL OF SANTE/2019/02/036	3.163,00
	02 - SOCIAL MEDIA PILOT - PO-2016-12-A2-160-SANTE - MOD FDI	92.900,00
	02 - SC 509 - WEB MAINTENANCE AND CRAWLER WEBSITES DG SANTE	3.313,33
	02 - SC 458 - WEB VISUAL DESIGNERS FOR DG SANTE	84.000,00
	CC, CS1007320, 2019-57152, BECHTLE BRUSSELS MOBILEIRON THREAT DEFENSE RENEWAL PER USER RENEWAL - INTRUSION PREVENTION SYSTEM INTEGRATED INTO THE MOBILEIRON CLIENT TO DEFEND AGAINST DEVICE, NETWORK, AND APPLICATION BASED CYBER-ATTACK	3.550,20
	CC07753, CS7753-6972, 2019-52326, BECHTLE BRUSSELS FWC DI/07753 - DATACENTRE INFRASTRUCTURE SOLUTIONS (DIS) - BECHTLE BRUSSELS DREAN OLIVIER - PREST REGIE - SUPP SYST CIS - ITIL,PROCESSES (TECH ADM ITIL)	3.835,00
	SC 5065 - EM - PROJECT MANAGER FOR FOOD SAFETY AND HEALTH PROJECTS - INCREASE AMOUNT/ NEW END DATE	76.222,00
	SC 5835 - MIB - BUSINESS ANALYST FOR PUBLIC HEALTH PROJECTS - MOD MT	70.079,30

	CC07490, CS000163, 2019-26886, SOPRA STERIA BENELUX FWC DI/07490 MSP II BASIC SERVICES - CORE SERVICES - STARTDATE: 01/07/2019 (UNTIL 31/10/2019) - MODE SERVICE - BASIC SERVICES CORE	65.665,97
	SC 3016 - RD - PROJECT MANAGER FOR EUROPEAN MEDICINAL PRODUCTS (OF 2019.20972)	55.377,60
	SC 5548 - DB - TECHNOLOGY EXPERT FOR EUROPEAN MEDICINAL PRODUCTS (EMP)	4.314,60
	SC 1479 - LM - SUPPORT MANAGER (GRANGE) FOR FOOD AND HEALTH POLICIES (RE-COMMITMENT SI2.801694)	54.236,80
	SC 5577 - CB - IS TESTER FOR FOOD POLICIES (CD)	53.867,20
	CC, CS348, 2019-57169, CANCOM ON LINE GMBH* ACER B276HUL 27 INCHES DISPLAY SCREEN - OTHER (ADDITIONAL SCREENS, SPEC; MICE, ...)	4.721,00
	CC07490, CS000179 AV1, 2019-50762, SOPRA STERIA BENELUX FWC DI/07490 MSP II DESIGN SERVICES - STARTDATE: 01/12/2019 - ENDDATE: 31/03/2020 - MODE SERVICE - SUPPORTING SERVICE DEVELOPME	51.815,70
	CC07370, CS9820, 2019-53206, COMLIN ASSOCIATION MOMENTANEE FRAMEWORK CONTRACT DI/07370-00 (NESTOR III) - COMLIN PAIR 8 - DISKS REORGANISATION - PROJETS - PROCEDURES - ETUDES - AMENAGT IT INFRASTR	4.993,20
	C2 - 17.030100 - EU HEALTH AWARD AND HEALTH POLICY PLATFORM MEETINGS - 2019	5.000,00
	SC 5746 - CT - SUPPORT MANAGER FOR PUBLIC HEALTH AND FOOD POLICIES	5.000,00
	SC 5769 - EM - SUPPORT MANAGER FOR PUBLIC HEALTH AND FOOD POLICIES	5.000,00
	SC 5769 - EM - SUPPORT MANAGER FOR PUBLIC	5.000,00

	HEALTH AND FOOD POLICIES	
	SC 4787 - RB - APPLICATION ARCHITECT FOR FOOD SAFETY AND PUBLIC HEALTH PROJECTS (OF 2019.28885)	5.000,00
	SC 8061- CL- SUPPORT MANAGER FOR SANTE POLICIES	5.000,00
	CC, CS2038, 2019-54312, BECHTLE BRUSSELS EORDER LENOVO THINKPAD L390 HEPM - QUK - LAPTOPS	50.893,00
	SC 5855 - CB - APPLICATION ARCHITECT FOR PUBLIC HEALTH AND FOOD SAFETY PROJECTS (OF 2019.28889)	5.491,20
	CO-DEL DG GROW (SANTE) - MEDICAL DEVICES	5.756,55
	OF 929 - RENEWAL SUBSCRIPTION TO LICENSES AND SOFTWARES	6.000,00
	A4 - SC 1258 - MBM - TECHNOLOGY EXPERT FOR FOOD AND FED AND PUBLIC HEALTH OPEN DATA PROJECTS (OF 2019-4658)	50.690,24
	CC07460, CS000241, 2019-49786, NTT BELGIUM EORDER FWC DI/07460 (OASIS II) - DIMENSION DATA BELGIUM DIAS FABIO - PROFILE: ARCHITECT (AR) - (LEVEL OF EXPERTISE:NORMAL) - APPLICATION HOUSING - CLOD MANAGEMENT	6.068,49
	SC 5548 - DB - TECHNOLOGY EXPERT FOR EUROPEAN MEDICINAL PRODUCTS (EMP)	49.927,80
	CC07720, CS1005525, 2019-33827, BECHTLE BRUSSELS FWC DI/07720 - SOFTWARE FOR INNOVATION, DIVERSITY AND EVOLUTION II (SIDE II) - BECHTLE BRUSSELS ARIS - ELA SOFTWARE AG MI IMPLEMENTATION OF ELA SOFTWARE AG - REF ELA-SOFTWAREAG-1	6.554,94

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	C2 - 17.030100 - EU HEALTH AWARD AND HEALTH POLICY PLATFORM MEETINGS - 2019 - INTERPRETATION BOOTHS	6.886,00
	CC07706, CS005396, 2019-24015, C-DEV SA EORDER FWC DI/07706, FRAMEWORK CONTRACT, DIGIT-TM, LOT 2, 2ND CONTRACTOR MANDELAIRE ARNAUD - PROFILE: TECHNOLOGY EXPERT (TEX) - (LEVEL OF EXPERTISE:LEVEL 5) - CORPORATE ACTIVE DIRECTORY TIME&MEANS	47.907,20
	SC 8057 - RD - PROJECT MANAGER FOR PUBLIC HEALTH AND FOOD SAFETY PROJECTS	45.685,40
	SC 4775 - JDA - CONFIGURATION/DEPLOYMENT MANAGEREXPERTISE:LEVEL 3) -	7.245,00
	SC 4784 - MC - DATABASE DEVELOPER FOR SHAREPOINT	7.470,00
	SC 4610 -LV- SUPPORT MANAGER FOR HEALTH, FOOD AND FEED - AV1 BUDGET DECREASE - CHANGE REQUEST TYPE TM->PTM	8.000,00
	SC 4776 - FD - WEB OPERATIONS MANAGER FOR SANTE POLICIES	45.000,00
	02 - PO-2016-12-A2-203-SANTE - SOCIAL MEDIA BOOSTING DG SANTE	41.970,00
	CC, CS886, 2019-58612, CANCOM ON LINE GMBH* A2S-8SFF_AM12 ADVANCED 2 SOCKETS RACKABLE DL380-GEN10 - V2 (64GB DIMMS) - COMPUTE PLATFORM - DEDICATED SERVER - PURCHASE	8.910,00
	SANTE/2019/02/062 - INTERVIEWS ON VACCINATION	39.540,00
	SC 1169 - SECURITY OPERATIONS CENTRE ANALYST FOR HEALTH AND FOOD SAFETY	9.975,45

	PROJECTS	
	02 - SANTE/2019/02/017 - PRODUCTION OF ERN BROCHURE AND E-PRESCRIPTION/PATIENT SUMMARY ELECTRONIC FLYER - MOD FDI	39.480,00
	SC 4787 - RB - APPLICATION ARCHITECT FOR FOOD SAFETY AND PUBLIC HEALTH PROJECTS (OF 2019.28885)	10.000,00
	SC 1044 DI 7701 UX / UI INBRUSSELS FOR TOBACCO INGREDIENTS - AV1 BUDGET DECREASE - CHANGE REQUEST TYPE PTM->TM	10.000,00
	CC, CS000252, 2019-54885, NTT BELGIUM EORDER FRACHISSE YOHAN - PROFILE: SENIOR TECHNICAL ADMINISTRATOR (STAD) - (LEVEL OF EXPERTISE:NORMAL) - APPLICATION HOUSING - BASIC MODE SERVICE	10.025,64
	SC 1598 - SV - UX/UI SPECIALIST FOR HEALTH AND FOOD PROJECTS - MOD MT (PTM->TM)	36.917,00
	SC 3041 - AL - APPLICATION ARCHITECT FOR UMP, PUBLIC HEALTH AND FOOD SAFETY PROJECTS (CD)	10.902,50
	SC 5835 - MIB - BUSINESS ANALYST FOR PUBLIC HEALTH PROJECTS - MOD MT	36.458,10
	SC 7848 - MM - APPLICATION ARCHITECT SHAREPOINT FOR PUBLIC HEALTH & FOOD SAFETY PROJECTS	12.232,00
	SC 4610 -LV- SUPPORT MANAGER FOR HEALTH, FOOD AND FEED - AV1 BUDGET DECREASE - CHANGE REQUEST TYPE TM->PTM	12.262,10
	SC 5747 - JPB - USER SUPPORT SERVICES	12.696,00
	SC 5854 - AL - APPLICATION ARCHITECT FOR HEALTH AND FOOD SAFETY PROJECTS	12.928,80
	CC, CS008459, 2019-54195, EUROPEAN DYNAMICS LUXEMBOURG SA*ED EORDER	35.223,10

	PADHI SANGHAMITRA - PROFILE: TECHNOLOGY EXPERT (TEX) - (LEVEL OF EXPERTISE:LEVEL 2) - CC_DEVELOPMENT_O*	
	C2 - 17.030100 - EU HEALTH AWARD AND HEALTH POLICY PLATFORM MEETINGS - 2019 - TECHNICAL EQUIPMENT VENUE	13.776,17
	02 - GLOBAL VACCINATION SUMMIT INFO SESSION PO SANTE/2019/02/041	14.095,00
	SC 3846 - RB - APPLICATION ARCHITECT FOR FOOD SAFETY AND PUBLIC HEALTH PROJECTS (OF 2019.10467)	15.000,00
	SC 4784 - MC - DATABASE DEVELOPER FOR SHAREPOINT	15.000,00
	SC 4784 - MC - DATABASE DEVELOPER FOR SHAREPOINT	15.000,00
	SC 1044 DI 7701 UX / UI INBRUSSELS FOR TOBACCO INGREDIENTS - AV1 BUDGET DECREASE - CHANGE REQUEST TYPE PTM->TM	15.000,00
	SC 5574 - VC - APPLICATION ARCHITECT FOR HEALTH AND FOOD PROJECTS	16.000,00
	SC 5574 - VC - APPLICATION ARCHITECT FOR HEALTH AND FOOD PROJECTS	16.000,00
	OF 896 - RENEWAL SUBSCRIPTION TO KIUWAN 1 YEAR	16.844,76
	SC 5767 - MF - PROJECT MANAGER FOR FOOD AND HEALTH PROJECTS	35.000,00
	SC 7455 - PS - PROJECT MANAGER FOR PUBLIC HEALTH PROJECTS (OF 2019.45144)	17.278,30
	SC 1560 - AG - APPLICATION ARCHITECT FOR BI PROJECTS (OF 2019.17334)	33.453,34
	SC 4775 - JDA - CONFIGURATION/DEPLOYMENT MANAGEREXPERTISE:LEVEL 3) -	20.000,00
	SC 5749 - CF - PROJECT MANAGER FOR FOOD SAFETY AND HEALTH PROJECTS	20.000,00

	SC 4776 - FD - WEB OPERATIONS MANAGER FOR SANTE POLICIES	21.405,60
	CC07370, CS9722, 2019-23315, COMLIN ASSOCIATION MOMENTANEE* NEW ANNEX I - CLAUSSE DIDIER - PREST REGIE - SUPP SYST CIS - STORAGE(SYS ENGIN OPER, ARCH)	21.500,00
	SC 5855 - CB - APPLICATION ARCHITECT FOR PUBLIC HEALTH AND FOOD SAFETY PROJECTS (OF 2019.28889)	22.000,00
	SC 5855 - CB - APPLICATION ARCHITECT FOR PUBLIC HEALTH AND FOOD SAFETY PROJECTS (OF 2019.28889)	22.000,00
	SANTE/2019/02/044 - SOCIAL MEDIA VIDEOS ON STATE OF HEALTH	22.460,00
	SC 1169 - SECURITY OPERATIONS CENTRE ANALYST FOR HEALTH AND FOOD SAFETY PROJECTS	32.246,70
	CC07460, CS000239, 2019-49775, NTT BELGIUM EORDER FWC DI/07460 (OASIS II) - DIMENSION DATA BELGIUM ALMEIDA TOMÉ - PROFILE: ARCHITECT (AR) - (LEVEL OF EXPERTISE:NORMAL) - CORPORATE ACTIVE DIRECTORY TIME&MEANS	23.916,99
	SC 5850 - RB - TECHNOLOGY EXPERT FOR E-HEALTH, PUBLIC HEALTH AND FOOD SAFETY PROJECTS	24.402,90
	CC07722, CS2306, 2019-49069, INSIGHT DIRECT USA, INC. FWC DI/07722 (SIDE II)- INSIGHT CONSULTANCY KUBERNETES AS A SERVICE BETA - SERVICE - DATA CENTRE PRODUCT, RED HAT SUPPORT AND RC	30.164,72
	SC 4776 - FD - WEB OPERATIONS MANAGER FOR SANTE POLICIES	25.000,00

	SC 3517 - MM - APPLICATION ARCHITECT SHAREPOINT FOR PUBLIC HEALTH & FOOD SAFETY PROJECTS	26.000,00
	SC 3846 - RB - APPLICATION ARCHITECT FOR FOOD SAFETY AND PUBLIC HEALTH PROJECTS (OF 2019.10467)	29.884,00
Total		3.618.376,90

The table below shows the service contracts signed by Chafea in 2019:

Objective:	1	Amount committed in EUR
Thematic priority	1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition	
2019 71 06	Mapping Member States' fiscal measures and pricing policies applied to food, non-alcoholic drinks and alcoholic beverages	247 995.00
2019 71 05	Support to Member States in reducing alcohol-related harm	1 399 014.00
2017 71 07	Food reformulation initiatives, contract amended	110 989,50
Total objective		1 757 998,50
Objectives' description:	1.5	
Thematic priority	Tobacco legislation	
User reference	Title	Amount committed
2019 71 01	Studies supporting the Commission report on the application of Directive 2014/40 on tobacco products (TPD) under SANTE FWC SANTE/2016/A1/039	179 995.00
2019 71 02	Work carried out to provide services to support the assessment of flavours in tobacco products (4 SCs under Chafea/2016/Health/36 Tobacco flavours)	28 000.00
2019 71 03		30 000.00
2019 71 07		115 000.00
2019 71 08		135 800.00
		488 795, 00
Objective:	2	

Objectives' description:	Protect Union citizens from serious cross-border health threats	
Thematic priority	2.2 Support capacity-building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries (...)	
User reference	Title	Amount committed
2019 72 01	Options and recommendations for the development of a common EU citizens vaccination card	2 220 000.00
Total objective		2 220 000.00
Objectives:	3 and 4	
Objective's description:	Contribute to innovative, efficient and sustainable health systems Facilitate access to better and safer healthcare for Union citizens	
Thematic priorities:	3.2. and 4.1.	
User reference	Title	Amount committed
2019 73 02	Technical assistance to the National Contact Points for e-Health (NCPeH), to support the exchange of data through the e-Health Digital Service Infrastructure	804 720.00
Objective:	3	
Objective's description:	Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.6 Actions required by or contributing to the implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare.	
2019 104 04	Development of the future EUDAMED - helpdesk, training and quality assurance function (under FWC CHAFEA-2017-AGRI-06 Lot 4)	762 965.00
2019 104 07	Translations, info campaigns, publications etc. related to medical devices (under FWC CHAFEA-2017-AGRI-06 Lot 4)	530 630.00

Total		1 293 595.00
Objective:	3	
Objective's description:	Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.7 Foster a health information and knowledge system to contribute to evidence-based decision-making, including the use of existing instruments, further development, where appropriate, of standardised health information and tools for monitoring health, collection and analysis of health data, the wide dissemination of the results of the Programme, and support to the Scientific Committees set up in accordance with Decision 2008/721/EC.	
User reference	Title	Amount committed
2019 73 03	Amenable mortality in an International perspective: Feasibility study for Methodological improvements (under SANTE FWC SANTE/2016/A1/039)	88 250.00
Total objective		2 186 565.85
Objective:	4	
Objective's description:	Facilitate access to better and safer healthcare for Union citizens	
Thematic priority:	4.1 Support the establishment of a system of European reference networks for patients with conditions requiring highly specialised care and a particular concentration of resources or expertise, as in the case of rare diseases, on the basis of criteria to be established under Directive 2011/24/EU.	
2019 74 05	European Reference Networks capacity and knowledge sharing through short term mobility and exchanges of healthcare professionals	1 985 125.00
2019 74 06	Development of an integrated assessment, monitoring, evaluation and quality improvement system (AMEQuIS) for the European Reference Networks	850 826.00

Thematic priority:	4.4 In line with the Action Plan against the rising threats from antimicrobial resistance, improve the prudent use of antimicrobial agents and reduce the practices that increase antimicrobial resistance	
User reference	Title	Amount committed
2019 74 01	EU networking and support for reference laboratory functions for antimicrobial resistance/ 1	2 490 757.00
2019 74 09	EU networking and support for reference laboratory functions for antimicrobial resistance/ Salmonella and Campylobacte	1 300 000.00
Total objective		6 626 708.00
Thematic priority	HORIZONTAL	
User reference	Title	Amount committed
SC 2019 70 01	Expert meetings under FWC Chafea/2018/Health/03 (GDPR mapping and expert consultation)	422 336.00
SC 2019 70 02	Expert meetings under FWC Chafea/2018/Health/03 (GDPR – legal analysis)	167 575.00
2019 102 03 2019 102 05 2019 102 09	Dissemination activities (3 SCs under FWC CHAFEA-2017-AGRI-06 Lot 2)	173 702.49 20 177.60 50 314.03
2019 74 02 2019 74 04 2019 74 05	Chronic disease dissemination day Zagreb information and dissemination day Conference on falsified medicine, Poland	14 999,81 5 297, 26 14 827,51
Total horizontal		869 230,00

Horizontal DG Sante:

Thematic priority	Horizontal	
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	Title	Amount committed
	SC 7 - DB - DOMAIN CONSULTANT HEALTH FOR EUROPEAN MEDICINAL PRODUCTS (EMP)	90.043,00
	OF 655 - CONSULTANCY FOR THE MAINTENANCE OF AV & C INSTALLATIONS DG SANTE (OF 2019.58709)	1.000,00
	SC 3518 - KD - APPLICATION DEVELOPER FOR SHAREPOINT (OF 2019.58735)	8.000,00
	SC 3518 - KD - APPLICATION DEVELOPER FOR SHAREPOINT (OF 2019.58735)	8.000,00
	SC 9049 - EM - PROJECT MANAGER FOR FOOD SAFETY AND HEALTH PROJECTS	23.530,00
	SC 9049 - EM - PROJECT MANAGER FOR FOOD SAFETY AND HEALTH PROJECTS	17.000,00
	SC 9049 - EM - PROJECT MANAGER FOR FOOD SAFETY AND HEALTH PROJECTS	15.071,20
	OF 1008973 - QLIK MAINTENANCE	3.000,00
	SC 10541 - AL - APPLICATION ARCHITECT FOR HEALTH AND FOOD SAFETY PROJECTS	15.633,30
	OF 3644 - RENEWAL SUBSCRIPTION TO LICENSES AND SOFTWARES	12.000,00
	SC 12416 - RD - APPLICATION ARCHITECT FOR PH AND FF PROJECTS	14.920,70
	SC 12313 - AA - APPLICATION ARCHITECT (LUX) PH AND F&F PROJECTS	53.800,00
	SC 12313 - AA - APPLICATION ARCHITECT (LUX) PH AND F&F	11.226,00

	PROJECTS	
	SC 11972 - PS - PROJECT MANAGER FOR PUBLIC HEALTH PROJECTS	18.416,60
	SC 254 - OM - DOMAIN CONSULTANT FOR PH PROJECTS TM/LUX	34.033,07
	SC 254 - OM - DOMAIN CONSULTANT FOR PH PROJECTS TM/LUX	30.000,00
	SC 254 - OM - DOMAIN CONSULTANT FOR PH PROJECTS TM/LUX	36.127,33
	SC 13628 - APPLICATION ARCHITECT FOR SANTE POLICIES	15.000,00
	SC 13990 - DC - TECHNOLOGY EXPERT FOR QUALITY ASSURANCE HEALTH AND FOOD SAFETY PROJECTS	26.662,48
	SC 358 - JBS - DOMAIN CONSULTANT FOR ANALYTICAL AND SCIENTIFIC EXPERTISE IN HEALTH TM/BXL - PXE	100.000,00
	SC 15033 - BV - PROJECT MANAGER FOR EHDSI AND ERN	8.374,00
	SC 1578 - BK - SECURITY OPERATIONS CENTRE ANALYST FOR HEALTH AND FOOD SAFETY PROJECTS	6.000,00
	SC 1578 - BK - SECURITY OPERATIONS CENTRE ANALYST FOR HEALTH AND FOOD SAFETY PROJECTS	7.537,59
	SC 316 - MK - DOMAIN CONSULTANT FOR EHEALTH AND EHDS PROJECTS	20.000,00
	02 - SC AV0062 - VIDEO ON E-HEALTH - MOD MT + MOD FDI	82 715,00
	DIR F - 17.0301 - REIMBURSEMENT OF EXPERTS FOR JOINT ASSESSMENTS ON MEDICAL DEVICES – COMPL	213 000,00

Grand total		871 090,27
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7.6 Other actions

EUR 7 438 839,29 was committed for other actions in 2019.

Other actions cover contributions paid by the EU as a member of the European Observatory on Health Systems and Policies and the administrative agreements with the European Commission's Joint Research Centre. They also cover the cost of the cross sub-delegations with Eurostat for morbidity statistics and the European health interview surveys (EHIS), the costs of medical device coordination group (MDGG) meetings (e.g. special indemnities paid to experts for participating in meetings, work on scientific opinions and advice on health systems) and costs related to international cooperation on veterinary medicines.

The table below provides more information on 'other actions'.

Financial instrument	Chafea other actions by objective	Amount committed in EUR
Objective:	3	
Objectives' description:	3. Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.7. Foster a health information and knowledge system to contribute to evidence-based decision-making	
User reference	Title	Amount committed
2019 51 01	Membership contribution to European Observatory on HCS & policies	500 000.00
Total		500.000.00
Objectives:	1-4	
Objectives' description:	Related to all programme objectives	
Thematic priority:	5.16. Expert evaluators	
User reference	Title	Amount committed
HP-PJ-2019	Evaluation call for proposals project grants	55 280.00
HP-SGA-2019	Evaluation OG/SGA 2019	35 894.37
HP-JA-2019	Quality assurance workshop JA 2019	6 768.00
HP-JA-2019	Technical review of Joint Actions	73 920.00
F.Y.F.A project 738157	Review interim report	3 384.00
Total		175 246.37

Chafea – total committed for other actions		675 246,37

Financial Instrument	DG SANTE service contracts by objective	Amount committed in EUR
Objective:	1	
Objectives' description:	1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic priority:	1.1/1.4/4.2 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition Support cooperation and networking in the Union in relation to preventing and improving the response to chronic diseases Support Member States, patient organisations and stakeholders by coordinated action at Union level in order to effectively help patients affected by rare diseases.	
User reference	Title	Amount committed
	C4 - 17.0301 - AA N°35501 -HQ HIP II HEALTHCARE QUALITY, HEALTH INFO & PROMOTION	3 570 000.00
	C3 - 17.0301 - AA N°35665 -HQ HIP II HEALTHCARE QUALITY, HEALTH INFO & PROMOTION – VACCINATION	1 000 000.00
	2019-51855 - ESTAT CONTRACT 2019.0084 - ESTATSS 1-000082 - FWC 07112.2016.003-2017.018 - SOGETI LUXEMBOURG SA - F.5	145 610.00
	2019-54001 - ESTAT CONTRACT 2019.0317 - ESTATSS 1-000081 - FWC 07112.2016.003-2017.018 - SOGETI LUXEMBOURG SA - F.4	289 605,00
Total		5 005 215,00
	1.5 Tobacco legislation	
	B2 - SI2.819339 - 17.030100 AA WITH JRC N° 35674 - TECHNICAL SUPPORT TO THE IMPLEMENTATION OF THE TOBACCO PRODUCTS DIRECTIVE	100 000,00
Grand total		5 105 215,00

Objective 3	3.4 Provide expertise and share good practices to assist	
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	Member States undertaking health system reforms	
	UNIT B1 - 17.030100 - EXPERT PANEL ON INVESTING IN HEALTH - SPECIAL INDEMNITIES FOR EXPERTS - COMPL	300 000,00
	B1 - SI2.804177 - SANTE2019 /B1/001 - ORGANISATION OF 6 HEAIRINGS OF THE EXPERT PANEL OF EFFECTIVE WAYS OF INVESTING IN HEALTH	79200,00
	B1 - 17.030100 - EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH CONFERENCE ON 08/11/2019- AMEX	28654,3
Total		407 854,30
	3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare	
	GROW/D4 - MEETINGS OF THE MEDICAL DEVICES COORDINATION GROUP (MDCG) COVERING TRAVEL EXPENSES OF PARTICIPANTS - 2019	240000,00
	B5 - 19 - SI2.803848 - JOINT AUDIT PROGRAMME ON GOOD MANUFACTURING PRACTICE	85000,00
	ICH MEETINGS - REIMBURSEMENT OF EXPERTS	80000,00
	B5 - SANTE/2019/B5/004 - 17.030100 - STAKEHOLDER EVENT ON EVALUATION OF ORPHAN AND PAEDIATRIC REGULATIONS - COMPL	32408,46
	F5 - SI2.810152 - 17.0301 - REIMBURSEMENT OF EXPERTS ON ACTIVE PHARMACEUTICAL INGREDIENTS: SYSTEM INSPECTIONS IN NON-EU COUNTRIES.	30000,00
	ICH AMSTERDAM 01 TO 06 JUNE	6897,74
	UNIT B3 - 17.030100 - SERVICES FOR STAKEHOLDER EVENT ON EVALUATION OF ORPHAN AND PAEDIATRIC LEGISLATION	6000,00
	B5 - 17.030100 - STAKEHOLDER EVENT ON EVALUATION OF ORPHAN AND PAEDIATRIC REGULATIONS - AMEX	4 723,1
	ICH TOKYO 24 AU 31 MARS	3 100,00

	ICH USA 30 OCT TO 04 NOV	2 394,32
Total		490 523,62
	3.7 Foster a health information and knowledge system to contribute to evidence-based decision-making	
	ICH SINGAPORE 16 TO 20 NOVEMBER	80 000,00
Total		80 000,00
	3.7/2.4 Foster a health information and knowledge system to contribute to evidence-based decision-making	
	C2 - 17.030100/19/801516 - SCIENTIFIC COMMITTEES AND PROVISION OF TARGUETED RISK ASSESSMENT IN CASE OF A CHEMICAL AND ENVIRONMENTAL INCIDENT OF CROSS BORDER RELEVANCE - COMPL	420 000,00
	B5 - SI2.813150 - ICH AND IPPR MEMBERSHIP FEE FOR 2020 -	260000
Total		760 000,00
Total objectif		1 658 377,92
Grand total		6 763 592,92

8. DETAILED OVERVIEW OF THE REPORTING YEAR 2019

8.1 Funding per thematic priority and financial instrument

Objective:	1										
Objectives' description:	1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle										
Third health programme Thematic priorities	Chafea projects grants by objective	Chafea ERN actions SGAs under FPA by objective	Chafea operating grants by objective	Chafea joint actions by objective	Chafea direct grant agreements by objective	Chafea presidency conferences by objective	Chafea service contracts by objective	SANTE service contracts by objective	Chafea other actions by objective	SANTE other actions by objective	Total
1.1 Cost-effective promotion and prevention measures on alcohol and nutrition...	0.00	0.00	2,191,232.60	6,000,000.00	3,300,000.00	100,000.00	1,757,998.50	0.00	0.00	5,005,215.00	18,354,446.10
1.2 Drugs-related health damage, information and prevention	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.3 Support effective responses to communicable diseases, HIV/AIDS, tuberculosis and hepatitis	0.00	0.00	638,186.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	638,186.00
1.4 Chronic diseases, cancer, age-related diseases and neurodegenerative diseases	0.00	0.00	774,178.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	774,178.00

1.5. Tobacco legislation	0.00	0.00	0.00	0.00	0.00	0.00	488,795.00	396,900.00	0.00	100,000.00	985,695.00
1.6 Foster a health information and knowledge system to contribute to evidence-based decision-making	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00
Total	0.00	0.00	3,603,596.60	6,000,000.00	3,300,000.00	100,000.00	2,246,793.50	396,900.00	0.00	5,105,215.00	20,752,505.10

Objective:	2										
Objectives' description:	2. Protect Union citizens from serious cross-border health threats										
Third health programme Thematic priorities	Chafea projects grants by objective	Chafea ERN actions SGAs under FPA by objective	Chafea operating grants by objective	Chafea joint actions by objective	Chafea direct grant agreements by objective	Chafea presidency conferences by objective	Chafea service contracts by objective	SANTE service contracts by objective	Chafea other actions by objective	SANTE other actions by objective	Total
2.1 Improve risk assessment and close gaps in risk assessment capacities...	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2.2 Support capacity-building against health threats in Member States	0.00	0.00	0.00	4,992,837.00	0.00	0.00	2,220,000.00	845,793.32	0.00	0.00	8,058,630.32
Total	0.00	0.00	0.00	4,992,837.00	0.00	0.00	2,220,000.00	845,793.32	0.00	0.00	8,058,630.32
Objective:	3										
Objectives' description:	3. Contribute to innovative, efficient and sustainable health systems										

Third health programme Thematic priorities	Chafea projects grants by objective	Chafea ERN actions SGAs under FPA by objective	Chafea operating grants by objective	Chafea joint actions by objective	Chafea direct grant agreements by objective	Chafea presidency conferences by objective	Chafea service contracts by objective	SANTE service contracts by objective	Chafea other actions by objective	SANTE other actions by objective	Total
3.1 Support voluntary cooperation between Member States on health technology assessment...	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
3.2 Promote the voluntary uptake of health innovation and e-Health	0.00	0.00	0.00	0.00	0.00	0.00	804,720.00	0.00	0.00	0.00	804,720.00
3.3 Support the sustainability of the health workforce	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3.4. Provide expertise and share good practices to assist Member States undertaking health system reforms ...	0.00	0.00	0.00	3,999,226.00	0.00	0.00	0.00	0.00	0.00	407,854.30	4,407,080.30
3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border health care	0.00	0.00	200,640.00	0.00	0.00	0.00	1,293,595.85	4,338,071.00	0.00	490,523.62	6,322,830.47
3.7. Foster a health information and knowledge system to contribute to evidence-based decision-making	0.00	0.00	0.00	0.00	2,450,000.00	0.00	88,250.00	140,162.00	500,000.00	760,000.00	3,938,412.00
Total	0.00	0.00	200,640.00	3,999,226.00	2,450,000.00	0.00	2,186,565.85	4,478,233.00	500,000.00	1,658,377.92	15,473,042.77

Objective:	4										
Objectives' description:	4. Facilitate access to better and safer healthcare for Union citizens										
Third health programme Thematic priorities	Chafea projects grants by objective	Chafea ERN actions SGAs under FPA by objective	Chafea operating grants by objective	Chafea joint actions by objective	Chafea direct grant agreements by objective	Chafea presidency conferences by objective	Chafea Call for tenders by objective	SANTE calls for tender by objective	Chafea other actions by objective	SANTE other actions by objective	Total
4.1 Support the establishment of a system of European reference networks	3,787,146.39	0.00	0.00	0.00	0.00	0.00	2,835,951.00	0.00	0.00	0.00	6,623,097.39
4.2 Coordinated action at Union level to effectively help patients affected by rare diseases	0.00	0.00	1,315,547.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,315,547.00
4.3 Strengthen collaboration on patient safety and quality of health care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4.4 Improve the prudent use of antimicrobial agents and reduce the practices that increase antimicrobial resistance	1,987,001.00	0.00	0.00	0.00	0.00	0.00	3,790,757.00	0.00	0.00	0.00	5,777,758.00
4.5 Implementation of Union legislation in the fields of human tissues and cells, blood, human organs, medical devices, medicinal products, and patients' rights in cross-border health care	0.00	0.00	314,500.00	0.00	0.00	13,687.15	0.00	0.00	0.00	0.00	328,187.15
Total	5,774,147.39	0.00	1,630,047.00	0.00	0.00	13,687.15	6,626,708.00	0.00	0.00	0.00	14,044,589.54

Objectives:	5. Other actions or expenditures										
Objectives' description:	5. IT / dissemination / Prizes (Horizontal, other actions related to all objectives)										
Third health programme Thematic priorities	Chafea projects grants by objective	Chafea ERN actions SGAs under FPA by objective	Chafea operating grants by objective	Chafea joint actions by objective	Chafea direct grant agreements by objective	Chafea presidency conferences by objective	Chafea calls for tender by objective	SANTE calls for tender by objective	Chafea other actions by objective	SANTE other actions by objective	Total
3.1 Prizes	0.00	0.00	0.00	0.00	0.00	0.00	0.00	300,000.00	0.00	0.00	300,000.00
4.1.5 Dissemination	0.00	0.00	0.00	0.00	0.00	0.00	625,035.58	0.00	0.00	0.00	625,035.58
5.16. Expert evaluators	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	175,246.37	0.00	175,246.37
5. Horizontal/ ICT/dissemination	0.00	0.00	0.00	0.00	0.00	0.00	244,194.12	3,318,376.90	0.00	871,090.27	4,433,661.29
Total	0.00	0.00	0.00	0.00	0.00	0.00	869,229.70	3,618,376.90	175,246.37	871,090.27	5,533,943.24

TOTAL ACTIONS COMMITTED BY CHAFEA UNDER AWP 2019	46 888 723,23
TOTAL ACTIONS COMMITTED BY DG SANTE UNDER AWP 2019	16,973,986.41
TOTAL COMMITTED	63 862 709,74