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EUROPÄISCHE
KOMMISSION

Brüssel, den 10.3.2020
COM(2020) 88 final

BERICHT DER KOMMISSION AN DAS EUROPÄISCHE PARLAMENT UND DEN RAT

Durchführung des dritten Aktionsprogramms der Union im Bereich der Gesundheit im Jahr 2017

{SWD(2020) 52 final}

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EINLEITUNG

Dieser Bericht betrifft die Durchführung des Jahresarbeitsprogramms für 2017 im Rahmen des dritten Gesundheitsprogramms (2014-2020), das mit der Verordnung (EU) Nr. 282/2014 des Europäischen Parlaments und des Rates[1] aufgestellt wurde. Gemäß Artikel 13 der Verordnung muss die Kommission dem Ausschuss für das Gesundheitsprogramm[2] Bericht über die Durchführung aller im Rahmen des Programms finanzierten Maßnahmen erstatten und das Europäische Parlament und den Rat laufend informieren. Dieser Bericht erfüllt die letztgenannte Vorgabe und enthält Informationen über die Mittelausstattung für 2017 und deren Verwendung.

Die beigefügte Arbeitsunterlage der Kommissionsdienststellen stellt die wichtigsten Maßnahmen vor, die im Rahmen des dritten Gesundheitsprogramms kofinanziert und bei denen 2017 die abschließenden Ergebnisse vorgelegt wurden. Sie umfasst des Weiteren Informationen über Maßnahmen, die im Rahmen der in aufeinanderfolgenden Finanzierungsbeschlüssen enthaltenen wichtigsten thematischen Prioritäten durchgeführt wurden (Gesundheitsförderung und Prävention nichtübertragbarer Krankheiten, einschließlich Tabakkonsum, Ernährung und psychischer Gesundheit; Schutz vor grenzübergreifenden Gesundheitsgefahren; Patientensicherheit; Technologiefolgenabschätzung im Gesundheitswesen; Ergebnisse von Betriebskostenzuschüssen). Das Dokument enthält ferner Übersichten über alle kofinanzierten Maßnahmen und Verträge.

Mit dem Jahresarbeitsprogramm 2017 wurden sechs gemeinsame Maßnahmen mit einer EU-Kofinanzierung in Höhe von insgesamt 20 229 410,14 EUR eingeleitet:

- Joint Action Health Equity Europe – JAHEE (gemeinsame Maßnahme für Gleichheit im Gesundheitswesen),
- European Joint Action on vaccination – JAV (europäische gemeinsame Maßnahme zur Impfung),
- Joint Action supporting the eHealth Network – e-Health (gemeinsame Maßnahme zur Unterstützung des Netzwerks für elektronische Gesundheitsdienste),
- Joint Action Information for Action – InfAct (gemeinsame Maßnahme zur Gesundheitsinformation),
- Joint Action Innovative Partnership for Action Against Cancer – iPAAC (gemeinsame Maßnahme – Innovative Partnerschaft für Maßnahmen zur Krebsbekämpfung) und

[1] Verordnung (EU) Nr. 282/2014 des Europäischen Parlaments und des Rates vom 11. März 2014 über ein drittes Aktionsprogramm der Union im Bereich der Gesundheit (2014-2020) und zur Aufhebung des Beschlusses Nr. 1350/2007/EG (ABl. L 86 vom 21.3.2014, S. 1).
[2] https://eur-lex.europa.eu/legal-content/DE/TXT/PDF/?uri=CELEX:32014R0282&from=DE, Kapitel V, Artikel 17.

- Joint Action Preparedness and action at points of entry – Healthy Gateways (gemeinsame Maßnahme zur Abwehrbereitschaft und für Maßnahmen an den Grenzübergangsstellen).

Diese gemeinsamen Maßnahmen bezogen sich, zusammen mit anderen im Jahr 2017 finanzierten Maßnahmen, auf mehrere der Ziele der Gesundheitsprogramme.

Die neuen gemeinsamen Maßnahmen iPAAC und JAHEE, die Krebsprävention und gesundheitliche Ungleichheiten zum Thema haben, befassen sich mit wichtigen Gesundheitsfaktoren wie Tabak- und Alkoholkonsum und Ernährung sowie mit dem Zugang zu Früherkennungsprogrammen und der Versorgung und Unterstützung von Krebspatienten und unterstützen somit Ziel 1 (*Gesundheitsförderung und Prävention von Krankheiten)*.

Im Rahmen von Ziel 2 (*Schutz der Unionsbürgerinnen und -bürger vor schwerwiegenden grenzübergreifenden Gesundheitsgefahren*) lag der Schwerpunkt 2017 auf der Bekämpfung der Impfskepsis und der Verbesserung der Bereitschafts- und Reaktionskapazitäten zur Bekämpfung von Gesundheitsbedrohungen an Ein- und Ausreisestellen der EU (Häfen, Flughäfen und Grenzübergänge zu Land).

Im Rahmen von Ziel 3 (*Beitrag zu innovativen, effizienten und nachhaltigen Gesundheitssystemen*) wurden zwei wichtige gemeinsame Maßnahmen auf den Weg gebracht: betreffend elektronische Gesundheitsdienste (eHealth) und Gesundheitsinformationen, während eine direkte Finanzhilfe zur Intensivierung der Zusammenarbeit mit dem Europarat im Arzneimittelbereich eingesetzt wurde.

In Zusammenarbeit mit der GD GROW wurde die erste Kommunikations- und Informationskampagne in Bezug auf die neue Verordnung (EU) 2017/745 über Medizinprodukte[3] eingeleitet, um Ziel 4 des Gesundheitsprogramms (*Erleichterung des Zugangs zu besserer und sichererer Gesundheitsversorgung für die Unionsbürgerinnen und -bürger*) zu unterstützen.

Im Jahr 2017 veröffentlichte die Exekutivagentur für Verbraucher, Gesundheit, Landwirtschaft und Lebensmittel (Chafea) die zweite Aufforderung zur Einreichung von Vorschlägen für eine Partnerschaftsrahmenvereinbarung über Betriebskostenzuschüsse für nichtstaatliche Organisationen für den Zeitraum 2018-2021.

Die Kommission und die Chafea stellen sicher, dass die Programmergebnisse durch geeignete Kommunikations- und Verbreitungsmaßnahmen umfassend bekannt gemacht werden. Die

[3] Verordnung (EU) 2017/745 des Europäischen Parlaments und des Rates vom 5. April 2017 über Medizinprodukte, zur Änderung der Richtlinie 2001/83/EG, der Verordnung (EG) Nr. 178/2002 und der Verordnung (EG) Nr. 1223/2009 und zur Aufhebung der Richtlinien 90/385/EWG und 93/42/EWG des Rates (ABl. L 117 vom 5.5.2017, S. 1).

Mitgliedstaaten und die am Programm beteiligten Drittländer sind ebenfalls aufgefordert, an der Verbreitung der Ergebnisse der kofinanzierten Maßnahmen mitzuwirken und Synergien mit anderen EU-Förderprogrammen anzustreben. Dies umfasste die Organisation der nationalen Informationstage in Zusammenarbeit mit dem Netzwerk der nationalen Kontaktstellen.[4]

Parallel zu diesen Initiativen stellt die Kommission sicher, dass die Durchführung des dritten Gesundheitsprogramms überwacht wird. Im Jahr 2017 wurden zwei Bewertungen in die Wege geleitet: zum einen eine Studie zur Erhebung von Daten, um Informationen für die gesundheitspolitischen Optionen im mehrjährigen Finanzrahmen 2021-2027 zu liefern, und zum anderen die zweite externe Bewertung der Chafea.

[4] Die nationalen Kontaktstellen (NFP) sind die nationalen Experten für das Gesundheitsprogramm in den Mitgliedstaaten und den beteiligten Ländern. Die Vertreter der NFP werden vom nationalen Gesundheitsministerium ernannt. Die spezielle Aufgabe der NFP besteht darin, die Exekutivagentur für Verbraucher, Gesundheit, Landwirtschaft und Lebensmittel (Chafea) in folgenden Bereichen zu unterstützen: Durchführung des Gesundheitsprogramms auf nationaler Ebene, Verbreitung der Ergebnisse des Gesundheitsprogramms und Information über die Auswirkungen des Gesundheitsprogramms in den jeweiligen Ländern.

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WICHTIGSTE EREIGNISSE DES JAHRES

Im Jahresarbeitsprogramm 2017 wurden die vier spezifischen Ziele des Gesundheitsprogramms umfassend behandelt. Mit der Einbeziehung von sechs gemeinsamen Maßnahmen, mit denen ein EU-Beitrag von über 20 Mio. EUR mobilisiert wird, wird die Bereitschaft der zuständigen Behörden der Mitgliedstaaten und anderer am Programm beteiligter Länder, in wichtigen Politikbereichen zusammenzuarbeiten, unterstützt.

Durch das Auflegen der **gemeinsamen Maßnahme zur Impfung** (EU-JAV)[5] werden die Mitteilung der Kommission über durch Impfung vermeidbare Krankheiten[6] und die Empfehlung des Rates zur verstärkten Zusammenarbeit bei der Bekämpfung von durch Impfung vermeidbaren Krankheiten[7] sowie die Initiative „Gemeinsame Beschaffung bei medizinischen Gegenmaßnahmen“[8] ergänzt und untermauert.

Hintergrund

Impfungen sind ein wichtiges Instrument zur Primärprävention übertragbarer Krankheiten und die kosteneffizienteste Maßnahme im Bereich der öffentlichen Gesundheit. Dank umfassender Impfmaßnahmen wurden die Pocken ausgerottet, ist Europa poliofrei und sind viele andere ansteckende und für einige Menschen tödliche Krankheiten nahezu verschwunden.

Trotz dieser Erfolgsbilanz sehen sich mehrere EU-Staaten und Nachbarländer derzeit mit beispiellosen Ausbrüchen von durch Impfung vermeidbaren Krankheiten konfrontiert, die auf eine geringe Durchimpfungsrate zurückzuführen sind. Der ungleiche Zugang zu Impfstoffen und das schwindende Vertrauen der Öffentlichkeit in die Sicherheit von Impfstoffen geben den Gesundheitsbehörden Anlass zur Sorge und stellen eine große Herausforderung für die Behörden dar.

Ziel

Die von INSERM (Frankreich) koordinierte gemeinsame Maßnahme zur Impfung, an der 23 Länder (darunter 20 EU-Mitgliedstaaten) beteiligt sind, zielt darauf ab, konkrete Instrumente zu entwickeln, mit denen die Länder besser auf die Impfprobleme in Europa reagieren und somit die Gesundheit der

[5] https://eu-jav.com/

[6] Mitteilung der Kommission an das Europäische Parlament, den Rat, den Europäischen Wirtschafts- und Sozialausschuss und den Ausschuss der Regionen: Verstärkte Zusammenarbeit bei der Bekämpfung von durch Impfung vermeidbaren Krankheiten, COM(2018) 245 final vom 26.4.2018.

[7] Empfehlung des Rates vom 7. Dezember 2018 zur verstärkten Zusammenarbeit bei der Bekämpfung von durch Impfung vermeidbaren Krankheiten (ABl. C 466 vom 28.12.2018, S. 1).

[8] https://ec.europa.eu/health/preparedness_response/joint_procurement_de

Bevölkerung verbessern können.

Mittel

Die gemeinsame Maßnahme bezieht sich derzeit auf die folgenden Bereiche:

- nachhaltige Zusammenarbeit der zuständigen Behörden der Mitgliedstaaten;
- Festlegung von Grundsätzen für die Vorhersage der Impfstoffnachfrage;
- Entwicklung eines Konzepts und eines Testmodells für ein Data Warehouse für den EU-weiten Austausch von Daten und Informationen über Angebot und Nachfrage von Impfstoffen zwischen einschlägigen Interessenträgern;
- Definition gemeinsamer Meilensteine und Kriterien zur Festlegung von Prioritäten bei der Erforschung und Entwicklung von Impfstoffen;
- Entwicklung eines Konzepts und eines Testmodells für einen Rahmen zur Festlegung von Prioritäten bei der Erforschung und Entwicklung von Impfstoffen;
- Festlegung struktureller, technischer und rechtlicher Spezifikationen hinsichtlich der Datenanforderungen für elektronische Impfstoffregister/Datenbanken/Immunisierungsinformationssysteme;
- Schaffung eines Rahmens für die Zusammenarbeit bei der Vertrauensbildung von der Forschung bis hin zu bewährten Verfahren und Umsetzung.

Die **gemeinsame Maßnahme für Gleichheit im Gesundheitswesen** (JAHEE)[9] brachte 25 EU-Mitgliedstaaten zusammen, um die Gesundheit und das Wohlbefinden der europäischen Bürgerinnen und Bürgern zu verbessern und für mehr Gleichheit bei den gesundheitlichen Ergebnissen über alle Gesellschaftsschichten hinweg zu sorgen.

Hintergrund

Die Auswirkungen der innerhalb der europäischen Länder und zwischen ihnen bestehenden gesundheitlichen Ungleichheiten sind weithin anerkannt[10], und der Abbau solcher Ungleichheiten ist eine übergreifende Priorität auf der Agenda der EU[11] und vieler anderer Länder. Trotz des gestiegenen Bewusstseins und der zunehmenden Besorgnis im Hinblick auf die Auswirkungen gesundheitlicher Ungleichheiten reagiert die Politik in Europa sehr unterschiedlich darauf.

[9] https://jahee.iss.it/

[10] „Health inequalities in the EU“, Marmot-Bericht: https://ec.europa.eu/health/sites/health/files/social_determinants/docs/healthinequalitiesineu_2013_en.pdf.

[11] Der Europäische Fonds für regionale Entwicklung (EFRE) nennt für den Zeitraum 2014-2020 den Abbau von gesundheitlichen Ungleichheiten als eine von mehreren Prioritäten.

Ziel

Die gemeinsame Maßnahme bezieht sich derzeit auf die folgenden Bereiche:

- Verbesserung der Planung und Entwicklung politischer Strategien zur Bekämpfung gesundheitlicher Ungleichheiten auf europäischer, nationaler, regionaler und lokaler Ebene;
- Durchführung von Maßnahmen, die beste Voraussetzungen schaffen, um gesundheitliche Ungleichheiten in allen beteiligten Ländern abzubauen;
- Stärkung eines kooperativen Ansatzes bei der Bekämpfung gesundheitlicher Ungleichheiten und Erleichterung des Informationsaustauschs und des gegenseitigen Lernens zwischen den beteiligten Ländern (Ansatz für Informationsaustausch und gegenseitiges Lernen);
- Erleichterung der Übertragbarkeit bewährter Verfahren zwischen den beteiligten Ländern.

Mittel

Um die Ziele zu erreichen, unterstützt die gemeinsame Maßnahme die beteiligten Länder in folgenden Bereichen:

- Überwachung gesundheitlicher Ungleichheiten durch die Entwicklung und Einführung von Gesundheitsindikatoren für die Bewertung der Gesundheitspolitik und die Festlegung von Prioritäten in der Gesundheitspolitik, die an den nationalen Kontext angepasst und langfristig nachhaltig sind;
- Ermittlung nationaler Strategien, Politiken und Modelle bewährter Verfahren für ein gesundes Lebensumfeld, einschließlich Orientierungshilfen für Entscheidungsträger und Interessenträger;
- Abbau gesundheitlicher Ungleichheiten beim Zugang zu Gesundheits- und Sozialdiensten durch die Ausarbeitung geeigneter regionaler, nationaler und lokaler Strategien, Politiken und Programme;
- Stärkung der Fähigkeit der beteiligten Länder, einen auf „Health and Equity in all Policies“ (Gesundheit und Gleichheit in allen Politikbereichen) basierten Ansatz zu entwickeln und anzuwenden.

Im Rahmen von Ziel 3 (Beitrag zu innovativen, effizienten und nachhaltigen Gesundheitssystemen) wurde die **Zusammenarbeit mit dem Europarat im Arzneimittelbereich** durch die Unterzeichnung einer dreijährigen Vereinbarung über eine direkte Finanzhilfe mit einem EU-Beitrag in Höhe von 3 300 000 EUR unterstützt.

Hintergrund

In den Richtlinien 2001/83/EG über Humanarzneimittel[12] und 2001/82/EG über Tierarzneimittel[13] wird dem Europäischen Arzneibuch[14] eine zentrale Rolle bei der Gewährleistung der Qualität von Arzneimitteln im Europäischen Wirtschaftsraum (EWR) zugewiesen. Die Europäische Union ist Vertragspartei des „Übereinkommens über die Ausarbeitung eines Europäischen Arzneibuchs" des Europarats gemäß dem Beschluss 94/358/EG des Rates[15]. Das Sekretariat für das Europäische Arzneibuch wird von der Europäischen Direktion für Arzneimittelqualität und Gesundheitsfürsorge des Europarats[16] wahrgenommen.

Ziel

Die gemeinsame Maßnahme hat folgende Zielsetzungen:

- Gewährleistung der Anwendung harmonisierter Qualitätsstandards und harmonisierter Referenzmaterialien für Biologika im Einklang mit den Bemühungen der EU für den Tierschutz;
- Gewährleistung einer angemessenen und wirksamen Überwachung der Qualität von in Europa in Verkehr gebrachten Arzneimitteln und
- Aufrechterhaltung und weitere Verbesserung der harmonisierten Identifizierung von Arzneimitteln in Europa und weltweit.

Mittel

Mit dieser Maßnahme wird Folgendes unterstützt:

- Das Biological Standardisation Programme (Programm zur Standardisierung biomedizinischer Arzneimittel) durch die Bereitstellung neuer Methoden für die Qualitätskontrolle von Biologika sowie von Referenzstandards, die für die Anwendung der Methoden zur Qualitätsbewertung im Europäischen Arzneibuch erforderlich sind.
  Mit diesem über den Zeitraum 2018-2020 laufenden Programm sollen die betreffenden Referenzstandards erarbeitet werden. Diese sind notwendig, da die Palette früher festgelegter

[12] Richtlinie 2001/83/EG des Europäischen Parlaments und des Rates vom 6. November 2001 zur Schaffung eines Gemeinschaftskodexes für Humanarzneimittel (ABl. L 311 vom 28.11.2001, S. 67).
[13] Richtlinie 2001/82/EG des Europäischen Parlaments und des Rates vom 6. November 2001 zur Schaffung eines Gemeinschaftskodexes für Tierarzneimittel (ABl. L 311 vom 28.11.2001, S. 1).
[14] https://www.edqm.eu/en/european-pharmacopoeia-ph-eur-9th-edition

[15] Beschluss des Rates 94/358/EG vom 16. Juni 1994 zur Annahme des Übereinkommens über die Ausarbeitung eines Europäischen Arzneibuchs im Namen der Europäischen Gemeinschaft (ABl. L 158 vom 25.6.1994, S. 17).
[16] Die Europäische Direktion für Arzneimittelqualität und Gesundheitsfürsorge ist ein Gremium des Europarats (https://www.edqm.eu/).

Standards nicht mehr ausreicht oder neue bzw. überarbeitete Monografien des Europäischen Arzneibuchs erstellt wurden, die solche Standards benötigen.[17]

- Die amtlichen Arzneimittelkontrolllaboratorien (OMCL) als Stellen für die Überwachung der Qualität von Arzneimitteln auf dem europäischen Markt über das dafür vorgesehene OMCL-Netzwerk.

  Im Zeitraum 2018-2020 überwacht das OMCL-Netzwerk neu zugelassene Arzneimittel, Arzneimittel mit einer komplexen Formulierung oder einem komplexen Herstellungsverfahren, Produkte, die mittels neuartiger Herstellungs- oder Kontrolltechnologien produziert werden oder bei denen zuvor Schwierigkeiten bei der Testmethodik aufgetreten sind.
- Die Einführung eines Qualitätsmanagementsystems in allen amtlichen Arzneimittelkontrolllaboratorien zur Förderung des Austauschs von Arbeitspraktiken, Erfahrung, Ausrüstung und Kosten für die Überwachung von Arzneimitteln.
- Die Rolle der amtlichen Arzneimittelkontrolllaboratorien bei der Aufdeckung gefälschter Arzneimittel gemäß den EU-Rechtsvorschriften (Richtlinien 2001/83/EG und 2001/82/EG).
- Das „Terminologie"-Projekt, das die weltweit harmonisierte Identifizierung von Arzneimitteln unterstützt, vor allem für den Zweck der Pharmakovigilanz. Durch die Pflege der „Standard Terms"-Datenbank mit harmonisierten Begriffen und Begriffsdefinitionen (für pharmazeutische Darreichungsformen, Anwendungsarten und -methoden, Verpackungen und pharmazeutische Konventionseinheiten) stärkt die Maßnahme Aktivitäten hinsichtlich der Sicherheit nach dem Inverkehrbringen und die globale Überwachung von durch Arzneimittel verursachten mutmaßlichen unerwünschten Ereignissen.

Im Rahmen von Ziel 4 des Gesundheitsprogramms (Erleichterung des Zugangs zu besserer und sichererer Gesundheitsversorgung für die Unionsbürgerinnen und -bürger) wurde in Zusammenarbeit mit der GD GROW die **Kommunikationskampagne zur neuen Verordnung über Medizinprodukte** (EU) 2017/745 gestartet. Die dreijährige Kampagne erstreckt sich über die für die Durchsetzung der genannten Verordnung über Medizinprodukte vorgesehene Anpassungsphase und sieht Investitionen in Höhe von ca. 1 600 000 EUR im Zeitraum 2017-2019 vor.

[17] Besonderes Augenmerk liegt auf der Entwicklung solcher Methoden, mit denen Tierversuche zur Qualitätskontrolle von Biologika gemäß der Richtlinie 2010/63/EU des Europäischen Parlaments und des Rates vom 22. September 2010 zum Schutz der für wissenschaftliche Zwecke verwendeten Tiere (Text von Bedeutung für den EWR) (ABl. L 276 vom 20.10.2010, S. 33) vermieden, vermindert und verbessert werden können.

Hintergrund

Anlass dieser Kampagne war der Erlass der beiden neuen Verordnungen – der Verordnung (EU) 2017/745 über Medizinprodukte und der Verordnung (EU) 2017/746 über In-vitro-Diagnostika[18] – im April 2017. Ziel der Kampagne ist es, sicherzustellen, dass alle Akteure – und insbesondere die Hersteller – die Änderungen, die neuen Anforderungen und die Fristen der neuen Verordnungen kennen. Die Verordnung über Medizinprodukte gilt ab dem Mai 2020 und diejenige für In-vitro-Diagnostika ab dem Mai 2022; allerdings gibt es mehrere Übergangsbestimmungen für eine frühere Umsetzung, die von allen interessierten Kreisen in vollem Umfang verstanden werden müssen.

Der Erlass dieser Verordnungen zeigt, dass die EU Maßnahmen ergreift, um sicherzustellen, dass auf dem Markt befindliche Medizinprodukte für Patienten und Angehörige der Gesundheitsberufe sicherer sind. Die Informations- und Kommunikationskampagne steht im Einklang mit den Prioritäten des Präsidenten der Europäischen Kommission Jean-Claude Juncker: Förderung von „Arbeitsplätzen, Wachstum und Investitionen“ und „Binnenmarkt“.

Ziel

Die Kommunikationskampagne zielt darauf ab, eine Störung des Marktes für Medizinprodukte nach den jüngsten Gesetzgebungsänderungen zu vermeiden. Allen Akteuren, die von den Änderungen durch diese neuen Verordnungen betroffen sind, müssen Informationen bereitgestellt werden. Dies gilt für Hersteller in der EU und für globale Hersteller, aber auch für Importeure, Händler, Bevollmächtigte, benannte Stellen, Aufbereiter von Einmalprodukten, Gesundheitseinrichtungen, Angehörige der Gesundheitsberufe und zuständige Behörden.

Mittel

Um die angestrebten Ziele zu erreichen, umfasst die Kampagne u. a. folgende Aktivitäten:

- Erarbeitung einer Kommunikationsstrategie für die Kampagne;
- Einrichtung einer Datenbank der Akteure für die Kampagne, einschließlich zuständiger Behörden, Berufs- und Handelsverbänden sowie Patientenorganisationen;
- Unterstützung ausgewählter wichtiger Interessenträger für die Vorbereitung von Konferenzen über die neuen Verordnungen über Medizinprodukte (Verordnung (EU) 2017/745) und über In-vitro-Diagnostika (Verordnung (EU) 2017/746);

[18] Verordnung (EU) 2017/746 des Europäischen Parlaments und des Rates vom 5. April 2017 über In-vitro-Diagnostika und zur Aufhebung der Richtlinie 98/79/EG und des Beschlusses 2010/227/EU der Kommission (ABl. L 117 vom 5.5.2017, S. 176).

- Erstellung maßgeschneiderter Pakete von Informationsmaterialien für die jeweilige Gruppe von Akteuren, die mit der Kampagne erreicht werden sollen;
- Erstellung eines halbjährlichen Newsletters über die Informationskampagne;
- Erarbeitung eines Medienpakets, ergänzt durch die Medienkartierung und maßgeschneiderte Medienpakete;
- Organisation von Webinaren und/oder Online-Schulungen.

AUSFÜHRUNG DES BUDGETS

Das dritte Gesundheitsprogramm (2014-2020) ist mit Mitteln in Höhe von insgesamt 449,4 Mio. EUR ausgestattet. Dieses Budget umfasst 30 Mio. EUR für die Betriebskosten der Exekutivagentur für Verbraucher, Gesundheit, Landwirtschaft und Lebensmittel (Chafea), die von der Kommission mit der Verwaltung des Gesundheitsprogramms für 2014-2020 betraut wurde. Die Chafea leistet der Kommission seit 2005 technische, wissenschaftliche und administrative Unterstützung bei der Durchführung des Gesundheitsprogramms.[19] Sie organisiert jährliche Aufforderungen zur Einreichung von Vorschlägen, koordiniert die Bewertung der eingereichten Vorschläge, handelt die Finanzhilfevereinbarungen aus, unterzeichnet und verwaltet diese und verbreitet die Ergebnisse der Maßnahmen. Außerdem zeichnet sie für viele Vergabeverfahren verantwortlich.

Die im Arbeitsplan für das Jahresarbeitsprogramm 2017[20] eingestellten Mittel beliefen sich auf 61 904 085,00 EUR und verteilten sich wie folgt:

- Operative Ausgaben: 60 404 085,00 EUR aus der Haushaltslinie 17 03 01 – drittes Aktionsprogramm der Union im Bereich der Gesundheit (2014-2020) („*Förderung der Innovation im Gesundheitswesen, Erhöhung der Nachhaltigkeit der Gesundheitssysteme und Schutz der Unionsbürger vor grenzübergreifenden Bedrohungen für die Gesundheit*“);
- Verwaltungsausgaben: 1 500 000,00 EUR aus der Haushaltslinie 17 01 04 02 – Unterstützungsausgaben für das dritte Aktionsprogramm der Union im Bereich der Gesundheit (2014-2020).

Die operativen Mittel beliefen sich auf insgesamt **60 404 085,00 EUR**, einschließlich Darlehen für EFTA-/EWR-Länder in Höhe von 1 574 508,00 EUR.

Davon wurden im Rahmen des Jahresarbeitsprogramms 2017 Mittel in Höhe von 60 386 800,00 EUR gebunden. Die Chafea hat davon 46 764 719,17 EUR gebunden, die Generaldirektion Gesundheit und Lebensmittelsicherheit (GD SANTE) hingegen 13 622 080,83 EUR für einen Teil der Vergabe und andere Maßnahmen. Von der Gesamtmittelbindung wurden Mittel in Höhe von 60 063 178,12 EUR

[19] Durchführungsbeschluss 2013/770/EU der Kommission vom 17. Dezember 2013 zur Einrichtung der Exekutivagentur für Verbraucher, Gesundheit und Lebensmittel sowie zur Aufhebung des Beschlusses 2004/858/EG (ABl. L 341 vom 18.12.2013, S. 69).
[20] Durchführungsbeschluss der Kommission vom 26.1.2017 hinsichtlich des Arbeitsprogramms für 2017 im Rahmen des dritten Aktionsprogramms der Union im Bereich der Gesundheit (2014-2020) und des EU-Beitrags zum WHO-Rahmenübereinkommen zur Eindämmung des Tabakkonsums (Finanzierungsbeschluss), C(2017) 316 final: https://ec.europa.eu/health/sites/health/files/programme/docs/wp2017_de.pdf.

eingesetzt, wobei es sich bei 323 621,88 EUR (0,54 %) um nicht in Anspruch genommene Mittel handelt.

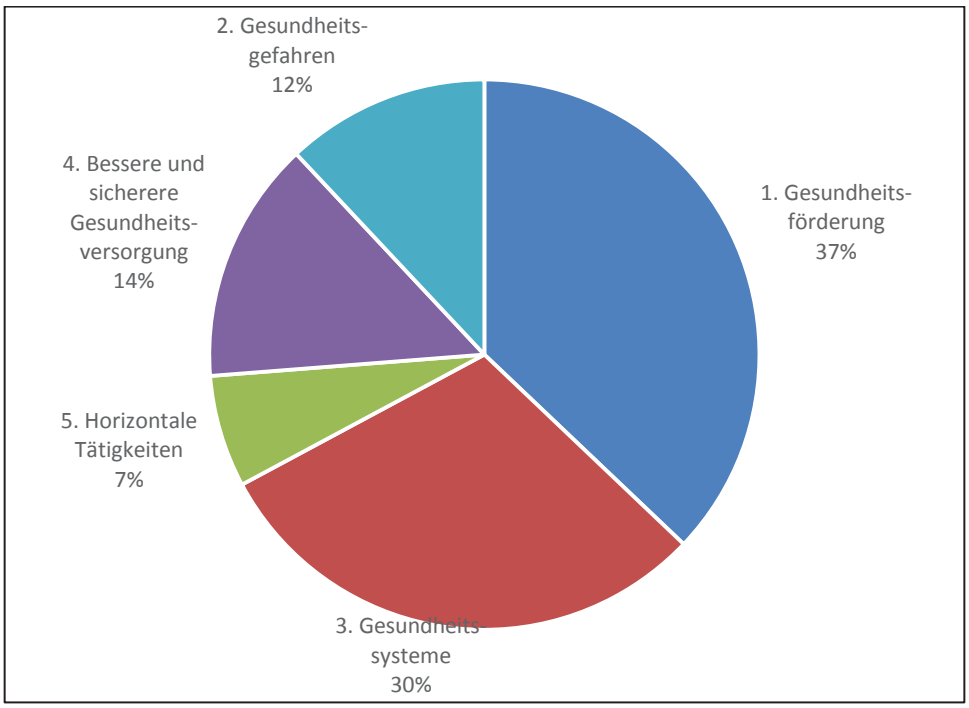
1. Prioritäten

2017 wurde die Gesamtsumme der eingesetzten operativen Mittel (60 063 178,12 EUR) wie nachstehend dargestellt auf die folgenden vier spezifischen Programmziele aufgeteilt:

1. **Gesundheitsförderung** – 22 282 477,74 EUR ***(37 % der operativen Mittel)*** für Gesundheitsförderung, Prävention von Krankheiten und Schaffung eines unterstützenden Umfelds für eine gesunde Lebensführung unter Berücksichtigung des Grundsatzes „Einbeziehung von Gesundheitsfragen in alle Politikbereiche“;
2. **Gesundheitsgefahren** – 7 198 549,97 EUR ***(12 % der operativen Mittel)*** für den Schutz der Unionsbürgerinnen und –bürger vor grenzübergreifenden Gesundheitsgefahren;
3. **Gesundheitssysteme** – 18 059 351,37 EUR ***(30 % der operativen Mittel)*** als Beitrag zu innovativen, effizienten und nachhaltigen Gesundheitssystemen;
4. **Bessere und sicherere Gesundheitsversorgung** – 8 560 567,66 EUR ***(14 % der operativen Mittel)*** zur Erleichterung des Zugangs zu einer besseren und sichereren Gesundheitsversorgung für die Unionsbürgerinnen und -bürger.

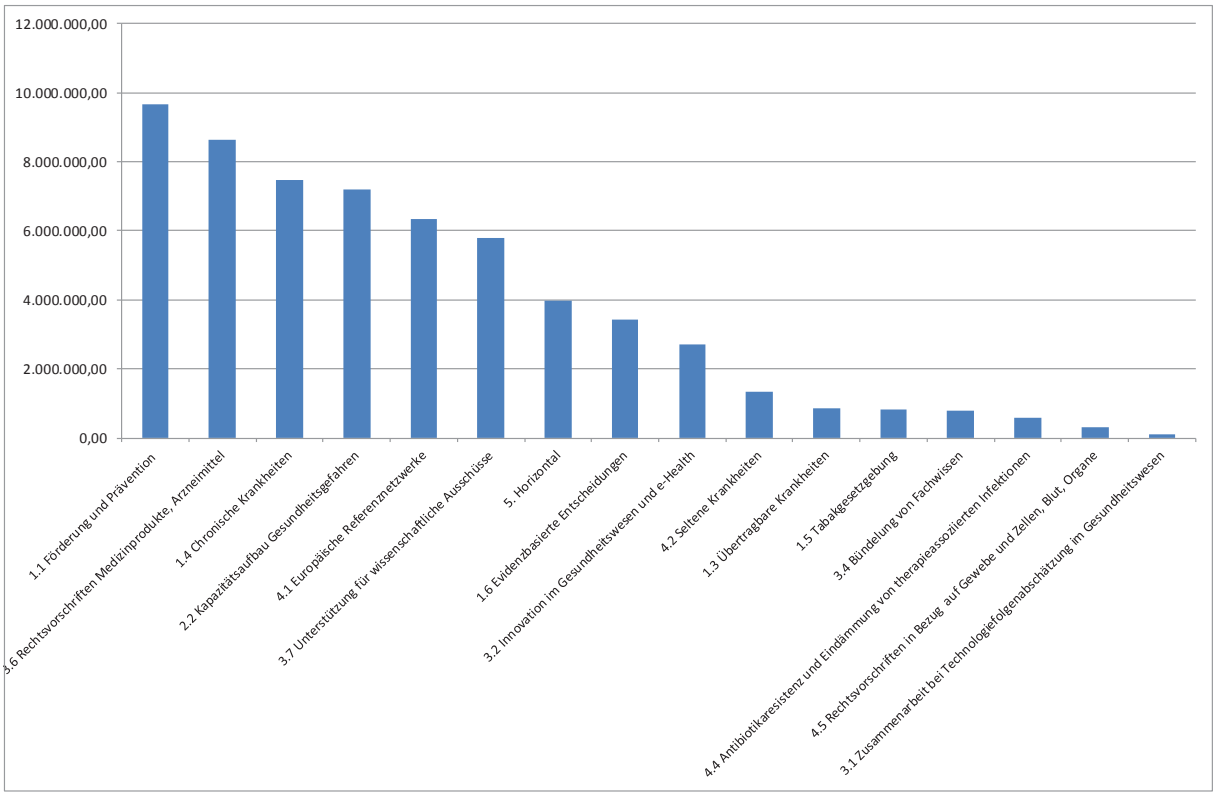
Darüber hinaus beliefen sich die Mittel für **horizontale Tätigkeiten** (IT, Kommunikation) und Querschnittsmaßnahmen auf 3 962 231,38 EUR ***(7 % der operativen Mittel)***.

Abbildung 1: Operative Mittel im Jahr 2017, aufgeschlüsselt nach den Zielen des dritten Gesundheitsprogramms



In der nachstehenden Abbildung sind die Mittel aus dem Gesundheitsprogramm dargestellt, die die EU im Jahr 2017 für die verschiedenen thematischen Prioritäten aufgewendet hat.

Abbildung 2: Operative Mittel im Jahr 2017, aufgeschlüsselt nach thematischen Prioritäten



Zur Erreichung dieser Ziele wird das Programm anhand einer breiten Palette an Finanzierungsinstrumenten umgesetzt. Hierzu zählen:

- Finanzhilfen für Projekte einschließlich spezieller Einzelfinanzhilfevereinbarungen für die Europäischen Referenznetzwerke;
- Betriebskostenzuschüsse für nichtstaatliche Organisationen;
- mit den Behörden der Mitgliedstaaten kofinanzierte Maßnahmen (gemeinsame Maßnahmen);
- direkte Vereinbarungen mit internationalen Organisationen;
- öffentliche Aufträge und
- sonstige Maßnahmen, wie Unterstützung für wissenschaftliche Ausschüsse, Verwaltungsvereinbarungen mit der Gemeinsamen Forschungsstelle, Weiterübertragung von Mitteln an Eurostat und Querschnittsmaßnahmen wie Finanzhilfen für Konferenzen des Ratsvorsitzes.

Die Maßnahmen wurden anhand von Wettbewerbskriterien und Vergabeverfahren für die Finanzierung ausgewählt. Von dieser Regel ausgenommen waren gemeinsame Maßnahmen, direkte Finanzhilfevereinbarungen und Konferenzen des Ratsvorsitzes aufgrund besonderer Bestimmungen oder z. B. einer Monopolsituation. Bei gemeinsamen Maßnahmen wird die Qualität der kofinanzierten Maßnahmen durch ein Peer-Review-Verfahren gewährleistet, bei dem die Entwürfe von Vorschlägen

anhand der Vergabekriterien des Jahresarbeitsprogramms von externen Prüfern, Sachbearbeitern der GD SANTE und der Chafea bewertet werden.

Das Verwaltungsbudget deckte Ausgaben beispielsweise für Studien (einschließlich der externen Bewertung der Chafea und der Folgenabschätzung des Gesundheitsprogramms), Sachverständigensitzungen, Informations- und Veröffentlichungskosten und Übersetzungen sowie für die technische und administrative Unterstützung für IT-Systeme.

2. Ausführung der operativen Mittel nach Finanzierungsmechanismus

Art des Finanzierungsmechanismus	**Ausführung (EUR)**	**Anteil des Mechanismus an den eingesetzten Gesamtmitteln**
Aufforderungen zur Einreichung von Vorschlägen:	10 316 224,31	**17,18 %**
Finanzhilfen für Projekte	0,00	0,00 %
Europäisches Referenznetzwerk (ERN): Einzelfinanzhilfevereinbarungen im Rahmen von Partnerschaftsrahmenverträgen, aufgeschlüsselt nach den Zielen	4 504 311,91	7,50 %
Betriebskostenzuschüsse	5 811 912,40	9,68 %
Finanzhilfen für gemeinsame Maßnahmen	**20 229 410,14**	**33,68 %**
Finanzhilfen für Konferenzen für den Mitgliedstaat, der den EU-Ratsvorsitz innehat	**210 059,00**	**0,35 %**
Vereinbarungen über direkte Finanzhilfen	**9 300 000,00**	**15,48 %**
Auftragsvergabe (Dienstleistungsverträge), Preisgelder und horizontale Maßnahmen	**14 580 482,75**	**24,28 %**
Verwaltung durch die Chafea	5 863 073,68	9,76 %
Verwaltung durch die GD SANTE	8 717 409,07	14,51 %
Sonstige Maßnahmen und Querschnittsmaßnahmen, ausgenommen Konferenzen des Ratsvorsitzes	**5 427 001,92**	9,04 **%**
Verwaltung durch die Chafea	663 836,33	1,11 %
Verwaltung durch die GD SANTE	4 763 165,59	7,93 %
Eingesetzte Mittel des Jahresarbeitsprogramms für 2017	**60 063 178,12**	99,46 %
Insgesamt verfügbare Mittel des Jahresarbeitsprogramms für 2017	**60 386 800,00**	
Nicht in Anspruch genommene Mittel	**323 621,88**	0,54 %
durch die Chafea	182 115,71	56,27 %
durch die GD SANTE	141 506,17	43,73 %

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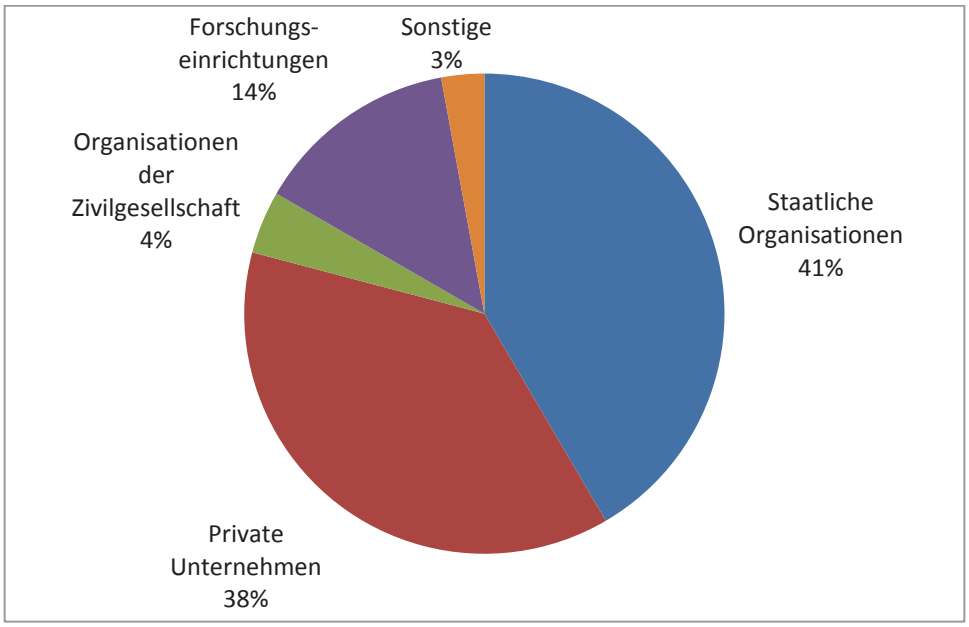
3. Begünstigte

Im Jahr 2017 schlossen die Chafea und die GD SANTE mehr als 238 verschiedene Finanzhilfen und Verträge mit unterschiedlichen Begünstigten und Dienstleistungserbringern ab, darunter staatliche und nichtstaatliche Organisationen, wissenschaftliche Einrichtungen, private Unternehmen und einzelne Sachverständige.[21] Weitere Begünstigte sind u. a. internationale Organisationen und EU-Dienststellen (durch Direktvereinbarungen). Die Gesamtzahl der Begünstigten beläuft sich auf 450, wobei die beiden Hauptkategorien private Beratungsunternehmen (Auftragsvergabe) und staatliche Organisationen (gemeinsame Maßnahmen) sind.

In Abbildung 3 sind die verschiedenen Kategorien von Begünstigten dargestellt.

Abbildung 3: Kategorien von Begünstigten des dritten Gesundheitsprogramms im Jahr 2017



[21] Die Zahl 238 umfasst keine Verträge mit einzelnen Sachverständigen, die Mitglieder wissenschaftlicher Ausschüsse sind, mit Bewertern von Aufforderungen zur Einreichung von Vorschlägen usw.

ANDERE WESENTLICHE MERKMALE

Das Arbeitsprogramm 2017 sollte – im Bereich Gesundheit – einen Beitrag zu den Prioritäten der Kommission leisten, die in den politischen Leitlinien des Kommissionspräsidenten Juncker[22] und im Mandatsschreiben des für Gesundheit und Lebensmittelsicherheit zuständigen Kommissars[23] dargelegt sind.

Zur Unterstützung wichtiger politischer Maßnahmen wurden Maßnahmen ausgewählt, die mit den zuständigen Behörden der Mitgliedstaaten kofinanziert wurden (sechs gemeinsame Maßnahmen). Diese gemeinsamen Maßnahmen[24] brachten 217 Begünstigte, einschließlich der mit ihnen verbundenen Einrichtungen, zusammen und spiegeln das Interesse der Mitgliedstaaten wider, sich aktiv an gemeinsamen Tätigkeiten in den Bereichen Krebsbekämpfung, gesundheitliche Ungleichheit, Impfung und Vorsorge, elektronische Gesundheitsdienste und Gesundheitsinformationssysteme zu beteiligen.

Nach Annahme der Verbreitungsstrategie für das 3. Gesundheitsprogramm (im Juni 2017) und des zugehörigen jährlichen Verbreitungsplans für dasselbe Jahr einigten sich die Chafea und die GD SANTE auf eine verbesserte Methode zur Planung und Vorbereitung der Maßnahmen zur Verbreitung von Informationen und Ergebnissen. Zur Unterstützung dieses Ziels hat die Chafea Folgendes erarbeitet:

- eine überarbeitete Projektdatenbank, die den Interessenträgern einen strukturierten Zugang zu den Projektergebnissen ermöglicht;
- eine Reihe visueller Darstellungen, die die verschiedenen Themen des Gesundheitsprogramms veranschaulichen;
- Online-Lernprogramme (auf der Chafea-Website bereitgestellte Videos zur Unterstützung von Antragstellern und Begünstigten);
- regelmäßige Nachrichten für das Internet oder die sozialen Medien, um die Interessenträger über die Aktivitäten und Ergebnisse der Projekte zu informieren.
- Außerdem hat die Chafea am Europatag in Luxemburg teilgenommen, der gemeinsam mit der GD SANTE organisiert wurde.

[22] https://ec.europa.eu/commission/publications/president-junckers-political-guidelines_de

[23] https://ec.europa.eu/info/departments/health-and-food-safety/what-we-do-health-and-food-safety_en

[24] 2017 gab es sechs gemeinsame Maßnahmen mit insgesamt 160 benannten zuständigen Behörden, die nach Einbeziehung der verbundenen Einrichtungen 217 Begünstigte erreichten. Durchschnittlich waren 2017 36 Partner an gemeinsamen Maßnahmen beteiligt.

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Mit Schwerpunkt auf die von der GD SANTE genannten zentralen Kommunikationsprioritäten führte die Chafea neben mehreren anderen Veranstaltungen folgende durch:

- einen Workshop über Register zu seltenen Krankheiten und einen Ausstellungsstand im März in Madrid (Spanien), die das Interesse von 160 Teilnehmern erweckten;
- einen Workshop und einen Ausstellungsstand im Rahmen der internationalen Konferenz zur integrierten Pflege im Mai in Dublin (Irland) (211 Teilnehmer);
- ein Clustertreffen mit dem Titel „Migration and Health: Paths for integration“ (Migration und Gesundheit: Wege zur Integration), im September in Brüssel (Belgien);
- ein Clustertreffen zu nichtübertragbaren Krankheiten im Oktober in Odense (Dänemark).

Hinsichtlich der Überwachung der Programmdurchführung überprüfte die Chafea die im Rahmen der Partnerschaftsrahmenvereinbarungen 2014-2017 gewährten Betriebskostenzuschüsse mit Unterstützung externer Sachverständiger.

Die Überprüfung ergab, dass die in den Partnerschaftsrahmenvereinbarungen festgelegten Ziele sowohl für die Ziele des Gesundheitsprogramms als auch für die Ziele der EU-Gesundheitspolitik relevant waren, dass die begünstigten Organisationen die in den Vereinbarungen festgelegten mehrjährigen Arbeitsprogramme mit geringfügigen Abweichungen durchgeführt haben und dass qualitativ hochwertige Berichte und Instrumente erstellt wurden. Ferner wurden Bereiche ermittelt, in denen Verbesserungen erforderlich sind: Verwaltungsverfahren, Verbindungen zwischen der Auswahl nichtstaatlicher Organisationen und den Prioritäten des Programms sowie Überwachungsrahmen.

Weitere Informationen zu den Ergebnissen der Partnerschaftsrahmenvereinbarungen sind in der Datenbank des Gesundheitsprogramms zu finden.[25]

[25] https://webgate.ec.europa.eu/chafea_pdb/health/search?context=HOME&texttosearch=operating+grant

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[…](2020) XXX draft

COMMISSION STAFF WORKING DOCUMENT
Accompanying the document

Report from the Commission to the European Parliament and the Council

Implementation of the third programme of EU action in the field of health in 2017

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Introduction

This Commission staff working document accompanies the report on the implementation of the third health programme 2014-2020 in 2017. While the report provides an overview of all the actions funded under the annual work programme for 2017 (2017 AWP) and key co-funded health policy initiatives, including ones to implement EU health legislation, this document showcases the key results of actions co-funded under previous financing decisions.

It includes actions on overarching themes such as mental health, care coordination, European Reference Networks, cancer, access to care, health security and patient safety. Lastly, it provides comprehensive figures and statistics on the health programme's 2017 operating budget, and lists all co-funded initiatives and contracts by programme objective, type of action and type of beneficiary.

Highlights of initiatives ending in the reporting year — examples of the programme's results

Several initiatives co-funded under the second health programme 2008-2013 ended in late 2016 and 2017 and produced important results that were taken up and built on at national or EU level — some examples are described in this document. More information about these and other projects or joint actions can be found in the health programme database managed by the Consumers, Health, Agriculture and Food Executive Agency (Chafea)[1] (this database covers actions co-funded under the second and third health programmes).

[1] http://ec.europa.eu/chafea/health/index.html

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JOINT ACTIONS

Objective 1. Promote health, prevent disease and foster supportive environments for healthy lifestyles

1. 20122202 — Mental Health and Well-being (MH-WB) Joint Action

Background information

According to the World Health Organization's (WHO) estimates, mental disorders affect 1 in 4 people at least once in their lifetime and affect more than 10% of people in the EU in any given year. Neuropsychiatric disorders are the second leading cause of disability-adjusted life years (DALYs) in the WHO European Region, accounting for 19.5% of all DALYs.

According to Eurostat, suicide is a significant cause of premature death in the EU, with over 50 000 deaths a year, and 9 of the 10 countries with the highest rates of suicide in the world are in the European Region. Mental health problems are also associated with productivity losses, with substantial costs to the economy. On the other hand, evidence increasingly shows positive mental health and well-being to be a key factor in social cohesion, economic progress and sustainable development in the EU.

Brief description

The main objective of this joint action was to help promote mental health and well-being, prevent mental disorders and improve care and social inclusion for people with mental disorders in Europe.

National and European working groups evaluated Member State and EU-level progress in this area through a SWOT analysis; a literature review; questionnaires and interviews.
This research and literature review, carried out in collaboration with EU agencies, the WHO and other international organisations led to recommendations for action to improve the effectiveness of mental health policies.

A final conference was organised to endorse Member State and EU recommendations and to underline EU commitment for follow-up actions. Close collaboration was established with other European mental health initiatives, and a strategy was developed to create a structured cooperation in mental health policy in Europe in the future.

Specific results

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The joint action developed a commonly endorsed framework for action addressing: (a) the promotion of mental health in workplaces and schools; (b) promoting action against depression and suicide; (c) developing community mental health care; and (d) promoting the integration of mental health in all policies.

These outputs were further built on by the Mental Health Compass[2] which, in parallel, monitored the mental health and well-being policies and activities of EU countries and non-governmental stakeholders and identified European good practices in mental health in the following areas:

- Preventing depression & promoting resilience
- Better access to mental health services
- Mental health at work
- Mental health in schools
- Preventing suicide
- Providing community-based mental health services
- Developing integrated governance approaches

The collected best practices have been submitted to the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases[3] for interested Member States to identify the ones that they would like to take up and implement in the future.

The joint action's results are available on the project website[4] and in Chafea's health programme database[5].

Objective 2. Protect EU citizens from serious cross-border health threats

2. 20122103 — The impact on maritime transport of health threats due to biological, chemical &radiological agents, including communicable diseases (SHIPSAN ACT Joint Action)

Background information

The EU SHIPSAN ACT joint action brought together competent authorities from 26 countries and industry representatives to strengthen and integrate sustainable EU-level mechanisms to protect the health of sea travellers and crewmembers and prevent the cross-border spread of diseases.

2 https://ec.europa.eu/health/non_communicable_diseases/mental_health/eu_compass_en

3 https://ec.europa.eu/health/non_communicable_diseases/steeringgroup_promotionprevention_en

4 http://www.mentalhealthandwellbeing.eu/

5 https://webgate.ec.europa.eu/chafea_pdb/health/projects/20122202/summary

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Its specific objectives were to: (i) produce a report on the risks and consequences of chemical, biological, radio-nuclear (CBRN) events in all types of ships; (ii) improve the quality of inspections; (iii) increase port health staff and crew competencies; (iv) develop an outline for a risk assessment tool for occupational and public health; (v) develop guidance on health threats due to chemical/radiological agents; and (vi) to maintain and update SHIPSAN information tools.

Brief description

The action focused on the prevention, identification and assessment of CBRN-related cross-border health threats and on possible links with existing response mechanisms.

Methods included literature reviews, surveys and site visits, leading to a comprehensive needs assessment exercise. Focus groups and expert opinions were also used in order to reach a consensus among the different categories of stakeholders.

Dedicated working groups developed preparedness guidelines and training material, and coordinated ship inspections were conducted in line with European standards. Information was shared among participating countries on routine ship inspections (IHR - ship sanitation certificate (SSC)), ship-associated events and response measures using web-based databases. The pool of trainers was updated and a training programme involving face-to-face learning, e-learning, on-the-job training and blended learning was developed for public health officers and the industry.

Specific results

The SHIPSAN ACT joint action's main deliverables include the European manual for hygiene standards and communicable diseases surveillance on passenger ships, the SHIPSAN information system (SIS), training courses, guidelines and risk assessment tools.

- The European manual (second edition)[6] incorporates hygiene standards based on EU legislation and brings together best practice guidelines for passenger ships sailing within European waters.

- The SHIPSAN ACT web-based information system[7] contains: (a) a communication network platform for port-to-port and port-to-national authority communication; (b) an information system for recording and issuing ship sanitation certificates under the International Health Regulations 2005 for all types of ships sailing in the EU [a total of 364 port health officers from 20 EU countries are registered to the information system and issued more than 14 614 ship sanitation certificates (as of 8 June 2018)]; (c) a database for recording inspections conducted according to

6 http://www.shipsan.eu/Home/EuropeanManual.aspx

7 EU SHIPSAN ACT information system: https://sis.shipsan.eu/.

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the European manual (303 inspections from 2011 to 2017); and (d) a database for storing the maritime declarations of health submitted to Member States' 'national single windows'.

- The joint action delivered e-learning and face-to-face[8] training courses for ship operators, ships' officers and crew and port health officers. The pool of trainers included 90 subject matter experts from 20 countries, and a total of 1 162 users signed up to the e-learning platform. The partners gave 11 live webinars with >500 viewers from 21 EU countries and 12 non-EU countries. Training courses using the SHIPSAN ACT training materials were organised in Spain, Finland and Norway after 2016. In 2018, inspectors from the Netherlands started recording SSC under the International Health Regulation (IHR) in the SIS.

The good practices on preparedness and response developed by SHIPSAN ACT JA and AIRSAN PJ[9] have been extended to cover all three points of entry: air, maritime and ground transport, through the new HEALTHY GATEWAYS[10] joint action funded under the AWP 2017.

The action's results are available on the project website[11] and in Chafea's health programme database[12].

Objective 3. Contribute to innovative, efficient and sustainable health systems

3. 20122201 — Joint Action Health Workforce Planning and Forecasting (JA EUHWF)

Background information

Health workforce issues were put on the EU agenda by the Green Paper on the European Workforce for Health of the European Commission (2008) and the Commission Communication (2010/0682, final 23 November 2010). Member States also requested that investing in Europe`s health workforce of tomorrow be included in the Council Conclusions of 7 December 2010.

Eighteen countries participated on this joint action, together with international organisations and EU-wide health professionals' organisations.

Brief description

8 EU SHIPSAN ACT e-learning platform: http://elearning.shipsan.eu/.

9 http://www.airsan.eu/

10 https://www.healthygateways.eu/, https://webgate.ec.europa.eu/chafea_pdb/health/projects/801493/summary

11 EU SHIPSAN ACT website: http://www.shipsan.eu/.

12 https://webgate.ec.europa.eu/chafea_pdb/health/projects/20122103/summary

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The main objective of the joint action on health workforce planning and forecasting (JA EUHWF) was to provide a collaboration and exchange platform to better prepare Europe's health workforce for future challenges and to help countries improve their planning processes.

The joint action's objectives included: (i) a better understanding of terminology; (ii) better monitoring of health workforce issues through access to recent data; (iii) updating information on mobility and migration trends in the EU; (iv) guidelines on quantitative and qualitative health workforce planning methodology; (v) increasing quantitative and qualitative planning capacity; (vi) estimating future skills and competencies needed in the health workforce; (vii) setting up a cooperation platform to find possible solutions to the expected health workforce shortages; and (viii) increasing the impact of health workforce planning and forecasts on policy decision-making.

The joint action's two main methods were knowledge sharing and improvement actions. (1) On knowledge sharing, a collaboration platform was created to enable dialogue between national authorities, experts and stakeholders. The governance structure, procedures of communication, collaboration, outputs and outcomes of the joint action were included in this platform. (2) On improvement actions, health workforce data (especially on mobility) were analysed and assessed. The use of pilot studies, as well as quantitative and qualitative planning and forecasting tools, led to improved capacity in several of the participating Member States.

Specific results

National competent authorities increased their knowledge, improved their tools and strengthened their workforce planning. The action's key deliverable — the final Guide on health workforce planning and forecasting helped participating Member States to reduce the gaps between the expected needs and the expected supply of health professionals. The national competent authorities also re-designed education and training pathways, both in initial and continuous education, to ensure enough healthcare professionals with the right skills to meet their needs.

The action's results are available on the project website[13] and in Chafea's health programme database.

Objective 4 — Facilitate access to better and safer healthcare for Union citizens

4. 20112102 — Achieving Comprehensive Coordination in Organ Donation throughout the European Union (ACCORD)

Background information

[13] www.euhwforce.eu

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According to the data provided by the Council of Europe's European Committee on organ transplantation (CD-P-TO), more than 34 024 patients received transplants in the EU in 2017[14]. However, this is not enough to meet patients' transplantation needs. The Council of Europe data also reveal the extreme disparities in organ transplantation between EU countries.

The overall objective of the 'Achieving comprehensive coordination in organ donation throughout the European Union' (ACCORD) joint action was to unleash Member States' full potential in the field of organ donation and transplantation. To achieve this, the action aimed to improve the cooperation between the national competent authorities in line with the requirements of Directive 2010/53/EU ('the Directive') and the accompanying action plan on organ donation and transplantation (2009-2015) to strengthen cooperation between Member States.

Brief description

The joint action had three specific objectives:

1. To improve Member States' information systems on living organ donation by providing recommendations on the design and management of living donor registries (LDRs) and by introducing a model for supranational data sharing.
2. To facilitate the cooperation between critical care professionals and donor coordinators, to optimise donation from the deceased.
3. To provide practical help to EU countries to share knowledge, expertise and tools specific to the Directive and action plan in the form of specific comprehensive exchange protocols (twinnings).

Specific results

Training activities, exchange of best practices and networking support in all three fields have delivered concrete results:

- Several Member States have already started to create their national LDRs (or modify their existing LDRs) taking into account the ACCORD standards and recommendations — Spain, for example, with more than 70 hospitals involved.
- The joint action's twinning projects have improved access to transplantation, and increased quality and safety standards across the EU.

[14] Donation and Transplantation 2017 Newsletter, ONT (ES), http://www.ont.es/publicaciones/Documents/NewsleTTER%202018 %20final%20CE.pdf.

- Practical tools include: (i) auditing and accreditation manuals for transplant centres; (ii) training models for auditors; and (iii) e-learning tools for abdominal organ procurement surgeons. These were assessed by the national competent authorities and adapted as necessary before being rolled out.

- Finally, ACCORD has helped the consistent application of Directive 2010/53/EU and the related action plan across the EU through its concrete assistance to Member States.

The action's results are available on the project website[15] and in Chafea's health programme database[16].

15 http://www.accord-ja.eu/accord

16 https://webgate.ec.europa.eu/chafea_pdb/health/projects/20112102/summary

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PROJECTS

Objective 1. Promote health, prevent disease and foster supportive environments for healthy lifestyles

1. 20121205 — Innovating care for people with multiple chronic conditions in Europe (ICARE4EU)

Background information

Some 50 million Europeans live with multi-morbidity and their numbers are likely to grow. These people have complex health problems and need ongoing care from multiple care professionals and organisations. Policymakers all over Europe are alarmed by the challenge this poses to their health systems and social services. Consequently, many have put multi-morbidity high on their policy agenda.

The European Commission has funded the ICARE4EU project to help policy makers learn from new approaches to integrated care, and to share experiences of innovative practices in European countries.

Brief description

ICARE4EU analysed current innovative EU approaches to multidisciplinary care for people with multiple chronic conditions. Expert organisations from 30 European countries provided information on the characteristics of their care programmes for patients with multi-morbidity.

They provided information on, for example: (i) the target groups; (ii) the disciplines involved; (iii) the procedures and financing of long-term care; and (iv) the way in which patients and informal carers are actively involved. Country-level information on healthcare systems and their characteristics was also collected. As a result, the key characteristics for successful management and implementation strategies were identified.

Specific results

The ICARE4EU project delivered five policy briefs to help policymakers in European countries adapt their health systems to better meet the needs of people with multi-morbidity.

The policy briefs identify actions that can improve the design of integrated care for people with multi-morbidity — including innovative care models and effective implementation — and answer the following questions:

- How to improve care for people with multi-morbidity in Europe?
- How to make their care more patient-centred?
- How to strengthen the related financing mechanisms?
- How can e-Health improve their care?
- How to support integration to promote care for people with multi-morbidity?

The action's results are available on the project website[17] and in Chafea's health programme database[18].

2. Stimulating Innovation Management of Poly-pharmacy and Adherence in the Elderly (SIMPATHY)

Background information

According to the 'Err is Human' report[19], medication is the most common and the third most costly healthcare measure. In addition, up to 11% of all unplanned hospital admissions are attributable to drug-related harm.

The SIMPATHY (Stimulating innovation management of poly-pharmacy and adherence in the elderly) consortium explored how healthcare management programmes can improve medicines safety and prevent patient harm. To ensure the appropriate use of poly-pharmacy (i.e. multiple medications for the same patient), programmes should be developed in partnership with patients, as shared decision-making on medication improves patient adherence and medicines-related outcomes.

Brief description

The SIMPATHY initiative involved case studies in a range of healthcare environments, including at the reference sites of the European Innovation Partnership on active and healthy aging (EIP-AHA). This provided a framework, and more importantly, baseline data for an EU-wide benchmarking survey of poly-pharmacy and non-adherence management strategies.

This included innovative multidisciplinary models, using the professional expertise of pharmacists and physicians to reduce inappropriate poly-pharmacy and support patients with long-term conditions. A set of change-management approaches and tools, tailored to different situations, were also developed to help

[17] www.icare4eu.org

[18] https://webgate.ec.europa.eu/chafea_pdb/health/projects/20121205/summary and https://webgate.ec.europa.eu/chafea_pdb/health/projects/20121205/outputs

[19] Kohn LT, Corrigan JM, Donaldson MS, 'Err is human — building a safer health system'. Washington, D.C.National Academy Press; 2000. ISBN: 0-309-068371. https://www.ncbi.nlm.nih.gov/books/NBK225182/

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policymakers, regulators, health service providers, and other stakeholders improve current practice by implementing organisational change.

Specific results

The SIMPATHY case studies, benchmarking survey and literature review identified effective poly-pharmacy management programmes in the EU, but also underlined that they are too few in number. The project also highlighted that patients consider inappropriate poly-pharmacy to be an important issue that needs to be addressed.

The SIMPATHY report calls for EU countries to work together to manage and prevent inappropriate poly-pharmacy and improve medicines adherence and patient outcomes through a coordinated and collaborative change-management approach.

The consortium delivered five key recommendations:

1. Use a systems approach with multidisciplinary clinical and policy leadership.
2. Create a culture that encourages and prioritises the safety and quality of prescriptions.
3. Empower patients by giving them a central role in medication decisions.
4. Use data to drive change.
5. Adopt an evidence-based approach.

Adopting these recommendations will help EU countries meet the WHO global challenge to improve medication safety, of which poly-pharmacy is an essential element.

The action's results are available on the project website[20] and in Chafea's health programme database[21].

3. 20121211 — Benchmark comprehensive cancer care that provides interdisciplinary treatment for patients, and yield examples of best practice in comprehensive cancer care (BENCH-CAN)

Background information

[20] http://www.simpathy.eu/

[21] https://webgate.ec.europa.eu/chafea_pdb/health/projects/663082/summary, https://webgate.ec.europa.eu/chafea_pdb/health/projects/663082/outputs

The number of new cancer patients is steadily increasing but differences in EU health systems performance, as attested by substantial differences in disease and symptom free survival after primary treatment, as well as in prolonged symptom free metastatic disease, show room for improvement.

By carrying out a benchmarking exercise on cancer care in Europe, BENCH-CAN addressed the basic principles of the 'Together for Health' strategy. It complemented the work of the EPAAC joint action[22] on healthcare and cancer data & information and informed the Pillar B (care and cure) of the strategic implementation plan of the EIP-AHA[23].

Brief description

The general objective of BENCH-CAN was to benchmark comprehensive cancer care and yield best practice examples in a way that contributes to improving the quality of interdisciplinary patient treatment.

To achieve this, the project addressed five action areas:

1. Collecting, comparing and aligning the standards, recommendations and accreditation criteria of comprehensive cancer care in selected European countries.
2. Reviewing and refining a benchmarking tool that can be applied to comprehensive cancer care through interdisciplinary patient treatment.
3. Piloting the benchmark tool with particular attention to operations management and best clinical practice.
4. Maximising knowledge exchange and sharing of best practice between providers of comprehensive cancer care in member states and regions.
5. Ensuring compatibility of the benchmarking tools with existing cancer care resources and services.

The action developed four benchmarking tools using both qualitative and quantitative indicators, and piloted them in nine pilot sites.

Patient experience and satisfaction were measured by the European Cancer Consumer Quality Index. Expert opinion and literature findings helped the BENCH-CAN partners identify good practices and compare their project with existing or past projects.

Specific results

22 http://www.epaac.eu

23 https://ec.europa.eu/eip/ageing/about-the-partnership_en

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- A quantitative benchmarking tool to study the relative operational efficiency and resource allocation of the participating centres. The framework comprises 141 indicators in seven categories: (i) medical activities per year; (ii) human resources input; (iii) institution's capacities and facilities; (iv) cost of human resources; (v) diagnosis and treatment costs; (vi) institution's characteristics for comparisons; and (vii) institution's financial information.
- A tool to measure patient experience and satisfaction to see whether care is responsive and personalised, which uses the European Cancer Consumer Quality Index questionnaire.
- A benchmarking manual that incorporates the benchmarking tools and sets out the processes necessary for carrying out a self-assessment.

  Although targeted to comprehensive cancer care centres, it can also be used in general hospitals that provide cancer services and pathways. Above all, it is a publicly available resource[24] for all interested organisations and parties to use.
- The BENCH-CAN project also identified good practice examples of clinical practice, patient experience, and operations management processes at designated comprehensive cancer centres and interdisciplinary tumour services.

The action's results are available on the project website[25] and in Chafea's health programme database[26].

Objective 4. Facilitate access to better and safer healthcare for EU citizens

4. 20121217 — NEW e-HEALTH SERVICES FOR THE EUROPEAN REFERENCE NETWORK ON RARE ANAEMIAS (e-ENERCA)

Background information

The e-NERCA project focused on designing, validating and implementing information and communication technology (ICT) tools to provide innovative and optimal care for rare forms of anaemia. e-ENERCA centres involved health professionals, patients, health authorities and other national stakeholders in the design, validation and implementation of new e-Health services for addressing the challenges posed by rare forms of anaemia.

Brief description

[24] BENCH_CAN manual: https://www.oeci.eu/benchcan/Work_Package.aspx.

[25] Project website: http://www.oeci.eu/Benchcan/ Public deliverables: http://www.oeci.eu/Benchcan/Rdesources.aspx

[26] https://webgate.ec.europa.eu/chafea_pdb/health/projects/20121211/summary, https://webgate.ec.europa.eu/chafea_pdb/health/projects/20121211/outputs

The action established the conditions for a sustainable European Reference Network (ERN), which include: (i) expanding the expertise to the whole EU; (ii) collecting patient's data to increase the effectiveness of epidemiological surveillance; (iii) developing new e-health communication channels for better diagnosis and treatment; and (iv) establishing community reference e-platforms, embedded on ENERCA Web, to allow for easier access of e-learning and multidisciplinary advice independently from the country of practice.

The above were translated into the action's five main e-health services: (i) data from the ERN's health centres and patient's associations, e-registry and epidemiological data; (ii) dissemination of knowledge within the ERN by updating existing information or preparation of ENERCA recommendations; (iii) medical education through training courses and e-learning applications; (iv) expert advice delivered through ICT tools, including tele-diagnosis platforms; and (v) empowering patients by improving links with patients' associations.

Specific results

- e-Registry: an e-Health registry was developed for the epidemiological surveillance of rare forms of anaemia. This provided an inventory of relevant Centres of Expertise with the appropriate skills and knowledge to address rare forms of anaemia. It also enabled the pooling of relevant disease-related data through state-of-the-art standards.
- e-Learning and training: e-ENERCA built upon existing training tools and resources. Designed with input from e-Learning industry experts, it helped improve standards, which is essential for reducing inequalities and variations in the diagnosis, care and treatment of rare forms of anaemia.
- Telemedicine: The telemedicine platform was developed to enable clinicians and professionals to provide expertise from a distance, using virtual consultation techniques. To develop the telemedicine platform, the project analysed the legal framework of telemedicine services in the EU and clarified the legal and ethical considerations of setting up the e-ENERCA platform.

The action's results are available on the project website[27] and in Chafea's health programme database[28].

[27] https://www.enerca.org/, links to the eENERCA platforms:1. http://www.enerca.org/e-healthservices/eregistry.html; 2. http://www.enerca.org/e-healthservices/telemedicine.html; 3. http://www.enerca.org/e-healthservices/elearning.html

[28] https://webgate.ec.europa.eu/chafea_pdb/health/projects/20121217/summary

OPERATING GRANTS

The 17 non-governmental organisations that signed a framework partnership agreement (FPA) in 2017[29] were invited to submit their proposal for a specific grant agreement (SGA) under the 2017 AWP to cover their operational expenses for that same financial year.

The FPAs and their SGAs respond to three of the four objectives of third health programme, as follows: 13 FPA/SGA address objective 1: *'Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle';* 1 addresses objective 3. *'*Contribute to innovative, efficient and sustainable health systems*';* and 3 address 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
CN	Correlation Network on harm reduction and social inclusion	1.1
AE2018-2021	Alzheimer Europe 2018-2021	1.1
OBTAINS-E2	Obesity training and information services for Europe, phase 2	1.1
EPHA FPA 2018-2021	EPHA multiannual work programme	1.1
AAE	Stronger together	1.1
EUPHA	Application for an operating grant EUPHA	1.1
THALIA	Thalassaemia in action	4.2
EuroHealthNet	Strengthening action on health promotion and health equity in the EU: EuroHealthNet's proposal for 2018-2021	1.1
EHN2017	European Heart Network — fighting heart disease and stroke	1.1
SFP FPA 2018-2021	SFP Coalition's multiannual work plan 2018-2021	1.1
ENSP FY 2018-2021	ENSP — the Network — 'United for a tobacco free Europe'	1.1
HAI_FPA2018	A plan for action: Ensuring equitable, affordable and responsibly used medicines in the EU	3.6
SHE Network	Operating grant 2018-2021 for the SHE network	1.1
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
ECL FPA 2018-2021	European Cancer Leagues collaborating for impact in cancer control	1.1
TBEC	Strengthening the capacity and capability of civil society to drive the TB response in Europe	1.1
FPA 2018-2021	Framework partnership agreement 2018-2021 (EURORDIS)	4.2

[29] In total 17 FPAs were signed with successful applicant organisations covering 2017-2021, and resulting in them being eligible for financial support on an annual basis for each of the years covered by the FPA.

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Throughout 2017, in line with their SGAs, the organisations achieved their objectives, produced work of value to their stakeholders and supported the Commission's health policy initiatives in their areas of activity. The work and outcomes of two organisations with a 2016 SGA — Alzheimer Europe and Health Action International — are presented below:

1. 742885 — Alzheimer Europe (AE SGA 2017)

Background information

Alzheimer Europe is a non-governmental organisation (NGO) comprising 42 member associations from 37 countries. It aims to provide a voice to people with dementia and their carers, make dementia a European priority, promote a rights-based approach to dementia, support dementia research and strengthen the European dementia movement.

Brief description

The key objectives of Alzheimer Europe's 2017 operating grant were:

- to make an inventory and comparison of care standards for care services for people with dementia and their carers and to publish the results in the 2017 'Dementia in Europe' yearbook;
- to analyse societal obligations towards people with dementia and develop a rights-based approach to dementia together with ethical recommendations;
- to further develop the European Dementia Observatory's monitoring of scientific and policy developments in the field of dementia;
- to organise an annual conference in Berlin with the motto 'Care today, cure tomorrow' attracting at least 500 participants; and
- to support national Alzheimer's associations through the Alzheimer's Association Academy's capacity-building workshops, and provide good governance to the operating grant activities.

Specific results

Seventy-three experts from 29 European countries contributed to the 'Dementia in Europe Yearbook 2017: Standards for residential care facilities in Europe', providing initial information and feedback on the draft report. The final version of the published report, approved by the participating experts, fed into a peer reviewed open access Journal in 2018.

The 2017 Yearbook was distributed to over 2 700 stakeholders, including all Members of the European Parliament, key representatives of national Health and Social Affairs Ministries, national member organisations of Alzheimer Europe and other interested stakeholders. Several other key publications were produced during the action, for example 'Dementia as a disability? Implications for ethics, policy and practice — a discussion paper'.

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More information about Alzheimer Europe is available on the organisation's website[30] and in Chafea's health programme database[31].

2. 748399 — A Plan for Action: Ensuring Equitable, Affordable and Responsibly Used Medicines in the European Union (HAI_FY2017)

Background information

Health Action International (HAI) is a non-profit, independent, global network that aims to achieve equitable health for all.

For Europe, HAI's goal is to contribute to EU policy that promotes universal and equitable access to affordable medicines for needed treatment. HAI also supports policies and practices that ensure that medicines respond to societal challenges, are acceptably safe, and appropriately prescribed and used. Through its European network, it gives a voice to patients and consumers in decisions that will affect their health, while advocating for high levels of transparency, accountability and impartiality in all aspects of EU medicines policy.

Brief description

HAI's work in Europe focuses on three overarching goals:

1. Increased access to needed medicines
2. Rational use of medicines
3. Democratisation of EU medicines policy

HAI's 2015-2017 work plan was dedicated to identifying, monitoring and supporting EU policies that provide a response to persistent shortfalls in access to medicines and that are aligned with HAI's overarching goals. HAI worked towards these goals through research, evidence-based policy analysis and intervention, training and information sharing.

Throughout 2017, HAI made efforts to improve access to essential medicines, their rational use and good governance, including by: (i) contributing to EU policies that support needs-driven innovation, equitable access to medicines in Europe and sustainable healthcare systems through research-based advocacy; (ii) advancing EU actions on the exploration of new models of medical innovation that provide solutions to

30 https://www.alzheimer-europe.org/

31 https://webgate.ec.europa.eu/chafea_pdb/health/projects/748399/summary

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cross-border health threats such as antimicrobial resistance; (iii) raising awareness about the implications of pharmaceutical promotion and enabling critical appraisal among (future) healthcare professionals; (iv) strengthening health security by supporting marketing authorisation procedures that result in the approval of safe and effective medicines; and (v) supporting good governance of medicines policy and contributing an independent voice to policy debates.

Specific results

HAI helped shape discussions on the need for more transparency on medicines pricing and R&D costs supporting civil society's demands. Throughout 2017, HAI advocated for greater transparency of clinical trial data and stronger requirements for marketing medicines authorisation and also supported research into the evidence of the benefit of oncology drugs approved by the European Medicines Agency.

HAI was involved in the activities of the Transatlantic Consumer Dialogue and brought together a coalition of 25 NGOs from Latin America and Europe that made calls on the need to safeguard access to medicines in the EU & Mercosur trade negotiations.

HAI developed publications on trade and access to medicines, and provided technical expertise to policy makers and civil society organisations.

HAI looked into the main drivers of irrational use of antibiotics, including pharmaceutical promotion, and developed a paper with recommendations in this area.

More information about the work of HAI is available on the organisation's website[32] and in Chafea's health programme database[33].

[32] https://haiweb.org/

[33] https://webgate.ec.europa.eu/chafea_pdb/health/projects/748399/summary

DIRECT GRANT WITH INTERNATIONAL ORGANISATIONS

1. 20165401 (European Observatory on Health Systems and Policies) and 20165303 (OECD) on the State of Health in the EU

Background information

In 2017, the European Commission completed the first two-year cycle of the State of Health[34] in the EU initiative and published the first country health profiles.

Jointly developed by the Organisation for Economic Cooperation and Development (OECD) and the European Observatory on Health Systems and Policies, the aim of this work was to build on the *'Health at a Glance Europe 2016*[35]*'* report to deliver, both an overarching (EU-wide) and a country-specific understanding of the major challenges facing each EU Member State.

Following the release of these country health profiles in November 2017, policy dialogues were organised with some EU countries on a voluntary basis to help them use the findings and find out more about best practices and potential policy responses.

Brief description

The purpose of this initiative was to enable mutual learning and voluntary exchange between Member States to support their evidence-based policymaking. The concise, policy-relevant profiles were based on a transparent, consistent methodology, using both quantitative and qualitative data, yet flexibly adapted to the context of each EU Member State.

Each country health profile provides a short overview of:

- health status
- the determinants of health, focusing on behavioural risk factors
- the organisation of the health system
- the effectiveness, accessibility and resilience of the health system

34 https://ec.europa.eu/health/state/summary_en

35 https://ec.europa.eu/health/sites/health/files/state/docs/health_glance_2016_rep_en.pdf

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Specific results.

The country health profiles were accompanied by a companion report[36] with cross-cutting conclusions from the 28 EU countries. This report highlighted their shared policy objectives, such as:

- shifting towards health promotion and disease prevention;
- a stronger role for primary care;
- a rethink on fragmented service delivery;
- proactive planning and forecasting in the health workforce; and
- better patient-centred data across the EU.

Once the reports were presented to the national Health Ministries, all EU countries were invited to further discuss the findings with OECD and European Observatory on Health Systems and Policies experts.

These voluntary exchanges took place from the beginning of 2018 and helped Ministries to better understand the main challenges and develop the appropriate policy responses.

More information on the Health at Glance report is available on DG SANTE's website[37].

2. 20155103 Re-HEALTH: 'Support Member States under particular migratory pressure in their response to health-related challenges'

Background information

The action's overarching goal was to improve the capacity of EU Member States under particular pressure from migration (i.e. Italy, Greece, Slovenia and Croatia) to address the health-related issues of arriving migrants. This included measures to ensure appropriate surveillance, monitoring, and early warning in case of cross-border health threats, as well as preparedness, response planning and coordination of national policies.

In particular, the project supported these national authorities in their efforts to provide and manage health services at designated reception facilities for refugees and migrants during the reception process, and strengthened the coordinated response at national and EU levels.

36 https://ec.europa.eu/health/sites/health/files/state/docs/2017_companion_en.pdf

37 https://ec.europa.eu/health/state/summary_en

Brief description

The action's specific objectives were to:

- establish links between key reception areas and the health systems in the target countries;
- make use of the established personal health record (PHR) and the accompanying Handbook for health professionals to evaluate the health status and needs of arriving refugees and migrants;
- ensure that health assessments and preventive measures are implemented, taking into account the needs of children and other vulnerable groups; and
- ensure that data initially collected through the PHR is stored in a database so that it is available at transit and destination countries.

Specific results:

The development of a **database to manage migrant health assessment records** that can then be accessed at transit and destination countries increased the knowledge on refugees and migrants' health needs.

As a result, the refugees and migrants benefited from improved access to health service upon arrival, including health prevention, which is especially needed for women and children. This improved access to healthcare also helped reduce risks from undetected diseases and therefore to reduce cross-border health threats.

Aggregated results from the health assessments show that a substantial number of migrants were victims of torture and violence and that an equally high number had significant medical conditions.

More than 150 individuals attended the Re-Health training courses on health mediation, on the e-PHR platform use, and other health-related topics such as gender-based violence and reproductive health.

More information about Re-Health is available on the International Organisation for Migration's website[38]

3. 20145401 Ad hoc cooperation with the CoE on specific matters related the improvement of safety and quality of blood components and tissues and cells for human application and dissemination of best practices (Council of Europe/EDQM — DGA)

Background information

[38] https://www.re-health.eea.iom.int/re-health

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To increase safety for patients receiving tissues and cells, all professionals involved in the donation cycle's steps must have clear and harmonised technical guidance to ensure the safety and quality of these tissues and cells. This includes those identifying potential donors, the transplant coordinators managing the process of donation after death, the professionals working in bone marrow and cord blood collection centres, those in tissue establishments processing and storing tissues and cells, and the inspectors auditing any of the establishments and organisations responsible for procedures involving blood, tissues and cells.

Owing to its mission, expertise, outreach and structure, the Council of Europe can significantly contribute to the dissemination of best practices in this area and reach out to different audiences in the EU as well as in countries from/to which EU Member States regularly import/export human substances.

Brief description

This action involved four main activities:

1. A Guide to the quality and safety of tissues and cells for human application (hereinafter, the TC Guide). The objective was to develop and disseminate common European quality and safety standards for the donation, procurement, testing, processing, preservation, storage and distribution of human tissues and cells, including gametes and embryos, which will be published in future editions of the TC Guide.
2. A blood-proficiency testing scheme (B-PTS) programme. The aim was to organise proficiency testing scheme (PTS) studies for European blood establishments (BE). Participation in PTS studies can provide testing laboratories of European BE with an objective means of assessing and demonstrating the reliability of the data they are producing. The B-PTS activity will enable testing laboratories of the European BE to maintain and improve their performance.
3. A blood quality management (B-QM) programme involving on-site training courses, visits and audits in BE, as well as training course(s) for quality managers from BE. This programme aimed to support BE in implementing/developing their QMS.
4. A technical workshop to: (i) collect evidence on the implementation of the EU Directives and the CoE guidelines from the experience of the B-PTS, B-QM activities; (ii) develop Blood, Organ and TC Guides; and (iii) formulate recommendations to support possible future EU regulatory and technical decisions.

Specific results:

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The third edition of the TC Guide was published in August 2017[39].

Six B-PTS took place[40] using the same methodology.

Each study comprised the following steps: recruitment of the participants, preparation of a study outline, performance of a feasibility study if necessary, procurement of material, preparation of samples, invoicing and distribution of the samples, protocol to the participants, experimental phase, statistical evaluation, and reporting to the participants.

Each study was followed up with dissemination and promotional activities, as well as a comprehensive evaluation to review and improve upon the exercise.

Two on-site training/assessment schemes were developed under the B-QM programme: (1) the B-TVs (blood training visits); and (2) the B-MJVs (blood mutual joint visits). Their purpose was to provide BEs with tailor-made and effective advice. These visits were performed by peer-experts in European BEs.

More information about this action is available on the Council of Europe's website[41].

39 https://www.edqm.eu/sites/default/files/leaflet-tissues-cells-guide-2017.pdf. The draft of the fourth edition of the Guide was finalised in November 2018. It will be ready for publication in 2019 under grant agreement No 20185301.

40 B-PTS037 HBV/HCV/HIVNAT; B-PTS038 Anti-HCV; B-PTS039 Anti-HIV/p24; B-PTS040 Anti-Treponema; B-PTS041 HBsAg/Anti-HBc; B-PTS042 ABO Rha kell & exty and irregular antibodies.

41 https://www.edqm.eu/en/organs-tissues-and-cells-technical-guides

CALLS FOR TENDERS

1. 20147308 — Study on cross-border health services: potential obstacles for healthcare providers

Background information

Although EU legislation aims to facilitate cross-border health services, in practice, healthcare professionals still face various (potential) obstacles. These are the result of dissimilar rules between Member States, various (cross-sector) administrative requirements, language barriers, and even challenges in the recognition of qualifications process.

More specifically, this study had the following three objectives:

1. to identify specific and cross-sector national requirements for healthcare providers, when providing cross-border health services;
2. to identify the main barriers to delivering cross-border health services by considering how the requirements apply in practice; and
3. to provide an estimate of the amount of resources a healthcare provider would have to invest in order to meet the various requirements.

Brief description

The study investigated five scenarios of cross-border health services provision.

- Scenario 1: a General Practitioner (GP)/family doctor wishing to set up a practice in another Member States (MS) to offer standard GP services to patients.
- Scenario 2: A GP wishing to offer online consultations and ePrescriptions to patients (both private patients, and also patients covered by or claiming reimbursement from the public healthcare system) in one MS while being established in another MS.
- Scenario 3: A physiotherapist wishing to establish themselves as an independent practitioner offering physiotherapy services in another MS.
- Scenario 4: A medical services laboratory in one MS offering diagnosis services (for example, standard blood sample analysis) in another MS.
- Scenario 5: A hospital wishing to open a subsidiary branch in another MS.

Each of these scenarios were analysed for 10 different MSs: France, Germany, Italy, Latvia, Malta, the Netherlands, Poland, Slovenia, Sweden, and the United Kingdom. The analysis of the requirements that cross-border providers needed to fulfil in these 10 EU countries provides a sound basis for identifying

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likely barriers to providing health services in different types of healthcare systems and legislative environments within the EU.

Specific results

The study concluded that the requirements that only apply to cross-border providers (referred to in the study as 'additional requirements') mainly concern individual medical professionals. For example:

- recognition of qualifications (GPs, physiotherapists and professionals running a medical laboratory);
- language requirements (GPs, physiotherapists and professionals running a medical laboratory); and
- additional requirements upon registration with regulatory bodies (e.g. additional supporting documents and certified translations).

The main obstacles identified were:

- Language requirements: all selected Member States have language requirements for cross-border GPs, physiotherapists, and professionals running a medical services laboratory.
- High costs associated with providing the required supporting documents — and particularly the certified translations of these documents — in the 'recognition of qualifications' process and/or upon registration with a regulatory body.
- Registration with regulatory bodies: the registration process is crucial, since most regulatory bodies are in charge of delivering licences to practice. Although national providers also need to register with the regulatory body, additional requirements are often imposed on cross-border providers.
- Unfamiliarity with the specifics of the healthcare system in a Member State: compared to national providers, cross-border providers may experience more practical obstacles in finding the relevant information and navigating through the system. This potential obstacle is likely to be even bigger in Member States with a decentralised healthcare system.

More information about the study is available on DG SANTE's website[42].

42 https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/potentialobstacles_cbhcprovision_frep_en.pdf and

https://ec.europa.eu/health/sites/health/files/cross_border_care/docs/potentialobstacles_cbhcprovision_sum_en.pdf

2. Services contract: 20146101 — Costs of unsafe care and cost-effectiveness of patient safety programmes report

Background information

Given the growing importance of patient safety for health systems, and above all for patients, it was necessary to assess the impact of patient safety measures and to develop priorities for action. The economic burden associated with unsafe patient care required more action, particularly given the recent economic crisis.

The study's three main objectives were:

1. to provide a comprehensive picture of the financial impact of poor patient safety, including poor prevention and control of healthcare-associated infections, on EU health systems;
2. to identify cost-effective patient safety programmes implemented in the EU/EEA Member States and analyse their success factors; and
3. to assess the cost-effectiveness and the efficiency of investment in patient safety programmes.

Brief description

A mix of methods was used to answer the research questions. The team conducting the study carried out a systematic literature search, as well as desk research into the evidence on the prevalence and costs of adverse events and on cost-effective patient safety programmes. It also consulted an expert panel to complement results from literature where necessary. Finally, it developed an econometric model to calculate the economic burden of adverse events and the cost-effectiveness of patient safety programmes.

Specific results

The literature on unsafe care clearly demonstrated the substantial burden of adverse events. The general prevalence of adverse events range between 4% and 17% of all patients. Calculations based on two European references showed direct costs to the public healthcare sector to be around EUR 21 billion or 1.5% of Member States' health expenditure in 2014.

The literature search on cost-effective patient safety programmes yielded a high number of publications. These identified the characteristics of the most promising interventions to be: (i) the use of multi-methodological approaches; and (ii) the involvement of employees of all professions. The origin of the intervention, i.e. whether it was adapted from existing programmes or developed in-house, had no bearing

The study finally established a basic econometric simulation model calculating costs, effects, cost-effectiveness ratios and savings from selected patient safety programmes. The results were

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overwhelmingly positive. Estimated savings (EU-wide) range from EUR 300 million for a programme to reduce several healthcare-associated infections, to savings of about EUR 2 billion for a programme to reduce pressure ulcers or of around EUR 6 billion for an electronic system to prevent adverse drug events.

This report also provided recommendations on which patient safety programmes to prioritise, based on identified studies. Such prioritisation must consider a number of key indicators, such as the prevalence of the adverse event, the relevance of (easily preventable) adverse events, and the (established) cost-effectiveness of the available patient safety practices.

More information about the study is available on DG SANTE's website[43].

3. Services contract: 20157305 — BIG DATA in Health report

Background information

The European Council called for action on identifying sectoral priorities for research and innovation with the greatest potential for social and economic benefits in the data economy. The European Council has also emphasised the importance of the digital economy, recognising its high potential as well as the need for a strong data value chain in Europe. Both the European Council and Member States (MS) are willing to take the necessary steps to improve data innovation, especially given the exponential increase in data, highlighting that making data accessible, assessable, reusable and interoperable is the key to innovation.

The purpose of the study was therefore to explore how to use big data in health to improve health and health outcomes of people in the EU. The study also aimed to identify practical examples of using big data in health and develop recommendations for their implementation.

Brief description

The study's specific objectives were:

- to provide a list of examples of big data in public health, telemedicine and healthcare already being used that could be introduced in the EU MS;
- to propose the 10 biggest big data-related priorities for the practice of public health, telemedicine and healthcare, where a specific action could be developed, in particular at EU level;
- to develop a list of policy recommendations as a guideline for developing a big data value chain in the EU;
- to conduct a SWOT analysis on the feasibility of implementing the proposed policy actions; and

[43] https://ec.europa.eu/health/sites/health/files/systems_performance_assessment/docs/2016_costs_psp_en.pdf

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- to organise an expert workshop, with all interested parties (national public administrations, patients/citizens, health professionals, service providers, healthcare payers and industry).

Specific results

The suggested recommendations were explicitly from a public health perspective, aiming to improve the health of people in the EU as well as the performance of MS's health systems. They covered three ~~four~~ broad areas:

- To increase understanding and awareness, the study recommended: (i) an overarching communication strategy to convince the public of the added value of big data in health; and (ii) support to health workers to use this data.
- On the data sets and their analysis, the study recommended: (i) facilitating the open use and sharing of big data in health without compromising patients' rights to privacy and confidentiality; (ii) using new and innovative analytical methods; and (iii) developing standards. These factors will simplify the application of big data in health and improve interoperability.
- On governance and financing, the study recommended appropriate governance mechanisms to ensure: (i) secure and fair access to and use of big data for health research; (ii) the cost-effectiveness and sustainability of the funding models; and (iii) clear and well-enforced legal and privacy rules for big data in health.

More information about the service contract is available on DG SANTE's website[44].

4. Services contract: 20136101-SHAPING EUROPEAN EARLY DIALOGUES (SEED) report

Background information

The EU has supported cooperation in the field of health technology assessment (HTA) for more than 10 years, notably through the EUnetHTA joint actions[45]. Since November 2013, the HTA network, set up according to Article 15 of the cross-border healthcare Directive (2011/24/EU) provides strategic guidance on voluntary HTA cooperation in Europe.

In this framework, Chafea launched a call for tenders to carry out 'early dialogues' between the pharmaceutical industry and national HTA bodies that aimed to reduce uncertainty about the needs for data generation during the development phase of new health products (pharmaceuticals and medical devices).

44 https://ec.europa.eu/health/sites/health/files/ehealth/docs/bigdata_report_en.pdf

45 https://www.eunethta.eu/ja3-archive/

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Brief description

Under the service contract, the SEED Consortium delivered:

- methodological protocols and codes of conduct for early dialogues between multiple HTA bodies;
- 11 early dialogues (7 on drugs and 3 on medical devices); and
- recommendations for a permanent model for conducting early dialogues.

To be a candidate for an early dialogue, companies had to submit a letter of intent 4 months before the anticipated date of the start of the procedure.

Additional templates for the submission file were developed for medicinal products and medical devices, including the list of questions called 'briefing books' and the 'key issues' to be identified by SEED partners, focusing on the controversial questions on the specific medical technology.

Specific results

- Early dialogues for medicinal products: on the nature of the products, 1 was an advanced therapeutic medicinal product, 6 were biotherapies, 1 was a small molecule, 3 out of 8 had an indication in oncology, and 3 were for treating rare diseases. The products were submitted in the context of discussions on the design of the Phase III trials.
- Early dialogues for medical devices: not all requests received met the eligibility criteria, reflecting the lack of experience of the medical devices industry on this type of exercise. The three chosen products were: (i) 1 implantable medical device developed by a well-established company; (ii) 1 diagnostic test developed by a smaller company; and (iii) 1 medical device to improve the penetration of active products being inserted in parts of the body, developed by a start-up with no experience in clinical development.

The project also provided a series of recommendation on how to strengthen the process of multi-HTA early dialogues on issues such as conflicts of interest, involvement of patients, role of regulators and sustainable funding models.

The SEED report is available on the Haute Autorité de Santé — HAS website[46].

[46] http://www.earlydialogues.eu/has/?p=51

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5. Services contract: 20147307 — Off-label use of medicinal products in the European Union Study report

Background information

EU legislation on the marketing authorisation of medicinal products aims to safeguard public health and to protect the free movement of these products. As part of this authorisation, the terms under which a product can be used safely and effectively are described in the product information. However, medicinal products might be prescribed and used outside these terms. This is what is called 'off-label use'.

Off-label use refers to any intentional use of an authorised product not covered by the terms of its marketing authorisation. This may for example be the use for a different indication, use of a different dosage, dosing frequency or duration of use, use of a different method of administration, or use by a different patient group (e.g. children instead of adults).

Brief description

The report's main aim was to describe existing and planned off-label practices across Member States. Its specific objectives were:

- to provide information on the prevalence and incidence of off-label use, and on its drivers;
- to provide information on the national frameworks (regulatory and other) governing the off-label use of medicinal products in various EU countries; and
- to provide a factual analysis taking into account the EU legal framework for off-label use and practices in the EU countries.

Applying a wide range of methods, including a systematic review of scientific literature and grey literature (i.e. reports and working papers), a legal analysis, interviews with stakeholders and an expert meeting, this study provided information on a variety of aspects of off-label use. These include the prevalence and incidence of off-label use and its drivers, as well as a description of the national frameworks (regulatory and other) governing the off-label use of medicinal products in the various EU countries.

A factual analysis was also prepared on how authorities have addressed the issue of off-label use and the different ways patients, healthcare professionals and industry react to this.

Specific results

The reports investigated the balance between the benefits and risks of off-label use for patients, and the regulatory framework for off-label use.

On the benefits side, off-label use helps to increase patients' access to (innovative) treatments and to fulfil their medical needs, especially when no other option is available. It also contributes to the sustainability of the healthcare system.

Disadvantages include friction between national authorities and the pharmaceutical industry, and important liability issues.

The report also provided different policy options for professionals, industry, regulators and healthcare systems, among others. These included treatment guidelines, how to apply for permission to prescribe, appropriate reimbursement options, and incentives for pharmaceutical companies to register new indications.

The study is available on DG SANTE's website[47].

HIGHLIGHTS OF CO-FUNDED 'CROSS-CUTTING' AND 'OTHER' ACTIONS

1. Dissemination activities carried out in 2017

The dissemination strategy for the third health programme was adopted in June 2017. Its key principle was to link up with with activities organised by DG SANTE, international and European organisations, and EU countries in order to promote the health programme and disseminate its results at general and thematic events. For events organised by the Member States, a close cooperation with the health programme's national focal points was essential.

In 2017, several dissemination activities were organised on key communication priorities indicated by DG SANTE, namely **refugees' and migrants' health, European Reference Networks for rare diseases, the fight against antimicrobial resistance, HTA, crisis preparedness in health and chronic diseases**.

[47] https://ec.europa.eu/health/sites/health/files/files/documents/2017_02_28_final_study_report_on_off-label_use_.pdf

In total **20 dissemination activities** were carried out, attended by more than 3 000 participants. These included **2 conferences, 11 workshops and exhibition stands at high-level conferences** during the Maltese and Estonian EU Council Presidencies, and two cluster meetings open to journalists.

Other dissemination actions included:

- the revamping of the online **health programme project database**[48] to enable stakeholders to access projects' deliverables quickly and easily;
- the production of a **set of 16 third health programme visuals** depicting the health topics and usable on any communication tool; and
- the production of online **tutorials and videos**[49] on six topics to help potential applicants and beneficiaries to better prepare and manage their projects.

In addition, Chafea continued to raise awareness on health programme funding opportunities and on the programme's results at national, EU-wide and international events.

- To encourage participation in the health programme by raising awareness on priorities and funding opportunities, Chafea organised 2 health programme webinars on 30-31 March 2017[50], 10 national info days 2017[51], and an info day on 2017 joint actions on 7 June 2017 with 135 participants.
- To facilitate knowledge sharing and disseminate results, Chafea was present at more than 20 national and EU-level events.
- Chafea's health unit launched the first request for service under DG AGRI's framework contract (lot 2) to organise a series of events, including in particular:
    - **21-22 March 2017, Madrid, Spain — Workshop and stand on the 'rare disease registries' —** hosted by CIBER de Enfermedades Raras (CIBERER), the Spanish network of experts on rare diseases, alongside their annual meeting. Participants: 160.
    - **15 June 2017, Madrid, Spain — Conference 'Preparedness, Alert and Response: Lessons Learned in Europe from Last Cross-Border Health Infectious Threats'**,

48 https://webgate.ec.europa.eu/chafea_pdb/health/projects/

49 http://ec.europa.eu/chafea/health/beneficiaries-corner/project-management/index_en.htm

50 130 people participated, raising questions and interacting with SANTE and Chafea.

51 The national information days were organised in Italy, Sweden, Ireland, Greece, Malta, Poland, Slovakia, Lithuania, Serbia and Bosnia Herzegovina, with approximately 700 participants.

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organised by DG SANTE and ECDC together with the Spanish Ministry of Health and the members of the Health Security Committee. Participants: 125.

- **08-10 May 2017, Dublin, Ireland — Workshop and stand during the 17th International integrated care conference** 'Building a platform for integrated care: delivering change that matters'. Participants: 211.
- **8-10 June 2017, Lisbon, Portugal — Conference 'Healthy work environment, active health promotion and disease prevention at workplace'** organised by the Portuguese Health Directorate together with DG SANTE, DG EMPL, the Occupational Safety and Health Agency and the EU network of workplace health promotion. Participants: 123.
- **1-4 November 2017, 10th European Public Health conference 2017, Stockholm (SE)** —two workshops organised by Chafea in collaboration with DG SANTE, the European Observatory on Health Systems and Policies, European Implementation Collaborative, the Centre for Implementation Science, CLAHRC South London and King's College London and the EUPHA Section on Public Health Policy and Practice. The two workshops focused on: 'Sharing health information and evidence with policy makers: tools for transferring knowledge into policy action' and 'Implementation of innovations in public health policy and practice'. Participants: more than 100.

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2. *Other Actions*

Collaboration with DG GROW in the field of medical devices development and maintenance, in support to the new Regulations on medical devices and in-vitro diagnostic medical devices by the legislators.

- **Communication campaign**

  This communication and information campaign aimed to inform stakeholders about the legislative changes introduced by the new Regulations on medical devices[52] and *in-vitro* diagnostic medical devices[53]. The campaign targeted all stakeholders — particularly manufacturers — to ensure that they were aware of the requirements and timelines of the new Regulations. It therefore also aimed to avoid any disruptions to the medical devices market following the legislative modifications.

  Tools included a new online hub dedicated to the new regulations on DG GROW's[54] website. This hub provides information to the main stakeholders affected by the legislative change, namely: (i) manufacturers of medical devices and in-vitro diagnostic medical devices; (ii) authorised representatives, importers and distributers; (iii) health institutions reprocessing single-use medical devices; (iv) manufacturers of devices without an intended medical purpose; (v) healthcare professionals; (vi) health institutions; and (vii) institutions in charge of the procurement of medical devices and *in-vitro* diagnostic medical devices. The hub also targets authorities in non-EU/EEA countries that make use of the EU approvals system.

  The campaign produced **six factsheets** and translated them into EU languages as well as non-EU languages such as Chinese, Japanese and Arabic. The campaign also involved **webinars** targeted at stakeholders and other easy-to-understand information material.

  DG GROW liaised with competent national authorities to design and disseminate the campaign material at national level.

- **European medical devices database (Eudamed)**

  A key way of meeting the objectives of the two new Regulations on medical devices and *in-vitro* diagnostic medical devices was to create a European database on medical devices (Eudamed)[55].

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52 Regulation EU 2017/745.

53 Regulation EU 2017/746.

54 The Commission's Directorate-General for Internal Market, Industry, Entrepreneurship and SMEs

55 https://ec.europa.eu/growth/sectors/medical-devices/new-regulations/eudamed_en

The database integrates different electronic systems to collate and process information on devices on the market, including information on the manufacturers, certain aspects of conformity assessment, notified bodies, certificates, clinical investigations, vigilance and market surveillance. The database also aimed to increase transparency, for example by giving the public and health professionals better access to information. Other objectives included: (i) avoiding multiple reporting requirements; (ii) improving coordination between Member States; and (iii) streamlining and facilitating the flow of information between manufacturers, notified bodies or sponsors, and Member States — as well as among Member States, and between Member States and the Commission. As within the internal market this can only be ensured effectively at EU level, the Commission was tasked with further developing and managing the existing European databank on medical devices (Eudamed2) set up by Commission Decision 2010/227/EU[56].

In 2017, the maintenance and support of the existing Eudamed2 continued, in parallel with the feasibility analysis for the creation of an entirely new and separate Eudamed, in line with the new Regulations' requirements.

- **Scientific and technical support from Joint Research Centre (JRC)**

The Administrative Arrangement (AA) between DG GROW and the JRC ran from August 2015 to April 2017. It aimed to help set up scientific bodies — scientific panels for medical devices and European Reference Laboratories (EURLs) for in-vitro diagnostic medical devices — together with some elements on medical devices nomenclature. For the scientific panels JRC provided support on surveys — including the relevant implementing acts for their design and fees, and a call for experts. For EURLs, JRC provided implementing acts on tasks and compliance, developed principles for conflict of interest, and organised a call for applications by laboratories. Finally, on nomenclature JRC provided support at international (IMDRF) and EU level.

- **Joint assessments of notified bodies**

The action covers the expenses of national experts who participate in the joint assessments of notified bodies together with the Commission's services in line with Article 3 of Commission Implementing Regulation (EU) No 920/2013 and Articles 38-42 and 123(3)(a) of Regulation 2017/745 on medical devices and Articles 34-38 and 113(3)(b) of Regulation 2017/746 on in-vitro diagnostic medical devices.

[56] Commission Decision 2010/227/EU of 19 April 2010 on the European Databank on Medical Devices (Eudamed) (OJ L 102, 23.4.2010, p. 45).

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- **Meetings of Medical Device Coordination Group (MDCG)**

  The funding covers the organisation and reimbursement of expenses for the meetings of the MDCG and its subgroups. The group's tasks are laid down in the Regulations on medical devices and in-vitro diagnostic medical devices.

  The budget for all activities under Priority 3.6 related to the new medical devices Regulations was EUR 4 637 189,27, broken down as follows:

  - EUR 520 000,00 for the information and communication campaign;
  - EUR 2 218 000,00 for the development of the future Eudamed following the adoption of new medical devices Regulations;
  - EUR 1 350 000,00 for the AA with JRC; and
  - EUR 549 189,27 in support to the MDCG for meetings on the new Regulations.

Development and maintenance of the European Health Care Quality on cancer (JRC)

Background information

The European Commission's science and knowledge service, the Joint Research Centre (JRC), supports EU policies with independent scientific evidence throughout the whole policy cycle. The JRC's work on **health care quality on cancer** involves the coordination and operational management of the European Commission's initiative on breast cancer (ECIBC)[57], which aims to ensure the quality of breast cancer services across European countries.

An important part of the ECIBC is quality assurance for breast cancer services. For this, the JRC coordinates the Quality Assurance Scheme Development Group (QASDG), which has developed a European QA scheme, applicable to breast cancer services in the EU.

The QASDG has defined **six main processes of breast cancer care** that the European Breast QA scheme should cover: (i) screening; (ii) diagnosis; (iii) treatment; (iv) rehabilitation; (v) follow-up and survivorship care; and (vi) palliative care; and four quality areas: (i) clinical effectiveness; (ii) safety; (iii) personal empowerment and experience; and (iv) facilities, resources and workforce.

Brief description

The ECIBC included a Guidelines' platform — a publicly accessible collection of evidence-based guidelines for breast cancer. The platform covers selected topics of the patient care pathway and therefore

[57] https://ecibc.jrc.ec.europa.eu/

complements the ECIBC screening and diagnosis recommendations. It also includes a collection of trustworthy evidence-based guidelines for breast cancer services.

Specific results

The **ECIBC web hub** is a 'one-stop shop' for breast cancer patients, professionals and policy makers. Is is a user-friendly platform for health stakeholders and the public to exchange messages. It should become a key resource for stakeholders, especially women looking for information on where to go and how to receive care compliant with the most up-to-date European standards.

The **Guidelines platform** hosts existing high-quality guidelines, developed by expert bodies outside the European Commission. The platform covers all breast cancer care processes after diagnosis[58] (treatment, rehabilitation, survivorship, palliative care).

The JRC has also developed a targeted **European training template for digital breast cancer screening (the ECIBC training template)**. The training template aims to decrease disparities in skills and services and, in turn, will eventually considerably improve the quality of care. The ECIBC training template's minimum requirement is to define the essential training programmes healthcare professionals must follow in order to be able to perform screening services that comply with the *European Breast Quality Assurance Scheme*. It focuses on the skills a professional must possess to be able to adequately perform the assigned tasks. The skill-focused structure of the template will allow its application in different countries, by different professionals and within a diverse array of legal frameworks.

The budget for all activities under Priorities 1.4 and 1.5.4. was EUR 2 300 000,00, broken down as follows:

- EUR 2 200 000,00 for: (i) the development and maintenance of the healthcare, quality, health data information (HQHDI) for rare diseases registries and the cancer registry; (ii) the update of the EU guideline on breast and colorectal cancer screening, including the European quality assurance scheme; and (iii) data compilation for chronic diseases, particularly on nutrition and physical activity, and related publications, including summaries of scientific studies
- EUR 100 000,00 for laboratory support for the revised Tobacco Products Directive's (2014/40/EU) requirement on the submission of extensive data by industry (see Articles 5 and 6 (tobacco) and 20 (e-cigarettes)).

[58] http://ecibc.jrc.ec.europa.eu/guidelines-methodology

IMPLEMENTATION OF ANNUAL WORK PROGRAMME 2017

CALLS FOR PROPOSALS

Calls for proposals, including one for projects, and an invitation to apply for the European Reference Networks specific grants and operating grants for civil society organisation (SGA), were all launched in March 2017[59] on the Horizon 2020 programme's Participant Portal, on the Europa public health website[60] and on Chafea's website[61].

For the call for proposals for projects (supporting Member States in mainstreaming health promotion and disease prevention in health and educational settings), 11 proposals were submitted, but as none of them reached the quality threshold, no projects were funded.

All applications for ERNs specific grants for 2017 and 94% of FPA/SGA applications for operating grants were submitted by organisations in EU-15[62] Member States, the only exception being an SGA signed with an EU umbrella organisation from Cyprus.

Of the 6 joint actions signed, 5 (83%) proposals were from organisations in EU-15 Member States, and the remaining joint action (iPAAC) was coordinated by Slovenia. Of the 217 joint action beneficiaries, 51% were represented by organisation from EU-15 countries, 33% by organisations from countries that joined the EU after 2004[63], 14% by non-EU countries participating in the health programme (Bosnia Herzegovina (BH), Republic Serbia (RS) and Moldova), and 2% by EEA[64] countries (Norway).

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59 Project call on supporting Member States in mainstreaming health promotion and disease prevention in health and educational settings, PJ-01-2017 on17 March 2017 and FPA on 28 March 2017.

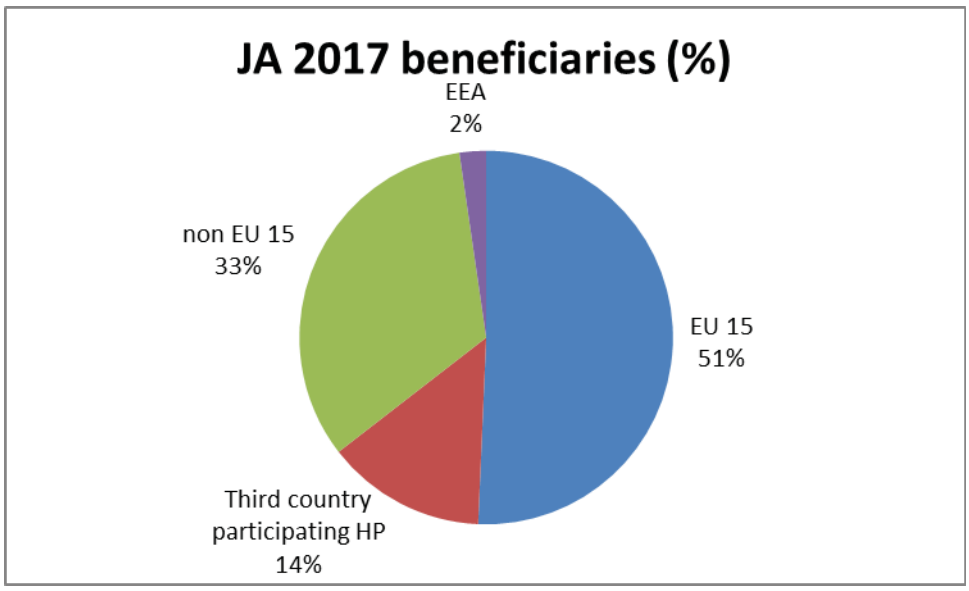
60 https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-details/pj-01-2017

61 http://ec.europa.eu/chafea/health/archives/news/news493.html

62 EU-15 countries (Belgium (BE), Denmark (DK), France (FR), Germany (DE), Greece (EL), Ireland (IE), Italy (IT), Luxembourg (LU), Netherlands (NL), Portugal (PT), Spain (ES), United Kingdom (UK), Austria (AT), Finland (FI), and Sweden (SE)). https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:EU_enlargements

63 EU countries that joined the EU after 2004: Cyprus (CY), Czechia (CZ), Estonia (EE), Hungary (HU), Latvia (LV), Lithuania (LT), Malta (MT), Poland (PL), Slovakia (SK), Slovenia (SI), Bulgaria (BG), Romania (RO) and Croatia (HR).

64 EEA countries participating in the health programme (Norway (NO) and Iceland (IC)). https://ec.europa.eu/eurostat/statistics-explained/index.php/Glossary:European_Economic_Area_(EEA)



Chafea organised a workshop for joint actions on 7 June 2017 and a joint action quality assurance workshop on 18-20 October 2017. The health programme's national focal points[65] also organised nine national information days (hosted in IT, PL, SE, IR, EL, RS, SK, LT, and BH) between March and June 2017. Guidelines for applicants were made available on the Participant Portal. The Chafea helpdesk also provided assistance and practical help.

Altogether, 23 proposals for ERNs and 16 operating grant proposals were received with a total proposed budget of EUR 10 316 224,31. However the total available budget for that year for the call for proposals — including for projects — and for ERNs and SGAs, was EUR 9 850 000,00.

Applications were evaluated in accordance with the rules and criteria set out in 2017 AWP[66] and the specific calls for proposals. There was also an external evaluation of the call for proposals to ensure an efficient and transparent selection of AWP 2017 proposals.

The proposals submitted under the various calls were evaluated by external experts (peer-reviewers). Nine external experts from 7 countries (AT, BE, EL, ES, IT, RO and SE) evaluated the FPA/SGA and ERN proposals, and 12 experts from 9 countries (DE, EL, ES, IT, LT, MT, NL, RO and NO) ensured the quality assurance of the 2017 joint actions. The experts were drawn from the list that was established following the call for expressions of interest in the area of public health — the EMI H2020 database[67].

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

66 Commission Implementing Decision of 26.1.2017 C(2017) 316 final. https://ec.europa.eu/health/sites/health/files/programme/docs/wp2017_en.pdf

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

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The evaluation process took place in two stages:

In the **first stage**, three external evaluators reviewed each proposal, and then a consolidated evaluation report for each proposal was drawn up at a consensus meeting organised by Chafea.

In the **second stage**, the evaluation committee checked that the evaluators had complied with the relevant rules and criteria. It then drew up final lists of proposals recommended for funding, together with 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 Chafea. The award decisions for 16 operating grants were taken by Chafea. Under the third health programme, there is no award decision for projects and ERNs, as it is signed together with the grant.

Project grants

Project grants were awarded to actions involving several partners, usually public health bodies and NGOs. The maximum EU contribution is 60% of eligible costs. However, the EU contribution may go up to 80% if a proposal meets the criteria for exceptional utility. In total, 11 proposals were submitted to the call for proposals for projects. Ten proposals were evaluated and 1 was rejected. No single proposal reached the threshold values. Therefore, no projects were funded in 2017 and the budget was re-allocated to other financial mechanisms.

European Reference Networks (mono-beneficiary grants)

ERNs, together with their proposals to become an approved ERN, which was conditional on their assessment by the Independent Assessment Bodies and ensuing decision of the Board of Member States, had also submitted an FPA proposal, together with their SGA proposals for their first year of operation.

Once the decision of the Board of Member States was taken and the 23 ERNs approved, Chafea invited them to the grant agreement preparation phase, with a view to sign the related FPAs and SGAs as quickly as possible in the year N+1.

According to the financing decision, each ERN could receive up to EUR 200 000,00. However, not all ERNs requested the full available amount. The co-funding awarded to them is in the table below.

Financial instrument	Chafea ERN actions SGAs under FPA by objective	
Objective:	4	

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Description of objective:	4. Facilitate access to better and safer healthcare for EU 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**	**Amount committed**
811290- ERN-RND — ERN-SGA-2017	European Reference Network for Rare Neurological Diseases	200 000,00
811463 — ERN-PAEDCAN Y2 — ERN-SGA-2017	Paediatric Cancer European Reference Network Y2	200 000,00
811269 — ERKNet — ERN-SGA-2017	European Rare Kidney Diseases Reference Network	200 000,00
811239 — ERN-NMD — Y2- ERN-SGA-2017	Rare Neuromuscular Disease European Reference Network	199 183,00
811440- ERN GENTURIS — ERN-SGA-2017	European Reference Network on Genetic Tumour Risk Syndromes — GENTURIS	192 072,92
811324 — ERN-SKIN -2 ERN-SGA-2017	European Reference Network for Rare, Low Prevalence, Diagnosed and Undiagnosed Skin Disorders — Year 2	200 000,00
811403- ERN GUARD HEART — ERN-SGA-2017	Gateway to Uncommon And Rare Diseases of the Heart	178 636,50
811633 — ERN-RECONNET — ERN-SGA-2017	ERN Rare Connective Tissue And Musculoskeletal Diseases Network	199 999,00
811490- EURACAN 2- ERN-SGA-2017	ERN Rare Adult Cancers	199 983,00
811570 — Endo-ERN — ERN-SGA-2017	ERN Rare Endocrine Conditions	200 000,00
811609 — VASCERN — ERN-SGA-2017	ERN Rare Multi-systemic Vascular Diseases	199 986,85
814736 — ERN-LUNG — ERN-SGA-2017	ERN Rare Respiratory Diseases	199 422,00
811442 — ERN BOND — ERN-SGA-2017	European Reference Network on Bone rare Diseases	200 000,00
811487 — ERN-ITHACA — ERN-SGA-2017	ERN Rare Congenital Malformations And Rare Intellectual Disability	140 998,00
811585 — MetabERN — ERN-SGA-2017	ERN Rare Hereditary Metabolic Diseases	200 000,00

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811422- ERN-RARE-LIVER — ERN-SGA-2017	The European Reference Network in Rare Liver Disease	198 955,80
811547 — EpiCARE — ERN-SGA-2017	European Reference Network for rare and complex epilepsies	195 425,02
8111246- ERN RITA — Y2- ERN-SGA-2017	European Reference Network on Rare Immunodeficiency, Autoinflammatory and Autoimmune Diseases: Year 2WP	199 964,38
811427- ERN-EYE — ERN-SGA-2017	ERN Rare Eye Diseases	199 904,03
811641 — ERN-EuroBloodNet — ERN-SGA-2017	ERN Rare Haematological Diseases	199 781,41
811672 — CRANIO — ERN-SGA-2017	ERN Rare Craniofacial Anomalies and ENT Disorders	200 000,00
811632 — ERNICA — ERN-SGA-2017	ERN Inherited And Congenital Anomalies	200 000,00
811558- ERN TRANSPLANTChild — 2nd Y, ERN-SGA-2017	ERN Transplantation In Children	200 000,00
Chafea TOTAL ERN SGAs		**4 504 311,91**

Operating grants

Operating grants may be awarded to non-governmental bodies that pursue one or more of the health programme's specific objectives. Operating grants were awarded to non-profit organisations that are:

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

All activities included in Annex 1 of the Regulation establishing the third health programme can be funded by a specific grant awarded under a framework partnership agreement (FPA).

FPA recipients are eligible for a specific grant agreement (SGA) (operating grant). These FPA recipients were invited to submit an application for an SGA to cover their operating costs for 2018. The maximum EU contribution is 60% of their annual operating costs. However, the EU contribution may increase to 80%

if a proposal meets the criteria for exceptional utility. In 2017, from the 16 operating grants signed, 6 (38%)[68] qualified for exceptional utility.

In 2017, a call for proposals was organised for the signature of four-year FPAs for 2018-2021, in particular, but not limited to, the following priority areas: prevention and health determinants; chronic diseases; cancer; dementia; rare diseases; HIV/AIDS, tuberculosis, hepatitis; access to healthcare; and substances of human origin.

Out of the 17 applicants granted an FPA, only 16 received an SGA. This is because one applicant organisation — EuroHealthNet — had to withdraw their proposal because they received a grant from DG EMPL covering their costs for 2018. EuroHealthNet's proposal was therefore removed from the ranking list.

By the end of 2017, the grant preparation process had been completed representing a budget of EUR 5 811 912,40

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

Financial instrument	**Chafea operating grants by objective**	
Objective:	1	
Description of objective:	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 EU strategies on alcohol and nutrition …	
User reference	**Title**	**Amount committed**
824194 — OBTAINS-E2 — SGA-01-2017	Obesity Training and Information Services in Europe phase 2	226 410,00
811123- EUPHA SGA-2017 — SGA-01-2017	European Public Health Association (EUPHA) 2018	292 714,00
81125 — SFP SGA 2018 —	Preventing cancer and chronic diseases through smoking prevention	419 906,40

[68] Operating grants, SGA 2017 with EC funding higher than 60% were granted to the Smoke Free Partnership, Correlation Network, AIDS Action Europe, European Network for Smoking and Tobacco Prevention, European Public Health Alliance and Thalassaemia in Action.

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SGA-01-2017	— 2018 annual work plan for the Smoke Free Partnership	
811127 -EHN SGA 2018-SGA-01-2017	European Heart Network — Cardiovascular Health at the Heart of EU Policies	370 861,00
824213 — ENSP FY 2018 — SGA-01-2017	European Network for Smoking and Tobacco Prevention — Paving the way for a tobacco free Europe	393 648,00
824205 — EPHA 2018 — SGA-01-2017	European Public Health Alliance (EPHA SGA 2018)	584 206,40
811128 — SHE2018 — SGA-01-2017	SCHOOLS FOR HEALTH IN EUROPE FOUNDATION	248 847,00
Total		**2 536 592,80**
Thematic priority:	1.3 Support effective responses to communicable diseases such as HIV/AIDS, tuberculosis and hepatitis …	
User reference	**Title**	**Amount committed**
811114- TBEC — SGA-01-2017	TBEC: strengthening TB response in the WHO Europe region	124 210,00
811116 — AAE — SGA-01-2017	AIDS Action Europe — Stronger Together	280 492,00
811124-CN- SGA-01-2017	Correlation — European Harm Reduction Network	214 713,60
Total		**619 415,60**
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**
809963 — AE2018 — SGA-01-2017	Alzheimer Europe	472 785,00
811112 — ECL SGA 2018 — SGA-01-2017	European Cancer Leagues - Collaborating for Impact in Cancer Control (2018)	302 895,00
Total		**775 680,00**
Objective:	3	
Description of objective:	3. Contribute to innovative, efficient and sustainable health systems.	
Thematic priority:	3.6 Implementation of EU legislation in the field of medical devices, medicinal products and cross-border healthcare	
User reference	**Title**	**Amount committed**
811117 — HAI2018 — SGA-	A Plan for Action: Ensuring Equitable, Affordable and	250 000,00

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01-2017	Responsibly Used Medicines in the European Union	
Total		**250 000,00**
Objective:	4	
Description of objective:	4. Facilitate access to better and safer healthcare for EU citizens	
Thematic priority:	4.2 Coordinated action at EU level in order to effectively help patients affected by rare diseases	
User reference	**Title**	**Amount committed**
811115 — EURORDIS SGA 2018 — SGA-01-2017	Eurordis Rare Diseases Europe SGA 2018	1 027 785,00
824224 — THALIA SGA 2018 — SGA-01-2017	THALassaemia In Action 2018	297 828,00
Total		**1 325 613,00**
Thematic priority:	4.5 Implementation of EU 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**
811126 — SAVDON — SGA-01-2017	Equal access to high-quality cells for transplants for donors whose rights and safety are protected.	304 611,00
Total		304 611,00
Chafea TOTAL OPERATING GRANTS		**5 811 912,40**

JOINT ACTIONS

The grants for actions co-financed with Member State authorities are, according to Article.7 2(a) of the third health programme 2014-2020 Regulation, '*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.'*

They therefore allow the nominated national authorities of the Member State/other countries participating in the programme and the European Commission to work together on jointly identified issues.

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Grants for joint actions were awarded to competent authorities or public sector bodies and non-governmental bodies mandated by those competent authorities.

The maximum EU contribution is 60%. However, the EU contribution may go up to 80% if a proposal meets the criteria for exceptional utility. Four (67%) out of the 6 joint actions 2017 qualified for exceptional utility[69].

The procedure for joint actions changed under the third health programme to increase transparency and inclusiveness. Member States and other countries participating in the third health programme now nominate the competent authorities or other bodies as a first step. As a second step, their nominees are invited to submit a proposal under the direct grant procedure.

Six joint actions were co-funded for a total budget of EUR 20 229 410,14, covering the following objectives:

- health promotion (2 joint actions);
- health threats (2 joint actions); and
- health systems (2 joint actions).

There were no joint actions for the 'better and safer healthcare' objective.

Each of the six joint actions involved between 20 and 49 beneficiaries from EU/EEA countries and other countries participating in the programme.

The table below lists all the joint actions funded per objective and priority.

Financial instrument	**Chafea Joint actions by objective**	
Objective:	1	
Description of objective:	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 EU strategies on alcohol and nutrition …	

[69] The four joint actions that qualified for exception utility in 2017 are the joint actions on health inequalities, on health information, on the Innovative Partnership on Action against Cancer, and on preparedness and action at points of entry.

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User reference	Title	Amount committed
801600 — HP-JA-2017	Joint Action Health Equity Europe (JAHEE)	2 499 997,02
Total		**2 499 997,02**
Thematic priority:	1.4 Support cooperation and networking in the EU in relation to preventing and improving the response to chronic diseases …	
User reference	**Title**	**Amount committed**
801520 - HP-JA-2017	Innovative Partnership for Action Against Cancer (iPAAC)	4 500 000,00
Total		**4 500 000,00**
Objective:	2	
Description of objective:	2. Protect EU citizens from serious cross-border health threats	
Thematic priority:	2.2 Capacity-building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries	
User reference	**Title**	**Amount committed**
801493- HP-JA-2017	Preparedness and action at points of entry (Healthy Gateways)	3 000 000,00
801495- HP-JA-2017	European Joint Action on Vaccination (EU-JAV)	3 530 231,97
Total		**6 530 231,97**
Objective:	3	
Description of objective:	3. Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.2 Innovation and e-health	
User reference	**Title**	**Amount committed**
801558- HP-JA-2017	Joint Action supporting the e-Health Network (eHAction)	2 699 989,67
Total		**2 699 989,67**
Thematic priority:	3.7 Health information and knowledge system including support to the Scientific Committees set up in accordance with Commission Decision C(2015) 5383	
User reference	**Title**	
801553- HP-JA-2017	Information for Action (InfAct)	3 999 191,48
Total		**3 999 191,48**
Chafea TOTAL JOINT ACTIONS		**20 229 410,14**

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DIRECT GRANT AGREEMENTS AND PRESIDENCY CONFERENCES

Direct grant agreements with international organisations were awarded to international organisations active in the area of public health. The direct grants also include service-level agreements. The maximum EU contribution is 60%.

All in all, 8 direct grant agreements were signed by Chafea for a total of EUR 9 300 000,00, as follows:

1) 2 direct grants (EUR 2 200 000,00) signed with the WHO for: (i) the State of Health in the EU country knowledge; and (ii) support for the implementation of national action plans on antimicrobial resistance (AMR).

2) 4 direct grants (EUR 2 800 000,00) signed with OECD for: (i) the EU health report 'State of Health in the EU'; (ii) the development of patient-reported measures; (iii) challenges to access to medicines; and (iv) trends and policies affecting the international migration of doctors and nurses.

3) 1 direct grant (EUR 3 300 000,00) signed with the Council of Europe on European Pharmacopoeia (European Directorate for the Quality of Medicines and Healthcare (EDQM)) (CoE — EDQM).

4) 1 direct grant (EUR 1 000 000,00) signed with the International Organisation for Migration (IOM) for the implementation of the Personal Health Record as a tool for integration of refugees in EU health systems (RE-HEALTH 2).

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

Financial instrument	**Chafea direct grant agreements by objective**	
Objective:	1	
Description of objective:	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 Risk factors such as use of tobacco and passive smoking, harmful use of alcohol, unhealthy dietary habits and physical inactivity	
User reference	**Title**	**Amount committed**
20175101 (IOM)	Implementation of the Personal Health Record as a tool for integration of refugees in EU health systems (RE-HEALTH 2)	1 000 000,00
Total		**1 000 000,00**
Thematic priority:	1.6 Health information and knowledge system to contribute to evidence-based decision-making	

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User reference	**Title**	**Amount committed**
20175102(WHO)	State of Health in the EU cycle	1 600 000,00
20175103 (OECD)	State of Health in the EU cycle	1 500 000,00
Total		**3 100 000,00**
Objective:	3	
Description of objective:	3. Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.4. Provide expertise and share good practices to assist Member States undertaking health system reforms …	
User reference	**Title**	**Amount committed**
20175303 **(OECD)**	Challenges for access to medicines	600 000,00
Total		**600 000,00**
Thematic priority:	3.6 Implementation of EU legislation in the field of medical devices, medicinal products and cross-border health care	
User reference	**Title**	**Amount committed**
20175301(Council of Europe)	European Pharmacopoeia (EDQM)	3 300 000,00
Total		**3 300 000,00**
Thematic priority:	3.7. Foster a health information and knowledge system to contribute to evidence-based decision-making	
User reference	**Title**	**Amount committed**
20175302 (OECD)	Develop patient-reported measures	500 000,00
20175304(OECD)	Trends and policies affecting the international migration of doctors and nurses	200 000,00
Total		**700 000,00**
Objective:	4	
Description of objective:	**Facilitate access to better and safer healthcare for EU citizens**	
Thematic priority:	4.4 Measures to prevent antimicrobial resistance and control healthcare-associated infections	
User reference	**Title**	**Amount committed**
20175401 (WHO)	Support to implementation of national action plans on AMR	600 000,00
Total		600 000,00
Chafea TOTAL DIRECT GRANTS		**9 300 000,00**

Presidency conferences

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The Presidency conferences financed under the 2017 AWP included one on tackling the harmful use of alcohol, under the Estonian Presidency[70], and one on pharmaceutical products and one on healthy nutrition — both under the Bulgarian Presidency.

1. The conference '**Cross-Border Aspects in Alcohol Policy — Tackling Harmful Use of Alcohol**' aimed to reduce alcohol-related harm in the EU by strengthening the Member States' capacities to implement effective health policy and tackle cross-border issues. The conference was held together with a debate at the Informal Meeting of Health Ministers on 30 October 2017 in Tallinn. Both events fed into the Council conclusions on these issues.

2. Under the Bulgarian EU Council Presidency[71] two conferences were organised.

    - The first on 'Healthy Future for Europe: A Healthy Child Nutrition' took place on 6 February 2018. Discussions and debates by EU and international experts focused on subjects such as healthy food and food for children, the link between nutrition and health, the impact of food on children's development, healthy eating habits as a key health determinant, food marketing regulation practices for children, the role of traditional diets, and prospects for a 'healthier' future common agricultural policy responsive to the needs of affordable, healthy food.
    - The conference on **Options to provide better medicines for all European citizens** took place on 6 March 2018. It aimed to provide a platform for discussion on key issues related to drug deficiency, legal possibilities and e-solutions to regulate parallel exports as well as securing effective medicines at affordable prices.

[70] https://www.eu2017.ee/political-meetings/cross-border-aspects-alcohol-policy-tackling-harmful-use-alcohol

[71] https://eu2018bg.bg/en/news/news

Financial instrument	**Health programme support to Presidency conferences by objective**	
Objective:	1	
Description of objective:	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 theEU strategies on alcohol and nutrition …	
User reference	**Title**	**Amount committed**
785803 EE-PCY	Estonian Presidency conference on Cross-Border Aspects in Alcohol Policy — Tackling Harmful Use	148 620,00
807392 DSHNCH	Bulgarian Presidency Conferences on Drug Shortages and on Healthy Nutrition for Children	61 439,00
Chafea TOTAL PRESIDENCY CONFERENCES		**210 059,00**

PROCUREMENTS (SERVICE CONTRACTS)

Procurement (service contracts) was used to purchase services. Contrary to the grants, the health programme covers the full cost of the procurement action. These services were implemented through service contracts based on existing framework contracts, services contracts or new framework contracts to cover needs as specified in the work plan for 2017. They include:

- evaluation, monitoring of actions and policies, including impact assessment;
- studies, data analysis and information on health;
- databases development and maintenance;
- organisation of workshops, training, 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 2017, DG SANTE signed several service contracts and specific requests using existing framework contracts (FWC). Most of these contracts and requests were for cross-cutting actions, such as communication and IT services for the maintenance and functioning of existing IT tools.

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Procurement contracts also included contracts with experts working for the scientific committees, and evaluation and monitoring studies. The overall public procurement budget implemented by DG SANTE under AWP 2017 was EUR 8 717 409,07.

The overall public procurement budget implemented by Chafea under AWP 2017 was EUR 5 863 073,68.

In 2017, CHAFEA managed 29 new market procedures for the acquisition of services (8 contracts under health promotion, 3 contracts under health threats, 3 contracts under health systems, 1 under better and safer health care) and 14 (48%) for measures to support the dissemination of health programme results.

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	881 500,00	3 515 257,00
2. Health threats	0	668 318,00
3.Health systems	3 257 945,25	633 035,70
4. Better and safer healthcare systems	1 553 490,00	272 541,75
5. Horizontal actions	3 024 473,82	773 921,23
TOTAL	**8 717 409,07**	**5 863 073,68**

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

Financial instrument	**Chafea Calls for tender by objective**	
Objective:	1	
Description of objective:	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 EU strategies on alcohol and nutrition …	

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User reference	**Title**	**Amount committed**
20177107 - CHAFEA/2017/HEALTH/31	Pilot on food reformulation support and monitoring	1 399 939,00
20177113 — CHAFEA/2017/HEALTH/01	EU dimension of alcohol-related harm	999 397,00
20177110- CHAFEA/2017/HEALTH/07	European expert network — Rare communicable diseases and other rare pathologies linked to globalisation/ migration	184 278,00
20177111 - CHAFEA/2017/HEALTH/08	Analyses of collected information — health status of refugees	148 395,00
Total		**2 732 009,00**
Thematic priority:	1.3 Support effective responses to communicable diseases such as HIV/AIDS, tuberculosis and hepatitis …	
User reference	**Title**	**Amount committed**
20177124- CHAFEA/2017/HEALTH/32	Support for Member States in mainstreaming health promotion and disease prevention including lifestyle medicine in health and educational settings	248 910,00
Total		*248 910,00*
Thematic priority:	1.5 Actions required by, or contributing to, the implementation of EU legislation in the field of tobacco products …	
User reference	**Title**	**Amount committed**
20178507 — SC 2017/HEALTH/34 UNDER FWC CHAFEA/2015/CP/01	Provision of behavioural studies — second wave study about consumer preference and perception of specific categories of tobacco and related products	288 338,00
20177129 –RFS CHAFEA 2017 Health 36 under FWC CHAFEA/2016/HEALTH/36	Tobacco technical group: organise, coordinate and manage the administrative system and coordination of the entire technical group	131 000,00
20177128 -RFS CHAFEA 2017 Health 35 -UNDER FWC CHAFEA/2016/ HEALTH/36	Maintenance of the group of sensory assessors, including performance monitoring	115 000,00
Total		**534 338,00**
Objective:	2	
Description of objective:	2. Protect EU citizens from serious cross-border health threats	
Thematic priority:	2.2 Capacity-building against health threats in Member States, including, where	

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	appropriate, cooperation with neighbouring countries	
User reference	**Title**	**Amount committed**
20177202 — RFS CHAFEA/2017 HEALTH/18 UNDER FWC CHAFEA/ 2015/ HEALTH/05 LOT 1	Inter-sectoral table top exercise on hybrid threats towards improving preparedness and strengthening capacity to coordinate response	229 209,00
20177205 — RFS CHAFEA/2017/HEALTH/26 UNDER FWC CHAFEA/ 2015/HEALTH/05 LOT 1	Inter-sectoral table top exercise on business continuity planning during a pandemic	229 209,00
20177206 -RFS CHAFEA/2017/HEALTH/27 UNDER FWC CHAFEA/ 2015/HEALTH/05 LOT 3	Organising a training on entry and exit screening	209 900,00
Total		**668 318,00**
Objective:	3	
Description of objective:	3. Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.1 Support voluntary cooperation between Member States on health technology assessment …	
User reference	**Title**	**Amount committed**
201710206 — SC IMPLEMENTING CHAFEA/2017/AGRI/06 LOT 2	Stakeholders forum on EU cooperation on HTA	105 035,70
20177123	Purchase order for expert HTA conference	8 000,00
Total		**113 035,70**
Thematic priority:	3.6 Implementation of EU legislation in the field of medical devices, medicinal products and cross-border health care	
User reference	**Title**	**Amount committed**
20177304 RFS CHAFEA/2017/HEALTH729 IMPL FWC PO_2016-12_A2	Information and communication campaign on the new Regulations on medical devices	520 000,00
Total		**520 000,00**
Objective:	4	
Description of objective:	4. Facilitate access to better and safer healthcare for EU citizens	
Thematic priority:	4.1 European Reference Networks	
User reference	**Title**	**Amount committed**

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20177401 RFS CHAFEA/ 2017/HEALTH/19 IMPL FWC/2015/HEALTH/09	European Reference Networks (ERN) — Assessment of healthcare providers — Join ERN by Independent Assessment Bodies	272 541,75
Total		**272 541,75**
Objective:	5	
Description of objective:	5. IT / dissemination (Horizontal action related to all objectives)	
Thematic priority:	horizontal IT / dissemination	
User reference	**Title**	**Amount committed**
201717103 -CHAFEA/2017/ HEALTH/22 under Framework Contract n° SANCO/2012/04/09 Lot 2	Organisation of two cluster meetings	186 518,43
201710201 SC IMPLEMENTING CHAFEA/2017/AGRI/06 LOT 2	Organisation of five (5) events, with the exhibition of the health programme pop-up stand.	394 331,70
20177121	PURCHASE ORDER -AIDS 2018, AMSTERDAM Rent a space for three satellite symposia and three shell scheme packages	71 460,00
20177118	PURCHASE ORDER INT CONF ON INTEGRATED CARE UTRECHT (ICIC18)	10 800,00
20177120	PURCHASE ORDER IHR CONFERENCE ATHENS JUNE 18 — PURCHASE ORDER	3 600,00
20177122	PURCHASE ORDER INHSU PORTUGAL, 19-21 SEPTEMBER 2018	5 000,00
20177127	PURCHASE ORDER EUROPEAN HEALTH FORUM GASTEIN 2018 STAND FEE	7 000,00
20177115	PURCHASE ORDER EUPHA CONFERENCE NOV 17 STOCKHOLM — venue expenses, exhibition space rental, registration fees and catering services	14 750,00
20177114	PURCHASE ORDER AMEX FOR EUPHA CONFERENCE NOV 17 STOCKHOLM	17 677,95
20177116	PURCHASE ORDER UNIVERSITY OF PATRAS organisation of a workshop on national policies and EU best practice for tackling antimicrobial resistance	10 000,00
20176101	PURCHASE ORDER Exhibition space	600,00

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	rental for the exhibition of Chafea Health Unit stand at the XVIII Congreso Nacional Sobre el Sida e ITS from 22-24 March 2017, Seville, Spain.	
20177101	PURCHASE ORDER Conference Health At Work, 8-9 June 2017, Lisbon, Portugal.	3 000,00
20177102	PURCHASE ORDER International conference on integrated care (ICIC) 8-10 May 2017 Dublin, Ireland	7 500,00
20177126	RFS CHAFEA/ 2017/ HEALTH/28 - Quality Consultant	41 683,15
Total		**773 921,23**
Chafea TOTAL CALLS FOR TENDER		**5 863 073,68**

Financial instrument	**SANTE Calls for tender by objective**	
Objective:	1	
Description of objective:	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 EU strategies on alcohol and nutrition …	
User reference	**Title**	**Amount committed**
SANTE/2017/C4/040	Study on exposure of children to linear, non-linear and online marketing of foods high in fat, salt and sugar	500 000,00
C4 - 17030100 — SC 32	JR PROJECT MANAGER AND JR ONLINE COMMUNITY MANAGER EU HEALTH POLICY FORUM AND EU HEALTH AWARD	186 500,00
Total		**686 500,00**
Thematic priority:	1.5 Actions required by, or contributing to, the implementation of EU legislation in the field of tobacco products …	
User reference	**Title**	**Amount committed**
7678 D1/ISS/SP	STUDY ON MEASURING THE ILLICIT MARKET IN TOBACCO PRODUCTS	150 000,00
DIR B — 17.030100 — SI2.763974	PROJECTS UNDER THE HEALTH PROGRAMME 2017	45 000,00
Total		**195 000,00**
Objective:	3	

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Description of objective:	3. Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.4 Setting up a mechanism for pooling expertise at EU level	
User reference	**Title**	**Amount committed**
SANTE/2017/02/020	Workshops/hearings of Expert Panel on effective ways of investing in health	39 945,25
Total		**39 945,25**
Thematic priority:	3.6 Implementation of EU legislation in the field of medical devices, medicinal products and cross-border healthcare	
User reference	**Title**	**Amount committed**
GROW/D4/2017 — MDCG MEETINGS IN 2017 (COVERING TRAVEL EXPENSES OF PARTICIPANTS)	Medical Device Coordination Group (MDCG) — meetings on new regulations and in-vitro diagnostic devices by legislators	18 000,00
GROW.R.3 — CS 9631 — DI/7330 -E-ORDER 2017-10929 - APPLICATION ARCHITECT / DESIGNER (AAD)	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	10 826,62
GROW.R.3 — CS 9630 — CC DI/7330 — E-ORDER 2017-11184	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	79 604,80
GROW.R.3 — CS 10063 — DI/7335 — E-ORDER 2017-15552-0 — PROJECT MANAGER / LEVEL 3	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	20 476,80
GROW.R.3 -CS 10079 — DI/7331 — E-ORDER 2017-15798-0 — DATABASE DEVELOPER / LEVEL 5 — EUDAMED	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	52 015,78
GROW.R.3 — CS 10100 — CC DI/7330 -E-ORDER 2017-16533-0 — DATABASE DEVELOPER LEVEL 4 — EUDAMED	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	16 438,58
GROW.R.3 — CS 10096 — CC DI/7335 — E-ORDER 16766-0 - BUSINESS ANALYST	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	60 721,20

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LEVEL 5 — EUDAMED		
GROW.R.3 — CS 9057 — CC DI/7337 — E-ORDER 2017-17789-0 — ENTREPRISE ARCHITECT LEVEL 4 — EUDAMED	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	167 754,40
GROW.R.3 — CS 10225 — CC DI/7333 — E-ORDER 2017-18489-0 — APPLICATION ARCHITECT/DESIGNER LEVEL 1	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	34 408,40
GROW.R.3 — CS 10712 — CC DI/7331 -E-ORDER 2017-21733-0 — APPLICATION ARCHITECT/DESIGNER LEVEL 3	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	129 288,00
GROW.R.3 — CS 10711 — CC DI/7335 — E-ORDER 2017-21755-0 — INTERFACE DESIGNER LEVEL 3	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	122 672,00
GROW.R.3 — CS 10595 — CC DI/7335 — E-ORDER 2017-23469 ENTREPRISE ARCHITECT LEVEL 4	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	74 187,38
GROW.R.3 — CS 1587 — CC DI/7390 — E-ORDER 2017-24724 — WORKSTATION ADMINISTR. LEVEL5	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	12 302,42
GROW.R.3 — CS 11010 — CC DI/7331 — E-ORDER 2017-25915 - APPLICATION ARCHITECT/DESIGNER LEVEL 3 — EUDAMED	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	77 572,80
GROW.R.3 — CS 11015 — CC DI/7330 — E-ORDER 2017-27652 — DATABASE DEVELOPER LEVEL 1 — MEDICAL DEVICES PROJECTS	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	62 802,00

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GROW.R.3 — CS 11013 — CC DI/7335 -E-ORDER 2017-28870-0 — BUSINESS ANALYST LEVEL 3	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	87 878,40
GROW.R.3 — CS 11014 — CC DI/7335 — E-ORDER 2017-28871 — BUSINESS ANALYST LEVEL 3	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	87 878,40
GROW.R.3 — CS 11187 — CC DI/7335 — E-ORDER 2017-28880 — BUSINESS ANALYST LEVEL 5	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	119 622,60
GROW.R.3 — SLG.CMM.2017.33145 — CS 001681 — CC DI/07390 — E-ORDER 2017-33145-0 — SYSTEM ADMINISTR. LEVEL 4	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	17 922,40
GROW.R.3 — CS 11745 — CC DI/7331 — E-ORDER 2017-35249-0 — APPLICATION ARCHITECT/DESIGNER LEVEL 4 — PTM	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	85 327,20
GROW.R.3 — CS 11768 — CC DI/7335 — E-ORDER 2017-37208-0 — ENTERPRISE ARCHITECT LEVEL 2	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	12 606,22
GROW/R3 — SLG.CMM.2017.39513 — CS 012156 — CC DI/7338 — E-ORDER 2017-39513 — IS SUPPORT MANAGER	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	31 013,84
GROW R3 — CS 9056 — CC DI/7334 — E-ORDER 2017-45099 — APPLICATION ARCHITECT/DESIGNER	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	177 094,00
GROW.R.3 — CS 12299 — CC DI/7331 — E-ORDER 2017-45291 — DATABASE DEVELOPER LEVEL 5	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	45 980,80

GROW.R.3 — CS 12842 — CC DI/7330 — E-ORDER 2017-45463-0 APPLICATION ARCHITECT/DESIGNER	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	21 053,60
GROW.R.3 — CS 12349 — CC DI/7331 — E-ORDER 2017-46649-0 — APPLICATION ARCHITECT/DESIGNER	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	10 842,40
GROW.R.3 — CS 12960 — CC DI/7331 -E-ORDER 2017-46708-0 — APPLICATION ARCHITECT/DESIGNER	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	11 926,60
GROW.R.3 - CS 12811 — CC DI/7330 - E-ORDER 2017-47160-0 QUALITY CONSULTANT (QC)	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators —	66 039,60
GROW.R.3 — CS 12862 — CC0 DI/7333 — E-ORDER 2017-48080 APPLICATION ARCHITECT/DESIGNER	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	70 795,20
GROW/R3 — GLOBAL COMMITMENT FOR IT SPECIFIC CONTRACTS	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	432 947,56
DIR B — 17.030100 — SI2.763974 -	PROJECTS UNDER THE HEALTH PROGRAMME 2017	100 000,00
DIR B — 17.030100 — SI2.763974 -	PROJECTS UNDER THE HEALTH PROGRAMME 2017	300 000,00
Total		**2 618 000,00**
Thematic priority:	3.7 Health information and knowledge system including support to the Scientific Committees set up in accordance with Commission Decision C(2015) 5383	
User reference	**Title**	**Amount committed**
C2 — ONLINE WRITER AND WEB/VISUAL DESIGNER	ASSISTANCE TO SCIENTIFIC COMMITTEES AND HEALTH EU NEWSLETTER	250 000,00
C2 - 17030100 — REIMBURSEMENT OF EXPERT COSTS AND INDEMNITIES FOR	SCIENTIFIC COMMITTEES — DEG	347 000,00
C2 - 17030100 — REIMBURSEMENT OF	SCIENTIFIC COMMITTEES — DEG	3 000,00

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EXPERT COSTS AND INDEMNITIES FOR		
Total		**600 000,00**
Objective:	4	
Description of objective:	4. Facilitate access to better and safer healthcare for EU citizens	
Thematic priority:	4.1 European Reference Networks	
User reference	**Title**	**Amount committed**
B3 - 17030100 — SANTE/2017/B3/046 -	ORGANISATION 4TH CONFERENCE ON ERN — 21-22/11/2018 — BRUSSELS	400 000,00
B3 - 17030100 — CATERING	CONFERENCE ON ERN — 21-22/11/2018 — BRUSSELS	40 000,00
B3 - 17030100 — SANTE/2017/B3/071	DUBBING AND SUBTITLING OF ERN VIDEO CLIP — 87 SECONDS	23 490,00
DIR B — 17.030100 — SI2.763974	PROJECTS UNDER THE HEALTH PROGRAMME 2017	1 090 000,00
Total		**1 553 490,00**
Objective:	5	
Description of objective:	5. IT / dissemination (Horizontal action related to all objectives)	
Thematic priority:	horizontal IT / dissemination	
User reference	**Title**	**Amount committed**
C4 — SI2.760871 -	EU HEALTH AWARD — PRIZES	45 000,00
C4 — SI2.760871 -	EU HEALTH AWARD — DEG —	15 000,00
B3 - 17030100 — SANTE/2017/B3/015	PRODUCTION OF ERN BROCHURE IN NORWEGIAN —	4 307,25
B3 - 17030100 — SANTE/2017/B3/016 -	EXPRESS SHIPMENT OF ERN MATERIAL -	2 711,31
CO-DEL DG SANTE -	TRANSLATIONS 2017 UNIT 02 + DIR B & C	30 755,14
SC 490 -	WEB MAINTENANCE — DEG	6 084,83
SC 528 GC -	WEB DEVELOPER	23 200,00
SC 526 -	JB — SENIOR WEB CONSULTANT	10 400,00
02 — SC 524	AS — SENIOR ONLINE WRITER	10 000,00
02 — SC 525 -	SR — SENIOR ONLINE WRITER	6 000,00
02 — SC 527-	VD — SENIOR WEB CONSULTANT	24 960,00
02 — SC 60 -	SOCIAL MEDIA BUYING — DEG	10 944,11
SC 9 -	WEB MAINTENANCE DG SANTE WEBSITES — DEG	6 016,33
SC 14-	VM — WEB DESIGNER	32 000,00
SC 15 -	GC — WEB DESIGNER	25 000,00
SC 24 -	DG SANTE WEBSITES MAINTENANCE	134 100,00
02 —	PURCHASE OF PROMOTIONAL	2 147,23

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SANTE/2017/02/074 -	MATERIAL FOR DG SANTE — DEG	
B3 - 17030100 — SANTE/2017/B3/066 -	SUBTITLING OF 5 VIDEO REPORTAGES — CELER PAWLOSWSKY — DEG	9 991,66
	COMMUNICATION ACTIONS IN 2018 ON THE NEW MFF	12 500,00
	A4 — IT PUBLIC HEALTH 2017	123 142,71
SC 6384 — CF -	PROJECT MANAGER FOR HEALTH PROJECTS + AV1 — MOD BA — DEGAGEMENT	7 000,00
SC 7466 — PS -	PROJECT MANAGER FOR IT HEALTH + AV1 + AV2	6 000,00
SC 7466 -	PS — PROJECT MANAGER FOR IT HEALTH + AV1 + AV2	6 000,00
SC 7466 -	PS — PROJECT MANAGER FOR IT HEALTH + AV1 + AV2	7 000,00
SC 9983 -	CD — APPLICATION ARCHITECT FOR PUBLIC HEALTH — AV1+AV2	48 539,41
SC 1379 -	DD — TECHNICAL CONSULTANCY ENGINEERING SPECIALIST FOR ORACLE	31 000,00
OF 3600 -	NEW IT LICENSES + RENEWAL & MAINTENANCE	6 176,58
SC 10513	- SJ — PROJECT MANAGER FOR DEMATERIALISATION + AV 1	32 000,00
OF 20240	- SSL CERTIFICATES FOR EUROPEAN REFERENCE NETWORK	2 843,28
SC 10532 -	BK — PROJECT MANAGER FOR HEALTH SYSTEMS	50 000,00
SC 10532 -	BK — PROJECT MANAGER FOR HEALTH SYSTEMS	15 000,00
SC 10532 -	BK — PROJECT MANAGER FOR HEALTH SYSTEMS	55 000,00
SC 10532 -	BK — PROJECT MANAGER FOR HEALTH SYSTEMS	15 000,00
SC 10532 -	BK — PROJECT MANAGER FOR HEALTH SYSTEMS	19 860,00
SC 10485	NT — WEB OPERATION MANAGER FOR QUALITY TEAM	18 116,00
SC 10514 -	SM — APPLICATION ARCHITECT FOR HEALTH & FOOD	45 000,00
SC 10514 -	SM — APPLICATION ARCHITECT FOR HEALTH & FOOD	44 038,70
SC 10531 -	PS — PROJECT MANAGER FOR HEALTH — COMPL	75 000,00
SC 10531 -	PS — PROJECT MANAGER FOR HEALTH — COMPL	55 000,00
SC 10531 -	PS — PROJECT MANAGER FOR HEALTH — COMPL	42 672,00

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SC 10622 -	MF — JAVA ARCHITECT FOR FOOD FRAUD & MSREP	48 603,57
SC 10489 -	CF — PROJECT MANAGER FOR HEALTH AND FOOD	40 649,22
SC 10489 -	CF — PROJECT MANAGER FOR HEALTH AND FOOD	39 000,00
SC 10624 -	CBT — BUSINESS INTELLIGENCE CONSULTANT FOR FOOD & HEALTH SYSTEMS	44 812,93
OF 3690 -	RENEWAL MAINTENANCE MISC SOFTWARES	1 456,03
SC 10609 -	PP — SECURITY & QUALITY CONSULTANCY SERVICES	15 000,00
SC 10609 -	PP — SECURITY & QUALITY CONSULTANCY SERVICES	25 000,00
SC 10582 -	DB — ARCHITECT CONSULTANCY FOR MEDICINAL PRODUCTS	171 668,00
SC 10529 -	AL — INTERFACE DESIGNER FOR SANTE PROJECTS	15 000,00
SC 10529 -	AL — INTERFACE DESIGNER FOR SANTE PROJECTS	38 506,00
SC 10824 -	MF — PROJECT MANAGER FOR FOOD SAFETY & PUBLIC HEALTH	50 000,00
SC 10509 -	CB — DATABASE DEVELOPER FOR SAAS2	30 000,00
SC 10509	CB — DATABASE DEVELOPER FOR SAAS2	35.272.00
SC 9975 — CAN->AA	DATABASE DEVELOPER CONSULTANCY SERVICES FOR DB TEAM — MOD PREST + FDI	41 447,20
SC 9972 -	UL — DATABASE DEVELOPER FOR PLATFORMS — AV1	4 500,00
OF 3966 -	NEW IT LICENSES & MAINTENANCE	524,64
OF 3966 -	NEW IT LICENSES & MAINTENANCE	827,62
SC 190 -	SPECIFIC IT SUPPORT TO POLICIES (CD)	146 156,72
SC 8529 -	MTC — PROJECT MANAGER FOR E-HEALTH — AV1	5 000,00
SC 11954 — RG -	SQL DEVELOPMENT FOR ALL SANTE PROJECTS	56 615,04
SC 11468 -	EM — SPECIAL APPLICATION SUPPORT	25 000,00
SC 11468 -	EM — SPECIAL APPLICATION SUPPORT	15 000,00
SC 11471 — PDG -	WEB OPERATION MANAGER FOR TOBACCO — MOD MT AV1	64 840,00
SC 11471 — PDG -	WEB OPERATION MANAGER FOR TOBACCO — MOD MT AV1	12 116,00
SC 11466 — CC+LV+JPB -	USER SUPPORT FOR CENTRAL TEAM — MOD BL	9 579,80

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SC 11826 -	MTC — PUBLIC HEALTH PHARMA SPECIALIST	31 623,64
SC 11826 -	MTC — PUBLIC HEALTH PHARMA SPECIALIST	39 475,36
SC 11826 -	MTC — PUBLIC HEALTH PHARMA SPECIALIST	46 552,80
SC 11826 -	MTC — PUBLIC HEALTH PHARMA SPECIALIST	55 140,00
OF 4430 -	RENEWAL OF LICENCE UBSCRIPTIONS (CD)	17 881,10
OF 20328 -	PURCHASE 4 SINGLE DOMAIN CERTIFICATES FOR ORGANISATION SSL 3 YEARS	1 843,28
OF 4453 -	RENEWAL IDOL ELA LICENCE YEAR 4	29 207,80
OF 60 -	RENEWAL OF APPSCAN SUBSCRIPTION	3 081,12
OF 4262 -	DG SANTE PARTICIPATION TO DIGIT ELA VMWARE YEAR 1/3	3 274,44
OF 4594 -	PURCHASE SOFTWARE FOR ACCESSIBILITY TEST TEAM	659,82
SC 11473 — JG -	DATA ANALYST FOR E_HEALTH	116 518,00
CC, CS100, 2017-50607, 749974-B21 HP SMART ARRAY P440/4GB FBWC 12GB 1-	CANCOM ON LINE -PORT INT SAS CONTROLLER — DIGITAL WORKPLACE SOLUTION — PURCHASE	230 540,80
CC07335, CS013082, 2017-50676, E-ORDER	ESP DESIS III — EXTERNAL SERVICE PROVISION FOR DEVELOP, STUDIES	3 767,61
CC06730, CS2896, 2017-49685,	NESTOR II — COMPUTER STORAGE EQUIPMENT,RNW MAINTENANCE COMLIN (EX OF 2848) — DIGIT DATA STORAGE BLOCK	5 572,63
CC07445,CS001235 2017-18860, E-ORDER FRAMEWORK CONTRACT -	STIS IVTECHNOLOGY EXPERT (TE) — (LEVEL OF EXPERTISE:NORMAL) — EXTERNAL AND INTERNAL COMMUNICATION — NEXT EUROPA	70 850,00
CC07370, CS8522, 2017-22427,	* NESTOR III — ACQUISITION OF STORAGE HARDWARE WITH ASSOCIATED EQUIPMENT, MAINTENANCE, UPGRADES AND SERVICES. RNW MAINTENANCE DATA STORAGE BLOCK (EX OF 8123) PERIOD: 01/07/2017 - 31/12/2017	277 663,19
CC07490, CS000062, 2017-42997	, SOPRA STERIA BENELUX MANAGED SERVICES PROVISION (MSP II), BASIC SERVICES — CORE SERVICES — STARTDATE: 01/12/2017 (UNTIL 28/02/2018) — MODE SERVICE — BASIC SERVICES CORE	22 547,00
CC07210, CS1866, 2017-	, BECHTLE AG*FWCAPS III LEN	2 977,92

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48572	X3650M5 PLUS 8X 6,4CM HDD KIT+EXPAN. APSIII STANDARD MAINTENANCE 5Y — DIGITAL WORKPLACE SOLUTION — PURCHASE	
CC, CS129, 2017-49137, PROVISION OF DATA CENTRE COMPUTE SOLUTIONS (DCCS) — LOT 1- A2S-26SFF-SFP-AM2 HPE DL380 26SFF FC NO HBA —	CANCOM ON LINE COMPUTE PLATFORMS — VIRTUALISATION HARDWARE PURCHASE	13 216,00
Total		**3 024 473,82**
SANTE TOTAL CALLS FOR TENDER		**8 717 409,07**

OTHER ACTIONS

EUR 7 212 500,00 was earmarked for other actions in 2017. Other actions cover the EU membership contributions to the European Observatory on Health Systems and Policies, and — in line with Article 121(2)(d) of the Financial Regulation — administrative agreements with the JRC, system inspections on medicinal products, special indemnities paid to experts for participating in meetings, work on scientific opinions and advice on health systems. This also includes an amount sub-delegated to Eurostat for work on health statistics.

For more information on specific measures included in 'other actions', see the table below.

Financial instrument	**Chafea other actions by objective**	
Objective:	3	
Description of objective:	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**
2017-European Observatory	Commission membership fee to the European Observatory on Health Systems and Policies	500 000,00
Total		**500 000,00**
Objectives:	5.5 Transversal actions	
Thematic priority:	**5.5.1 Evaluators of calls for proposals**	
User reference	**Title**	**Amount committed**

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	Evaluators of call for proposals	163 836,33
Total		**163 836,33**
Chafea TOTAL OTHER ACTIONS		**663 836,33**

Financial instrument	**SANTE other actions by objective**	
Objective:	1	
Description of objective:	1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic priority:	1.4 Chronic diseases including cancer, age-related diseases and neurodegenerative diseases	
User reference	**Title**	**Amount committed**
	C1 — ADMINISTRATIVE ARRANGEMENT 34950 BETWEEN DG SANTE AND JRC ON HQHDI (HEALTH CARE, QUALITY, HEALTH DATA INFORMATION)	2 200 000,00
Total		**2 200 000,00**
Thematic priority:	1.5. Tobacco legislation	
User reference	**Title**	**Amount committed**
	B2 — SI2.763420 - 17.030100 AA WITH JRC No 34851 — TECHNICAL SUPPORT TO THE IMPLEMENTATION OF THE TOBACCO PRODUCTS DIRECTIVE	100 000,00
Total		**100 000,00**
Thematic priority:	1.6 Foster a health information and knowledge system to contribute to evidence-based decision-making,	
User reference	**Title**	**Amount committed**
	07154.2017.002-2017.494 / NATIONAL STATISTICAL INSTITUTE OF BULGARIA / F.4	38 958,49
	07154.2017.002-2017.493 / STATISTICS AUSTRIA / F.4	26 330,35
	07154.2017.002-2017.497 / CROATIAN INSTITUTE OF PUBLIC HEALTH / F.4	30 563,37
	07154.2017.002-2017.498 / HUNGARIAN CENTRAL STATISTICAL OFFICE / F.4	26 134,28
	07154.2017.002-2017.499 / CENTRAL STATISTICAL OFFICE OF POLAND / F.4	25 547,23
	07154.2017.002-2017.501 / STATISTICAL OFFICE	54 786,00

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	OF THE SLOVAK REPUBLIC / F.4	
	07154.2017.002-2017.495 / STATISTICS ESTONIA / F.4	25 288,24
	07154.2017.002-2017.496 / DRESS FRANCE / F.4	37 500,00
	07154.2017.002-2017.500 / NATIONAL INSTITUTE OF PUBLICHEALTH / F.4	78 868,36
Total		**343 976,32**
Objective:	3	
Description of objective:	3. Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.4	
User reference	**Title**	**Amount committed**
Indemnities paid to experts	Expert Panel on effective ways of investing in health —	165 000,00
Total		**165 000,00**
Thematic priority:	3.6	
User reference	**Title**	**Amount committed**
REIMBURSEMENT OF EXPERTS EXPENSES FOR JOINT ASSESSMENT ON MEDICAL DEVICES — REIMBURSEMENT OF SMALL COSTS OTHER THAN AMEX — COMPL	Medical Device Coordination Group (MDCG) — meetings on new regulations and in-vitro diagnostic devices by legislators	95 000,00
REIMBURSEMENT OF EXPERTS EXPENSES FOR JOINT ASSESSMENT ON MEDICAL DEVICES — AMEX EXPENSES	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	15 000,00
GROW/D4 — ADMINISTRATIVE ARRANGEMENT WITH JRC ON THE IMPLEMENTATION OF THE NEW EU LEGISLATION ON MEDICAL DEVICES	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	1 350 000,00
VICH MEETING JULY 2017-1	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	564,74

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EXPERT		
VICH MEETING NOVEMBER 2017 - 1 EXPERT	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	3 201,34
VICH MEETING JULY 2017-1 EXPERT	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	69,00
2017 ICH MEETING — AMEX-WASHINGTON-APRIL	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	8 409,39
2017 ICH MEETING — EXPERTS — DEG —	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	102 800,00
2017 ICH MEETING — CANADA — MAY -	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	72 144,80
2017 ICH MEETING — SWITZERLAND — NOVEMBER — DEG -	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	7 000,00
ICH AND IPRF CONTRIBUTION FOR 2018 — DEG —	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	245 000,00
JAP AUDIT ON GMP — DEG —	MDCG — meetings on new regulations and in-vitro diagnostic devices by legislators	55 000,00
Total		**1 954 189,27**
SANTE TOTAL OTHER ACTIONS		**4 763 165,59**

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DETAILED OVERVIEW OF THE REPORTING YEAR 2017

Funding per thematic priority and financial instrument

Objective:	1										
Description of objective:	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 calls for tender by objective**	**SANTE calls for tender 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	2 536 592,80	2 499 997,02	1 000 000,00	210 059,00	2 732 009,00	686 500,00	0.00	0.00	9 665 157,82
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

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1.3 Support effective responses to communicable diseases, HIV/AIDS, tuberculosis and hepatitis …	0.00	0.00	619 415,60	0.00	0.00	0.00	248 910,00	0.00	0.00	0.00	868 325,60
1.4 Chronic diseases, cancer, age-related diseases and neurodegenerative diseases	0.00	0.00	775 680,00	4 500 000,00	0.00	0.00	0.00	0.00	0.00	2 200 000,00	7 475 680,00
1.5. Tobacco legislation	0.00	0.00	0.00	0.00	0.00	0.00	534 338,00	195 000,00	0.00	100 000.00	829 338,00
1.6 Foster a health information and knowledge system to contribute to evidence-based decision-making	0.00	0.00	0.00	0.00	3 100 000,00	0.00	0.00	0.00	0.00	343 976,32	3 443 976,32
Total	0.00	0.00	3 931 688,40	6 999 997,02	4 100 000,00	210 059,00	3 515 257,00	881 500,00	0.00	2 643 976,32	**22 282 477,74**

Objective:	2	
Description of objective:	2. Protect EU 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 calls for tender by objective	SANTE calls for tender 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	6 530 231,97	0.00	0.00	668 318,00	0.00	0.00	0.00	7 198 549,97
Total	0.00	0.00	0.00	6 530 231,97	0.00	0.00	668 318,00	0.00	0.00	0.00	7 198 549,97

Objective:	3										
Description of objective:	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 calls for tender by objective**	**SANTE calls for tender 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	113 035,70	0.00	0.00	0.00	113 035,70
3.2 Promote the voluntary uptake of health innovation and e-Health by increasing the interoperability of patient registries and other e-Health solutions	0.00	0.00	0.00	2 699 989,67	0.00	0.00	0.00	0.00	0.00	0.00	2 699 989,67
3.3 Support the sustainability of the health workforce by developing effective health workforce forecasting and planning	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	0.00	600 000,00	0.00	0.00	39 945,25	0.00	165 000,00	804 945,25

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3.6 Implementation of EU legislation in the field of medical devices, medicinal products and cross-border health care	0.00	0.00	250 000,00	0.00	3 300 000,00	0.00	520 000,00	2 618 000,00	0.00	1 954 189,27	8 642 189,27
3.7. Foster a health information and knowledge system to contribute to evidence-based decision-making	0.00	0.00	0.00	3 999 191,48	700 000,00	0.00	0.00	600 000,00	500 000,00	0.00	5 799 191,48
Total	0.00	0.00	0.00	6 699 181,15	4 600 000,00	0.00	633 035,70	3 257 945,25	500 000,00	2 119 189,27	**18 059 351,37**

Objective:	4										
Description of objective:	4. Facilitate access to better and safer healthcare for EU 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 calls for tender 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 for patients with conditions requiring highly specialised care …	0.00	4 504 311,91	0.00	0.00	0.00	0.00	272 541,75	1 553 490,00	0.00	0.00	6 330 343,66
4.2 Coordinated action at EU level in order to effectively help patients affected by rare diseases	0.00	0.00	1 325 613,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1 325 613,00
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	0.00	0.00	0.00	0.00	600 000,00	0.00	0.00	0.00	0.00	0.00	600 000,00

4.5 Implementation of EU 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	304 611,00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	304 611,00
Total	0.00	4 504 311,91	1 630 224,00	0.00	600 000,00	0.00	272 541,75	1 553 490,00	0.00	0.00	8 560 567,66

Objective:	5										
Description of objective:	5. IT / dissemination (Horizontal –transversals action 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**
horizontal IT / dissemination/evaluation call for proposals	0.00	0.00	0.00	0.00	0.00	0.00	773 921,23	3 024 473,82	163 836,33	0.00	3 962 231,38
Total	0.00	0.00	0.00	0.00	0.00	0.00	773 921,23	3 024 473,82	163.836,33	0.00	3 962 231,38

TOTAL ACTIONS COMMITTED BY CHAFEA UNDER AWP 2017	**46 582 603,46**
TOTAL ACTIONS COMMITTED BY DG SANTE UNDER AWP 2017	**13 480 574,66**
TOTAL COMMITTED	**60 063 178,12**

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