



HNN2.0
HEALTH-NCP-NET

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**MODULE
HANDBOOK**

Other Funding Opportunities



Health-NCP-Net 2.0 is funded by the European Union under the Horizon 2020 programme

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HEALTH-NCP-NET 2.0

This handbook module was prepared in the framework of the HEALTH-NCP-NET 2.0 Coordination Action, financed by the European Union's Horizon 2020 research and innovation programme (2014-2020), under grant agreement n° 643390.

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MODULE HANDBOOK

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Joint Programming Initiatives - pooling national research efforts in order to make better use of Europe's precious public R&D resources

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What is Joint Programming?

While implementing the European Research Area (ERA) in 2008 the Member States and the European Commission launched the "Ljubljana Process" - a political partnership for building a strong ERA and to overcome the research fragmentation. In parallel the Member States launched "The European Research Area Partnership: 2008 Initiatives" to increase the European cooperation in five areas:

1. The careers, working conditions and mobility of researchers
2. The joint design and operation of research programmes
3. The creation of world-class European research infrastructures
4. The transfer of knowledge and cooperation between public research and industry
5. International cooperation in science and technology

This joint design and operation of research programmes is performed as **Joint Programming** with the objective "to increase the value of relevant national and EU R&D funding by concerted and joint

planning, implementation and evaluation of national research programmes". It is a structured and strategic process whereby Member States agree, on a voluntary basis and in a partnership approach, on common visions and Strategic Research Agendas (SRA) to address major societal challenges. On a variable geometry basis, Member States commit to Joint Programming Initiatives (JPIs) where they implement together joint Strategic Research Agendas.

The participation of Member States in each initiative is "à la carte", based on voluntary commitments leading to partnerships composed of variable groups of countries.

For each initiative, participating countries will start with:

- Developing a shared vision for the area
- Defining a Strategic Research Agenda (SRA) and SMART objectives (Specific, Measurable, Achievable, Relevant and Time-Bound).
- Preparing for implementation of the SRA by analysing the options, assessing expected impacts and defining the best mix of instruments to be used.

Every JPI has its individual rules but in general is based on "Voluntary Guidelines on FRAMEWORK CONDITIONS FOR JOINT PROGRAMMING IN RESEARCH 2010" prepared by The European Research Area Committee – Groupe de haut niveau pour la Programmation Conjointe (ERAC-GPC) recommendations.

What's in for researchers?

Joint Programming Initiatives are important alternatives and complementary funding opportunities to Horizon 2020 for collaborative research in Europe. Especially if Horizon 2020 does not offer adequate call topics, it is worth assessing the relevant JPIs and/or ERA-Nets (chapter 11 Module 1) in the respective research area. It is important to know that the Horizon 2020 rules for participation do not apply for JPIs. Each JPI has agreed on its own individual rules for participation.

Only researchers from countries whose funding agencies are involved in an individual JPI are eligible to participate and to receive funding. In some JPIs research groups from countries whose funding organizations are not partners in the JPI may participate in projects if they are able to secure their own funding and clearly provide an added value to the consortium (to be checked at each individual JPI).

Most of the JPIs use the ERA Net scheme in order to launch and run transnational calls. Eligibility and funding requirements vary between the partner countries. Clarification may be obtained from the individual funding agencies. The Joint Call Secretariat of the respective JPI will assess proposals to ensure that they meet the call's formal criteria (date of submission; number of participating countries; inclusion of all necessary information, etc.). In parallel, the Joint Call Secretariat will

forward the proposals to the national/regional funding organisations, which will perform a formal check of compliance with their respective regulations.

An excellent overview about participating countries and open calls of public-public partnerships (P2Ps), including JPIs, is provided by the [ERA Learn Website](#).

Running Joint Programming Initiatives:

There are 10 JPIs (July 2015) in place which focus on various societal challenges:

- **Alzheimer and other Neurodegenerative Diseases (JPND)**
- Agriculture, Food Security and Climate Change (FACCE)
- **A Healthy Diet for a Healthy Life**
- Cultural Heritage and Global Change: A New Challenge for Europe
- Urban Europe - Global Urban Challenges, Joint European Solutions
- Connecting Climate Knowledge for Europe (CliK'EU)
- **More Years, Better Lives - The Potential and Challenges of Demographic Change**
- **Antimicrobial Resistance- The Microbial Challenge - An Emerging Threat to Human Health**
- Water Challenges for a Changing World
- Healthy and Productive Seas and Oceans

JPND - JPI Neurodegenerative Diseases

Growing ageing population is a fact for the whole Europe. Because of that neurodegenerative diseases are nowadays one of major societal challenges. This area involves different parties: patients, care givers including families, health care systems. Furthermore, one has to consider the fact that neurodegenerative diseases have a high economic impact for Europe that will increase over the years.

The ultimate goal of JPND is to fund cures for neurodegenerative diseases and to enable early diagnosis for early targeted treatments. JPND is thus bringing together researchers, existing research evidence and national funding bodies to nurture progress in the area of **neurodegenerative diseases** such as:

- Alzheimer's disease (AD) and other dementias
- Parkinson's disease (PD) and PD-related disorders
- Prion disease
- Motor neurone diseases (MND)
- Huntington's Disease (HD)
- Spinocerebellar ataxia (SCA)
- Spinal muscular atrophy (SMA)

The JPND strategy is to increase coordinated investment in neurodegenerative disease **research that aims at finding:**

- The origins of neurodegenerative disease
- Disease mechanisms and models
- Disease definitions and diagnosis
- Developing therapies, improving the medical tools
- Developing preventive strategies and interventions
- Healthcare and social care at each stage of the illness

JPND has identified through its Research Strategy common research goals that would benefit from joint action. Participating countries will join their efforts in order to accelerate progress on solutions that can reduce neurodegenerative diseases symptoms, and diminish the social and economic impact for patients, families and health care systems.

“Joint effort” will be achieved by coordinating current and future approaches, collaborating where appropriate and by sharing tools, techniques and other resources more efficiently among participating countries.

Participating countries: Albania, Austria, Belgium, Canada, Czech-Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Luxemburg, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

- ▶ The first joint transnational call of Joint Programming Initiative Neurodegenerative Diseases was officially launched on 13 May 2011.
 - ▶ On 4 December 2014, JPND announced a major new cohesive action with the European Commission JPcofuND. It is a five-year initiative (2014-2019) which will build on the considerable momentum and experience gained through JUMPAHEAD, the coordination action that supported JPND from 2010-2014 and built the foundations for the JPND initiative by supporting the development and implementation of the JPND Strategic Research Agenda.
 - ▶ To date, numerous projects and cohorts have been supported. A comprehensive update on already financed activities can be found [here](#).
-

JPI HDHL - JPI Healthy Diet for a Healthy Life

Healthy food and nutrition for all citizens in Europe is another key challenge.

The impact of diet and lifestyles on health requires coordinated research strategy and its implementation.

Joint Programming Initiative Healthy Diet for Healthy Life implements Strategic Research Agenda contribute to European Research Area on prevention of diet-related diseases and strengthening leadership and competitiveness with **major strategy goals**:

- The coordination of research programmes across Europe and reducing duplication of efforts.
- The allowance for easier developing EU solutions with the objective concerning food, nutrition and active life policy taking into account cultural diversities.
- The promotion of scientific excellence through joint activities with common funding and peer-review processes to minimise fragmentation of research activities and to use public resources more efficiently and effectively improving the accountability and transparency of public research programmes.
- The support of cross-border collaboration and facilitation of data pooling and their collection in a uniform and standardised way.
- The sharing expertise, creating critical mass, cross-border mobility and training to facilitate dissemination and translation of research results.
- The increase of the scientific, technological and innovative impacts of public investments in research.

Three key research areas crucial for successful healthy life implementation via JPI HFHL are described in the Strategic Research Agenda:

1. **Determinants of Diet and Physical Activity:** ensuring the healthy choice is the easy choice for all consumers. The challenge is to understand the most effective ways for improving public health through interventions targeting motivation, ability and opportunity to adopt and maintain healthy dietary and physical activity behaviours.
2. **Diet and Food Production:** developing healthy, high-quality, safe and sustainable foods. The challenge is to stimulate the European consumers to select foods that fit into a healthy diet and to stimulate the food industry to produce healthier, high-quality foods in a safe, sustainable and affordable way.
3. **Diet-related Chronic Diseases:** preventing diet-related, chronic diseases and increasing the quality of life. The challenge is to prevent or delay the onset of diet-related chronic diseases by gaining a better understanding of the impact of nutrition and lifestyle across Europe on human health and diseases.

Participating countries: Austria, Belgium, Canada, Cyprus, Czech-Republic, Denmark, Estonia, Finland, France, Germany, Ireland, Italy, Latvia, New Zealand, the Netherlands, Norway, Poland, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

- ▶ The first joint transnational call of Joint Programming Initiative Healthy Diet for a Healthy Life was officially launched on 19 March 2015.
-

JPI MYBL - JPI More Years, Better Lives - The Potential & Challenges of Demographic Change

The Joint Programming Initiative (JPI) "More Years, Better Lives - The Potential and Challenges of Demographic Change" seeks to enhance coordination and collaboration between European and national research programmes related to demographic change.

You can find more information on this initiative in Chapter 4.

JPIAMR - JPI Antimicrobial Resistance - The Microbial Challenge - An Emerging Threat to Human Health

The Joint Programming Initiative on Antimicrobial Resistance provides a collaborative platform to take the AMR combat from awareness to action by supporting EU research & facilitates and its translation to industry and policy.

Participating countries: Argentina, Belgium, Canada, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Israel, Italy, the Netherlands, Norway, Poland, Romania, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

Joint collaborative actions, maximizing research efforts and benefiting from the exchange of best practice, are crucial to tackle this crucial issue.

Currently:

- Few new drugs are being developed
- Use of antibiotics is excessive
- Resistance to antibiotics continues to spread
- Funding and research efforts are dispersed

This situation is now a global societal problem which will spiral out of control without action. JPIAMR aims to align resources by creating a collaborative platform, maximising existing and future efforts to combat AMR.

By working together in a JPI, we are able to achieve:

- New preventive and therapeutic approaches
- AMR relevant research elements more embedded in health service and care infrastructure
- A reduction of inappropriate consumption of antibiotics in humans and animals
- A positive impact on treatment, care and quality of life
- Increased visibility of the burden of AMR and the benefits of research
- A catalytic effect on the development on national and international strategies

► The first joint transnational call of Joint Programming Initiative Antimicrobial Resistance was officially launched on 27 January 2014. So far [a number of projects](#) have been supported by JPIAMR.

Table 1.1. Joint Programming Initiatives in the area of Health, demographic change and well being

Joint Programming Initiative	Acronym	Start Date	Web address
Neurodegenerative Diseases	JPND	13/05/2011	http://www.neurodegenerationresearch.eu
Healthy Diet for a Healthy Life	JPI HDHL	01/03/2010	https://www.healthydietforhealthylife.eu
More Years, Better Lives – The Potential and Challenges of Demographic Change	JPI MYBL	30/09/2013	http://www.jp-demographic.eu
Antimicrobial Resistance – The Microbial Challenge – An Emerging Threat to Human Health	JPIAMR	01/09/2012	http://www.jpiamr.eu



Better medicines through the Innovative Medicines Initiative 2

NCP Croatia |

The Innovative Medicines Initiative has been launched to speed up the development of safer and more effective medicines through a partnership of public and private investors. This chapter offers an overview of the history, inner mechanism and opportunities of this initiative.

Introduction

The Innovative Medicines Initiative (IMI) is a **Joint Technology Initiative (JTI)** which in general represents long-term Public-Private Partnerships (PPPs) managed on the basis of **Article 187 of the Treaty on the Functioning of the European Union**, as stated:

“The Union may set up joint undertakings or any other structure necessary for the efficient execution of Union research, technological development and demonstration programmes.”

JTIs are implemented as legal entities in the form of **Joint Undertakings (JU)** providing a framework for cooperation of private and public stakeholders. They organise relevant calls for proposals, have their own procedure for evaluation and selection of project applications and conclude contracts with projects which contribute to the implementation of their Strategic Research Agenda.

The Innovative Medicines Initiative (IMI) was first launched in 2008 during the European Union’s Seventh Framework Programme for Research and Innovation (FP7), triggered by the need to accelerate the discovery and development of better medicines for patients and to enhance Europe’s competitiveness in the biopharmaceutical sector. It was founded in the form of a **Joint Undertaking between the European Union and the European Federation of Pharmaceutical Industries and Associations (EFPIA)** which represents the pharmaceutical industry operating in Europe.

Although the industry is not receiving funding from IMI, their motivation to participate lies in the fact that the combination of public and private funding leads to a relevant reduction of high risks associated with drug development. The European Commission provides funds from the research budget (since 2014: Horizon 2020) which are matched by an at least equal amount from EFPIA, the latter representing mostly in-kind contributions such as giving access to valuable resources and facilities. Apart from research projects, IMI supports education and training projects as well. Furthermore, in December 2014, the first Coordination and Support Action (CSA) within IMI was launched with the 4th call for proposals.

IMI 2 structure & implementation

By the time IMI ended in 2013, it had acquired a very good track record in scientific excellence, as IMI funded projects published scientific articles with citation average higher than the European and world average in similar fields. The European Parliament and Member States approved the founding of the IMI 2 Joint Technology Initiative in January 2014, with IMI 2 building on the results of IMI and benefitting from the simplifications of rules in Horizon 2020.

IMI 2, which will continue until the end of 2024, is part of the **Innovation Investment Package** worth EUR 22 billion, containing 4 additional JTIs (Fuel Cells and Hydrogen 2, Clean Sky 2, Bio-based Industries, Electronic Components and Systems) and 4 public-public partnerships (European and Developing Countries Clinical Trials Partnership 2, European Metrology Research Programme, Eurostars 2, Active and Assisted Living Research and Development Programme 2).

With a total budget of **EUR 3 276 billion** (with half the budget coming from the Societal Challenge Health, Demographic Change and Wellbeing of Horizon 2020), **IMI 2 is the world's biggest PPP in the life sciences.**

In IMI 2, membership to the JU is also open to other legal entities that may support the IMI 2 objectives in their specific areas of research and that can therefore become **Associated Partners** of the IMI 2 JU.

Governance

The main bodies governing IMI 2 are:

- **Governing Board**, composed of representatives of the European Commission as well as from EFPIA (main decision-making body).
- **Executive Director**, heading the Programme Office (day-to-day management).
- **IMI Scientific Committee**, consisting of scientists giving scientific advice to the Governing Board.
- **States Representatives Group (SRG)**, composed of representatives from Member States and Associated States (acting as an advisory body to the Governing Board).
- **Strategic Governing Groups (SGG)** are formed by thematic fields; they consist of representatives from pharmaceutical companies as well as from the EC, the IMI Programme Office and the IMI Scientific Committee. SGGs have an advisory role with regard to the contents of new topics for IMI 2 calls.

From strategy to application

IMI 2 has defined the following **aims**:

- For clinical trials of priority medicines identified by the WHO – to improve the success rate by 30%.
- For immunological, respiratory, neurological and neurodegenerative diseases – to reduce the time necessary for the clinical Proof of Concept to five years.
- New and approved diagnostic markers for four of these diseases and at least two new medicines (new antibiotics or new therapies) for Alzheimer's disease.

IMI 2 will tackle these aims by implementing its **Strategic Research Agenda**, a multiannual plan developed for the period 2014-2024. It sets out four major axes of targeted research:

- Target validation and biomarker research (efficacy and safety)
- Adoption of innovative clinical trial paradigms
- Innovative medicines
- Patient-tailored adherence programmes

The Strategic Research Agenda also identifies the health priorities which are to be addressed in future calls for proposals. Based on the strategic priorities, every year the Executive Director in collaboration with the advisory groups prepares the **Annual Work Plan** and submits it for adoption to the Governing Board. The Annual Work Plan contains detailed information about the calls for proposals to be launched during the year.

Generation of new call topics

Prior to the call launch, a consortium is created by interested parties from EFPIA, which agree to work together on a particular topic. Topic ideas for consideration in future calls may also be submitted by scientists and other stakeholders through a special **“Idea Generation Page” on the EFPIA website** (see Useful links). The EFPIA consortium then drafts the call text in consultation with other IMI bodies and submits the text for approval to the IMI Governing Board. After the topic is approved, the details of the call for proposals are published on the IMI 2 website as well as on the Participant Portal.

Who can participate and how?

A participant can be **any legal entity**, regardless of the country it is established in. Participants such as academic institutions, non-profit organisations, SMEs and mid-sized enterprises (annual turnover of EUR

500 million or less) are eligible for funding if they are established in a Member State or an Associated State. Organisations from other countries are eligible for funding if this is clearly stated in the Annual Work Plan or if their participation is deemed essential for the realisation of the project. Also, IMI 2 pays particular attention to the **participation of patient groups** in IMI 2-funded actions, in order to ensure that the patients’ perspective is duly taken into account. A consortium applying for Research and Innovation Actions needs to consist of at least three legal entities, while at least one legal entity can apply for Coordination and Support Actions. There may be additional conditions for participation noted in the Annual Work Plan.

In IMI 2, most calls follow the **2-stage application procedure**: first, a consortium consisting of a variety of organisations covering the necessary expertise submits a short proposal, which is evaluated by independent experts. Only the highest ranked proposal per topic is then invited to “fuse” with the EFPIA consortium that has already been built from EFPIA partners interested in the respective topic. This extended consortium is invited to submit a full proposal which is subjected to another round of evaluation after the respective deadline. Only if this project proposal is approved according to the evaluation outcome, a Grant Agreement is concluded between the Coordinator of the consortium and the JTI JU, represented by the Executive Director, while the other beneficiaries fill in the Accession form thereby accepting the contract. The complete 2-stage life cycle is depicted in Figure 2.1.

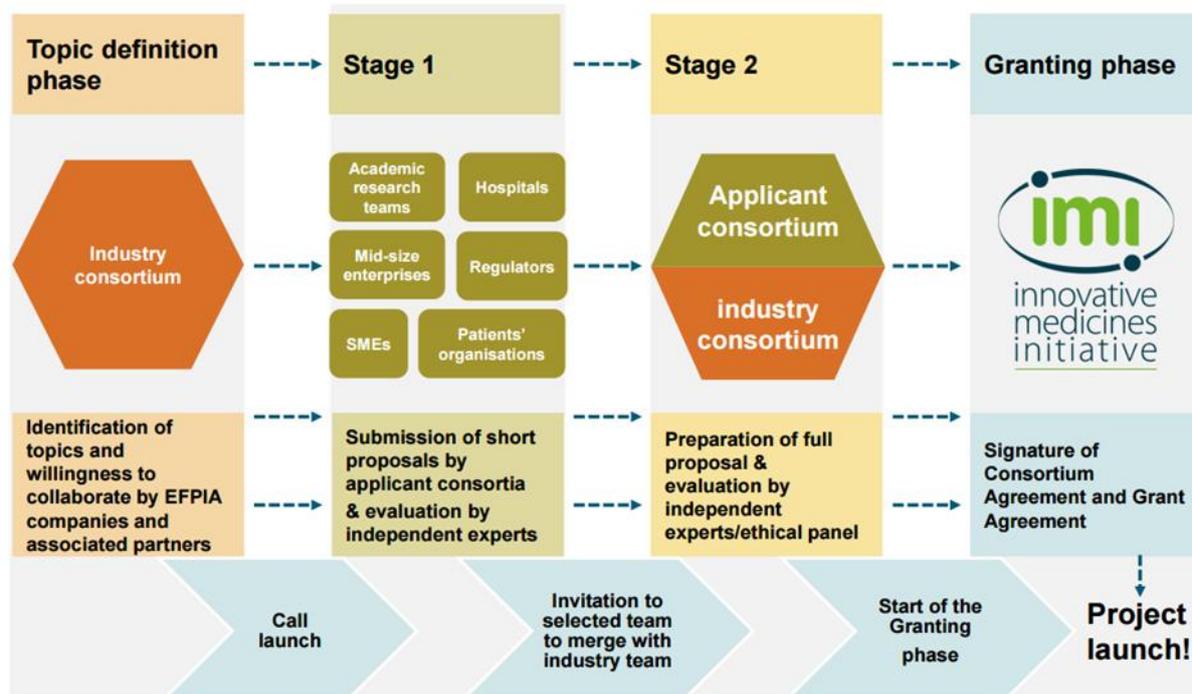


Figure 2.1. IMI 2 life cycle, 2-stage calls (Source: IMI 2 website)

IMI 2 proposals are to be submitted via a specialised **submission system** called **SOFIA** (Submission of Information Application), where applicants have to register before the actual submission. Analogous to the submission system of the Horizon 2020 Participant Portal, both administrative data of the participating organisations have to be provided, and the Technical Annex in the form of the completed proposal template uploaded onto SOFIA.

The evaluation process starts after the call deadline. Usually, three experts participate in the evaluation process, using the following **three evaluation criteria**:

1. Excellence
2. Impact
3. Quality and efficiency of the action

During stage 1 of a 2-stage evaluation, only excellence and (part of) impact are evaluated.

During stage 2, the full proposal is evaluated against all three criteria.

The maximum **Time To Grant** is **8 months** starting from the submission deadline (5 months for informing the applicant about the outcome + 3 months for Grant Agreement signature), unless specified otherwise in the call documents.

Before closure of the Grant Agreement, all beneficiaries are obliged to sign a **Consortium Agreement**, which sets the rules for the cooperation of beneficiaries within the consortium such as decision making and defining the details of IPR.

Organisations are also welcome to suggest their **own ideas** for research topics, provided they meet the needs and scope of the Strategic Research Agenda. These can be submitted via the “Idea Generation Page” of the EFPIA website (see link below). Usually proposers receive feedback on their idea within two months, however, if the idea is accepted and implemented in a Call, the proposers still need to go through the same evaluation procedure as all other applicants.

Funding and IP rules

To fund a project, a single funding rate spanning from 70% (for Innovation Actions) to 100% (for Research and Innovation Actions) applies for direct costs, and there is a single rate for indirect costs of 25%. EFPIA and Associated Partners can participate with in-kind or cash contributions, or a combination of the two, and up to 30% of in-kind contribution is allowed from non-EU established legal entities.

Intellectual Property Rights implemented in IMI 2 promote an open innovation model and therefore facilitate the exploitation of results. The Results and Sideground (generated during the collaboration but not in project related activities) of the project are owned by the beneficiary who generated them. Access rights are explained in more detail in Table 2.1.

Open Access is mandatory for the publications resulting from project activities.

Table 2.1. Access rights to Background, Results and Sideground (Source: [IMI 2 website](#))

Access rights granted by a beneficiary to/on	Background (necessary and identified)	Results	Sideground
Beneficiaries for completion of the action	Royalty-free	Royalty-free	N.A.
Beneficiaries and affiliates for Research Use	Fair & reasonable terms for background needed for using the results	Fair & reasonable terms	N.A.
Third Parties for Research Use after the action	Fair & reasonable terms for background needed for using the results	Fair & reasonable terms	N.A.
Beneficiaries and affiliates or Third Parties for Direct Exploitation	To be negotiated	To be negotiated	N.A.

Useful tips for clients

- IMI 2 National Contact Points offer more information and advice about opportunities in IMI 2
- IMI 2 Info Days at the national or regional level are organised
- Webinars are held by the IMI Office on the topics under each call for proposals
- The IMI 2 webpage contains all necessary information for applicants, such as the call text, proposal templates, the Manual for submission, evaluation and grant award, an evaluation form to conduct a self-check, and information on ongoing projects

Useful links

- [IMI 2 legislation](#)
- [IMI 2 official webpage](#)
- [IMI 2 reference documents](#)
- [IMI 2 partner search](#)
- [Fit For Health 2.0 partner search](#)
- [States Representatives Groups](#)
- [SOFIA portal](#)
- [LinkedIn group](#)
- [EFPIA webpage](#)
- [Idea generation page](#)
- [Innovation Investment Package](#)



Where the European Commission and National bodies meet: Article 185 Initiatives

NCP Switzerland |

The Article 185 Initiatives are research programmes providing funding for collaborative research projects. The EU is allowed to participate in the Article 185 Initiatives governed and implemented by mainly EU Member States or Associated Countries.

General information

Article 185 of the Treaty on the Functioning of the European Union (TFEU) provides the legal basis for the EU, represented by the European Commission (EC), to participate and operate in the development of national research programmes undertaken by several Member States and Associated Countries. Initiatives based on Article 185 are therefore Public-Public Partnerships between mainly EU Member States (and Associated Countries) and the EC.

Role of the Member States and Associated Countries

They are the driving force of the initiative. They commit themselves to develop and implement joint research and development programmes including all operational aspects needed for the functioning of the programmes such as management of the

calls and provide financial support to approved projects. The States participating in the programmes are responsible for their governance.

Role of the EC

The EC helps to improve the coordination of the joint efforts of the Member States and Associated Countries, ensures synergies with EU policies and the priorities of Horizon 2020, monitors the implementation of the programme and provides financial support. The EC holds an observer status in the governance structure of the programme.

Calls for proposals are developed based on **annual work plans** that are jointly drafted by the participating States. The annual work plans need to be agreed on with the EC.

Today, there are **5 Article 185 initiatives** established. This chapter will focus on the 3 “Health”-relevant of those in more detail which are:

- Active and Assisted Living Programme (AAL-2)
- European & Developing Countries Clinical Trials Partnership (EDCTP2)
- Eurostars-2

Active and Assisted Living Programme (AAL-2)

The AAL-2 funding programme (2014-2023) provides financial support for **collaborative close-to-market projects** in the form of grants to applicants following calls for proposals. AAL-2 represents the successor programme of the Ambient Assisted Living Programme (AAL, 2008-2013). The total budget for the whole period of the programme is **EUR 600 million**.

The **aims** of AAL-2 are to:

- Address challenges associated with ageing by fostering the development of new innovative Information and Communication Technology (ICT)-based products and services for elderly people in order to increase their quality of life and reduce the costs of their care.
- Support industry and in particular Small and Medium Sized Enterprises (SMEs).
- Demonstrate the capability to exploit project results.

AAL-2 participating States: Austria, Belgium, Cyprus, Denmark, France, Hungary, Ireland, Luxembourg, the Netherlands, Portugal, Romania, Poland, Slovenia, Spain, Sweden, United Kingdom, Switzerland.

AAL-2 governance

The **AAL Association (AALA)**, an international not-for-profit association established under Belgian law, is responsible for the governance of the programme and is responsible for all programme activities such as:

- Management of contract and budget
- Development of the annual work plans
- Organisation of the calls for proposals

- Handling of the evaluation and ranking of proposals for funding
- Project monitoring
- Transfer of the EU contributions to the responsible national programme management agencies
- Dissemination activities

The decision-making body of the AAL Programme is the **General Assembly which is composed of representatives of all participating States** and which manages the AALA. The role of the General Assembly involves:

- Appointment of the Executive Board (president, vice-president and a treasurer)
- Supervision of the implementation of the AAL Programme
- Approval of the annual work plans
- Allocation of national funding to projects
- Management of new applications for new memberships

The responsibilities of the **Executive Board** lie in:

- Managing budget planning, staffing and contracting
- Representing the Association
- Reporting to the General Assembly

The **Central Management Unit of the AALA** is responsible for the central management of the implementation of the AAL Programme jointly with the national programme management agencies. These agencies manage administrative and legal aspects for the national project participants and provide support for the evaluation and negotiation of project proposals.

The **European Commission** has an observer status in the meetings of the AALA General Assembly and approves the annual work plan. The EC is invited to all meetings of the AALA and may take part in the discussions. All relevant documents

circulated in connection with the AALA General Assembly are communicated to the EC.

An **Advisory Board** with representatives from industry, users and other

stakeholders, provides recommendations for priorities and topics to be addressed in the calls for proposals and other actions of the AAL2 Programme.

Application rules

Table 3.1. Application rules for the AAL2 programme

Project idea	“Top-down”: project idea needs to fit to the pre-defined topic/call text
Who can participate?	Each participating State has its own eligibility criteria. Eligible for funding are only organisations that are explicitly included in the national eligibility criteria.
How many project partners are needed to build up a Consortium?	At least 3 independent legal entities, from at least 3 different AAL2 Partner States participating in the call for proposals; The consortium must include: <ul style="list-style-type: none"> • 1 eligible business partner • 1 eligible SME partner which can be the business partner • 1 eligible end-user organization Typical size of a consortium: 3-10 partners
Financial support	All funding to approve projects is managed by the participating States according to their national funding rules and procedures which may vary between the States. Each national funding body financially supports its own applicant in approved projects according to the applicable national funding rules.
Time frame of calls	Yearly calls for proposals (around February each year)
Proposal type	Single-stage proposals
Submission of proposals	Electronically via the Active Assisted Living Programme Proposal Submission System http://proposals.aal-europe.eu
Evaluation of proposals	By independent experts chosen by the National funding agencies
Evaluation criteria	Excellence, impact, quality and efficiency of the implementation

Useful links

- [AAL-2 website](#)
- [National call-specific funding rules and procedures](#)
- [European Commission`s proposal on the AAL2 programme](#)
- [AAL2 partner search tool](#)
- [Active Assisted Living Programme Proposal Submission System](#)
- [AAL2 National Contact Points \(NCPs\)](#) (equivalent to Horizon 2020 NCPs)

European & Developing Countries Clinical Trials Partnership (EDCTP2)

The EDCTP2 (2014-2023) funding programme provides financial support for collaborative projects in the form of grants to applicants following calls for proposals that accelerate the clinical development of new or improved drugs, vaccines, microbicides and diagnostics to prevent or treat HIV/AIDS, tuberculosis, malaria as well as other poverty-related and neglected infectious diseases in sub-Saharan Africa, with a focus on all clinical trial phases (I-IV).

EDCTP2 represents the successor programme of the EDCTP Programme. The total budget estimation for the whole period of the programme will amount to **EUR 2 billion**, of which up to EUR 1 billion may be contributed by the European States participating in the programme and third parties such as industry, private sector, charities, philanthropic donors, and product development partnerships. This is expected to be matched by an EU contribution of up to EUR 1 billion.

It provides funding for:

- Clinical trials and clinical activities
- Accompanying measures such as:
 - i) Activities to develop, strengthen and extend clinical research capacities in sub-Saharan Africa.
 - ii) Activities to promote networking and collaboration both between European and African researchers and among African researchers, clinical research institutions and sites.
 - iii) Activities to foster coordination and cooperation between public and private funders.
- Fostering career development of individual junior and senior fellows from sub-Saharan Africa, supporting training and mentorship of researchers, and

promoting mobility of individual researchers and research staff.

EDCTP2 participating States:

14 European countries participate in the programme namely Austria, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, UK as well as **13 African countries** that are Burkina Faso, Cameroon, Congo, The Gambia, Ghana, Mali, Mozambique, Niger, Senegal, South Africa, Tanzania, Uganda and Zambia. More countries are allowed to join.

EDCTP2 governance

EDCTP2 is implemented by the EDCTP Association which is structured as follows:

- The **General Assembly** governs the EDCTP2 programme. It overlooks all EDCTP-relevant objectives, manages the resources and has final and exclusive decision-making power. All members (also the participating States), Aspirant members and Observers are allowed to appoint one authorized representative and one or more deputy to the General Assembly.
- The **Board** supervises the Secretariat on behalf of the General Assembly. It includes at least 5 General Assembly representatives that are appointed by the General Assembly.
- The **Secretariat** manages the “daily business” of the Association.

The **Strategic Advisory Committee (SAC)** is the principal advisory body to EDCTP2 and includes independent scientific experts from Europe and Africa that serve as advisory panel. The SAC is responsible for developing the strategic framework for EDCTP and gives technical and scientific advice to the General Assembly relating to the EDCTP programme. It is not involved in the review of applications submitted to EDCTP calls for proposals.

Application rules

Table 3.2. EDCTP2 application rules

Project idea	“Top-down”: project idea needs to fit to the pre-defined topic/call text
Type of Actions	<ul style="list-style-type: none"> • Research and Innovation Actions (RIA): projects mainly consisting of clinical trials and clinical trials activities • Coordination and Support Actions (CSA): projects supporting accompanying measures such as networking, dissemination, awareness-raising and communication etc. • Training and Mobility Awards (TMA): projects for career development, supporting training and mentorship and mobility of researchers
Who can participate?	Natural persons and legal entities that are public or private, for-profit or not-for-profit (e.g. universities, government departments, research organisations, non-governmental organisations, large companies and small to medium-sized enterprises). Please see the “EDCTP2 Grants Manual” for detailed information
How many project partners are needed to build up a Consortium?	<ul style="list-style-type: none"> • RIA: At least 3 different legal entities 2 of which shall be established in two different European Participating States and 1 of the legal entities must be established in a sub-Saharan African country. All 3 legal entities shall be independent of each other. • CSA: At least 1 legal entity • TMA: At least 1 legal entity
Financial support	Generally, the funding rate will be 100% financial reimbursement of direct eligible costs + 25 % overhead to cover indirect costs. Note: For some calls, the funding rate will be lower. This will be indicated directly in the call text of each individual call.
Time frame of calls	Yearly calls
Proposal type	Single-stage and two-stage
Submission of proposals	Electronically via EDCTP grants
Evaluation of proposals	By independent experts chosen from the EDCTP database of experts. Application via the EDCTP2 website
Evaluation criteria	Excellence, impact, quality and efficiency of the implementation

Useful Links

- [EDCTP2 website](#)
- [European Commission`s proposal on EDCTP2](#)
- [EDCTP2 submission System](#)
- [EDCTP2 Grants Manual](#)
- [EDCTP2 Work Plan 2014](#)
- [EDCTP2 Strategic Business Plan](#)

Eurostars-2

The Eurostars-2 programme (2014-2020), the successor of the Eurostars programme, is a funding programme with a total budget of EUR 1.14 billion. It provides financial support for collaborative projects in the form of grants to applicants following calls for proposals that support the development of rapidly marketable innovative products, processes & services in any field of research with a special focus on supporting Research & Development (R&D)-performing small & medium-sized enterprises (SMEs).

Therefore, Eurostars-2 provides SMEs the opportunity to cooperate internationally and enables SMEs to share their expertise.

Relation of Eurostars-2 to EUREKA

Eurostars-2 is one of the four EUREKA instruments. EUREKA is a publicly-funded, intergovernmental network involving over 40 countries. It was established by a Conference of Ministers of 17 EU Member States and non-EU countries in 1985. EUREKA's aim is to support industrial research collaboration. Eurostars-2 is one instrument to achieve EUREKA's aim, with a specific focus on supporting R&D-performing SMEs.

States participating in Eurostars-2:

Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, South Korea, Sweden, Switzerland, Turkey, United Kingdom.

Eurostars-2 Governance

The Eurostars-2 programme is managed by the **EUREKA Secretariat (ESE)**. The ESE is an international non-profit association established under Belgian Law in 1997 by the EUREKA countries and by the European Commission. The Head of ESE is the legal representative of the association and implements the Eurostars-2 programme. According to the EC the implementing tasks are:

- Preparation of the annual budget for the calls and central organisation of joint calls , eligibility and evaluation of proposals, the selection of proposals for funding, project monitoring and follow-up; the receipt, allocation and monitoring of the Union contribution
- Collecting the necessary information from the **National Funding Bodies (NFBs)** for the transfer of the Union contribution
- Promotion of the Eurostars-2 Programme
- Reporting to the Eurostars-2 **High Level Group (HLG)**, decides on the frequency of the calls) and the EC informing the EUREKA network about the Eurostars-2 activities
- Adopting the Eurostars-2 annual work plan following the prior agreement of the Eurostars-2 HLG and of the EC.

The **Eurostars-2 HLG** is composed of the national representatives in the EUREKA HLG of the Eurostars-2 Participating States and supervises operations of ESE on Eurostars-2 by:

- Supervising the implementation of the Eurostars-2 Programme
- Appointing the members of the **Eurostars-2 Advisory Group (EAG)**
- Approving the annual work plan
- Approving the ranking list of Eurostars-2 projects to be funded and taking the award decision.

In each participating country, there are so called **EUREKA National Project Coordinators** that are responsible for the promotion of the Eurostars-2 programme and for the management of the programme on an operational level. The EUREKA National Project Coordinators are part of the EAG.

The **Eurostars-2 Advisory Group** advises the Secretariat and the High level Group as regards the implementation of the Eurostars-2 programme. The National Funding Bodies manage the administration of financial support to the national participants.

Application rules

Table 3.3. Eurostars-2 application rules

Project Idea	“Bottom-up”: any project idea is welcome
Who can participate?	Any type of organisation can be part of a Eurostars project consortium, although the main partner must be an R&D-performing SME
How many project partners are needed to build up a Consortium?	At least 2 participants (legal entities) from 2 different Eurostars participating countries although the main partner must be an R&D-performing SME
Financial support	All funding to approve projects is managed by the NFBs according to national funding rules and procedures.
Time frame of Calls	Yearly calls (usually two call deadlines per year)
Proposal type	Single-stage
Submission of proposals	Electronically via the Eurostars Submission tool
Evaluation of proposals	By independent experts, commissioned by ESE
Evaluation criteria	<ul style="list-style-type: none"> • Quality & efficiency of the implementation (basic assessment); • Excellence (Innovation and R&D); • Impact (Market & Commercialisation)

Useful Links

- [Eurostars-2 website](#)
- [European Commission’s proposal on Eurostars-2](#)
- [EUREKA website](#)
- [National Project Coordinators \(NPCs\)](#) (equivalent to Horizon 2020 NCPs)
- [Eurostars-2 guidelines](#)
- [Eurostars-2 submission system](#)
- [Eurostars-2 application, evaluation and monitoring process](#)



Active and Healthy Ageing

NCP Israel |

Ageing is nowadays recognised as a major societal challenge common to all European countries. This chapter will elaborate on the existing partnerships and initiatives which aim to improve elderly citizens' lives, the efficiency and sustainability of social and healthcare systems, and also improve market competitiveness for innovative products and services addressing the ageing challenge.

The Demographic change; Europe is ageing increasingly and faster

Europe has been going through a major demographic change in the last few decades. To put it simple Europe is ageing, as the percentages of Europeans over the age of 65 have increased and are expected to rise in the following decades. The implications of this change are numerous and affect many sectors such as the workforce and health sector. An example for the impact of this demographic change is reflected in the ratio between working people and the remaining population, which is expected to become 2 to 1, from the current 4 to 1.

This demographic change implies major challenges for the European economy: The prolongation of life expectancy leads to reliance of the older adults on pension schemes and at the same time imposes major challenges on the health systems.

However, this change also translates into some interesting opportunities for the citizens, the social and healthcare systems as well as industry and the European market. The demographic change, the challenges and the opportunities it holds motivated the activities described in this chapter.

Active Assisted Living Programme (AAL 2.0)

The AAL JP (Joint Programme) is among the strategic initiatives that all SC 1 NCPs should monitor to assist clients for the research related to Active assisted living; it is a funding activity that aims to provide innovative ICT-based solutions including products, systems or services to enhance older adult's quality of life and to strengthen the industrial base in Europe.

You can find more information on this initiative in Chapter 3.

Joint Programming Initiative: More years Better Lives (JPI MYBL)

The "Joint Programming Initiative" is a rather new approach that allows further funding opportunities for stakeholders from states participating in the initiative and it is therefore quite important for the Health NCPs to know and disseminate this scheme.

The Strategic Research Agenda of the JPI "More Years Better Lives" aims to help all the participating countries and other research funders like the European Commission, to prioritize and design research activities related to demographic change.

This SRA includes **11 research topics**:

1. Quality of life, wellbeing and health
2. Learning for later life
3. Social and economic production
4. Participation
5. Ageing and place
6. A new labour market
7. Integrating policy
8. Inclusion and equity
9. Welfare models
10. Technology for living
11. Research infrastructure

Participating countries: Currently 15 EU countries are participating in the JPI "More Years, Better Lives": Austria, Belgium, Denmark, Finland, France, Germany, Italy, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, UK and Canada

How does it work?

Calls

The SRA is implemented through the publication of Joint Transnational calls for proposals.

These calls are mutual statements of intention among all Parties organising the call, who agree to make every reasonable effort to fulfil the intents expressed in the joint transnational call as well as its implementation. It is worth mentioning that the participating countries are **not obligated** to take part in every call published by MYBL. Each member may choose to participate in the activities that fit its respective national strategy the most.

The calls are published in the official MYBL Website. The call text includes information about the call topics and the expected projects as well as publication and submission dates and eligibility criteria. Submission is done online through the [MYBL website](#).

Type of projects

Only Joint transnational projects will be funded. The proposals should be solution-driven and have a potential positive impact on issues relating to the call topics. A multidisciplinary approach is required. Proposals should explain how they are addressing the issues identified in the JPI Strategic Research Agenda.

Consortium

Each proposal must involve a minimum of three eligible applicants from at least three different countries participating in the call. The maximum number of eligible participants in a project consortium is seven.

The consortium should be reasonably balanced, i.e. not more than two eligible applicants per country are allowed.

Participants not eligible to be funded (e.g. from non-funding countries or not

fundable according to national regulations of the participating funding countries) may participate in a project proposal if they are able to secure their own funding. Such participants should state in advance the source of funding for their part in the project. However, the majority of participant groups in a consortium and the Principal Investigator must be eligible to be funded by participating countries, according to the national regulation.

Eligibility

Proposals may be submitted by Public and Private scientific, research, technological and innovation Institutions; Universities; Research active industry; NGOs; other institutions involved in research activities as long as they are [eligible for funding](#). The eligibility of the entities is subjected to the individual administrative and legal requirements of each Party.

Evaluation and funding

Following the submission deadline, each proposal will be checked for eligibility (date of submission; number and category of participating countries; inclusion of all necessary information in English; appropriate limits on length) by the Joint Call Secretariat. In parallel, the Joint Call Secretariat will forward the proposals to the corresponding national funding organisations which will perform a check for compliance to national rules. Proposals passing both checks will be forwarded to the Peer Review Panel members for evaluation.

Partners of successful collaborative projects will be funded directly by their respective national funding organisations. Funding will be administered according to the terms and conditions of the national funding organisations responsible, taking

into account all other applicable national regulations and legal frameworks.

Can further countries join this JPI?

Absolutely! The membership is open to any interested Member State, Associated State or Third Countries. A participating party may also choose to terminate its membership, provided that commitments for running joint activities of the specific member are ensured.

There is no entrance fee to be paid to be a Member of JPI.

The European Innovation Partnership (EIP) on Active & Healthy Ageing

The Innovation Partnerships do not involve any funding mechanism and yet could pose an excellent opportunity for different stakeholders to influence and get involved in the discussions, decisions and processes eventually contributing to the designing of the SC1 work programme.

Innovation Partnerships in general, help to achieve the aim of enhancing European competitiveness and tackle societal challenges through research and innovation, as set in the Innovation Union strategy.

“The unique strength of the EIPs is that they will address weaknesses in the European research and innovation system (under-investment, conditions fragmentation and duplication), which considerably complicate the discovery or exploitation of knowledge and, in many cases, ultimately prevent the entry of innovations into the market place”. (Innovation Union, European Commission)

The European Innovation Partnership on Active and Healthy Ageing gathers key stakeholders (end users, public authorities, industry), all actors in the innovation cycle from research to adoption, along with those engaged in standardization and regulation. It provides them with a forum in which they can cooperate in order to address barriers hindering innovation. It intends to align existing EU, national and private financial tools and improve their effectiveness rather than serve as a new EU funding or legal instrument.

The partnership aims to achieve a "triple win" for Europe:

1. Enabling EU citizens to lead healthy, active and independent lives while ageing.
2. Improving the sustainability and efficiency of social and health care systems.
3. Boosting and improving the competitiveness of the markets for innovative products and services, responding to the ageing challenge at both EU and global level, thus creating new opportunities for businesses.

This will be realised in the three areas of prevention and health promotion, care and cure, and active and independent living of elderly people.

How does it work?

Action Groups

An Action group is an assembly of partners committing to work on a number of actions related to ageing. 6 Action Groups developed Action plans working on:

1. Finding innovative ways to ensure patients compliance.
2. Finding innovative solutions to better manage our own health and prevent falls.

3. Helping to prevent functional decline and frailty.
4. Promoting integrated care models for chronic diseases, including the use of remote monitoring.
5. Deploying ICT solutions to help older people stay independent and active for longer.
6. Promoting innovation for age-friendly and accessible buildings, cities and environments.

Reference sites

Reference sites provide the partnership with examples of comprehensive and innovation based approaches to active and health ageing. They are coalitions of regions, cities, health providers and care organizations that are able to give evidence of their impact on citizens and systems.

[The marketplace](#) is an online platform. Anyone who is interested in the partnership can register to:

- Discuss issues in the forums and share views
- information about events, documents and project information
- Find out about funding opportunities

European Institute of Innovation and Technology (EIT) Health

EIT (European Institute of Innovation and Technology) aims at enhancing Europe's ability to innovate by integrating, for the first time at EU level, education and entrepreneurship with research and innovation. As part of Horizon 2020, the EIT's budget is EUR 2 711.4 million for 2014-2020.

The main operational arm of the EIT is its Knowledge and Innovation Communities (KICs). Through them the EIT develops and tests a new model of how innovation is approached, managed, financed and delivered in Europe. The KICs offer an opportunity for top innovation players to be part of a highly collaborative community.

EIT Health is a consortium of more than 50 core partners and 90 associate partners spanning the whole spectrum of healthcare such as Pharma, MedTech (including consumer products), ICT, imaging & diagnostics Payers, Research Institutions Hospitals and Universities.

The consortium offers best-in-class research capabilities, higher education and business expertise to boost innovation and serve as a catalyst for new solutions for Europe. The consortium taps into established networks of 37 technology transfer offices, 39 incubators and 20 venture capitalist funds.

With a budget of EUR 2 billion over the next decade, the EIT health will foster the development and commercialization of smart product and service solutions in the health sector, addressing the challenges imposed by demographic change and ageing societies. EIT Health will overcome the fragmentation of different healthcare systems in Europe, give companies easier access to markets across the EU and open the path to reduce time-to-market for added-value products and services.

EIT Health objectives

EIT Health aims to, among others:

- Support and grow this figure to 90 new products/services annually by 2018.
- By 2018 create 70 start-ups per year.

- Have 1 000 000 students taking part in its educational online programmes per year by 2018.
- In its first full year of operation in 2016 EIT Health expects to incubate approximately 80 new business ideas, rising to 140 in 2018.

How does it work?

“The regional structure of EIT Health extends across Europe. With its headquarters in Munich (Germany), EIT Health will establish six co-location centers in London (UK/Ireland), Stockholm (Scandinavia), Barcelona (Spain), Paris (France), Heidelberg (Germany) and Rotterdam (Benelux), which are expected to become operational by October 2015. All six co-location centers are defined by the EU Innovation Scorecard as high innovation performers and all locations provide a shared physical space, with access to laboratories, test beds, offices and seminar rooms that will promote close cooperation” ([EIT Health webpage](#)).

Target groups

In general, the EIT health aims at anyone who has a product or service idea. Three different target groups are offered slightly different tools:

1. Students:

*“EIT Health aims to help talents and researchers at universities to acquire skills that are important to convert ideas into reality. The strengthening of entrepreneurial know-how is also emphasized through training courses at universities. Under the brand “EIT Health Campus” the EIT Health will provide a range of short and intensive courses, **full MSc and PhD programmes**, executive education and outreach. Students will acquire unique practical experience and training through participation in market-driven innovation projects. The close cooperation between business, research and higher education will offer a wide range of new opportunities, from a multidisciplinary knowledge and application-oriented*

education, early exchanges with potential employers to launching a career in a start-up or spin-off" ([EIT Health webpage](#)).

2. Businesses:

The EIT Accelerator programme offers a wide range of support and services for companies to accelerate their innovation process, obtain access to research capacities and significant resources such as labs and test beds, facilitate new market entry and increase the commercialization of European research outcomes. As part of the programme companies can capitalize on activities including innovation matchmaking, user ideation and validation, innovation training and support, market preparation and expansion. In addition to experts from many different areas, EIT Health Accelerator also provides the opportunity, especially for SMEs and start-ups, to obtain funding for promising projects to fast-track innovation.

3. Innovators:

The EIT Health offers innovators support through partners with complementary skills in areas of technology, market or management know-how, as well as physical infrastructures such as living labs and test beds to test and validate products and services in different environments.

Using these instruments to integrate research, education and innovation will help to effectively turn ideas into products, students into entrepreneurs and business ideas into market opportunities.

Type of projects

EIT Health has defined three types of projects:

- **Innovation by ideas** are collaborative projects selected in annual competitive

calls. They are “solution-driven”, meaning a potential solution has been identified that either capitalises on an opportunity or addresses a specific problem presented by demographic ageing of the population.

- **Innovation by design** are collaborative projects that are “needs-driven”. They start from a recognised market need or societal problem.
- **Head starts** offer fast-track project opportunities with a focus on small and medium-size enterprises (SMEs) and start-ups. They are funded to rapidly initiate activities with the goal of shortening time-to-market for innovative products and services.

A central requirement of projects promoted by EIT Health is a proof of sufficient business expertise to ensure an innovation is actually able to access both the market and the patient. A pre-requisite to potentially receive funds for innovation projects is that the innovation idea supports the business objectives of EIT Health while addressing at least one of the three focus areas of EIT Health’s future investments.

How to apply

Application is done through the application form in the EIT Webpage.

Useful Links

- [Final report of the European Summit on Innovation for Active and Healthy Ageing](#)
- [Active Assisted Living Programme](#)
- [Joint Programming Initiative: More years Better Lives](#)
- [The European Innovation Partnership on Active and Healthy Ageing](#)
- [EIT Health](#)



Where to search for funding outside H2020?

NCP Portugal |

In addition to H2020, other sources of funding are available in the EU for projects with a focus on research, innovation and implementation of policies related to health. This chapter therefore summarizes the basic information on European Structural and Investment Funds and on the Third EU Health Programme.

European Structural & Investment Funds

The European Cohesion Policy and Europe 2020 objectives

The European Cohesion Policy for 2014-2020 aims to foster economic, social and territorial cohesion across the EU. It supports sustainable, social and economic restructuring through Europe, in order to meet the goals of the **Europe 2020 Strategy for a smart, sustainable and inclusive growth**.

European Structural and Investment Funds (ESI Funds), formerly called Structural and Cohesion Funds, are the main financial instruments for the implementation of the

EU's Cohesion Policy. Their aim is to **reduce the economic and social disparities between Europe's regions**. The Funds are financed directly from the EU budget, to which all Member States contribute. They comprise three main funds (Figure 5.1):

- **European Regional Development Fund (ERDF)** which provides support for the creation of infrastructure and productive job-creating investment, mainly for business. The ERDF has foreseen a budget of nearly EUR 185 billion for the period of 2014-2020.
- **European Social Fund (ESF)** contributing to the integration into working life of the unemployed and disadvantaged population, mainly by funding training measures. The EU allocated a budget of over EUR 80 billion to the ESF to be spent over until 2020.
- **Cohesion Fund (CF)** intended for countries whose per capita GDP is below 90% of the EU average. It aims to reduce economic and social disparities and to promote sustainable development. CF budget for 2014-2020 is EUR 63.4 billion.

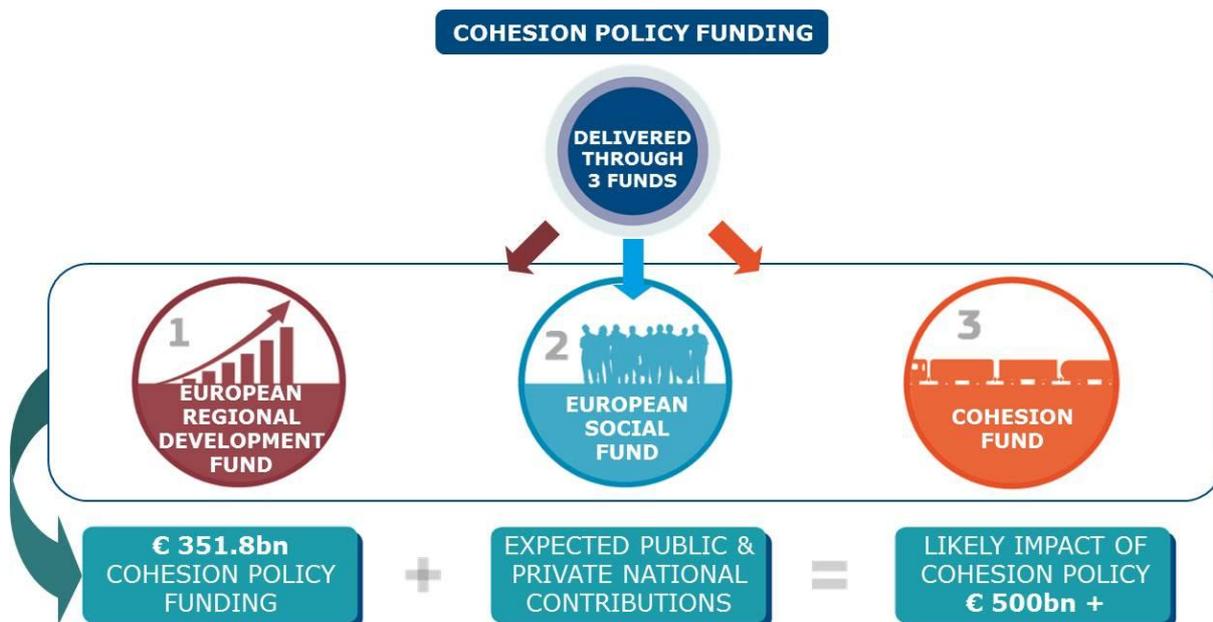


Figure 5.1 Three funds to invest in growth and jobs (Source: European Commission)

In addition, the **European Agricultural Fund for Rural Development (EAFRD)** and the **European Maritime and Fisheries Fund (EMFF)** are also part of the ESI Funds, however they are not linked to any health-related issue.

Direct investments in health are mainly considered in ERDF and ESF. Nevertheless, using structural funds for non-direct health investments such as urban regeneration, transport, environment, employment, social inclusion and housing can also have positive impacts on the population's health.

Regulation (EU) No 1303/2013 lays down a Regulatory Framework for the ESI Funds with the aim of encouraging an integrated approach, increasing coherence between policy commitments and investments on the ground. Altogether the ESI Funds allocate EUR 351.8 billion for the period of 2014-2020 – almost a third of the total EU budget.

Delivery of ESI Funds to the Member States

In 2012 the Commission Services issued **Commission Position Papers (CPPs)** for each Member State, setting out how EU investments should support smart, sustainable and inclusive growth by focusing on key advantages and important growth sectors in regions and Member States.

Among other areas, the CPPs provided the **scope of health investments and related critical issues** for the 2014-2020 programming period. Based on these CPPs, Member States produced strategic plans with investment priorities covering the five ESI Funds. These later became "**Partnership Agreements**" (PAs), i.e. contracts negotiated between the European Commission and national authorities, which form the **basis for delivering ESI Funds**.

Member States also define “**Operational Programmes**” (OPs) breaking down the investment priorities and objectives of the PAs into concrete actions. These OPs can cover entire Member States and/or regions, or be cooperation programmes involving more than one country. The Commission negotiates with the national and regional authorities on the final content of these investment plans.

European Funds work on the basis of **reimbursement of project costs** rather than by pre-financing project initiatives. For any ERDF or ESF project to be eligible for EU financial support, it must first secure **matching funds** from other sources, such as national, regional or local authorities and/or the private sector, and submit to the maximum general co-financing rates of the structural funds:

- 75%-85 % for less developed regions (GPD/head < 75% of EU-28 average) depending on the relative wealth of the Member State;
- 60%-75% for transition regions (GPD/head between 75% and 90% of EU-27 average);
- 50% for more developed regions (GPD/head > 90% of EU-27 average).

EU Member States and the European Commission (EC) are co-managers of the structural funds. In each Member State, a designated managing authority provides information on the programme, selects projects and monitors implementation (see the list of managing authorities per Member State in Useful Links).

Structural funds for investments in health

The EU supports investments in the health sector through the ESI Funds. In 2013 the EC issued the **Staff Working Document (SWD) “Investing in Health”** to establish the role of health as part of the Europe 2020 policy framework. The SWD recommends investments in three health areas:

1. **Investing in sustainable health systems** combines innovative reforms aimed at improving cost-efficiency and reconciling fiscal consolidation targets with the continued provision of sufficient levels of public services.
2. **Investing in people’s health as human capital** aims to improve the health of the population in general and reinforces employability, thus making active employment policies more effective, helping to secure adequate livelihoods and contributing to growth.
3. **Investing in reducing health inequalities** contributes to social cohesion and breaks the vicious spiral of poor health contributing to, and resulting from, poverty and exclusion.

These strategic lines of investment in health must therefore be considered within the scope of the ESI Funds. The Cohesion Policy has set **11 Thematic Objectives (TOs)** derived from Europe’s 2020 strategy supporting growth for the period 2014-2020 (Figure 5.2):

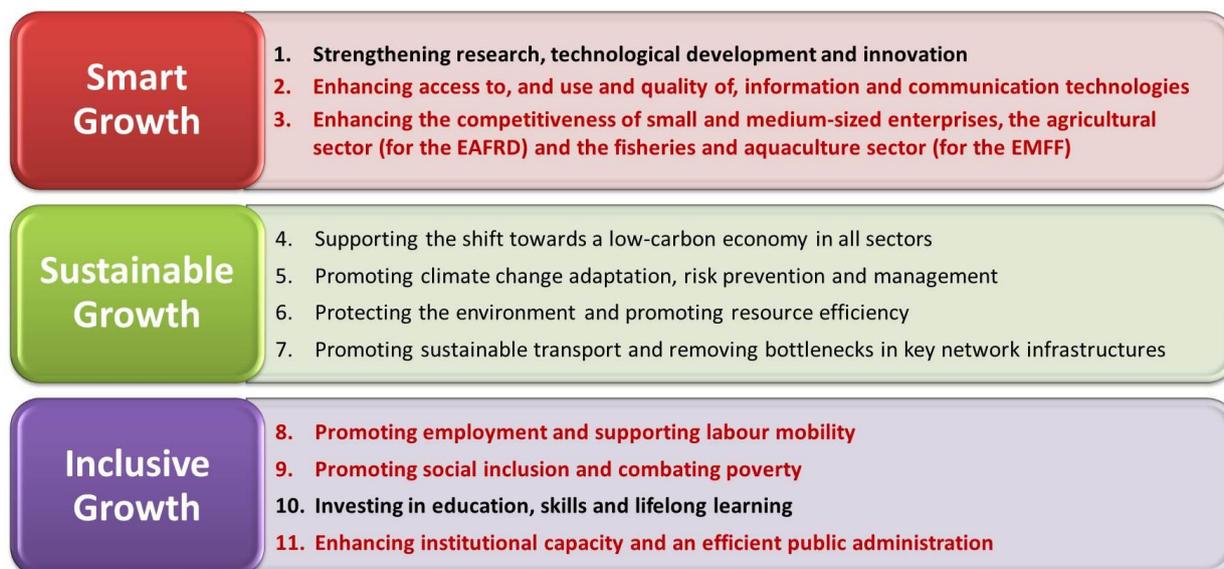


Figure 5.2: Europe 2020 Thematic Objectives (TOs). Health-related TOs are indicated in bold, whereas TOs for which health investments are a priority are highlighted in red. (Source: HNN 2.0)

According to the ERDF and ESF Regulations, investments in health can be supported by seven of the eleven TOs: 1, 2, 3, 8, 9, 10 and 11. Among these, five TOs explicitly include **health interventions as key priorities: 2, 3, 8, 9 and 11.**

Potential beneficiaries from the ESI Funds in the health sector are very diverse, including SMEs, large enterprises, public bodies, non-governmental and civil society organisations, universities, students and researchers.

The **OPs** are designed to meet the **health challenges in the country or region in question** and applicants should analyse all information regarding investment priorities, eligibility criteria, and application procedures of the programmes in their region and country before applying for funding.

Managing authorities must provide details such as minimum and maximum size of the project (budget), funding rates, financing plan and time-frame and adequacy of the project to the scope of the funds.

A very important feature of ESI Funds is the one of **integrated funding and programming**. Several actions can be interlinked by combining investments from different ESI funding programmes. In addition, ESI Funds **have potential synergies with other EU funds relevant for the health sector**, such as **Horizon 2020** and the **Third EU Health Programme**.

The ESI Funds are directed towards national and regional investments, whereas H2020 and other EU programmes have a focus on transnational projects of European dimension. Therefore, beneficiaries have the opportunity to apply for different funding sources.

A combination of funding for distinct activities such as establishment of a new diagnostic test, training of specialized health professionals and acquisition of new medical equipment can be put in place. However, in no circumstances shall the same cost item be financed twice under any budget.

Third EU Health Programme

The EU is required by its founding treaty to ensure that human health is protected as part of all its policies, and to work with the EU Member States to improve public health, prevent human illness and eliminate sources of danger to physical and mental health. The EU health strategy “Together for Health” supports the overall **Europe 2020 Strategy**, which aims to **turn the EU into a smart, sustainable and inclusive economy promoting growth for all**. A population in good health is a prerequisite of such an economy.

Scope and objectives

“**Together for Health**” was adopted in 2007 to respond to challenges faced by member countries by strengthening cooperation and coordination across the EU and to complement national health policies. The EU Health Programme is the

main instrument that the Commission uses to implement the EU Health Strategy.

The **Third EU Health Programme (Regulation (EU) No 282/2014)** runs from 2014 to 2020 and follows two previous programmes of Community action in the field of public health (2003-2008) and in the field of health (2008-2013).

The **general objectives** of the Third EU Health Programme are to complement, support and add value to the policies of the Member States to improve the health of Union citizens and reduce health inequalities by promoting health, encouraging innovation in health, increasing the sustainability of health systems and protecting Union citizens from serious cross-border health threats.

The financial envelope for the implementation of the Third EU Health Programme is **EUR 449.4 million** and the Programme has **4 specific objectives** (Figure 5.3). These are broken down into a total of 23 thematic priorities (Annex I of Regulation (EU) No 282/2014).



Figure 5.3 Specific objectives of the Third EU Health Programme (Source: HNN 2.0)

The EU Health Programme funds projects with **clear Union added value**. In comparison with other EU funding programmes, the focus of the Third EU Health Programme lies in **public health research**.

Examples of expected results are:

- The increased use of evidence-based practices in Member States
- Integrated coherent approaches in the Member States' preparedness plan
- Improved surveillance and response to cross-border health threats
- Increased sustainability of health systems
- Creation of European Reference Networks (e.g. on rare diseases)

Actions proposed within the scope of the Third EU Health Programme should **complement and create synergies** with actions proposed in other policy areas, notably with relevant research projects funded under **Horizon 2020**.

Implementation and financial rules

The Commission's Directorate-General for Health and Food Safety (**DG SANTE**) is responsible for the health policy of the European Union. The **Consumers, Health, Agriculture and Food Executive Agency (Chafea)** is entrusted by the Commission to implement the Health Programme.

Member states designate National Focal Points for the promotion of the Programme and the dissemination of the Programme results.

The implementation is made by means of **annual work programmes** which set out priority areas and the criteria for funding actions. Proposals must respond to the priorities identified in the annual work programmes.

Since 2014, the calls for proposals under the Third Health Programme are being

published at the webpages of Chafea as well as on the EU Research & Innovation **Participant Portal** which is also used for the evaluation of proposals, the preparation and monitoring of Grant Agreements as well as for the technical and financial reporting.

Entities legally established in any of the **Member States, in Iceland and Norway** are **eligible for funding** under the Third EU Health Programme. Participants from third countries can also join, on a cost basis. Participation is open to research institutes and universities, public authorities, non-governmental organizations and companies.

All details such as participation rules are specified in the annual work programme and call for proposals. The **minimum condition** for collaborative projects is the participation of three separate legal entities from different countries.

In addition to the **European dimension**, projects must be **innovative**. The **co-financing** rule applies: beneficiaries need to have their own financial resources to contribute to the costs of the project.

There are three main types of action/mechanism under the scope of the Third EU Health Programme - Projects, Joint Actions (JAs) and Operating Grants:

- **Grants for Projects:** Multi-beneficiary grants which are awarded to a consortium for the implementation of a project through a call for proposals.
- **Grants for actions co-financed with Member States authorities (Joint Actions):** Grants directed to the competent national health authorities of the Member States or third countries participating in the Programme to take forward work on jointly identified

issues. JAs can be granted without the need of a call for proposals.

- **Financial contribution to the functioning of non-governmental bodies (Operating Grants):** Grants awarded to non-governmental bodies active in areas corresponding to the four

specific objectives of the Third EU Health Programme through a call for proposals.

In addition, other types of action/mechanism can also be included in the annual work plans (Figure 5.4):

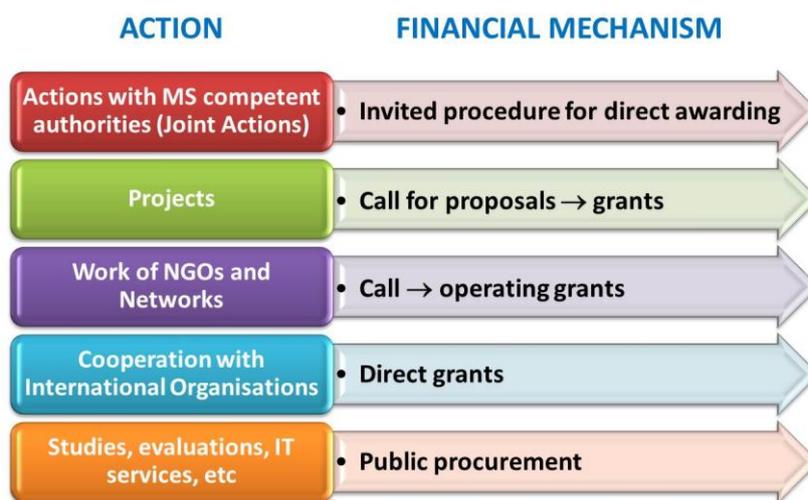


Figure 5.4 Actions and respective financial mechanisms of the Third EU Health Programme (Source: HNN 2.0)

The **maximum rate for EU co-financing is 60% for all types of grants.** In some rare cases of exceptional utility this may be raised to **80%** if proposals comply with predefined criteria indicated in the annual work programme. These criteria depend on the action and financial mechanism but might be meant to promote the participation of health actors from Member States with a low GDP, for example.

- [Guidance for potential beneficiaries of European Structural & Investment Funds & related EU instruments](#)
- [Regulation \(EU\) No 1303/2013 of the European Parliament and of the Council](#)
- [Investing in Health – Commission Staff Working Document 2013](#)
- [Investment in health – Policy Guide for the European Structural and Investment Funds \(ESIF\) 2014-2020](#)
- [Programme managing authorities in each Member State](#)

Useful Links

ESI Funds

- [Regulations on EU Structural & Investment Funds](#)

Third EU Health Programme

- [EU Health Strategy “Together for Health”](#)
- [Third Health Programme](#)
- [Third Health Programme CHAFAEA page](#)
- [Third Health Programme on the Participant Portal](#)



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