ANNEX

Third Programme for the Union's action in the field of health (2014-2020) —Work Programme for 2018

1. INTRODUCTION

This work programme sets out the priorities and actions to be undertaken for the year 2018, including the allocation of resources, to implement the Third Programme of the Union's action in the field of health (2014-2020) established under Regulation (EU) No 282/2014 ('the Programme Regulation').

According to Article 11 of the Programme Regulation, the Commission is required to adopt, by means of implementing acts, annual work programmes to set out, in particular, actions to be undertaken, including the indicative allocation of financial resources. These actions should fall under the four objectives and 23 thematic priorities identified in Annex I to the Programme Regulation.

The drafting of the 2018 work programme was guided by the Commission's priorities as outlined in the political guidelines of the President and the mission letter of the Commissioner responsible for Health and Food Safety.

The work programme includes actions **referring to all or several programme objectives**. These are related to country-specific and cross-country knowledge in cooperation with Eurostat and the WHO, as well as work carried out with the Joint Research Centre on nutrition and health determinants and chronic diseases. Several activities are also planned in cooperation with the OECD, on antimicrobial resistance, chronic diseases, best practices and on big data and eHealth.

Two calls for projects will be launched, on promotion of health and prevention of chronic and major diseases — and quality and effectiveness of public expenditure (**Objective 1**). The first call deals with the implementation of existing best practices identified by the Member States and validated through agreed criteria and in the Steering Group for Promotion and Prevention. A second call will aim to help care authorities develop the necessary capacity to implement integrated care using a bottom-up approach. New activities will be launched under a service contract on reducing alcohol related harm, to support implementation of best practices, including those identified by the Member States under the Joint Action on Reducing Alcohol Related Harm (2014-2016). In addition, a number of studies on tobacco will be launched.

On cross-border health threats, preparedness and response (**Objective 2**), a new Joint Action will be launched on strengthening preparedness of Member States in the EU against serious cross-border threats to health – including laboratories; and support the implementation of International Health Regulations. In addition, simulation exercises are planned to strengthen Member States' capacity to coordinate response to health emergencies, implementing Decision No 1082/2013/EU on serious cross-border threats to health.

For the implementation of EU legislation on medicinal products (**Objective 3**), support will be provided for the implementation of the Regulations on medical devices and on in vitro diagnostic medical devices. These actions include the development of the EUDAMED database.

Finally on access to better and safer healthcare for Union citizens (**Objective 4**) the area of European Reference Networks will receive continuous support, in particular through multiannual grants and through operational support, as well as through the independent assessment of healthcare providers which would like to join existing ERNs.

Support to **NGOs** will continue. Major synergies can be achieved in close cooperation with the **European Solidarity Corps**. The Commission encourages non-governmental bodies to work with with the European Solidarity Corps, where appropriate.

Actions are related in general to EU Member States and countries participating in the Health Programme.

On the basis of the objectives given in the Third Programme for the Union's action in the field of health (2014-2020) this work programme contains the actions to be financed and the budget breakdown for year 2018 as follows:

for grants (implemented under direct management) (chapter 2): EUR 39 890 000

Projects:	EUR 20 850 000
Joint Actions:	EUR 7 900 000
Operating Grants:	EUR 5 000 000
Direct Grants:	EUR 6 140 000

for prizes (implemented under direct management (chapter 3): EUR 60 000

for procurement (implemented under direct management) (chapter 4): EUR 14 730 701

for other actions (chapter 5): EUR 7 399 000

The total available budget for 2018 is EUR 62 079 701.

2. GRANTS

Criteria to assess the exceptional utility of projects, operating grants and actions co-financed with Member State authorities applications under the third Programme for the Union's action in the field of health (2014-2020)

Articles 7(2) and 8(1) of the Programme Regulation

1. Introduction

Actions co-funded under the third Health Programme may receive a co-financing of 80% of the total eligible cost for the action, if they are deemed to be of exceptional utility towards achieving the objectives of the Programme. This concerns projects, operating grants and actions co-financed with Member State authorities. To receive 80% of co-financing, the proposals must comply with the criteria set out below.

2. Criteria for the exceptional utility of projects

1. At least 60 % of the total budget of the action must be used to fund staff. This criterion intends to promote capacity building to develop and implement effective health policies.

2. At least 30 % of the budget of the proposed action must be allocated to at least five different Member States whose gross national income (GNI) per inhabitant is less than 90 % of the EU average. This criterion is intended to promote the participation of stakeholders in the field of health from Member States with a low GNI.

3. Criteria for the exceptional utility of operating grants

1. At least 25 % of the members of the non-governmental bodies[1] or candidate members of the non-governmental bodies must come from Member States whose GNI per inhabitant is less than 90 % of the EU average. This criterion is intended to promote the participation of non-governmental bodies from Member States with a low GNI.

2. Reducing health inequalities at EU, national or regional level must be laid down as an aim in the applicant's mission statement and annual work programme. This criterion aims to ensure that co-funded non-governmental bodies directly contribute to one of the main objectives of the third Health Programme, i.e. to reduce health inequalities (Article 2).

4. Criteria for the exceptional utility of actions co-financed with Member State authorities

1. At least 30 % of the budget of the proposed action must be allocated to Member States whose GNI per inhabitant is less than 90 % of the EU average. This criterion intends to promote the participation by Member States with a low GNI.

2. Bodies from at least 14 participating countries must participate in the action, out of which at least four must be countries whose GNI per inhabitant is less than 90 % of the EU average. This criterion promotes wide geographical coverage and the participation of Member State authorities from countries with a low GNI.

[1] Definition of 'member of non-governmental body': A member is a natural person, a legal person or an entity which does not have a legal personality under the applicable national law, who became a member through a procedure laid down in the body's statutes and who has a 'member' status according to the body's statutes. Only full members or candidates to become full members are considered. National members are counted in the same manner as pan-European/umbrella organisation members. Members of the applicant's members' organisations are not accepted as members of the applicant.

2.1. Projects

Under the overall operational budget reserved for grants, EUR 20 850 000 will be reserved for projects.

Project grants are calculated on the basis of eligible costs incurred. The maximum rate for EU co-financing is 60 %. However, the rate may rise to 80 % if a proposal meets the criteria for exceptional utility.

The budget line is 17 03 01.

Essential eligibility, selection and award criteria

Eligibility criteria

Applicants[2] must be legally established organisations, public authorities, public sector bodies, in particular research and health institutions, universities and higher education establishments.

Only applications from entities established in one the following countries are eligible:

- EU Member States;

- Iceland and Norway;

- countries which have a bilateral agreement with the EU, in accordance with Article 6 of Regulation (EU) No 282/2014 (the 'Programme Regulation'). Please check the Commission/Chafea website for an updated list of countries.

Applicants participating in a project proposal have to be different legal entities (i.e. independent from each other) from at least three countries participating in the Health Programme. Proposals which involve fewer applicants and/or cover fewer countries will be rejected.

As specific grant agreements (SGAs) for the support of a European Reference Network are implemented via a mono-beneficiary grant agreement, applicants for SGA are exempted from the requirements to have different legal entities from at least three countries.

Selection criteria

Financial capacity

Applicants must have stable and sufficient sources of funding to maintain their activity throughout the period during which the activity is being carried out and to participate in its co-financing.

Where the application concerns grants for an action for which the amount exceeds EUR 750 000, an audit report produced by an approved external auditor must be submitted. That report must certify the accounts for the last financial year available. This paragraph will apply only to the first application made by a beneficiary to an authorising officer responsible in any

[2] Whenever 'applicants' is written, this means the coordinator and the co-applicants (including sole applicants)

one financial year.

The verification of financial capacity will not apply to public bodies and the international organisations referred to in Article 43 of the Rules of Application of the Financial Regulation.

The applicant must indicate the sources and amounts of Union funding received or applied for the same action or part of the action or for its functioning during the same financial year as well as any other funding received or applied for the same action.

Operational capacity

Applicants must have the professional resources, competences and qualifications required to complete the proposed action.

Award criteria

Policy and contextual relevance (10 points, threshold: 7 points)
Sub-criteria taken into account in the assessment:

- relevance of the project for meeting the objectives and priorities set out in the annual work plan of the third Health Programme, under which the call for proposals is published;
- added value at EU level in the field of public health;
- pertinence of the geographical coverage of the proposal;
- consideration of the social, cultural and political context.

Technical quality (10 points, threshold: 6 points)
Sub-criteria taken into account in the assessment:

- quality of the evidence base;
- quality of the content;
- innovative nature, technical complementarity and avoidance of duplication of other existing actions at EU level;
- quality of the evaluation strategy;
- quality of the dissemination strategy and plan.

Management quality (10 points, threshold: 6 points)
Sub-criteria that are taken into account in the assessment:

- quality of the planning and appropriate task distribution to implement the project,
- relevance of the organisational arrangements, including financial management;
- quality and complementarity of the partnership.

Overall and detailed budget (10 points, threshold: 6 points)
Sub-criteria taken into account in the assessment:

- realistic estimation of person days per deliverable and per work package;
- reasonableness of the budget allocated for evaluation and dissemination.

2.1.1. Implementation of best practices — promotion of good health, prevention of non-communicable diseases and scaling up integrated care

LEGAL BASIS

Regulation (EU) No 282/2014 — Third Programme for the Union's action in the field of health (2014-2020) Thematic Priority 1.4 of Annex I to the Programme Regulation — Chronic diseases including cancer, age-related diseases and neurodegenerative diseases

BUDGET LINE

17 03 01

Priorities of the year, objectives pursued and expected results

The priority in the area of promotion of health, prevention of and integrated care for non-communicable diseases is on transferring and/or scaling-up existing good and best practices.

The main objective is to support pan-EU collaboration between health and/or social services actors at national, regional or local levels to help Member States to reach the UN/WHO voluntary global targets on non-communicable diseases and achieve the Sustainable Development Goal 3.4.

There will be two calls for proposals for action grants under this item, one on best practices to promote good health and prevent non-communicable diseases and one on integrated care.

Expected results Call A — Implementation of best practices to promote health and prevent non-communicable diseases and to reduce health inequalities

(1) Supporting the transfer of best practices from one Member State to a group of other Member States may lead to a number of benefits, such as increase in healthy lives of citizens, reduced burden of diseases, reduced (co-) morbidity/mortality, and reduced demand for treatment. In turn, these benefits help contain costs in health systems and increase their cost-effectiveness.

(2) In addition, knowledge will be gained about how best practices can be transferred or scaled up. Such knowledge can help Member States implement concrete good practices to promote good health and prevent diseases on the ground. With the transfer and scale-up of innovative, digitally-enabled integrated care models, these actions will contribute to the transformation of health and care in the Digital Single Market.

(3) This work will also produce important information to help reporting on the main indicator of Objective 1 of the Third Health Programme (‘Promote health, prevent diseases and foster supportive environments for healthy lifestyles’) with respect to best practices implemented by Member States.

To measure the results, indicators will be agreed with those Member States planning to participate in the project. The indicators will be published in the guide for applicants.

The implementation of the best practices will be closely monitored by the Steering Group on

Promotion and Prevention so that the lessons learned can be used for subsequent priority setting and best practice transfers.

Expected Results Call B — Integrated care

Integrated care seeks to improve patient experience, outcomes and effectiveness of health systems by linking up services and providers along the continuum of care. Integrated care aims to improve or maintain an individual's functional status, prolong life and enhance quality of life by reducing the discomfort caused by symptoms. To do this, healthcare must overcome its fragmentation and link with social care.

The action proposed aims to help care authorities reform their health and care systems. The proposed action will aim to:

(1) Help care authorities develop the necessary capacity to implement integrated care.

(2) Bring 'early adopters'/'pioneers' together with 'followers'/'green field' authorities that are keen to make the transition to integrated care.

(3) Deliver 'technical assistance' to authorities wanting to make the transition to integrated care on:

- 'what to consider' when planning and designing integrated care;
- 'how to design' effective integrated care programmes;
- 'how to transfer' good practices from early adopters/pioneers.

This may concern (i) how to put in place the essential design principles and building blocks for integrated care (as identified by the EU HSPA group) and (ii) implementing:

- new care models that place emphasis on empowering patients, delivering care at home and community settings, and incorporating prevention strategies to preserve the well-being and functional capacity of patients;
- organisational changes: e.g. joining up budgets from health and social care, training the healthcare workforce in new skills and roles, organising multidisciplinary care teams; and contracting approaches between purchasers and providers of care services;
- 'risk stratification' tools to focus interventions on people with the highest need;
- integrated patient pathways to achieve a continuum across health and social care;
- appropriate use of digital technologies to facilitate the delivery of care services outside hospitals;
- tools/frameworks for assessing the quality and effectiveness of integrated care.

Description of the activities to be funded under the calls for proposals

These calls will be limited to organisations in charge of implementing the best practices in question.

Call A

Action grants will be awarded to support best practices selected by Member States for transfer from one Member State to others as part of the work of the Steering Group on Promotion and Prevention.

Activities to be carried out under such an action grant may include but are not limited to:

- assessments of the situation to prepare the ground for practice transfer, including a feasibility analysis;
- regional or local level activities to prepare the practice transfer (e.g. information sessions);
- twinning of services including exchange of staff with the 'practice owner', study visits and joint workshops with the 'practice owner' and experts from all countries transferring the same practice;
- translation of materials;
- monitoring of the process and assessment of the outcomes.
- support to develop sustainability measures beyond the action's term including innovative financing and public procurement possibilities

(indicative amount: 2 350 000 EUR)

Call B

The action under Call B concerns integrated care and good practices, which have not been discussed or selected by the Steering Group on Promotion and Prevention.

Activities under Call B will be bottom-up: care authorities (at national or regional level) will themselves agree to collaborate on a project. They will identify the good practices to transfer, their owners and the adopting regions. Neither the Commission's Directorate General for Health and Food Safety (DG SANTE) nor the Steering Group will be involved in selecting the integrated care practices proposed for transfer under Call B. The only requirement is to focus on medical conditions with high prevalence, in order to increase the population segment that can benefit from the transfer and to create economies of scale.

The proposed action will aim to help care authorities develop the capacity to implement integrated care through cooperative tools, guidance and knowledge. The action will involve technical assistance to care authorities from other participating partners to develop capacity to implement and scale-up integrated care.

The projects under the Call B will use relevant input from existing initiatives, for instance:

- good practices, evidence and tools for deploying integrated care, coming from the work of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA) and from relevant EU-funded projects;
- guidance and good practices produced by the Joint Actions on Chronic Diseases concerning the management of multi-morbidities;
- guidance developed by the 'CHRODIS' Joint Action on the transfer and scaling-up of good practices;
- suggestions on health workforce planning and skills-mix, prepared by the Joint

Action on Health Workforce Planning and Forecasting;
- guidance on how to design, implement and assess integrated care, taken from the work of the Expert Group on HSPA.

Each project under Call B will bring together:

- 'Early adopters/pioneers': These are authorities (national or regional) which have already made progress on implementing integrated care and which possess essential know-how and good practices.
- 'Followers/green fields': These are authorities (national or regional) which are ready to embark on the transition to integrated care, seek support and know-how and have planned investments under the European Structural and Investments Funds (ESIF), in order to deploy the results of the project on a larger scale.
- Internationally recognised 'experts' in the domain of integrated care, who can facilitate the transfer of knowledge and good practices.

The projects will provide practical support for the collaboration and knowledge transfer. The support may take the form of activities to prepare the local environment for implementation or purposely designed 'twinning actions' such as dedicated seminars and workshops, study visits, short-term secondment visits, meetings, mentoring from the 'experts' etc. The activities will focus on strengthening the capacity of care authorities regarding the main design principles and building blocks for integrated care identified by the EU HSPA group.

The projects will entail pilot implementations of integrated care in the 'followers/green field' care authorities. They will also help 'early adopters/pioneers' improve their existing system design by transferring relevant know-how and elements of good practices from other 'early adopters/pioneers' in the same project.

The projects will also offer technical assistance to care authorities on building capacity for planning and mobilising investments to deploy their integrated care services at scale. This may concern, for instance:

- support on how to navigate available sources of financing and blend financing from various sources;
- access to investor networks;
- use of innovative procurement and links with the advisory services of the Investment Plan for Europe/European Investment Bank.

(indicative amount: EUR 3 650 000)

Implementation

Chafea

Indicative timetable and indicative amount of the call for proposals

Reference	Date	Amount
Call for proposals	First half of 2018	EUR 6 000 000

Maximum possible rate of co-financing of the eligible costs

60 % , rising to 80 % if a proposal meets the criteria for exceptional utility

2.1.2. Supporting Member States voluntary cooperation in the area of pricing through the Euripid Collaboration

LEGAL BASIS

Regulation (EU) No 282/2014 — Third Programme for the Union's action in the field of health (2014-2020) Thematic Priority 3.4 of Annex I to the Programme Regulation: Setting up a mechanism for pooling expertise at Union level

BUDGET LINE

17 03 01

Priorities of the year, objectives pursued and expected results

The overall aim of this action is to support voluntary cooperation between Member States by putting in place and maintaining a cooperative tool to exchange information on national policies in the area of pricing of medicinal products. The grant will contribute to further establishing the Euripid database as a method of effective voluntary cooperation between Member States. The aim is to increase the capacity of pricing and reimbursement authorities so that health systems can perform better in the area of pharmaceutical expenditure and on pharmaceutical policies in general.

Description of the activities to be funded under the call for proposals

The overall focus of the action is on: • continuing to support the establishment and appropriate use of the data set on medicinal product prices (EURIPID); • training and technical support to database users (via a helpdesk). The action will also provide further support for the activities that help ensure that the EURIPID database and the webpage function properly: • maintaining an adequate level of IT and web-page security and performing regular assessments of the security posture; • validating the quality of the price data that the authorities submit to the database, in close cooperation with the Member States; • standardising the data and price information according to the agreed methodology and international guidelines; • ensuring that the prices collected are pertinent in terms of pharmaceutical specialties; • manageing the interoperability with other EU databases; • collecting actual and relevant price and reimbursement information and producing

technical reports for users so as to maximise the usefulness of the data base.

Other activities to be covered:

- preparation and dissemination of regular newsletters to the users. The newsletter will focus on project news but will also give details on all major developments in the field of pricing and reimbursement at local, regional, national, EU and international levels);

- activities to support the preparation of the annual work plan, the organisation and documentation of meetings and workshops, and the dialogue with relevant EU stakeholders and other partners.

Implementation

Chafea

Indicative timetable and indicative amount of the call for proposals

Reference	Date	Amount
Call for proposals	First half of 2018	EUR 300 000

Maximum possible rate of co-financing of the eligible costs

60 %, rising to 80 % if a proposal meets the criteria for exceptional utility

2.1.3. Orpha codes Project

LEGAL BASIS

Regulation (EU) No 282/2014 —Third Programme for the Union's action in the field of health (2014-2020) Thematic Priority 4.1. of Annex I to the Programme Regulation: Rare diseases

BUDGET LINE

17 03 01

Priorities of the year, objectives pursued and expected results

Currently, only a small fraction of rare diseases have codes in international nomenclatures, making it a challenge to trace patients with rare diseases in national and international health information systems. In its 'Recommendation on Ways to Improve Codification for Rare Diseases in Health Information Systems' the Expert Group stated that Member States should consider adding Orpha Codes to their countries' health information system and explore their feasibility and resources needed to do so. The objective of this action is to support Member States in improving information gathering on rare diseases through the implementation of Orphacodes (the rare diseases specific codification system). The implementation process should be guided by (i) the 'Standard procedure and guide for the coding with Orphacodes' and (ii) the 'Specification and implementation manual of the Master file', both of which were developed under the current RD-ACTION (Joint Action on rare diseases).

Description of the activities to be funded under the call for proposals

This action should include following activities: (1) develop additional necessary rules and guidelines for the codification of rare diseases; (2) support piloting of Orpahacodes implementation in at least four Member States that currently do not have a codification system for rare diseases); (3) further support cooperation and exchange of experiences between Member States on codification of rare diseases.

Implementation

Chafea

Indicative timetable and indicative amount of the call for proposals

Reference	Date	Amount
Call for proposals	Second half of 2018	EUR 750 000

Maximum possible rate of co-financing of the eligible costs

60 % rising to 80 % if a proposal meets the criteria for exceptional utility

2.1.4. Multiannual specific grant agreements for European Reference Networks

Criteria for European Reference Networks

Criteria for financial contributions to the functioning of a European Reference Network (ERN) (mono-beneficiary ERN grants) under the third Programme for the Union's action in the field of health (2014-2020)

Articles 7(2)(c) and 8(2) of the Programme Regulation

A call for proposals for **framework partnership agreements** (FPA) was launched in 2016. Based on this, framework partnership agreements were awarded for the period 2017-2021.

Grants provided to the coordination, management and non-clinical activities of an approved ERN are mono-beneficiary grants to the coordinator of an approved ERN.

Criteria for the award of specific grant agreements (SGAs) under the framework partnership agreements:

All FPA-holders will be invited to submit an application for multiannual co-financing. This application will be assessed based on the criteria below.

1. **Consistency with the five-year work programme** annexed to the FPA (10 points, threshold: 7 points)

Sub-criteria taken into account in the assessment:

- the proposal's relevance in achieving the multiannual FPA objectives.

- the clarity of the annual work plans.

2. **Quality of the proposed activities** for a period of 3 years (10 points, threshold: 7 points)

Sub-criteria taken into account in the assessment:

- quality of the planning of work;

- quality of the evaluation strategy;

- quality of the internal and external activities and implementation plan for the pooling of knowledge, the mobility of expertise, and the development, sharing and spreading of information, knowledge and best practices;

- quality of the implementation of the activities and the operational management.

3. **Relevance of the proposed budget** for a period of 3 years (10 points, threshold 7 points)

- quality and pertinence of the annual budgets.

The applications meeting all thresholds are ranked according to the number of points received. Specific grant agreements will be awarded to those ranking highest, depending on budget availability.

LEGAL BASIS

Regulation (EU) No 282/2014 — Third Programme for the Union's action in the field of health (2014-2020) Thematic Priority 4.1. of Annex I to the Programme Regulation: European Reference Networks

BUDGET LINE

17 03 01

Priorities of the year, objectives pursued and expected results

European Reference Networks (ERNs) are virtual networks involving healthcare providers across Europe. They aim to tackle complex or rare diseases and conditions that require highly specialised treatment and a concentration of knowledge and resources. The ERNs were set up in 2016 in line with the Directive on patients' rights in cross-border healthcare[3].

The action will support the provision of highly-specialised healthcare for rare or low-prevalence complex diseases or conditions, and support the development of knowledge and expertise to diagnose, follow up and manage patients.

Specifically, the action will provide a better governance and coordination of the approved ERNs.

The aim is to ensure that ERNs:

- offer the possibility to work in multidisciplinary teams across different EU countries;
- increase the level of expertise;
- build capacity to produce good practice guidelines, to implement outcome measures and quality control;
- provide support to research coordination and teaching and training activities.

Description of the activities to be funded by the specific grants awarded under the FPA

The actions to be funded are the coordination, management and non-clinical activities of the approved ERNs. Co-financing will be provided in the form of mono-beneficiary grants to the coordinator of each ERN to help the coordinator run the ERN:

Coordinators may request support for:

- networking and coordination activities;
- administrative and logistic support;
- development of knowledge generation tools (clinical guidelines, patient pathways);

[3] Directive 2011/24/EU of the European Parliament and of the Council of 9 March 2011 on the application of patients' rights in cross-border healthcare, OJ L88 p.45.

- training and eLearning;
- meetings of the network members and participation in conferences or events related to the network's area of expertise;
- any non-clinical actions that help ERNs to achieve their goals.

Implementation

Chafea

Indicative timetable and indicative amount

Reference	Date	Amount
Invitation to FPA holders to apply; SGA awarded on a competitive basis	First half of 2018	EUR 13 800 000

Maximum possible rate of co-financing of the eligible costs

60 %, rising to 80 % if a proposal meets the criteria for exceptional utility