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Accompanying the document

**Report from the Commission to the European Parliament and the Council
Implementation of the third Programme of Union Action in the field of health in 2020**

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Introduction

This staff-working document (SWD) accompanies the report on the implementation of the third Programme for the Union's action in the field of health (2014-2020)¹ ('the Programme') in 2020.

While the report provides an overview of all the actions funded under the 2020 annual work programme (2020 AWP), this SWD presents the key results achieved in 2020 for actions that were co-funded under the Programme in previous years through grants and service contracts. It provides details on how these actions contributed to the Programme's four objectives, and how their results were taken up at national or EU level.

This SWD also provides comprehensive figures and statistics on the 2020 AWP operational budget, including a list of all co-funded initiatives and contracts by Programme objective, type of action and type of beneficiary organisation.

More information about these actions and their results is available in the health programme database² managed by the Consumers, Health, Agriculture and Food Executive Agency (Chafea)³.

¹ Regulation (EU) No 282/2014 of the European Parliament and of the Council of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health (2014-2020) and repealing Decision No 1350/2007/EC (OJ L 86, 21.3.2014, p. 1).

² [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programme_data/)

³ The database covers actions co-funded under the Union's health programmes from 2003-2020.

1. JOINT ACTIONS

Objective 1: Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the "health in all policies" principle

1.1. **CHRODIS-PLUS: Implementing good practices for chronic diseases**

[\[CHRODIS-PLUS\]](#)

More information available on the joint action website⁴ and in Chafea database.⁵

Background Information:

The CHRODIS+ Joint Action, was a three-year initiative (2017-2020) supporting EU Member States through cross-national initiatives, which were identified in JA-CHRODIS to reduce the burden of Chronic Diseases (CD), increase the sustainability of health systems and develop health workforce. In order to achieve this, 42 beneficiaries representing 20 European countries collaborated to implement pilots and generate practical lessons that could contribute to the uptake and use of CHRODIS+ results.

The total EU contribution amounted to EUR 4 999 999,56.

Brief Description of Activities:

CHRODIS+ promoted the implementation of innovative policies and practices in the fields of patient empowerment, health promotion and prevention, quality management of CD and multimorbidity, while improving the adaptation of the health workforce sector to chronic patients.

Specific Results:

The CHRODIS+ Joint Action consisted of eight Work Packages (WP), including coordination, dissemination, evaluation and sustainability of the Joint Action (respectively WP 1-4). Pilot projects under WP 5, 6 and 7 analysed relevant interventions, good practices and evidence-based

⁴ [CHRODIS - Joint Action on Chronic Diseases](#).

⁵ [Health Programme DataBase - European Commission \(europa.eu\)](#).

guidelines, which were subsequently implemented by interested stakeholders, i.e. policy-makers and organisations. All of the above pilot projects were validated before being scaled up.

In particular, CHRODIS+ looked for synergies with international, regional and local policy initiatives in the field of CD. This led to the development of a set of recommendations for the implementation of health promotion good practices as well as recommendations for intra- and inter-sectoral collaboration for health promotion and CD prevention. Furthermore, the Joint Action delivered a consensus Statement on EU added value of cross-country collaboration in the field of CD and the sustainability of the results from JA-CHRODIS and CHRODIS+ beyond 2020.

Moreover, a toolkit was developed regarding the prevention of chronic diseases at the workplace. The issue of chronic diseases and employment was further elaborated through a set of policy recommendations for health promotion and disease prevention in the workplace for people with CD, including reintegration and access to work aspects, while a training tool for employers and the employment sector was also developed.

The outcomes of CHRODIS+ are communicated through the action website. This communication tool is reaching out to the public while also being a source of information and reference for project partners. The dissemination of the CHRODIS+ Joint Action to the wider public has been further supported by the layman version of the JA's final report.⁶

1.2 Joint Action on strengthening cooperation between interested Member States and the Commission in the area of tobacco control [JATC]

More information available on the Joint Action Website⁷ and in Chafea database.⁸

Background Information:

The general objective of the JATC was to provide support to the EU Member States on the implementation of the Tobacco Products Directive (TPD)⁹ through the mining of the EU Common

⁶ Find all deliverables here: [Health Programme DataBase - European Commission \(europa.eu\)](https://health-programme-data-base.ec.europa.eu/)

⁷ [Jaotc.eu](https://jaotc.eu/) | [JOINT ACTION on TOBACCO CONTROL \(JATC\)](https://jaotc.eu/).

⁸ [Health Programme DataBase - European Commission \(europa.eu\)](https://health-programme-data-base.ec.europa.eu/).

⁹ [EUR-Lex - 32014L0040 - EN - EUR-Lex \(europa.eu\)](https://eur-lex.europa.eu/eli/dir/2014/40/oj).

Entry Gate (EU-CEG).¹⁰ Particularly JATC aimed at supporting the dissemination of information to the public, regulators and researchers, facilitating access to data derived from EU-CEG, assisting in e-cigarette regulation, supporting collaboration between laboratories across Member States evaluating tobacco products and finally integrating the JATC results into national policies.

The total EU contribution was EUR 1 995 334,21.

Brief Description of Activities:

In order to achieve the above-mentioned objectives, JATC amongst others:

- Created an information classification model, which identified the variables that should be considered public and not confidential within the common formats for the notification of tobacco products and e-cigarettes published through implementing acts 2015/2186 and 2015/2183 and within the context of TPD (Article 5(4)). The aim is that the classification of ‘TPD non-confidential public’ data by the WP will be accepted by EU-CEG Member States as proposed (WP 5).
- Outlined the requirements (legal/technical etc.) for making the above-identified information available to the public. This was based on a report, which clarified the legal framework regarding EU-regulation, Member States’ national legislation and existing contracts between owners and Member States as information owners in the EU-CEG. This report forms the basis for publishing legal requirements and sharing non-confidential public data.
- Assessed tobacco product description data with regard to product submissions, descriptors and product specific data, in order to investigate into cross-EU Member States’ comparability and to map unique and/or emerging product characteristics. The same assessment was conducted for data on presentation and sales, both of which were subsequently analysed (WP 5).
- Investigated the associations between declared tobacco product information (recipe) vs. measured tobacco product information and in line with Article 5(1) of the TPD. Within this

¹⁰ [Providing information on tobacco products, e-cigarettes and refill containers - The EU Common Entry Gate \(EU-CEG\) | Public Health \(europa.eu\).](#)

process, the consortium has statistically evaluated the differences and assessed if these variables are appropriately used (or misused) by the manufacturers or importers (WP 6).

- In the WP 9, the JATC composed an evaluation framework to judge the enhanced reporting documents on priority additives. This framework is of importance for both the JA consortium, the panel of peer reviewers, and the tobacco industry. Aspects that were included in this framework are the parameters and boundaries defining which information is regarded to be sufficient, and in which situation more information is needed. Information of the recently published SCHEER opinion II on Additives used in Tobacco Products were used as a basis for this framework (WP 9).

Specific Results:

During the course of its action, the JATC created a website containing information on the joint action, its management structure, the participant members and the outcomes. Amongst these, JATC published a leaflet¹¹ available in all EU languages to maximise the overall impact of the project through supporting the consultation with stakeholders and the dissemination of the project's results.

Moreover, under WP 4 a report on TPD mapping and sustainability activities was developed.¹² WP 5 delivered three reports and technical solutions of outmost significance, i.e. the 'Defined legal aspects of assessing other MS data in the JATC project',¹³ the 'Technical solution for securely assessing and processing public non-confidential data'¹⁴ and the 'Report on what data is public and non-confidential in EU-CEG'.¹⁵

Finally, WP 9 delivered an 'Assessment/Evaluation Framework for enhanced reporting of prior additives and guidelines for 'Good Experimental Practicing', and an 'Inventory of industry

¹¹ [WP2-D2.2-Leaflet.pdf \(jaotc.eu\)](#).

¹² [WP4-D4.1-Report-on-TPD-Mapping.pdf \(jaotc.eu\)](#).

¹³ [WP5---D5.2-Defined-legal-aspects-of-accessing-other-MS-data-in-the-JATC-project.pdf \(jaotc.eu\)](#).

¹⁴ [WP5-D5.3-Technical-solution-for-securely-accessing-and-processing-public-non-confidential-data.pdf \(jaotc.eu\)](#).

¹⁵ [WP5-D5.1-Report-on-what-data-is-public-and-non-confidential-in-EU-CEG.pdf \(jaotc.eu\)](#).

documents' which is a report on the type of information from the EU-CEG system on enhanced reporting of priority additives.¹⁶

2. PROJECTS

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

2.1 Models to engage vulnerable migrants and refugees in their health through community empowerment and learning alliance [\[MyHealth\]](#)

Background Information

MyHealth ran from 2017 until 2020 and aimed at improving the healthcare access of vulnerable and newly arrived in Europe immigrants and refugees by developing and implementing models based on the knowhow of a European multidisciplinary network. MyHealth identified women and unaccompanied minors as two of the most vulnerable groups, therefore, focussing on them.

The total EU contribution was EUR 1 134 547,95.

Brief Description of Activities

The project workload was distributed in 8 WPs. While the first three were horizontal, outlining the coordination, dissemination and evaluation of the project, the following five constituted the core of the project: WP4 Mapping, WP5 Needs Assessment, WP6 Tools development and WP7 Pilots. WP8 was concerned with community involvement, a central objective of the project.

MyHealth mapped the main actors involved in migrants' and refugees' health. The main purpose of this task was to develop an interactive map with key reference sites, such as refugee camps, non-governmental organisations (NGOs) headquarters and offices, community healthcare

¹⁶ [D9.2-Inventory-of-Industry-documents-A-report-on-type-of-information-from-the-EU-CEG-system-on-enhanced-reporting-of-priority-additives.pdf \(jaotc.eu\)](#).

departments, able to provide support to migrants and refugees. Information on several healthcare categories such as mental health and chronic diseases were disclosed, while also available services were categorised based amongst others on their cost and the availability of health community workers, cultural mediators and translators to be involved.

Furthermore, a Pilot Survey was designed and conducted in four health centres, aiming to collect information on the physical and mental health status of the target groups. Each health centre needed to provide data derived from a minimum of 15 migrants/refugees and five medical doctors as well as other health professionals. The survey was also available online, so that volunteers from centres not involved in the consortium could participate. The survey intended to provide a qualitative insight on the current health status of migrants and refugees.

Finally, MyHealth built the ‘European network’,¹⁷ a platform facilitating the communication of social inclusion organisations with organisations specializing in preventive health activities or medical interventions in vulnerable immigrants or refugees.

Specific Results

MyHealth developed an interactive map (WP4) which reports on the relevant health issues, key stakeholders, and available ICT tools as well as on the main legal and organisational aspects of the involved National Health Systems.

In particular, MyHealth identified the current health problems that migrants face and receive treatment for. This was achieved by reviewing evidence on the health status of the targeted groups, while also mapping small scale, locally implemented projects in that field, which can subsequently be transferred and implemented. Primary healthcare services reaching out to women and unaccompanied minors have been the focus of this action.

Moreover, based on a community health approach, health intervention strategies were developed in the field of mental health and communicable diseases. An ICT platform was created,¹⁸ which supports new tools and enhances health application development. Furthermore, MyHealth has provided a systematic approach suggestion, reaching out to both target groups to ensure their

¹⁷ [European Network - MyHealth \(healthonthemove.net\)](http://healthonthemove.net)

¹⁸ [ICT Tool Archives - MyHealth \(healthonthemove.net\)](http://healthonthemove.net)

involvement throughout the project. Finally, participating hospital units of the consortium implemented the defined pilot strategies and models.

2.2 Early detection and integrated management of tuberculosis in Europe: E-DETECT TB [\[E-DETECT TB\]](#)

Background Information

The E-DETECT Tuberculosis (TB) consortium was a European Commission co-funded group, which ran from 2016 until 2020, bringing together world leading TB experts in national public health agencies (Sweden, United Kingdom, the Netherlands, Italy and Romania), with the industry and also major academic centres.

The overall objective of the consortium was to contribute to the decline, and eventual elimination of TB, in the EU, by ensuring early diagnosis in vulnerable populations, consolidating migrant TB detection and improving European cross-border management and finally supporting the development of action plans in EU Member States through the exchange and implementation of identified best practices. The ultimate goal of the E-DETECT TB was to provide a framework that will implement those best practices deriving from countries with national and international strategies.

The total EU contribution was EUR 1 852 745.

Brief Description of Activities

Successful delivery of all programmes should contribute to the reduction of TB incidence in the EU; Project activities can be analysed as follows:

- Outreach activities in Romania and Bulgaria were expected to lead to the early detection and treatment of active TB. Patients detected early and successfully treated benefited from an increase in their quality of life, that including being able to return to their work place, and provide for their dependents where required. Patients treated for TB and Multi-drug Resistant Tuberculosis increased by 10% by the end of the project, therefore, alleviating a significant cost for national health systems. In that context, the E-DETECT TB project had

considerable benefits not only in terms of budget but also towards reducing premature mortality and controlling the spread of the virus.

- Activities to implement and evaluate migrant TB detection in Italy and to support their early diagnosis in low incidence countries. In this setting, further decline of TB incidence was achieved through intervention in migrant populations who account for the majority of new TB notifications. This action in Italy helped to identify the optimal strategy for targeting vulnerable migrants arriving via the Mediterranean sea, therefore, strengthening cross-border interventions.
- E-DETECT TB created a database with information on active and latent TB cases in migrants from low incidence countries. This enabled to identify the best approach for screening all migrants, while targeting the groups at highest risk. Database analysis provided a deeper understanding of the screening process regarding the targeted sub-groups, location and means used, therefore, generating lessons of both European and international importance in this domain.
- E-DETECT TB strengthened national TB programmes. Completion of this work stream resulted in an improved understanding of the differences and commonalities of national TB strategies and action plans across the EU. Furthermore, it led to a better understanding of barriers and facilitators to implementing national TB action plans. Finally, this was elaborated in a report suggesting the best approach to develop novel, future strategies.

Specific Results

Amongst others, the E-DETECT TB set up a regularly updated website,¹⁹ which contains information and links on the progress of the project including:

- The E-DETECT TB Strategy Toolkit,²⁰ which is freely available, focusing on key areas of TB control. It assisted national TB plan development or refinement by providing up-to-date guidance on core components of a TB Action Plan and Strategy by bringing together the latest EU/EEA-focused evidence and expert opinion. This Toolkit was prepared by the

¹⁹ [E-DETECT TB – Early detection of tuberculosis in Europe.](#)

²⁰ [TB Strategy Toolkit – E-DETECT TB](#)

TB Unit at Public Health England, in partnership with the University College London, the KNCV Tuberculosis Foundation and the Karolinska Institute.

- A layman version of the project's final report.²¹
- 16 publications, articles and posters in scientific journals and conferences.
- 12 leaflets and factsheets on WP and the developed Strategy Toolkit.

The future steps were to set standards for data sharing not only between E-DETECT TB partner countries but also between other EU Member States.

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

2.3 ERKNet Registry for Rare Kidney Diseases [\[ERK-REG\]](#)

Background Information

The ERKNet Registry project ran from 2018 until 2020 and aimed to establish an online platform for the collection of information relevant to patient health and clinical research within the framework of the European Rare Kidney Disease Reference Network (ERKNet). This was accomplished by the construction and implementation of a single core registry encompassing all rare kidney diseases in paediatric and adult patients.

The ERKNet Registry brought together five partners from five different countries (Germany, Spain, France, Poland and the Netherlands).

The total EU contribution was EUR 380 564,32.

Brief Description of Activities

ERKNet Registry is an innovative Web-based registry solution. Having a patient-oriented approach, it focused on continuous healthcare quality improvement through automated performance monitoring and network wide benchmarking.

²¹ [e-detect-tb-layman-version-of-final-report-feb-2021.pdf \(wordpress.com\)](#)

In order to do so the ERKNet Registry collected at annual intervals a data set providing basic information on clinical, histopathological and genetic diagnosis, patient status, current kidney function and treatment modality and available biospecimens as well as a selected disease-specific set of key performance and outcome indicators.

The Registry contains an automated statistics and benchmarking functionality to allow continuous monitoring and benchmarking of treatment quality, guideline adherence and patient outcomes. Existing disease- and treatment specific registries used by a major fraction of ERKNet members were linked to the ERKNet Core Registry to allow data transmission and avoid the need of double entries. In terms of data protection, a stringent data protection policy was applied in full compliance with the EU data protection legislation as well as national regulations on patient privacy and data protection. This included central pseudonymisation of entries and the separate storage of medical and patient identifying information.

Specific Results

Key specific results included:

- Two different websites targeting health professionals²² and patients.²³
- Patient information materials for all major diseases. These were published on the ERKNet website in eleven different languages²⁴ along with information on patient organisations²⁵ and communities per country.²⁶
- A periodic research report, which provides an overview on the rare disease research activities of the ERKNet members. This report was informed by the milestone reports achieved under WP3.
- A joint registry of rare kidney disease patients established and populated by ERKNet members.

²² [ERKNet: ERKNet](#).

²³ [ERKNet for Patients – The European Rare Kidney Disease Reference Network](#).

²⁴ [Rare Kidney Diseases – ERKNet for Patients – The European Rare Kidney Disease Reference Network](#).

²⁵ [Patient Organisations by Country – ERKNet for Patients – The European Rare Kidney Disease Reference Network](#).

²⁶ [Patient Communities – ERKNet for Patients – The European Rare Kidney Disease Reference Network](#).

- A highly successful ERKNet Webinar series with over 100 webinars in total. These online educational events were held every two weeks and consist of a lecture followed by a Q&A session.

3. OPERATING GRANTS

15 NGOs that signed a framework partnership agreement (FPA) in 2017 were invited to submit their proposals for a specific grant agreement (SGA) to cover their 2020 recurrent operational expenses.

As shown in Table 1 below, the FPAs and their SGAs contribute to three Programme objectives, with 11 NGOs addressing Objective 1 (*Promote health, prevent diseases and foster supportive environments for healthy lifestyles, taking into account the 'health in all policies' principle*) one contributing to Objective 3 (*Contribute to innovative, efficient and sustainable health systems*) and three to Objective 4 (*Facilitate access to better and safer healthcare for Union citizens*).

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

Acronym	Organisations	Thematic priority	Objective
EPHA	EPHA multiannual work programme	1.1	1
EUPHA	Application for an operating grant EUPHA	1.1	1
OBTAINS	OBesity Training And Information Services in Europe - phase 2	1.1	1
SFP	SFP Coalition's multiannual work plan	1.1	1
ENSP	ENSP - The Network - United for a tobacco-free Europe	1.1	1
SHE Network	SHE Schools for health in Europe Network	1.1	1
AAE	Stronger together	1.3	1
C- EHRN	Correlation Network on harm reduction and social inclusion	1.3	1
TBEC	Strengthening the capacity and capability of civil society to drive the TB response in Europe	1.3	1
AE	Alzheimer Europe	1.4	1
ECL	European Cancer Leagues collaborating for impact in cancer control	1.4	1
HAI	A plan for action: Ensuring equitable, affordable and responsibly used medicines in the European Union	3.6	3
Eurordis	EURORDIS - the voice of rare disease patients in Europe	4.2	4

THALIA	Thalassaemia in action	4.2	4
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	4

Throughout 2020, in line with their SGAs, the organisations achieved their objectives, produced valuable work for their stakeholders and supported Commission health policy initiatives in their areas of activity.

The work and outcomes of three of these organisations (AAE and ECL and THALIA) active under thematic priorities 1.3, 1.4 and 4.2 respectively) is described below.

3.1 AIDS Action Europe – Stronger Together [\[AAE\]](#)

More information about the work of AAE is available on the organisation’s website²⁷ and in Chafea database²⁸.

The AAE is a comprehensive NGO network of 421 NGOs, national networks, AIDS service organisations, and community-based groups in 47 countries within the WHO European Region. For the 2020 SGA, AAE continues the work under the same objectives, presented in the FPA 2018-2021. In particular, the AAE contributes effectively to the HIV, TB and hepatitis response in Europe, providing platforms for communication, facilitating collaboration, networking and linking. Moreover, amongst its aims is the continuous improvement of network collaboration through governance and internal management.

The total EU contribution was EUR 294 100,80.

Brief Description of Activities

The vision of AAE to fight HIV includes advocating for access and affordability of HIV treatment, tackling legal barriers in the response to HIV as well as stigma and discrimination.

²⁷ [AIDS Action Europe | AAE brings together civil society to work towards a more effective response to the HIV epidemic in Europe and Central Asia.](#)

²⁸ [Health Programme DataBase - European Commission \(europa.eu\).](#)

Under the 2020 SGA, AAE implemented its work programme, i.e. to serve as the secretariat to the EU Civil Society Forum, to monitor and contribute to policy developments, to coordinate the European HIV Legal Forum and advocate for Civil Society concerns. Moreover, AAE is committed to supporting the communication and exchange on information that will disseminate the results and tools of the Programme. Besides that, AAE is supporting national and regional advocacy efforts. Finally, ensuring topic-related sub-network cooperation and providing overall governance by the AAE Steering Committee have been key initiatives promoting the agenda of the organisation.

Specific Results

AAE has contributed to the implementation, monitoring and evaluation of HIV, viral Hepatitis, TB and sexually transmitted infections (STI) policies at national and international level by providing input to two Think Tank Meetings, coordinating Civil Society response and input on policy implementation & monitoring, as well as giving input on WHO and UNAIDS policies and strategies and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and European Centre for Disease Prevention and Control (ECDC) guidance. Moreover, AAE has served as secretariat to the EEU HIV/AIDS, viral hepatitis and TB CSF in collaboration with the European AIDS Treatment Group, a patient-led NGO. This includes managing the Civil Society Forum (CSF) coordination group, organising two CSF meetings, managing the online CSF group, communicating and facilitating communication with NGOs, stakeholders and partners as well as publishing the outputs and outcomes.

In addition to that, AAE has effectively coordinated cooperation in the field of community-based voluntary counselling and STI/HIV testing (CBVCT) services, providing working meetings and enabling decision-making opportunities, significant steps towards improving quality in HIV testing.

Moreover, AAE established communication platforms and facilitated collaboration, networking, linking and learning between the participant NGOs. This was achieved mainly by improved bilingual (EN/RU) communication through its various communication platforms and channels,

such as the Clearinghouse,²⁹ the AAE website, the EU Health Policy Platform³⁰ by improved linkage of members' profiles, projects and initiatives, newsletter and tailor-made mailings, printed materials and via face-to face meetings.

3.2 European Cancer Leagues [\[ECL SGA 2020\]](#)

More information about the work of the European Cancer Leagues available on the organisation's website³¹ and in Chafea database.³²

Background Information

The Association of European Cancer Leagues (ECL) is a unique platform bringing together various cancer leagues active at regional, national and international level to achieve a cancer-free Europe. In coherence with the FPA 2018-2021, this SGA focuses on informing policy in order to safeguard that cancer control remains a top priority on the political agenda and promoting the European Code Against Cancer (ECAC), an essential tool for cancer prevention. Moreover, the ECL supports leagues in the implementation of the Council Recommendation on Cancer Screening, while also uniting leagues to advocate for equal access to treatment, support, and rehabilitation for cancer patients. Finally, the ECL advocates for the European Guide for quality improvement in cancer control to be better established and considered in national cancer plans.

The total EU contribution was EUR 318 868.

Brief Description of Activities

The ECL has carried out different types of activities in each of its priority areas in order to effectively fulfil its role as Europe's biggest association fighting cancer. These activities are fundamental for implementing its five-year strategic plan and achieving the main aims of the SGA and the milestones and deliverables it sets out.

²⁹ [Clearinghouse | AIDS Action Europe.](#)

³⁰ [EU Health Policy Platform \(europa.eu\).](#)

³¹ [Home | Association of European Cancer Leagues - ECL.](#)

³² [Health Programme DataBase - European Commission \(europa.eu\).](#)

Amongst others, the ECL has organised the eighth European Conference on Tobacco or Health and also the publication of the latest Tobacco Control Scale report, which includes data from 38 countries in the European region. Moreover, it has implemented the manifesto of the ‘MEPs Against Cancer’, as presented at the European elections of 2019, through a series of coordinated actions and support in the organisation of four structured group meetings.

The publication of the final report evaluating the impact of the European Code against Cancer³³ has been one of the main achievements of the ECL and a great step towards disseminating information especially targeting policy-makers and the scientific community. In addition to that, the ECL published new guidance and training material addressing cancer in the workplace,³⁴ developed by its Patient Support Working Group.

Finally, the ECL has been actively involved in and enhancing the ECL Youth Ambassadors programme, so that it can reach a network of at least 40 European Countries, including all of the EU Member States. Building on its previous work, the ECL has continued to advocate the work of the ECL Access to Medicines Task Force implementing the 2018 'Let's Talk Access' White Paper on Equal Access to Medicines.

Specific Results

During the 2020 SGA, the ECL has provided recommendations to policy-makers and tangible support to patients and society at large, bolstering the Programme’s first objective to promote health and prevent diseases.

The active involvement of the ECL in fighting cancer has been of great significance particularly in the case of the EU Pharmaceutical Strategy, on which the ECL has issued a position paper, sharing its views and reinforcing the proposed patient-centred approach. In that context, the ECL Access to Medicines Task Force proposes ways for the active endorsement of the EU Pharmaceutical Strategy, suggesting a series of ways to tackle shortages in the pharmaceutical sector, especially oncology medicines. The scope of this paper is to provide concrete

³³ [European Code Against Cancer - International Agency for Research on Cancer \(IARC\). European Commission: 12 ways to reduce your cancer risk.](#)

³⁴ [ECL_Cancer-at-Work_Handbook-for-Employers_2020_digital.pdf \(europeancancerleagues.org\).](#)

recommendations for national and European decision-makers on how to best use legislative and non-legislative tools in order to enable patient access to safe and effective medicines throughout the European Union.

3.3 THALassaemia In Action 2020 [[THALIA2020](#)]

More information about the work of THALIA is available on the organisation's website³⁵ and in Chafea database.³⁶

Background Information

THALassaemia In Action 2020 (THALIA2020) focuses on Europe and targets patients with thalassaemia and other haemoglobinopathies, healthcare professionals and policymakers. The main objective of the THALIA project is to strengthen the education of patients, parents of patients and healthcare professionals, as well as the patients' capacity, competency and networking across the EU territory. Raising awareness on thalassaemia is of great significance in order to prioritise its prevention and management at European level. Finally, THALIA supports research programmes and studies focused on the clinical management of Thalassaemia.

The total EU contribution was EUR 257 027.

Brief Description of Activities

In order to raise awareness on thalassaemia, THALIA engages in a series of education-related activities, i.e. organising capacity building courses for patients, healthcare professionals (HCP) and volunteers from Austria and Sweden, informing patients and HCPs across the EU about relevant clinical trials, using educational online tools and also awarding fellowships for EU physicians. The activities include either directly or indirectly elements pertaining to thalassaemia in general, the disorders' inheritance pattern and prevention, potential health-related complications and social implications. All of the news on how these activities advanced have been posted to

³⁵ [THALassaemia In Action: The THALIA project – TIF.](#)

³⁶ [Health Programme DataBase - European Commission \(europa.eu\).](#)

THALIA's website Mobile App, which is updated on a daily basis in order to reach out to patients in the EU.

Moreover, THALIA works in a simultaneous top-down and bottom-up approach, raising awareness among international organisations and EU institutions on subjects of interest through policy recommendations and position papers on Thalassaemia in the EU. It created quality tools for national health systems, such as the Thalassaemia EU Electronic Health Record and Data Collection, and empowers patients through the creation of associations or support groups and via the exchange of good practices between associations.

Specific Results

Amongst others, THALIA 2020 has delivered an EU policy recommendation for thalassaemia, a policy paper including a description of the current situation regarding the prevalence and treatment of thalassaemia in the EU. Data from 12 centres using the Electronic Health Record were published in January 2021. This scientifically evidence-based article describes the current spread of thalassaemia patients across Europe, showcasing data obtained by the centres that adopted the Electronic Health Record. This includes a review of available healthcare services for patients in these countries as well as recommendations for the improvement of those services.

Finally, a summary on the EU distribution of pocket guides for HCPs was published in January 2021. It demonstrates the number of copies distributed and the methods used, as well as GDPR compliant information on the recipients of the pocket guide. Moreover, a brief description of the pocket guide, its features and the relevant milestones achieved has been included in the summary.

4. DIRECT GRANT WITH INTERNATIONAL ORGANISATIONS

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

4.1 Support for the European Directorate for the Quality of Medicine and Healthcare (EDQM)³⁷ and the European Pharmacopoeia

Main objective

Directives 2001/83/EC and 2001/82/EC, as amended, assign a central role to the European Pharmacopoeia (Ph. Eur.) in ensuring the quality of medicines in the European Economic Area (EEA).

In that context, the scope of this activity which ran in 2020, was to support the EDQM in establishing harmonised quality standards and reference materials for biologicals in line with the EU efforts for protection of animals (Reduction, Replacement or Refinement of animal testing outlined in Directive 2010/63/EC). Moreover, to safeguard the adequate and effective surveillance of the quality of marketed medicines in Europe, while also supporting the maintenance and further improvement of the harmonised identification of medicinal products in Europe and globally. Through these efforts, the activity contributed to the development and harmonisation of quality standards in line with the EU pharmaceutical legislation, the facilitation of market authorisation and surveillance for medicinal products and finally the increase of availability of medicinal products for the whole European population.

The total EU contribution to EDQM was EUR 3 300 000,00.

Brief description of activities

The activity unfolds in three different stages:

- 1) Maintaining and coordinating the Biological Standardisation Programme (BSP). The aim was to establish suitable methods for inclusion in the European Pharmacopoeia of a large variety of biological products and in particular, methods which avoid, reduce or refine the

³⁷ EQDM belongs to the Council of Europe

use of animals. Establishing reference materials needed for application of such methods was also deemed relevant.

- 2) Maintaining and coordinating the European Official Medicines Control Laboratories (OMCL) Network. Targeting to coordinate concerted programmes in various areas for surveillance of the quality of medicines on the European Market; providing and maintaining a number of suitable tools to keep the OMCL network operational.
- 3) Maintaining and coordinating the EDQM terminology activities. The aim is to continuously update the Standard Terms database; regularly participate in relevant meetings to implement ISO 11239 in Europe with a view to creating a single set of technical terms as part of the IDMP project.

Specific Results

The support to the EDQM has been of great importance for the harmonisation of quality standards in regards to biological materials. Compared to medicines containing chemically defined active substances, the quality attributes of biologicals are much more variable; therefore, more sophisticated methods are required for their control. Moreover, the licensing process and subsequently pharmacovigilance for medicinal products in Europe and worldwide have been facilitated through the harmonisation of terminology, which has consequently improved the availability of medicinal products across Europe.

4.2 OECD - Pharmaceutical innovation and access to medicines

Main Objective

The general objective of this action was to improve the transparency of pharmaceutical markets, to foster the ability of health systems to provide access to breakthrough treatments through pricing and coverage policies, while also improving efficiency of pharmaceutical spending and ensuring financial sustainability.

This action which ran in 2020 contributed to the objectives defined under the EU Pharmaceutical Strategy, to “Ensure greater access and availability of pharmaceuticals to patients” and to “Ensure affordability of medicines for patients and health systems financial and fiscal sustainability”. These objectives were aligned with the objective of the OECD Health Committee under its Programme

of Work and Budget for the biennium 2021-2022, to increase transparency of pharmaceutical markets. The action complemented initiatives already funded by the Programme, such as the EUnetHTA³⁸ and the EURIPID Collaboration.³⁹

The total EU contribution was EUR 600 000.

Brief Description of Activities

The Pharmaceutical Innovation and Access to Medicines Action included four thematic WP that focused on analytical work, related to: 1) Monitoring access to medicines, 2) Transparency of Resource Allocation in the R&D-based pharmaceutical industry, 3) Competition in on-patent markets and 4) Improving data on pharmaceutical expenditure in hospitals and other health care settings. A fifth cross-cutting WP was devoted to all themes, organising meetings and capacity-building workshops for officials of EU member states and their competent authorities.

These activities were carried out based on literature reviews, analyses of existing databases that collate relevant data on medicines and the pharmaceutical industry, surveys with national officials involved in pharmaceutical policy-making, exchanges with members from the OECD Expert Group on Pharmaceuticals and Medical Devices and consultations with relevant Commission staff and working groups to collect input from experts at the national and EU levels.

Specific Results

By the end of the OECD – Pharmaceutical Innovation and Access to Medicines Action, EU Member States found themselves in a better position to formulate fact-based policies for pricing and coverage of medicines that provide access to breakthrough treatments while also improving efficiency of pharmaceutical spending and ensuring financial sustainability.

In order to achieve these goals, upon the deliverables of the action were several reports analysing the objectives and means of monitoring access to medicines, the objectives and proposed framework of analysis for monitoring resource allocation in the pharmaceutical industry and

³⁸ [EUnetHTA](#).

³⁹ [EURIPID – The European Integrated Price Information Database](#).

competition in on-patent markets. Finally, the action delivered a report with a set of definitions, concepts and guidelines for estimating total expenditure on pharmaceuticals in the health sector.

5. CALLS FOR TENDERS

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

5.1 Support for the health workforce planning and forecasting expert network

[SEPEN]

Background Information

SEPEN was a joint tender running from 2017 until 2020 in the field of health workforce planning and forecasting. The main objective of this tender was to improve the expertise and knowledge sharing among experts involved in health workforce planning, to sustain cross-country cooperation and to provide structured support to Member States for them to increase their knowledge, improve their tools and succeed in achieving higher effectiveness in health workforce planning processes and policy. The SEPEN joint tender built on the results and work undertaken by the Joint Action on European Health Workforce Planning and aimed to follow up some of the recommendations in the Sustainability Strategy⁴⁰(JA EUHWF 2013-2016) as well as to address the expert network that was already in place. Hence, its main objective was to ameliorate and further contribute to Europe's health workforce planning and forecasting agenda.

The contract was awarded to the Joint Tenderer consisting of Semmelweis University (acting as the Coordinator), the University of Leuven (Katholieke Universiteit Leuven), the Italian Ministry of Health (Ministero della Salute), the Italian National Agency for Regional Health Services (AGENAS), and the Standing Committee of European Doctors (CPME).

The EU contribution amounted to EUR 876 730.

Brief Description of Activities

⁴⁰ http://healthworkforce.eu/wp-content/uploads/2015/09/150907_wp7_d071_sustainability_plan_final.pdf

The joint tender consisted of five WPs, whose activities are described as follows:

- SEPEN has focused on organising expert networking in order to structure and exchange knowledge in the area of health workforce planning and forecasting, while also providing a forum to address health workforce challenges. This was amongst others achieved through the mapping of national health workforce policies in the EU Member States.
- Part of SEPEN's activities was devoted to transferring knowledge and good practices on health workforce through the organisation of European workshops, while SEPEN technical assistance/support activities also provided on-request, tailor-made and country-specific exchanges of expertise to a selection of countries on their national implementation of health workforce planning activities.
- Finally, these actions were publicised and documented on the web.

Specific Results

In the three years of its action, SEPEN has provided numerous deliverables and valuable tools for health workforce planning and forecasting. The key results were included in the Executive Summary of SEPEN Outcomes in the Health Workforce field,⁴¹ which was published in 2021.

Amongst these, the SEPEN Expert Network was established, on a voluntary basis, through the creation of a master database, which initially commenced with a group of expert members from the EU Health Workforce Joint Action.⁴² The network was further developed through research covering intersectional and multidisciplinary stakeholders from all EU Member States. Synergies with other HWF-related networks were achieved, in order to contribute to policy development. These actions allowed the SEPEN network to grow significantly, including almost 400 experts from all EU Member States and the UK, representatives from 30 non-EU countries, 39 representatives from European and 12 from international organisations. The continuously evolving network provided a valuable basis for designing, creating and putting effective mechanisms in place for knowledge exchanging, thereby facilitating the dissemination and knowledge uptake for all Member States.

⁴¹ [SEPEN Summary_EN.pdf \(healthworkforce.eu\)](#)

⁴² [Joint Action on Health Workforce Planning and Forecasting](#)

Moreover, SEPEN provided an in-depth overview and a detailed “mapping” of national health workforce planning (HWF) planning systems and related policies, strengthening and updating the evidence-based knowledge policy making summary of the HWF planning systems and policies at both national and EU level. The results of the mapping study and the country fiches⁴³ generated were consolidated in the form of an e-book⁴⁴ with country-specific details on stakeholders involved at national level in HWF strategies in the area of recruitment, education and training, (such as on legal frameworks, decisions, laws and regulations and plans of ongoing and upcoming actions) but also an analysis of the main challenges for the future.

Furthermore, SEPEN actively encouraged exchanges and dialogue amongst experts and stakeholders on topics of common interest through the SEPEN network. This included the organisation of 11 webinars, through the EU Health Policy Platform, five thematic workshops on-site and online with more than 200 participants and three exchanges of expertise (technical assistance) in three beneficiary Member States, while also improving or setting up a HWF workforce planning system in the respective country. Based on a needs' analysis, carried out in consultation with the respective Member State to adapt to national contexts and envisage different options for the implementation, the technical assistance activities (advice and guidance) were provided by experts selected from the SEPEN Network. Finally, ten newsletters were published on SEPEN's website, ensuring wide outreach, increasing the impact of its activities and encouraging dialogue of stakeholders on topics of common interest.

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

6.1 Dissemination activities carried out in 2020

In 2020, Chafea carried out dissemination activities to raise the visibility of the results and successes of the Programme, to promote the Commission's specific communication priorities, and to reach even more potential Programme beneficiaries. The Programme webinars held on 4 and 5 March 2020 were the major events of the year, with over 350 attendees. They aimed to highlight

⁴³ [SEPEN » Country fiches main page \(healthworkforce.eu\)](https://healthworkforce.eu/sep-en/country-fiches-main-page)

⁴⁴ [D4 Final-study-report EB-02-20-972-2A-N.pdf \(healthworkforce.eu\)](https://healthworkforce.eu/d4-final-study-report-eb-02-20-972-2a-n.pdf)

the success stories of the Third health programme and to present EU health funding opportunities under the Annual Work Plan 2020, such as calls for projects, Joint Actions and tenders. In cooperation with the Programme's National Focal Points, Chafea organised two information days (in Italy and in Sweden) with over 100 participants, on topics connected with the national policy priorities. Finally, an online Info day Meeting for Joint Actions was held on 8 June 2020, where the number of participants reached was 60.

Chafea also actively participated in some major virtual international and European public health conferences attended by scientists and health professionals. Amongst these were the:

- European Public Health Conference 2020, 20-23 November 2020, online event with 2 sessions and a virtual stand organised.
- 16th World Congress on Public Health 2020, 12-17 October 2020, online event with 2 sessions and a virtual stand organised.

Online dissemination activities in 2020, exceeded the target with over 220 cross-linked news items on Chafea's website with social media promo, webinars on funding opportunities, dissemination guidance for beneficiaries and an upgrade of the database's features. Moreover, the crosslink with DG SANTE's website and the Health-EU Newsletter boosted the communication of Commission measures taken to fight the COVID-19 pandemic.

Web publications (available to print on demand) produced by Chafea included three information sheets on cancer,⁴⁵ integrated care⁴⁶ and the Substances of Human Origin (SoHO)⁴⁷ available in all 23 EU languages.

In 2020, Chafea spent EUR 39 695,97 on dissemination and translation activities. This included the translation of six info sheets and organising events: the costs of venues, renting space for stands at exhibitions, travel and accommodation of experts and the production and printing of materials.

6.2 Other actions

⁴⁵ [Cancer - Publications Office of the EU \(europa.eu\)](#)

⁴⁶ [Integrated care - Publications Office of the EU \(europa.eu\)](#)

⁴⁷ [Substances of human origin \(SoHO\) - Publications Office of the EU \(europa.eu\)](#)

When preparing policy and proposals related to consumer safety, health and the environment, the Commission relies on two independent Scientific Committees, the Scientific Committee on Consumer Safety (SCCS) and the Scientific Committee on Health, Environmental and Emerging Risks (SCHEER) to provide sound scientific advice and to draw attention to new and emerging problems. The COVID-19 pandemic and involvement of the responsible Unit in the crisis management, decelerated the Committees' activities in 2020, thus resulting in publishing one SCHEER and six SCCS opinions and spending EUR 292 311,75 on special allowances paid to the members of the Committees for preparing the opinions. Additionally EUR 210 272 were spent for technical assistance performed by external staff (editing, proofreading, website mastering, etc).⁴⁸

In 2020 the Expert Panel on effective ways of investing in health published the opinion 'Organisation of resilient health and social care following the COVID-19 pandemic'.⁴⁹ The opinion identifies the building blocks of resilient health and social care, explores the elements and conditions for capacity building to strengthen health system resilience, addresses healthcare needs of vulnerable patients at times of crisis, and defines a blueprint for resilience testing of health systems. This opinion is followed up with a specific project under the 2021 annual work programme of EU4Health⁵⁰ (successor Health Programme of the EU over the period 2021-2027) to develop a resilience testing methodology to help Member States identify health system weaknesses and resilience gaps against future shocks including outbreaks, climate change induced adverse events, natural disasters or structural challenges.

The study on the exposure of children to linear, non-linear and online marketing of foods high in fat, salt or sugar was financed by DG SANTE through the 2017 annual work programme (EUR 500 000) and DG CNECT (EUR 270 000). The objective of the study was to provide evidence that would enable stakeholders to better understand the problem and, as a result, to support the

⁴⁸ More info on the Scientific Committees activities is available here: https://ec.europa.eu/health/scientific-committees_en

⁴⁹ [The organisation of resilient health and social care following the COVID-19 pandemic - Publications Office of the EU \(europa.eu\)](#)

⁵⁰ Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027, and repealing Regulation (EU) No 282/2014 (OJ L 107, 26.3.2021, p. 1).

development of instruments and tools to protect children from marketing of foods high in fat, salt or sugar and help address childhood obesity.

The study provided extremely important insights on the topics such as: 3.1% and 1.7% respectively of all advertisements displayed to children were for food and drinks; 64% of food and drinks advertisements displayed to children under 18 years were for products high in fat, sugar and/or salt; while browsing the internet, a child (below 12 years) could have been exposed to a total 732 unique advertisements for products high in fat, sugar and/or salt during the 30 days period; on average a child in the EU aged 4-17 years was exposed to 4.7 spots per day in 2017 for products high in fat, sugar and/or salt, drinks or quick service restaurants; the most frequently promoted category of such advertisements online were for products classified as ‘sweet snacks’.

The results suggest that there could be scope to improve the current legal framework, i.e. the European Union’s audio-visual media services directive (AVMSD).⁵¹.

The project is being followed up and the Commission is continuously supporting Member States in order to achieve the WHO targets on non-communicable diseases and the UN Sustainable Development Goals, in particular Goal 3.4, which is to reduce mortality caused by non-communicable diseases by one third by 2030. In order to support the implementation of the Farm to Fork Strategy and the Europe’s Beating Cancer Plan, the Commission launched the Best ReMaP Joint Action on implementation of best practices in the area of nutrition. Under this project, the participating countries are developing amongst others harmonised approaches to reduce (online) marketing of unhealthy food products to children and adolescents as well as harmonised protocols for the monitoring thereof in the EU.

The project Support for Member States in mainstreaming health promotion and disease prevention including lifestyle medicine in health and educational settings (Chafea/2017/Health/32) resulted

⁵¹ Directive 2010/13/EU of the European Parliament and of the Council of 10 March 2010 on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the provision of audiovisual media services (OJ L 95, 15.4.2010, p. 1).

in a mapping of health professionals' education in the EU and in an EU-level workshop and an international conference to discuss results and to provide conclusions and recommendations.

7. IMPLEMENTATION OF ANNUAL WORK PROGRAMME 2020

7.1 Calls for proposals

Chafea launched calls for proposals for projects, invitations for joint actions and specific grants for NGOs, from February 2020 on the [Funding & tender opportunities - Single Electronic Data Interchange Area \(SEDIA\)](#).

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

7.1.1 Joint Actions

The grants for actions co-financed with Member State authorities are '*actions having a clear Union added value co-financed by the competent authorities of Member States responsible for Health or by public sector bodies and non-governmental organisations, acting individually or as a network, mandated by these competent authorities*⁵²'.

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

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

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

In the 2020 AWP, there were four joint actions for a total of EUR 12 398 329.25; one addressing the first Programme objective, two addressing the third Programme objective respectively, while the fourth was deemed of horizontal utility.

⁵² Definition of a joint action according to Article.7 2(a) of the Regulation for the third Health Programme 2014-2020, https://ec.europa.eu/health/funding/programme_en

Under Objective 1, *Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle*, the joint action ‘Strengthening cooperation between Member States and the Commission in the area of tobacco control’ (JATC 2)⁵³ was launched, to facilitate the exchange of good practices to improve the implementation of the Tobacco Products Directive and e-cigarette regulation. 21 EU Member States participate in this action, receiving an EU funding of EUR 2.5 million.

Under Objective 3, *Contribute to innovative, efficient and sustainable health systems*, the Joint Action ‘Towards the European Health Data Space’ (TEHDAS)⁵⁴ was launched, forming a consortium of 26 EU Member States (EU funding EUR 2.5 million). TEHDAS aims to set up a European Health Data Space, a critical step towards the establishment of data sharing in the domain of health and in particular, citizen’s health, public health, as well as health research and innovation. The Joint Action aims to propose concepts applicable to any secondary use of data by producing tools for an operational framework and governance model respecting the principles of transparency, trust, FAIRness,⁵⁵ citizen empowerment and a common good.

Under Objective 3, the Joint Action ‘ImpleMENTAL’⁵⁶ focuses on taking actions to ensure that mental health is promoted and protected, through the transfer of two best practices in the field of suicide prevention and in the process of reform of mental health services. 21 EU Member States participate in this action, which receives EU funding of EUR almost 5.4 million.

Finally, the Joint Action ‘on increasing the capacity of National Focal Points (NFP4Health)’⁵⁷ was launched as a horizontal action, aiming to facilitate the implementation of the new EU4Health Programme Regulation by EU Member States or also other countries. The target is to reduce access discrepancies to the available funding opportunities under the EU4Health Programme amongst the EU Member States and other participating countries. In that sense, National Focal Points form an advisory system to participants in the EU4Health Programme that operate locally and support EU Member States and other participating countries in designing and coordinating sustainable implementation actions that will boost the achievement of health objectives for the period 2021-

⁵³ [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programmes/index.cfm).

⁵⁴ [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programmes/index.cfm).

⁵⁵ FAIR = Findable, Accessible, Interoperable, Reusable.

⁵⁶ [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programmes/index.cfm).

⁵⁷ [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programmes/index.cfm).

2027. 21 EU Member States participate in this action, receiving EU funding of almost EUR 2 million.

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

Financial instrument	Joint action by objective	Amount committed in EUR
Objective:	1	
Objectives' description:	1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic priority:	1.5 Actions required by, or contributing to, the implementation of Union legislation in the field of tobacco products, advertising and marketing.	
User reference	Title	Amount committed in EUR
101035968 - JATC2 - HP-JA-2020	Joint Action on Strengthening cooperation between interested Member States and the Commission in the area of tobacco control (JATC 2)	2 499 999, 62
Objective:	3	
Objectives' description:	Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.2 Promote the voluntary uptake of health innovation and e-Health by increasing the interoperability of patient registries and other e-Health solutions.	
User reference	Title	Amount committed in EUR
101035467 - TEHDAS - HP-JA-2020-1	Towards the European Health Data Space Joint Action — TEHDAS	2 500 000, 00

Thematic Priority	3.2 Promote the voluntary uptake of health innovation and e-Health by increasing the interoperability of patient registries and other e-Health solutions.	
User Reference	Title	Amount committed in EUR
101035969 - Mental Health - HP-JA-2020	Joint Action on Implementation of Best Practices in the area of Mental Health	5 409 088, 96
Objectives' description:	Related to all Objectives	
User Reference	Title	Amount committed in EUR
101035965- NFP4Health - HP-JA-2020	NFP4Health Joint Action on Increasing The Capacity of National Focal Points (NFP	1 999 905, 59
Chafea - total committed for all joint actions		12 408 994, 17

7.1.2 Project grants

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

Chafea launched two waves of calls for proposals for projects in February and March 2020 in the following areas:

- First wave, consisting in seven calls, as follows: Healthcare public procurement in the EU, support for health investment, support for the implementation of best practices in the area of mental health: Transfer of iFightDepression (European Alliance Against Depression), support for the implementation of best practices in the area of mental health: transfer of

Housing First Portugal (Casas Primeiro Portugal), increased access to vaccination for newly arrived migrants in first line transit and destination countries, increased access to vaccination for disadvantaged, isolated and difficult to reach groups of population, stakeholder activities to support strengthened cooperation against vaccine-preventable diseases

- Second wave, dedicated to health workforce policies (problems of staff shortages in medical deserts, policies of retention and task-shifting) and resulted in the selection of five projects: one initiative on retention policies, three initiatives on medical deserts and one initiative on Task-Shifting.

Overall, 17 proposals were submitted in response to the calls; seven of those proposals were below the threshold and ten reached the threshold.

Projects were under Objective 2 ‘Protect Union citizens from serious cross-border health threats’ or Objective 3 ‘Contribute to innovative, efficient and sustainable health systems’ of the 2020 AWP. They began in early 2021 and most will run for 36 months.

The table below sets out the EU contribution allocated to each awarded project:

Financial Instrument	Project Grants		
Objective:	3		
Objective's Description	Contribute to innovative, efficient and sustainable health systems		
Thematic Priority:	3.3 Support the sustainability of the health workforce ...		
User Reference	Title	EU funding in EUR	Total Amount in EUR
101018310 - PJ-01-2020-1	METEOR	364 424.69	607 374.69
101018379 - PJ-01-2020-2	ROUTE-HWF	398 039.00	663 402.14
101018341 - PJ-01-2020-2	OASES	386 389.44	644 212.55
101018371 - PJ-01-2020-2	AHEAD	397 748.00	662 915.29

101018346 - PJ-01-2020-3	TaSHI	389 668.00	649 448.27
Thematic Priority:	3.4 Provide expertise and share good practices to assist Member States undertaking health system reforms		
User Reference	Title	EU funding in EUR	Total Amount in EUR
101018325 - PJ-04-2020	EAAD BEST	1 582 480.96	1 978 101.26
Objective:	2		
Objective's Description	Protect Union citizens from serious cross-border health threats		
Thematic Priority:	2.2 Support capacity-building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries		
User Reference	Title	EU funding in EUR	Total Amount in EUR
101018349 - PJ-06-2020	AcToVax4NAM	994 393.00	1 242 998.67
101018353 - PJ-07-2020	RISE-Vac	951 120.03	1 585 202.86
101018282 -PJ-07-2020	ImmuHubs	989 104.39	1 236 381.79
101018210 - PJ-08-2020	IMMUNION	999 338.00	1 249 172.57
Chafea- total committed for all project grants:		7 452 705.51	10 519 210.09

Under Objective 3, the METEOR⁵⁸ project focuses on enhancing knowledge on job retention mechanisms in the health sector, based on data derived from studies in eight participant hospitals across four Member States (Belgium, The Netherlands, Poland and Italy), and developing policy

⁵⁸ [Health Programme DataBase - European Commission \(europa.eu\)](#).

recommendations based on an extensive dialogue with stakeholders. This is to be achieved through the development of a questionnaire on job retention and the analysis of the derived data, systematic reviews on job retention determinants and retention interventions along with workshops and the development of an online tool. Participating countries are represented by: KU Leuven, the Dutch Spaarne Gasthuis, the Medical University of Silesia, the University of Palermo and the Sicilian CEFPAS⁵⁹.

Projects dedicated to problems of medical deserts focus on knowledge building and providing support to policy solutions.

ROUTE-HWF⁶⁰ provides the definition and taxonomy of medical deserts, the specifics of which will be elaborated through literature review, country-specific surveys and analysis of available data. The participating organizations include: the Dutch Institute for Health Services Research, the Finnish University of Vaasa, the Avedis Donabedian Research Institute from the University of Barcelona, the Polish Jagiellonian University and the University of Zagreb Medical School.

OASES aims to build knowledge and a detailed analysis of different factors causing medical desertification. This analysis will feed into future policy scenarios with solutions. Participating organisations are: the Italian National Agency for Regional Healthcare Services, the International Network for Health Workforce Education, the French Institute for Research and Information in Health Economics, the Romanian Babes-Bolyai University, the Hungarian Semmelweis University, the French School of Public Health, the Finnish Institute for Health and Welfare and the Moldavian National Agency for Public Health.

AHEAD will build knowledge and evidence on medical deserts, allow the exchange of lessons learnt and foster policy solutions. Participating countries are represented by the Italian Cittadinanzattiva, the Moldavian School of Public Health Management, the Dutch Athena Institute

⁵⁹ Centre for Training & Research in Public Health (Centro per la Formazione Permanente e l'Aggiornamento del Personale del Servizio Sanitario)

⁶⁰ [Health Programme DataBase - European Commission \(europa.eu\)](http://europa.eu).

and WEMOS⁶¹, the Romanian Center for Health Policies and Services and the Serbian Media Education Center.

The TaSHI⁶² project addresses a novel understanding and knowledge on task shifting and will provide for the transferability and uptake of good practices in this area. This project aims to produce useful materials for policy-making that foster overcoming health workforce challenges, as well as providing tangible solutions for organizational level issues, such as training materials and a task shifting curriculum covering core competencies and skills for the future health workforce, a guidebook including information and experiences of case studies and lessons learnt from real-life pilots. Participating countries are represented by the Hungarian Semmelweis University, the Italian National Agency for Regional Healthcare Services, the Dutch Institute for Health Services Research, the University of South-Eastern Norway, the Lithuanian Ministry of Health, the Estonian Ministry of Social Affairs and finally PoliS Lombardia.

Under Objective 2, the three projects RISE-Vac,⁶³ ImmuHubs⁶⁴ and ActToVAX4NAM⁶⁵ aim to increase access to vaccination for disadvantaged, isolated, difficult-to-reach groups and newly arrived migrants.

Project RISE-Vac (Reaching the hard-to-reach: Increasing access and vaccine uptake among prison population in Europe) foresees a consortium of nine organisations (National agencies and authorities, Healthcare services, academia and NGOs) from six countries in Europe (Italy, Germany, United Kingdom, France, Cyprus and Moldova) and targets the prison population. It will devise and pilot models of vaccination delivery to respond to the needs of prison population, prison settings characteristics and national priorities. Benefits resulting from RISE-Vac activities will accrue also in the general population, increasing overall vaccine coverage. By upholding the principle that prison health is public health, the RISE-Vac project will provide tools and data-

⁶¹ WEMOS is a non-profit foundation in the Netherlands, which aims to improve the health of men, women and children by influencing international policy

⁶² [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programme_data_base/).

⁶³ [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programme_data_base/).

⁶⁴ [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programme_data_base/).

⁶⁵ [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programme_data_base/).

driven, evidence-based options to guide European countries in improving the health status of people in prison and European population at large.

Moreover, Innovative Immunisation Hubs (ImmuHubs) aims to reduce social inequality and improve the health and wellbeing of disadvantaged, isolated, and difficult to reach population groups – excluding the population of newly arrived migrants. ImmuHubs actions are expected to enable cross-sectional learning in eight participating countries, comparing similar population groups in each. The envisaged actions aim to establish proactive partnerships with citizen groups, public health agencies, key stakeholders and the general public to improve access to vaccination according to best practices for community partnerships. Moreover, the project will create innovative immunisation actions, which will increase vaccine uptake across borders, generations and population groups and develop sustainable solutions for vaccine protection of EU citizens, including during and after the COVID-19 pandemic.

The project ActToVax4Nam (Increased Access To Vaccination for Newly Arrived Migrants), targets exclusively newly arrived migrants – in first-line, transit and destination countries – and aims to make access to vaccination equitable and guaranteed. The project is implemented by a consortium of ten organisations from eight European countries (Greece, Italy, Spain, Cyprus, Germany, Poland, Malta and Moldova). The project focuses on updating and consolidating knowledge on reception and vaccination systems as well as on system barriers and relevant solutions at EU level and finally to build capacity at participating country level in order to strengthen health literacy perspectives through target training. Finally, ActToVax4Nam pilots testing solutions to overcome system barriers, demonstrate effective coverage practices and address suitable recommendations.

Applying the Council Recommendation on strengthened cooperation against vaccine-preventable diseases,⁶⁶ the aforementioned three projects will support Member States to reduce the transmission and outbreaks of vaccine preventable diseases amongst own target groups by increasing vaccination uptake among the identified target groups and closing the vaccination coverage gaps.

⁶⁶ [EUR-Lex - 52018DC0244 - EN - EUR-Lex \(europa.eu\)](#).

Under the same Objective 3, IMMUNION⁶⁷ focuses on increasing vaccine uptake and contributing to the 2018 Council Recommendation on vaccination (Improving IMMunisation cooperation in the EU) while also adding value to EU and national initiatives - particularly the Coalition for Vaccination. Activities include a comprehensive exercise on vaccine acceptance/refusal and resistance within different target groups in four countries (Greece, Italy, Latvia and Romania). Initial research will focus on collecting and analysing evidence of how behaviour influences vaccine acceptance in general and particularly during crises such as the COVID-19 pandemic. Building on this evidence, IMMUNION will study and develop strategies to support vaccine uptake in targeted communities, with a special focus on communication and community engagement strategies for health professionals/agencies to engage with groups with low vaccine uptake.

7.1.3 Operating grants

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

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

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

NGOs that signed an FPA in 2017 for 2018-2021 are active in areas of health promotion and disease prevention, health determinants (nutrition and tobacco prevention), chronic diseases,

⁶⁷ [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programme_data/).

cancer, dementia, rare diseases, HIV/AIDS, tuberculosis and hepatitis, access to healthcare and substances of human origin.

The FPA recipients were invited to apply for a specific grant agreement (SGA) to cover their operating costs for year 2021. The maximum EU contribution is 60% of the annual operating costs, but it can go up to 80 % for proposals that meet the criteria for exceptional utility.

In 2020 of the 15 operating grants signed, seven (47%)⁶⁸ fulfilled the exceptional utility conditions. At the end of 2020, the grant process was completed, representing EUR 5 852 209, 00 of EU funding.

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

Financial instrument	Operating grants by objective	Amount committed in EUR
Objective:	1	
Objective's description:	1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic priority:	1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition (...)	
User reference	Title	Amount committed in EUR
101015414 - EUPHA-OG-2021 - HP-SGA-2020	European Public Health Association (EUPHA)	340 322.00
101015494 - 2021-SGA-EPHA - HP-SGA-2020	European Public Health Alliance	661 524.00

⁶⁸ Operating grants, SGA 2020 with Commission funding higher than 60%: Smoke Free Partnership, Correlation Network, AIDS Action Europe, European Network for Smoking prevention, European Public Health Alliance, SHE Network and Thalassaemia in Action.

101015513 - SFP SGA 2021 - HP-SGA-2020	Smoke Free Partnership	470 644.00
101008886 - ENSP FY 2021 - HP-SGA-2020	European Network for Smoking and Tobacco Prevention	473 035.00
101015541 - OBTAINS-E2_2021 - HP-SGA-2020	OBesity Training And Information Services in Europe - phase 2	254 139.00
101015588 - SHE - HP-SGA-2020	Schools for health in Europe Foundation	358 536.00
Thematic priority:	1.3 Support effective responses to communicable diseases such as HIV/AIDS, tuberculosis and hepatitis	
User reference	Title	Amount committed in EUR
101015508 - TBEC_2021 - HP-SGA-2020	TBEC: strengthening TB response in the WHO Europe region	118 297.00
101015472 - AAE - HP-SGA-2020	AIDS Action Europe - Stronger together	324 986.00
101008038 - C-EHRN - HP-SGA-2020	Correlation - European Harm Reduction Network	220 944.00
Thematic priority:	1.4 Support cooperation and networking in the Union in relation to preventing and improving the response to chronic diseases	
User reference	Title	Amount committed in EUR
101013665 - AE2021 - HP-SGA-2020	Alzheimer Europe	483 495.00
101015525 - ECL SGA 2021 - HP-SGA-2020	European Cancer Leagues -Collaborating for impact in cancer control	312 258.00
Objective:	3	

Objective's description:	3. Contribute to innovative, efficient and sustainable health systems.	
Thematic priority:	3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare	
User reference	Title	Amount committed in EUR
101015503 - HAI SGA 2021 - HP-SGA-2020	A plan for action: Ensuring equitable, affordable and responsibly used medicines in the European Union	212 094.00
Objective:	4	
Objective's description:	4. Facilitate access to better and safer healthcare for Union citizens	
Thematic priority:	4.2 Coordinated action at Union level in order to effectively help patients affected by rare diseases	
User reference	Title	Amount committed in EUR
101015599 - EURORDIS SGA 2021 - HP-SGA-2020	Eurordis Rare Diseases Europe SGA 2020	1 074 984.00
101015571 - THALIA2021 - HP-SGA-2020	THALassaemia in action 2020	261 951.00
Thematic priority:	4.5 Implementation of Union legislation in the fields of human tissues and cells, blood, human organs, medical devices, medicinal products, and patients' rights in cross-border health care	
User reference	Title	Amount committed in EUR
101015514 - SAVDON - HP-SGA-2020	High-quality blood stem cell products for all patients in need, while protecting the rights and welfare of the volunteer donors	285 000.00
Chafea – total committed for		5 852 209.00

all operating grants:		
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Among the 15 NGOs who received funding for their operating, we are mentioning the activities of two below:

The Schools for Health in Europe Network Foundation (SHE Network)⁶⁹ is an NGO driven to improve the health of children and young people in Europe, by further developing national and regional networks facilitating the exchange of best practices, expertise and skills. Moreover, the SHE Network supports professional competence development and also provides access to information and research-based knowledge. The aforementioned objectives enable the creation of a platform for policy-makers, researchers and professionals seeking relevant material in order to promote the health of children and young people in the EU.

The overall objective of the Correlation – European Harm Reduction Network (C-EHRN)⁷⁰ is to improve the access to and the quality of harm reduction services for people who use drugs (PWUD) also including other related vulnerable and marginalised people and to enhance policies and practices that increase social inclusion. The strategic objectives, activities and operational targets of C-EHRN are organised in four different pillars: the creation of a network, monitoring activities and data collection, capacity building and advocacy. Activities within the various pillars inform and contribute to each other.

C-EHRN activities in 2020 build upon the developments and achievements of the previous years and respond to current challenges. In short, these include the further expansion of the network by utilising the expertise of its members and by involving them actively in the development and implementation of C-EHRN activities. Furthermore, the content of the C-EHRN tool was enhanced by the evaluation of the monitoring process, based on 2019 results, therefore improving the coverage, outcomes and applicability of the tool. Efforts have also been supported by the development of thematic papers, materials and the organisation and trainings, while finally the

⁶⁹ [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programmes/databases/).

⁷⁰ [Health Programme DataBase - European Commission \(europa.eu\)](https://ec.europa.eu/health/programmes/databases/).

identification and analysis of relevant policy developments have led to the formulation of an updated advocacy strategy for 2020-2021.

7.1.4 Direct grant agreements with International Organisations

Direct grant agreements are awarded to international organisations active in the area of public health⁷¹ for specific activities requiring organisations with particular technical competence, specialisation or administrative powers, on the condition that the activities concerned are not included in a call for proposals.

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

In 2020, Chafea signed three direct grant agreements with the OECD⁷² and one with the EDQM⁷³ for a total amount of EUR 5 730 000.

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

Financial instrument	Direct grant agreements by objective	Amount committed in EUR
Objective:	1	
Objective's description:	Promote health, prevent disease and foster healthy lifestyles through 'health in all policies	
Thematic priority:	1.6 Foster a health information and knowledge system to contribute to evidence-based decision-making	
User reference	Title	Amount Committed in EUR

⁷¹ Article 195(f) of Regulation (EU, Euratom) 2018/1046.

⁷² Organisation for Economic Co-operation and Development.

⁷³ European Directorate for the Quality of Medicines & HealthCare.

2020 51 01 OECD (PAGA) - PATIENT REPORTED MEASURES	OECD – support for development and implementation of patient-reported measures	500 000.00
Objective:	3	
Objective's Description:	Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.6 Actions required by or contributing to the implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare	
User reference	Title	Amount Committed in EUR
2020 53 04 COE (PAGA) - EDQM / EUROPEAN PHARMACOPOEIA	Council of Europe — contribution to work of European Pharmacopoeia	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 in EUR
2020 53 02 OECD (PAGA) - BEST PRACTICES	OECD – health information support for prioritisation of best practice implementation	1 330 000.00
2020 53 03 OECD (PAGA) - ACCESS TO MEDICINES	OECD – pharmaceutical innovation and access to medicines	600 000.00
Total:		

Chafea – total committed for all direct grants:		5 730 000.00
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7.1.5 Other direct award of grants

Presidency conference grants – de jure monopoly

The Presidency conferences financed under the 2020 AWP were organised under the Portuguese and the German Presidency of the EU Council.

Under the German Presidency of the Council of the European Union, a high-level conference on ‘Digital Health 2020 – EU on the Move’⁷⁴ was held online on 11 November 2020. It aimed at driving forward discussions in the area of digital health, while bringing together the representatives of all stakeholders involved in the further development of digital health. The aim was to discuss the recently adopted Commission proposal, [European Health Data Space](#)⁷⁵, the creation of which is currently one of the most significant projects in the domain of digital health in the EU.

Under the Portuguese Presidency of the Council of the European Union, the conference on ‘Accessibility, Availability & Affordability of Medicines and Medical Devices for a Stronger and Resilient EU’⁷⁶ was held on 29 and 30 April 2021 as a hybrid event organised partially in Lisbon and online. It aimed to generate cross-sectoral dialogue on access to medicine and medical devices, a major challenge to health systems in the EU.

Financial instrument	Health programme support to Presidency conferences by objective	Amount committed in EUR
Objective:	3	
Objectives' description:	Contribute to innovative, efficient and sustainable health systems	

⁷⁴ [Digital Health 2020 – EU on the Move - EU2020 - EN](#).

⁷⁵ The Commission proposal on the European Health Data Space ([EUR-Lex - 52022PC0197 - EN - EUR-Lex \(europa.eu\)](#)) was adopted on 3 May 2022

⁷⁶ [The 3As Conference “Availability, Accessibility, Affordability of Medicines & Medical Devices” \(2021portugal.eu\)](#).

Thematic priority:	3.2 Promote the voluntary uptake of health innovation and e-Health by increasing the interoperability of patient registries and other e-Health solutions	
User reference	Title	Amount committed in EUR
101035996 - C3As-HP-PC-2020-02	Conference on Accessibility, Availability & Affordability of Medicines and Medical Devices For a Stronger and Resilient EU	62 984, 92
Objective:	4	
Objectives' description:	Facilitate access to better and safer healthcare for Union citizens	
Thematic priority:	4.5 Actions required by, or contributing to, the implementation of Union legislation in the fields of human tissues and cells, blood, human organs, medical devices, medicinal products, and patients' rights in cross-border healthcare	
User reference	Title	Amount committed in EUR
101004017 - HLC DE PRES 2020 - HP-PC-2020-01	High level presidency conference – ‘Digital Health 2020 – EU on the move’	100 000, 00
Chafea – total committed for Presidency conferences:		162 984, 92

7.2 Beneficiaries

There were overall 254 grants beneficiaries from the AWP 2020. Their geographic distribution shows that 174 (68,5%) are from an EU 15 country⁷⁷ and 55 (21,6%) from those countries that joined the EU after 2004. From the list of countries participating in the Programme, 13 beneficiaries are from Norway

⁷⁷ 15 countries that joined the EU before 2004.

and Iceland (5%) and 13 (4,7%) from a candidate country or potential candidate country⁷⁸ (Serbia, Bosnia and Herzegovina) or a European Neighbourhood Policy country (Moldova).⁷⁹ See Graphic 1.

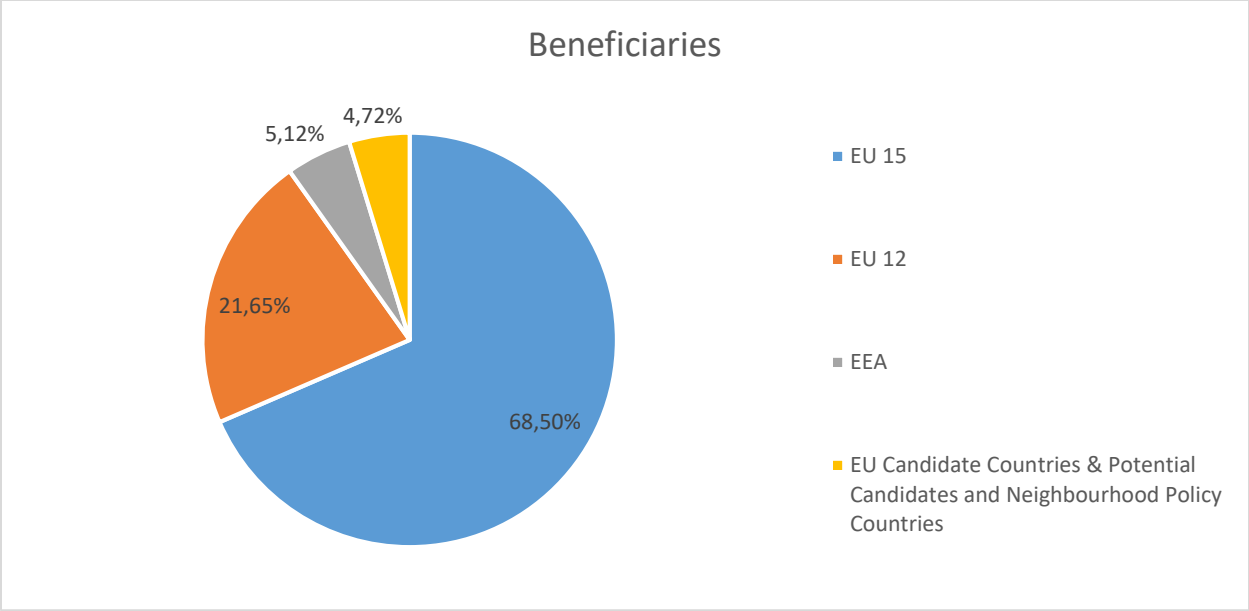
In terms of budget distribution for grants, 80,3% of budget for grants was allocated to 15 EU countries that joined before the 2004; 15,6% to those countries that joined the EU after 2004 and 4% to other countries participating in the Programme (see Graphic 2).

Graphic 1: participation in the health programme (number of organisations) - 2020 grants (%).

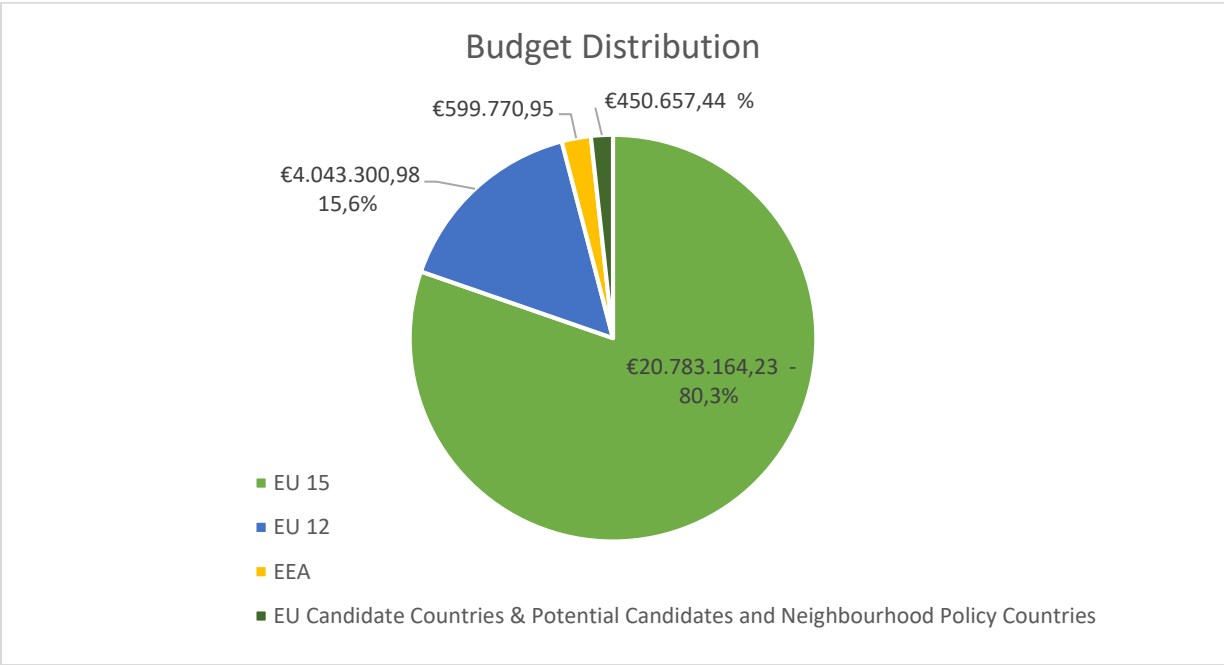
⁷⁸ The candidate and potential candidate countries are Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia, Serbia, and Turkey

(*) This designation is without prejudice to positions on status, and is in line with UNSC 1244 and the ICJ Opinion on the Kosovo declaration of independence

⁷⁹ The European neighbourhood policy (ENP) applies to Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Palestine, Syria, Tunisia and Ukraine. It aims to strengthen the prosperity, stability and security of all. It is based on democracy, the rule of law and respect for human rights and is a bilateral policy between the EU and each partner country, with regional cooperation initiatives: the Eastern Partnership (EaP) and the Union for the Mediterranean.



Graphic 2: Budget distribution in the health programme – 2020 grants (EUR).



Chafea organised two webinars on 4 and 5 March 2020 to further stimulate the participation in the health programme, and specifically to promote actions funded under the 2020 work programme. The information day presented funding opportunities amongst others on the Joint Action

nomination process and the Commission's policy priorities. This was followed by an Information Day on Joint Actions organised on 8 June 2020, which gathered 60 attendees (competent authorities of the countries participating in the programme only).

Moreover, to promote participation in the 2020 calls, the national focal points⁸⁰ for the health programme organised two national information days⁸¹ in the form of webinars. These took place on 18 and 26 June and were organised by the Italian and Swedish National Focal Points respectively in collaboration with Chafea. Chafea published guidelines for applicants on its participants' portal, and its helpdesk provided practical assistance.

7.3 Experts evaluators

Applications were evaluated in accordance with the rules and criteria set out in the annual work programme (AWP) 2020 and in the specific calls for proposals.

The proposals submitted under different calls for proposals were evaluated by external experts (peer reviewers), drawn from a list established following the call for expressions of interest in the area of public health – AMI H2020 database⁸². The external evaluation of the call for proposals supports the efficient and transparent selection of proposals funded under the AWP 2020.

Twenty external experts from several EU Member States took part in the evaluation process for the award of the operating grants, project grants and assessed the joint actions during a quality assurance workshop.

The evaluation process took place in two stages:

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

⁸⁰ http://ec.europa.eu/chafea/health/national-focal-points/index_en.htm

⁸¹ [Chafea \(europa.eu\)](http://ec.europa.eu/chafea/).

⁸² [Experts - H2020 Online Manual \(europa.eu\)](http://ec.europa.eu/chafea/health/national-focal-points/index_en.htm)

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

7.4 Prizes – EU Health award for Cities, NGOs, Schools

For the 2020 edition of the EU Health Award, the European Commission rewarded outstanding initiatives by cities and schools seeking to promote healthy lifestyles for children (6-18 years old) as well as outstanding initiatives by NGOs seeking to promote vaccination in children. Out of the more than 110 proposals received, three were shortlisted per category, bringing the total of shortlisted initiatives to nine. The Jury decided not to award the category schools/kindergartens under the call for vaccination as the number of submissions was judged insufficient. The selected cities, schools and NGOs were announced as winners at the EU Health Award Ceremony, which took place virtually during the annual EU Health Policy Platform meeting hosted by the EU Commissioner for Health and Food Safety, Stella Kyriakides on 2 March 2021.⁸³ The first prize for the vaccination category for NGOs was awarded to the Cyprus Association of Cancer Patients and Friends (PASYKAF). Regarding the award on healthy lifestyles the first prizes for cities and schools were awarded to the city of Iasi, Romania and the primary school “Vuk Stefanović Karadžić” in Doboj, Bosnia-Herzegovina respectively.

Financial instrument	PRIZES– EU Health award for NGOS, city and schools	Amount committed in EUR
Objective:	1	
Objective's description:	Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic priority:	1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition.	

⁸³ [2020 EU Health Award for cities, NGOs and schools | Public Health \(europa.eu\)](https://public-health.europa.eu/2020-eu-health-award-for-cities-ngos-and-schools).

User reference	Title	Amount committed in EUR
C2 - 17.030100 - EU HEALTH AWARD – PRIZES	EU HEALTH AWARD PRIZES	400 000.00
Chafea – total amount committed for prizes:		400 000.00

7.5 Procurement (service contracts)

Procurement service contracts are used to purchase a variety of services, covering their full cost.

Procurement procedures are used for the following tasks:

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

In 2020, the Commission signed several service contracts and specific requests using existing framework contracts (FWC). Most of these contracts and requests were for horizontal actions, such as communication and IT services for the maintenance and functioning of existing IT tools.

In particular, under Objective 3 Chafea signed a service contract for the provision of Joint Health Technology Assessment (HTA). The contract was awarded to the EUnetHTA21 consortium, led by the National Health Care Institute of Netherlands (ZIN) and including HTA organisations from ten Member States and one EEA country. The scope of this tender is to address key methodological issues in order to foster joint work amongst Member States on HTA, thus providing relevant input

to the new legal framework on HTA being developed at that time. The Regulation (EU) 2021/2282⁸⁴ on HTA entered into force in January 2022 and will become applicable in January 2025, therefore, this service contract will support the implementation of the new Regulation in its preparatory phase.

Development of the future European medical devices database (Eudamed) for the new regulations on medical devices and in vitro diagnostic medical devices, was also supported by the programme through procurement contracts managed both by SANTE and Chafea.

Technical assessment of the applications received in the framework of call for healthcare providers wishing to join the existing ERN.

Under Objective 4, Chafea financed a study supporting the Impact Assessment of the Revision of Directive 2002/98/EC on safety and quality of human blood and blood components and of Directive 2004/23/EC on safety and quality of human tissues and cells and of their implementing acts. The duration of the contract is nine months and the study aims to support the European Commission in preparing an impact assessment report supporting the revision of the EU legislation on blood, tissues and cells. The scope of this impact assessment study is amongst others to provide a baseline description and to analyse evidence on borderline therapies and technologies. Finally, the study aims to analyse the effectiveness, efficiency and coherence of various policy options in order to achieve the objectives of the revision.

Licensing and storage costs of the clinical patient management system.

Programme Objective	Procurement managed by DG SANTE in EUR	Procurement managed by Chafea in EUR
1. Health Promotion	624 762.16	854 300.00
2. Health Threats	-	-
3. Health Systems	7 476 762,50	3 269 414, 00
4. Better and safer Healthcare Systems	2 693 000, 00	2 654 908, 21
5. Horizontal Actions	6 895 619, 15	1 503 526, 19

⁸⁴ [EUR-Lex - 32021R2282 - EN - EUR-Lex \(europa.eu\)](https://eur-lex.europa.eu/eli/reg/2021/2282/oj)

Total Procurement Commitment:	17 690 143, 81	8 273 148, 40
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The amounts per objective and authorising organisation were as follows:

The overall public procurement budget implemented by DG SANTE was EUR **18 035 143, 81**.

The overall public procurement budget implemented by Chafea was EUR **8 273 148, 40**.

In 2020, Chafea managed 18 procurement procedures for the acquisition of services.

The table below lists all service contracts signed by Chafea and DG SANTE categorised by objective and thematic priority:

Financial Instrument	DG SANTE service contracts by objective	Amount Committed in EUR
Objective:	1	
Objective's Description:	Promote health, prevent disease and foster healthy lifestyles through 'health in all policies	
Thematic Priority:	1.5 Actions required by, or contributing to, the implementation of Union legislation in the field of tobacco products	
User reference	Title	Amount Committed in EUR
	B2 - 17.030100 - Supportive actions for the Tobacco Products Directive's (TPD) implementation- better use of IT data	120 000, 00
	B2 - 17.030100 - Supportive actions for the Tobacco Products Directive's (TPD) implementation-Eurobarometer	504 762, 16
Objective:	3	
Objective's Description:	Contribute to innovative, efficient and sustainable health systems	
Thematic Priority:	3.2 the voluntary uptake of health innovation and e-Health by increasing the interoperability of patient registries and other e-Health solutions	

User reference	Title	Amount Committed in EUR
	B3- 17.030100 - Study on the digital infrastructure for the EHDS	400 000, 00
	B3- 17.030100 - Study on impact assessment of EU Health Data Space	500 000, 00
Thematic Priority:	3.4 Provide expertise and share good practices to assist Member States undertaking health system reforms	
User reference	Title	Amount Committed in EUR
	C2 - 17.030100 - Health Policy Platform operation	185 000, 00
	C2/A4 - 17.030100 - Health Policy Platform operation	158 000, 00
Thematic Priority:	3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare	
	B5 - 17.030100 - Pharmaceutical framework – studies, conferences and working groups	39 250, 00
	B2 - 17.030100 - Enhancing implementation of the cross-border healthcare Directive to ensure patients' rights in the EU	394 475, 00
	B4 - 17.030100 - Future proofing the pharmaceutical legislation-study on shortages of medicines	383 537, 50
	B5 - 17.030100 - Follow up to the evaluation on orphan paediatric legislations	500 000, 00
	B6/A4 - 17.030100 - Maintenance and development of the European medical devices database (Eudamed)	130 000, 00
	B6/A4 - 17.030100 - Development of the future European medical devices database (Eudamed) for the new regulations on medical devices and in vitro diagnostic medical devices	4 290 000, 00

	B2 - Study to support the evaluation of the CBHC Directive by March 2021	300 000, 00
Thematic Priority:	3.7 Foster a health information and knowledge system to contribute to evidence-based decision-making	
	C2 - 17.030100 - Scientific Committees: Scientific Committee on Health, Environmental and Emerging Risks (SCHEER) and Scientific Committee on Consumer Safety (SCCS)	556 500, 00
Objective:	4	
Objective's Description:	Facilitate access to better and safer healthcare for Union citizens	
Thematic Priority:	4.1 Support the establishment of a system of European reference networks for patients with conditions requiring highly specialised care	
User reference	Title	Amount Committed in EUR
	B3 - 17.030100 - Market study for the purpose of preparing the future version of the CPMS (an IT tool used by the ERNs for virtual consultations).	200 000, 00
	B3/A4 - 17.030100 - Licensing and storage costs of the clinical patient management system	2 493 000, 00
Objective:	1-4	
Objective's Description:	Related to all objectives	
User reference	Title	Amount Committed in EUR
	A4 - 17.030100 - Information technology systems and services in support of public health policies	3 352 000, 00
	A4 - 17.030100 - Information technology systems and services in support of public health policies	2 467 208, 25
	02 - 17.030100 Horizontal and policy-related communication activities	766 410, 90

	C1 - 17.030100 -Ex-post evaluation of the third health programme 2014-2020	250 000, 00
	B2 - Assistance to the Commission in processing and reporting on the Member State yearly data collection related to the Directive 2011/24/EU on the application of patients' rights in cross-border healthcare 2021 – 2022	45 000, 00
DG SANTE – total committed for all service contracts:		18 035 143, 81

The table below shows the service contracts signed by Chafea in 2020:

Financial Instrument:	Chafea service contracts by objective	Amount Committed in EUR
Objective:	1	
Objective's Description:	Promote health, prevent disease and foster healthy lifestyles through 'health in all policies	
Thematic Priority:	1.5	
	Actions required by, or contributing to, the implementation of Union legislation in the field of tobacco products.	
User Reference	Title	Amount Committed in EUR
2020 71 05	Assessment of characterising flavours in tobacco products	46 500, 00
2020 71 04	Assessment of characterising flavours in tobacco products	43 000, 00
2020 71 06	Assessment of characterising flavours in Tobacco Products task 8.1(Management)_	115 000, 00
2020 71 07	Assessment of characterising flavours in Tobacco Products task 8.2 (Maintenance)	135 800, 00
2020 71 09	Assessment of characterising flavours in Tobacco Products Tobacco	183 000, 00
2020 71 10	Assessment of characterising flavours in Tobacco Products Tobacco	85 000, 00
2020 71 11	Assessment of characterising flavours in Tobacco Products task 8.1(Management)_	115 000, 00

2020 71 12	Assessment of characterising flavours in Tobacco Products task 8.2 (Maintenance)	131 000, 00
Total Objective:		854 300, 00
Objective:	3	
Objective's Description:	Contribute to innovative, efficient and sustainable health system	
Thematic Priority	3.1	
	Support voluntary cooperation between Member States on health technology assessment under the network on health technology assessment set up by Directive 2011/24/EU	
User Reference	Title	Amount Committed in EUR
2020 73 01	Service contract for the provision of the Joint Health Technology Assessment (HTA) work supporting the continuation of the EU cooperation on HTA	2 999 664, 00
Thematic Priority	3.4	
	Provide expertise and share good practices to assist Member States undertaking health system reforms by setting up a mechanism for pooling expertise at Union level	
User Reference	Title	Amount Committed in EUR
2020 73 04	Study on best practices in public procurement of medicines	269 750, 00
Total Objective:		3 269 414, 00
Objective	4	
Objective's Description:	Facilitate access to better and safer healthcare for Union citizen	
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 in EUR
2020 74 01	Technical assessment of the applications received in the framework of call for healthcare providers wishing to join the existing ERN	2 264 058, 21
Thematic Priority	4.5	
	Actions required by, or contributing to, the implementation of Union legislation in the fields of human tissues and cells, blood, human organs, medical devices, medicinal products, and patients' rights in cross-border healthcare	
User Reference	Title	Amount Committed in EUR
2020 74 02	Study supporting the Impact Assessment of the revision of Directive 2002/98/EC on safety and quality of human blood and blood components and of Directive 2004/23/EC on safety and quality of human tissues and cells and of their implementing acts	381 850, 00
Total Objective:		2 645 908, 21
Objective	1-4	
Objective's Description:	Related to all Programme objectives	
User Reference	Title	Amount Committed in EUR
2020 71 02	Administrative help for the implementation of Europe's Beating Cancer Plan	182 216.00
2020 71 08	Support to the steering group on health promotion, disease prevention and management of non-communicable diseases	850 560.00
2020 70 02	Best practices on cancer info day in Poland	14 972.22
2020 70 01	Joint Actions info day in Spain EU4Health	7 635.00
2020 71 01	Support to the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP)	388 614.00
2020 102 04	Contract for the production of Programme videos implementing	59 528.97

Total Objective:		1 503 526.19
Chafea – total committed for all service contracts:		8 273 148.40

7.6 Other actions

In 2020, EUR **9 872 611, 33** was committed for ‘other actions’, of which DG SANTE committed EUR **9 222 611, 33** and Chafea committed EUR **650 000, 00**.

Other actions cover contributions paid by the EU as a member of the European Observatory on Health Systems and Policies and the administrative agreements with the European Commission’s Joint Research Centre, e.g. for tobacco ingredients, e-cigarettes and security features and support in the areas of healthcare quality, cancer, rare disease registration, health promotion and prevention of non-communicable. They also cover the cost of the cross sub-delegations with Eurostat for morbidity statistics and the European health interview surveys (EHIS), the costs of medical device coordination group (MDGG) meetings (e.g. special indemnities paid to experts for participating in meetings, work on scientific opinions and advice on health systems) and costs related to international cooperation on pharmaceuticals for human and veterinary use.

The table below provides information on ‘other actions’ implemented by Chafea.

Financial instrument	Chafea other actions by objective	Amount committed in EUR
Objective:	3	
Objectives' description:	3. Contribute to innovative, efficient and sustainable health systems	
Thematic priority:	3.7. Foster a health information and knowledge system to contribute to evidence-based decision-making	
User reference	Title	Amount committed in EUR
2020 53 01	Membership contribution to European Observatory on HCS & policies	500 000, 00
Total		500 000,00

Objectives:	1-4	
Objectives' description:	Related to all objectives	
Thematic priority:	5.16. Expert evaluators	
User reference	Title	Amount committed in EUR
External Evaluations	Expert Evaluators 2020	150 000, 00
Total		
Chafea – total committed for all other actions:		650 000, 00

The table below provides information on 'other actions' implemented by DG SANTE.

Financial Instrument	DG SANTE service contracts by objective	Amount committed in EUR
Objective:	1	
Objective's description:	1. Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle	
Thematic Priority:	1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition	
User reference	Title	Amount Committed in EUR
	C1 - 17.030100 - Administrative agreement with JRC for support in the areas of healthcare quality, cancer, rare disease registration, health promotion and prevention of non-communicable	2 500 000, 00
Thematic Priority:	1.5 Actions required by, or contributing to, the implementation of Union legislation in the field of tobacco products	

User reference	Title	Amount Committed in EUR
	B2 - 17.030100 - Administrative agreement with the Joint Research Centre (JRC) to support work on tobacco ingredients, e-cigarettes and security features	100 000, 00
Objective:	3	
Objective's Description:	Contribute to innovative, efficient and sustainable health systems	
Thematic Priority:	3.6 Actions required by or contributing to the implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare	
User reference	Title	Amount Committed in EUR
	B6 - 17.030100 - Organisation and management of the Medical Device Coordination Group (MDCG) meetings (DG GROW)	70 000, 00
	F5 - 17.030100 - Medical devices: reimbursement of expenses incurred by Member States' experts participating in the joint assessments of notified bodies in medical devices field and associated activities	28 000, 00
	E5 - 17.030100 -International cooperation on harmonisation of technical requirements for registration of veterinary medicinal products (VICH) van VICH outreach forum (VOF)	26 000, 00
	B5 - 17.030100 - International Council for Harmonisation (ICH) of technical requirements for pharmaceuticals for human use and the International Pharmaceutical Regulators Programme (IRPP)	250 000, 00
	B4/F5 - 17.030100 -Medicinal products for human use, clinical trials for human medicines, substances of human origin - reimbursement of experts' expenses	1 375, 81
	B6 - 17.030100 - Technical, scientific and related logistics support for medical devices (JRC)	2 715 729, 00

Thematic Priority:	3.7 Foster a health information and knowledge system to contribute to evidence-based decision-making	
User reference	Title	Amount Committed in EUR
	B1 - 17.030100 -Special indemnities for the Expert panel on effective ways of investing in health	220 000, 00
Objective:	4	
Objective's Description:	Facilitate access to better and safer healthcare for Union citizens	
Thematic Priority:	4.1 Support the establishment of a system of European reference networks for patients with conditions requiring highly specialised care	
User reference	Title	Amount Committed in EUR
	B3 - 17.030100 -Coordination of rare disease registers for the ERNs	500 000, 00
Thematic Priority:	4.6 Actions required by, or contributing to, the implementation of Union legislation in the fields of human tissues and cells, blood, human organs, medical devices, medicinal products, and patients' rights in cross-border healthcare	
User reference	Title	Amount Committed in EUR
	B4/A4B3 - 17.030100 -Clinical trial EU portal database	150 000, 00
User reference	Title	Amount Committed in EUR
	C2- EU Health Award and Health Policy Platform meetings and reimbursement of participants, jury and materials	200 000.00
	C3 - Global Commitments for HERA actions	2 461 497.87

DG SANTE – total committed for all other actions::		9 222 611.33
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8. DETAILED OVERVIEW OF THE REPORTING YEAR 2020

8.1 Funding per thematic priority and financial instrument

Objective:		1									
Objective's Description:		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 project grants by objective	Chafea ERN actions SGAs under FPA by objective	Chafea operating grants by objective	Chafea joint actions by objective	Chafea direct grant agreements by objective	Chafea presidency conferences by objective	Chafea service contracts by objective	DG SANTE service contracts by objective	Chafea other actions by objective	DG SANTE other actions by objective	Total
1.1 Cost-effective promotion and prevention measures on alcohol and nutrition...	0,00	0,00	2558200,00	0,00	0,00	0,00	0,00	0,00	0,00	2500000,00	5058200,00
1.2 Drugs-related health damage, information and prevention	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
1.3 Support effective responses to communicable diseases, HIV/AIDS, tuberculosis and hepatitis	0,00	0,00	664227,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	664227,00
1.4 Chronic diseases, cancer, age-related diseases and neurodegenerative diseases	0,00	0,00	795753,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	795753,00

1.5. Tobacco legislation	0,00	0,00	0,00	2499999,62	0,00	0,00	854300,00	624762,16	0,00	100000,00	4079061,78
1.6 Foster a health information and knowledge system to contribute to evidence-based decision-making	0,00	0,00	0,00	0,00	500000,00	0,00	0,00	0,00	0,00	0,00	500000,00
Total	0,00	0,00	4018180,00	2499999,62	500000,00	0,00	854300,00	624762,16	0,00	2600000,00	11097241,78

Objective:	2										
Objective's Description:	Protect Union citizens from serious cross-border health threats										
Third health programme Thematic priorities	Chafea projects grants by objective	Chafea ERN actions SGAs under FPA by objective	Chafea operating grants by objective	Chafea joint actions by objective	Chafea direct grant agreements by objective	Chafea presidency conferences by objective	Chafea service contracts by objective	DG SANTE service contracts by objective	Chafea other actions by objective	DG 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	3933955,42	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	3933955,42
Total	3933955,42	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	3933955,42

Objective:		3									
Objective's Description:		Contribute to innovative, efficient and sustainable health systems									
Third health programme Thematic priorities	Chafea projects grants by objective	Chafea ERN actions SGAs under FPA by objective	Chafea operating grants by objective	Chafea joint actions by objective	Chafea direct grant agreements by objective	Chafea presidency conferences by objective	Chafea service contracts by objective	DG SANTE service contracts by objective	Chafea other actions by objective	DG 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	2999664,00	0,00	0,00	0,00	2999664,00
3.2 Promote the voluntary uptake of health innovation and e-Health	0,00	0,00	0,00	2500000,00	0,00	62984,92	0,00	900000,00	0,00	0,00	3462984,92
3.3 Support the sustainability of the health workforce	1936269,13	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1936269,13
3.4. Provide expertise and share good practices to assist Member	1582480,96	0,00	0,00	5409088,96	0,00	0,00	269750,00	343000,00	0,00	0,00	7604319,92

States undertaking health system reforms ...											
3.5 Support actions which address health issues in an ageing society	0,00	0,00,	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border health care	0,00	0,00	212094,00	0,00	3300000,00	0,00	0,00	6037262,50	0,00	3091113,46	12640469,96
3.7. Foster a health information and knowledge system to contribute to evidence-based decision-making	0,00	0,00	0,00	0,00	1930000,00	0,00	0,00	556500,00	500000,00	220000,00	3206500,00
Total	3518750,09	0,00	212094,00	7909088,96	5230000,00	62984,92	3269414,00	7836762,50	500000,00	3311113,46	31850207,93

Objective:		4									
Objective's Description:		Facilitate access to better and safer healthcare for Union citizens									
Third health programme Thematic Priorities	Chafea projects grants by objective	Chafea ERN actions SGAs under FPA by objective	Chafea operating grants by objective	Chafea joint actions by objective	Chafea direct grant agreements by objective	Chafea presidency conferences by objective	Chafea Call for tenders by objective	DG SANTE calls for tender by objective	Chafea other actions by objective	DG SANTE other actions by objective	Total
4.1 Support the establishment of a system of European reference networks	0,00	0,00	0,00	0,00	0,00	0,00	2264058,21	2693000,00	0,00	500000,00	5457058,21
4.2 Coordinated action at Union level to effectively help patients affected by rare diseases	0,00	0,00	1336935,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	1336935,00
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	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00

antimicrobial resistance											
4.5 Implementation of Union legislation in the fields of human tissues and cells, blood, human organs, medical devices, medicinal products, and patients' rights in cross-border health care	0,00	0,00	285000,00	0,00	0,00	100000,00	381850,00	0,00	0,00	0,00	766850,00
4.6 Foster a health information and knowledge system to contribute to evidence-based decision-making, including the use of existing instruments	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	150000,00	150000,00
Total	0,00	0,00	1621935,00	0,00	0,00	100000,00	2645908,21	2693000,00	0,00	650000,00	7710843,21

Objective:	5. Horizontal Expenditures - Related to all objectives										
Objectives' description:	5. IT / dissemination / Prizes (Horizontal, other actions related to all objectives)										
Third health programme	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	DG SANTE calls for tender by objective	Chafea other actions by objective	DG SANTE other actions by objective	Total
Thematic priorities											
1.2.2.7 NFPs	0,00	0,00	0,00	1999905,59	0,00	0,00	0,00	0,00	0,00	0,00	1999905,59
3.1 Prizes	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	400000,00	400000,00
4.1.5 Dissemination	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00
5.16. Expert evaluators	0,00	0,00	0,00	0,00	0,00	0,00	0,00	0,00	150000,00	0,00	150000,00
5. Horizontal/ ICT/dissemination	0,00	0,00	0,00	0,00	0,00	0,00	1503526,19	6880619,15	0,00	2661497,87	11045643,21
Total	0,00	0,00	0,00	1999905,59	0,00	0,00	1503526,19	6880619,15	150000,00	3061497,87	13595548,80

TOTAL ACTIONS COMMITTED BY CHAFEA UNDER AWP 2020	EUR 40 530 042, 00 59,4%
TOTAL ACTIONS COMMITTED BY DG SANTE UNDER AWP 2020	EUR 27 657 755, 14 40,6%
TOTAL COMMITTED	EUR 68 187 797, 14

