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This document corrects SWD(2017) 119 final of 03.04.2017;

The table of contents has been updated.

COMMISSION STAFF WORKING DOCUMENT *Accompanying the document*

Report from the Commission to the European Parliament and the Council **Implementation of the third Programme of Community action in the field of health in** **2014**

{COM(2017) 149 final}

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Annex 1: Commission staff working paper linked to the above report

Introduction

This Commission staff working document accompanies the report on the implementation of the Third Health Programme in 2014. The report highlights some of the key initiatives co-funded to further EU health policy and implement EU directives. This staff working document also showcases the results of measures funded under the Second Health Programme, which ended in 2014. It also presents other action that was co-funded in 2014 in cross-cutting areas such as dissemination, evaluation and collaboration with other services. Lastly, it includes interesting statistics, and the full list of all initiatives co-funded and contracts provided from the Third Health Programme operating budget in 2014.

Highlights of initiatives ending in the reporting year

Examples of the programme's results

Several initiatives co-funded under the Second Health Programme ended in 2014 and produced interesting results. Several examples of projects that had a significant outcome are described below. More information about these and other projects and joint actions and their results can be found in the Health Programme database managed by the Consumers, Health and Food Executive Agency (Chafea): <http://ec.europa.eu/chafea/health/index.html>. Please note that this database covers all actions co-funded under the Public Health Programme as well as the 2nd and the 3rd Health Programmes

Projects

EU-HEP-SCREEN — Screening for hepatitis B and C among migrants in the European Union

Background information

The EU-HEP-SCREEN project ran from October 2011 to December 2014 with a maximum co-funding of EUR 792 816.00. It involved 11 partners in six EU countries (Germany, Hungary, Italy, the Netherlands, Spain and the United Kingdom).

Brief description

The general objective of this project was to assess, describe and communicate to public health professionals the tools and conditions necessary to implement successful screening programmes for hepatitis B and C among migrants in the European Union, since viral hepatitis is still a major health concern in the EU.

Central to the project were four pilot studies using different screening strategies:

- 1) information and outreach, combined with testing through local general practitioners;
- 2) combined information and testing on location;
- 3) opportunistic and systematic case finding in general practice; and
- 4) case finding through existing screening programmes.

The project created a tool kit to allow public health professionals to design effective screening programmes in their country or region, specifically targeting migrants.

Specific results

The project laid the foundation for the expansion of nationwide screening and prevention programmes for hepatitis B and C among migrants in the EU. A comprehensive overview and analysis of knowledge on the clinical management of hepatitis B and C in migrants, an appraisal of alternative screening strategies, and methods for effective communication to the target population were assessed. The project also defined best practices for screening and developed a tool kit — see: <http://hepscreen.eu/>

HProImmune — Promotion of immunisation for health professionals in Europe

Background information

The HProImmune project ran from September 2011 to August 2014 with a maximum co-funding of EUR 603 900.00. It involved nine partners from seven EU countries (Cyprus, Germany, Greece, Italy, Lithuania, Poland and Romania).

Brief description

The general objective of the project was to promote immunisations and increase vaccination coverage in health care workers by developing a tailored communications tool-kit. It focused on a limited number of priority vaccines. It addressed the needs and perspectives of medical personnel in primary health care as well as hospital and public health personnel. The communications tool-kit is meant to create awareness and contribute to the protection of health care workers, especially in emergency responses. The kit includes recommendations, communication guidelines and fact sheets.

Specific results

HProImmune reviewed, summarised and widely disseminated existing information and best practices. It also used qualitative and quantitative analysis to explore behaviours and barriers to the immunisation of health care workers. This evidence was used to develop a comprehensive communications tool-kit. This kit supports public health authorities and hospital administrators in planning and organising successful immunisation activities, thereby helping to achieve national strategic goals for increasing vaccination coverage, especially in the case of seasonal influenza. For more information, visit: <http://www.hproimmune.eu/>

ACTION-FOR-HEALTH — Reducing health inequalities: preparation for action plans and structural funds projects

Background information

The ACTION-FOR-HEALTH project ran from August 2012 to September 2014 with a maximum co-funding of EUR 588 862.96. It involved partners from 10 countries EU countries: Bulgaria, Croatia, Estonia, Hungary, Lithuania, the Netherlands, Slovakia, Slovenia, Spain and the United Kingdom.

Brief description

The general objective of the project was to help improve health and quality of life by increasing stakeholders' capacity to access structural funds as a means of supporting health promotion interventions. This increased capacity was not strictly targeted at the health sector, but by adopting a 'Health in All Policies' approach, the project also engaged actors in different sectors such as health, education, employment and the environment. The project contributed to building capacity to effectively tackle health inequalities by developing regional action plans based on situational analysis and needs assessments.

Specific results

Seven European regions were chosen as pilot sites. Action plans were developed for each region based on a robust bottom-up approach already tested and implemented in Slovenia. The methodology aimed to align an initiative promoting a healthy lifestyle (aimed particularly at reaching vulnerable groups) with one regional development strategic objective. This was followed by tailored-made training activities designed to build the capacity of local/regional/national public health professionals and authorities, civil society and academic institutions.

The main output of the project was a tool-kit for creating action plans at regional/national level, taking local capacity and skills and cultural and environmental differences into account to ensure the transferability of competencies. The project developed a distance learning tool-kit for use in the longer term. All training material, publications and tools can be found here: <http://www.action-for-health.eu/>

SALUX — A European network to follow-up the reformulation of food: Identification and exchange of good practices for SMEs and consumers

Background information

The SALUX project ran from July 2011 to July 2014 with a maximum co-funding of EUR 834 688. It involved 17 partners in 12 EU countries (Austria, Bulgaria, Finland, France, Germany, Hungary, Italy, Lithuania, Romania, Slovenia, Spain and the United Kingdom).

Brief description

The general objective of the SALUX project was to follow-up the reformulation of manufactured foods in order to promote healthier ways of life and reduce major diseases. The partners worked

with small and medium enterprises (SMEs), food industry associations, consumer associations, public authorities and NGOs from the participating countries. SALUX addressed the reformulation of manufactured food by exchanging good practices and thus reducing fat, saturated and trans-fats, salt and sugar levels. The project focused on the technical and economic aspects of the reformulations for SMEs. SALUX collected, processed and analysed comparable data and information from each Member State involved.

Specific results

The SALUX project established a European Infobase on healthy manufactured food which could be used by agri-food SMEs and consumers. Another main achievement was the exchange of good practices on reformulating food, and on stimulating the production and consumption of reformulated food.

The project also developed a cost assessment tool to help SMEs estimate the potential costs and benefits of reformulating their food products. In developing this instrument, a cost analysis of major reformulations was conducted. The follow-up of the food reformulation among SMEs in the participating countries built a better understanding of the problems and barriers that SMEs face and their concerns with regard to the reduction of salt, saturated fats, trans-fats or sugars in manufactured food. A series of reports on food reformulation is available at the following address: <http://www.salux-project.eu/>

PRO-YOUTH: Promotion of young people's mental health through technology-enhanced personalisation of care

Background information

The PRO-YOUTH project ran from April 2011 to March 2014 with a maximum co-funding of EUR 872 183.45. It involved seven partners from seven EU countries (the Czech Republic, Germany, Hungary, Ireland, Italy, the Netherlands and Romania).

Brief description

The general objective of PRO-YOUTH was to promote the knowledge on mental health issues in young people aged 15 to 25 through personalised, stepped care integrating the prevention, early diagnosis, immediate intervention and appropriate management of eating disorder-related mental health problems. Specifically, the project aimed to improve young people's quality of life by reducing the number of individuals affected by an eating disorder and minimising the burden and duration of suffering for those affected.

Moreover, PRO-YOUTH focused on reducing inequalities, reaching underserved populations and de-stigmatising mental disorders through psycho education and peer support. The project involved young people in the development and implementation of an online platform. PRO-YOUTH emphasised a close collaboration with local and regional authorities and health institutions.

Specific results

The main result was a nine-language PRO-YOUTH online support platform. It provides young people with easy, low-threshold and anonymous access to quality information, psycho-education and peer and professional support in order to strengthen their self-management skills. The platform also promotes mental health, counteracts the development of eating disorders and helps young people access professional care if they need it. The PRO-YOUTH platform consists of several modules, including:

- psycho-educational materials;
- online screening;
- monitoring and feedback tools;
- moderated forums; and
- psychologist-led online counselling.

Several studies performed as part of PRO-YOUTH indicated that participating in the PRO-YOUTH online programme helped reduce psychological distress, improved participants' self-management skills and helped them access conventional mental health care in serious cases.

E-IMD — European registry and network for intoxication type metabolic disease

Background information

The E-IMD project ran from January 2011 to January 2014 with a maximum co-funding of EUR 747 706.37. It involved 12 partners from 10 different countries (Croatia, Denmark, France, Germany, Italy, the Netherlands, Poland, Portugal, Spain and the United Kingdom).

Brief description

The E-IMD project aimed to improve the health of people affected with rare organic acidurias (OAD) and urea cycle defects (UCD). It did so by

- establishing a European patient registry;
- providing information to both national and EU level actors; and
- developing European evidence-based consensus care protocols for patients.

Specific results

The project produced a unique web-based password-protected **registry** for patients with OAD and UCD, and other rare intoxication type metabolic diseases (IMD). The registry covers 15 EU countries and describes the diseases' course, epidemiology, diagnostic and therapeutic strategies. It also includes significant clinical evidence and an in-depth standardised assessment (covering age at diagnosis, first symptoms, frequency and duration of hospitalisations, medical and developmental history, physical and neurological examination, MRI studies, neuropsychological tests, and quality of life assessment).

The project also developed **clinical guidelines** on OAD and UCD for patients, health professionals and the wider public. Published in over 11 languages, these guidelines aim to:

- help the general public and the target groups gain a better understanding of these rare diseases;
- find efficient methods of combating them (including specialised centres of care); and
- improve prevention.

Reaching beyond the project's consortium, E-IMD mobilised more than 80 organisations (60 of them clinical partners) from 24 countries. It has thus established links between health care professionals, patient representatives, industry and government authorities within Europe, candidate countries, the US, Canada and Australia.

EuroHeart II — European heart health strategy

Background information

The EuroHeart II project ran from March 2011 until February 2014 with a maximum co-funding of EUR 911 221.05. EuroHeart II was carried out by 30 partner organisations from 17 countries (Belgium, the Czech Republic, Finland, France, Germany, Hungary, Iceland, Ireland, Italy, the Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and the United Kingdom).

Brief description

The EuroHeart II project analysed cardio-vascular disease (CVD) statistics across Europe, and assessed optimal approaches to CVD prevention, highlighting how policies could be used to reduce the prevalence of the major cardiovascular risk factors, with a focus on diet/nutrition and physical activity.

Specific results

EuroHeart II produced two key studies: 'European Cardiovascular Disease Statistics — 2012 edition' and 'Trends in age-specific coronary heart disease mortality in the European Union over three decades: 1980-2009'.

It also produced two major reports: 'Identifying the most effective and cost-effective public health nutrition policy options for CVD prevention' and 'Coronary Heart Disease mortality projections to 2020 — comparing different policy scenarios'.

These documents inform decision-makers and help them to develop CVD prevention policies based on the most up-to-date statistical and economic data, analyses and scientific impact models. They also provide evidence for wider stakeholders groups to assess and address the situation in their countries.

Joint actions

Joint action on health inequalities (equity action)

Background information

The joint action on health inequalities (equity action) ran from February 2011 to February 2014 with a maximum co-funding of EUR 1 699 999.00. It involved 25 partners from 15 EU countries and Norway (Belgium, the Czech Republic, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, the Netherlands, Poland, Spain, Sweden and the United Kingdom).

Brief description

Equity Action's main objectives were to:

- help reduce health inequalities by developing knowledge for action on health inequalities;
- support the engagement of Member States, regions and other stakeholders in measures to tackle socioeconomic and geographic health inequalities;
- share learning between Member States and other actors; and
- support the development of effective action to tackle socioeconomic health inequalities at the European policy level.

In this regard, Equity Action directly supported the Commission Communication 'Solidarity in Health'¹ by:

- developing ways to audit health inequalities;
- including health inequalities as one of the priorities of the ongoing cooperation on health between the European regions and the Commission;
- reviewing the ways to help Member States make better use of Cohesion policy and Structural Funds to support activities addressing health inequalities; and
- developing ways to encourage stakeholders at European level to promote the uptake and dissemination of good practice.

Specific results

Equity Action's primary outcome was increasing the involvement of the partners and helping them learn from each other how to tackle socioeconomic and area-based inequalities in health. It led to a greater consensus on approaches which work, and increased partners' knowledge and awareness of tools and methods which promote a cross-government equity focus.

Equity Action also helped the regions become more involved in EU-wide work, in particular through the Council of Regions. In this way, new stakeholders participated in a number of themes, thereby

¹ Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions — Solidarity in health: reducing health inequalities in the EU {SEC(2009) 1396} {SEC(2009) 1397} /* COM/2009/0567 final; <http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52009DC0567&from=EN>.

increasing knowledge of the potential levers and drivers of cross-sectoral work to meet equity standards.

The joint action also looked at the drafting process of the 2014-20 structural funds guidelines. It aimed to identify how the guidelines could be used more effectively to address inequalities at regional level and ensure the effective use of the funds for tackling inequalities in health. For more information, visit: <http://www.equityaction-project.eu>

European partnership for action against cancer (EPAAC)

Background information

EPAAC was launched in 2009, after the European Commission published its Communication on Action Against Cancer: European Partnership.² It ran as a joint action from April 2011 to February 2014 with a maximum co-funding of EUR 3 103 668.94. It involved 38 partners from 12 EU countries and Norway (Belgium, Finland, France, Ireland, Italy, Malta, Poland, Portugal, the Netherlands, Slovenia, Spain and the United Kingdom).

Brief description

The EPAAC contributed to better knowledge of and information on the prevention, diagnosis and control of cancer as an ageing-related topic. The project placed emphasis on promoting a healthy lifestyle, helped to identify the causes of cancer inequalities within the EU and exchange the best practices to tackle them. EPAAC provided considerable added value in tackling major health challenges more effectively, through information sharing and the exchange of expertise and best practices.

Specific results

EPAAC helped improve the quality of cancer-related health care across the participating countries and the quality of life for target audiences and citizens alike. Partners were supported in the development of their national cancer plans. The national cancer plans are public health programmes designed to ensure the coordinated and centrally-managed implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, rehabilitation, palliation and research for innovative solutions.

EPAAC's activities also played a part in developing a higher awareness of the importance of cancer prevention. It helped improve the early diagnosis of cancer across Member States and enhance the medical knowledge of health professionals regarding screening and early diagnosis. EPAAC also

² Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions of 24 June 2009 on Action against Cancer: European Partnership [COM(2009) 291 final — Not published in the Official Journal]. <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=URISERV%3Aasp0011>.

improved the treatments given to patients and optimise financial resources and spending for cancer research. Finally, data concerning cancer are now readily available in a united EU data map. For more information, visit: <http://www.epaac.eu/>

European health and life expectancy information system (EHLEIS)

Background information

EHLEIS is a pan-European multi-dimensional project that ran from 2007 to 2014. As of 2011, the project functioned as a joint action within the framework of the new Europe 2020 Strategy (2011-2020) and had a maximum co-funding of EUR 637 158.00. It involved 21 partners from 10 EU countries (Belgium, the Czech Republic, Denmark, France, Germany, Greece, Italy, the Netherlands, Sweden and the United Kingdom).

Brief description

From 2007 onwards, the EHLEIS project began to systematically monitor health trends and gaps among the European countries. It began to identify what brought about these trends and gaps using the survey instruments developed by the European Health Expectancy Monitoring Unit³ and included in the new pan-European survey of European Statistics on Incomes and Living Conditions⁴ and the Survey on Health, Ageing and Retirement in Europe.⁵

In the framework of the new Europe 2020 Strategy (2011-2020), the EHLEIS joint action aimed to:

- increase the utility of the summary measures of population health by consolidating and further developing the EHLEIS Information System;
- make EHLEIS more comparable with summary measures of population health for the United States and Japan; and
- increase Member States' use of EHLEIS in national policy-making.

EHLEIS also contributed to the European Innovation Partnership on Active and Healthy Ageing.

Specific results

The main outcome of EHLEIS was the creation of an information system that made it possible to calculate various health indicators (prevalence, life expectancy and health expectancy) online. This meant that all healthy life years-related websites were reorganised under a new EHLEIS umbrella website.

Annual country reports on health expectancy were also translated into 18 national languages, improved statistical tools for attribution and decomposition were created and tested, technical

³ European Health Expectancy Monitoring Unit; <http://www.ehemu.eu/>.

⁴ <http://ec.europa.eu/eurostat/web/income-and-living-conditions/overview>.

⁵ <http://www.share-project.org/>.

reports and scientific papers on key methodological advances and substantive results on inequalities between Member States and potential drivers were published and a blueprint for internationally harmonised summary measures of public health was written. Since 2015 EHLEIS is part of the BRIDGEHEALTH project⁶. For more information, visit: <http://www.eurohex.eu/>

Calls for tenders

Request for services to help implement Decision 1082/2013/EU — preparedness activities to monitor, assess and coordinate the response

Background information

In its conclusions of 13 September 2010,⁷ the Council invited the Commission to report on and develop a mechanism for the joint procurement of vaccines and antiviral medication which would allow Member States, on a voluntary basis, *‘to adopt common approaches to the negotiation of contracts with the industry, which would clearly address issues such as liability, availability and the price of medicinal products, as well as confidentiality’*.

The legal basis for the joint procurement of medical countermeasures has been laid down in Article 5 of Decision 1082/2013/EU on serious cross-border threats to health.⁸ The Joint Procurement Agreement for medical countermeasures⁹ is intended to implement this Article. Currently, the preparations for the joint procurement procedure for pandemic vaccines are ongoing. The high-level hearing on seasonal influenza vaccination organised under this contract aimed to support Member States’ efforts to implement the Council Recommendation on seasonal influenza vaccination (2009/1019/EU) in order to increase seasonal influenza vaccination coverage rates. This is in line with the Council conclusions on vaccinations as an effective tool in public health, which invite the Commission to identify synergies between the promotion of national immunisation programmes and the need to develop integrative and coherent approaches for better preparedness at EU-level on the basis of Decision 1082/2013/EU.

⁶ <http://www.bridge-health.eu/content/bridge-health-project>

⁷ Conclusions from the 3032nd General Affairs Council meeting, available at: http://ec.europa.eu/health/preparedness_response/docs/council_lessonsh1n1_en.pdf.

⁸ Article 5(1) of Decision 1082/2013/EU provides that: ‘The institutions of the Union and any Member States which so desire may engage in a joint procurement procedure (...) with a view to the advance purchase of medical countermeasures for serious cross-border threats to health’.

⁹ The Joint Procurement Agreement was signed by the Commission on 20 June 2014. In November 2015 the Agreement had been signed by the majority of the Member States; please see details under the following webpage: http://ec.europa.eu/health/preparedness_response/joint_procurement/jpa_signature_en.htm.

These services were provided under an existing framework contract held by a consortium led by Public Health England (UK). The contract ran from January 2015 to August 2015 and was worth EUR 643 559.25.

Brief description

The contractor was asked to provide three different services:

- a **seminar** addressing the inter-sectoral dimension of preparedness and response planning at Union level, including identifying critical sectors for the preparedness and management of health crises, and developing criteria;
- a **study** on situational analysis and reporting capacities in the EU including possible technological support to follow up incidents involving environmental health threats and health threats from other biological agents and chemical agents; and
- preparatory actions (assessments) and organisation of a **workshop** on joint procurement of medical countermeasures, as well as a high-level **hearing** on the implementation of the Council Recommendation on seasonal influenza vaccination.

The **seminar** took place on 19-21 May 2015. The participants came from 19 EU Member States and Norway, the European Centre for Disease Control and the World Health Organisation. The presentations illustrated the cooperation between different sectors in several scenarios. Participants contributed with posters describing inter-sectoral cooperation to ensure emergency preparedness and appropriate emergency responses in their own countries. The workshop concluded with several recommendations for changes.

The **study** was carried out in order to ascertain the monitoring and reporting processes for biological, environmental and chemical health threats. A survey among EU/EEA countries and organisations led to 13 recommendations for future priorities and the further work to be undertaken in the area.

The **workshop and high-level hearing** took place on 29-30 April 2015. More than 100 participants came from EU Member States, non-EU state actors, international organisations, pharmaceutical companies and representative organisations. Bilateral meetings between Member States' representatives and pharmaceutical companies were also part of the programme.

The purpose of the workshop was to ensure that all stakeholders involved in the joint procurement of pandemic vaccines organised under the Joint Procurement Agreement for medical countermeasures gained a complete and transparent understanding of all aspects that significantly influence the procedure. The results of the workshop will be used by the Specific Procurement Procedure Steering Committee for pandemic vaccines in discussions on outstanding issues related to this procurement and to further elaborate and finalise the specifications of the call for tender for pandemic vaccines. They will also be used by the Member States to update their needs analysis.

The objective of the high-level hearing on seasonal influenza was to identify, on the basis of demonstrated best practices, concrete measures which can increase influenza vaccination coverage rates in Member States. The results of the hearing are meant to inform further Commission report on the state of play on implementing the Council Recommendation on seasonal influenza vaccination. The findings of this hearing are also intended to inform the Commission's policy on vaccination, which aims to support Member States in their efforts to share data and best practices on national

vaccination policies in the context of strengthened preparedness. This is in line with the objectives of the Council conclusions on vaccination as an effective tool in public health.¹⁰

Review and mapping of the continuous professional development of health workers

Background information

The review and mapping were performed through a service contract awarded to an external service provider, following a call for tender. It took place between October 2013 and October 2014 at a cost of EUR 198 735.00.

Brief description

This study contributed actively to implementing the action plan for the EU health workforce which was adopted as part of the Commission's Communication 'Towards a job-rich recovery' and aims to boost jobs in the health sector. The contractor mapped and reviewed continuous professional development (CPD) and lifelong learning for doctors, nurses, dentists, midwives and pharmacists in the 28 Member States and in the EFTA countries. The final report describes the policy background to the topic, reviews available literature and illustrates the outcomes of a Europe-wide survey and expert workshop. It also presents an overview of EU and European-level initiatives on CPD.

Specific results

The study identifies policy recommendations to strengthen the exchange of cooperation and best practices at European level. It also highlights the need for efforts to allow all health professionals to undertake CPD and to address the main barriers, namely lack of time and resources. The recommendations also call for more research into CPD and its relation to patient safety and quality of care.

SEED — Overview of the legal framework for electronic health records in the Member States

Background information

The SEED study was performed by an external contractor following a call for tender. It took place from December 2013 to August 2014 at a cost of EUR 284 965.00.

¹⁰ http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lisa/145973.pdf.

Brief description

The aim of the SEED study was to create an overview of the national laws on electronic health records in the Member States and the extent to which they ensure cross-border eHealth services in accordance with Article 11 and Article 14 of Directive 2011/24/EU¹¹.

The study's specific goals were to identify legal barriers for the cross-border exchange of electronic health data and to provide recommendations to the eHealth network regarding the changes to national laws and European frameworks needed to support cross-border eHealth services.

Specific results

The final report sets out recommendations for national and EU-level measures to improve the interoperability of electronic health record systems and legal and security aspects. The recommendations were based on the findings of a comparative analysis which included national reports on legal barriers and good practices identified by stakeholders, and the conclusions of an expert group workshop.

Eurocet128 — European coding systems for human tissue and cells

Background information

The Eurocet128 service contract was concluded in response to a call for tender. It ran from December 2011 to August 2014 at a cost of EUR 449 470.00.

Article 8(1) of Directive 2004/23/EC¹² stipulates that all tissues and cells procured, processed, stored or distributed in European Member States need to be traced from the donor to the recipient and vice-versa. Article 25 of the same Directive requires that Member States establish a system for the identification of human tissues and cells, in order to ensure traceability. This Article also requires the Commission, in cooperation with the Member States, to design a single European coding system

¹¹ Directive 2011/24/EU of the European Parliament and of the Council, of 9 March 2011, on the application of patients' rights in cross-border healthcare, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:088:0045:0065:en:PDF>

¹² Directive 2004/23/EC of the European Parliament and of the Council of 31 March 2004, on setting standards of quality and safety for the donation, procurement, testing, processing, preservation, storage and distribution of human tissues and cells, <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2004:102:0048:0058:en:PDF>

(Single European Code SECode) to provide information on the main characteristics and properties of tissues and cells.

Brief description

The objective of the Eurocet128 contract was to create a web-based single European coding application (the EU coding platform) that allocates an SECode to all the donated material at the tissue establishment. This is aimed at ensuring that donors are properly identified and the traceability of all donated material, and at providing information on the main characteristics and properties of tissues and cells.

Furthermore, this service contract has created a compendium of tissue and cells establishments in the EU (the EU Tissue Establishments Compendium), and a compendium of tissues and cells products and their respective alpha-numeric SECodes (the EU Tissue and Cell Product Compendium).

The EU coding platform will allow free, public access to the EU Tissue Establishments Compendium and the EU Tissue and Cell Product Compendium. User manuals can be downloaded from the platform. The EU coding platform will be accessible via the European Commission's website¹³.

Specific results

This service contract has delivered a new set of databases to help ensure that tissues and cells in the EU can be traced from donor to recipient. These databases will be used from 2016 onwards by over 2 000 tissue establishments in the EU and by over 50 national competent authorities. For more information, see:
http://ec.europa.eu/health/blood_tissues_organs/docs/tissues_single_european_code_en.pdf

MACELI — Macro cost-effectiveness corrected for lifestyle — Life-table analysis: health system cost-effectiveness assessment across Member States

Background information

This service contract was concluded in response to a call for tender. The price was EUR 249 834.00. The contract ran from November 2013 to November 2014.

Brief description

The study's objective was to provide a complex analysis of cost-effectiveness in health systems across Member States. This would allow European decision-makers to choose the correct strategic alternatives for the future of its health care systems, particularly with regard to lifestyle-associated risks. The study also aimed to disentangle some of the complexities inherent to measuring health

¹³ http://ec.europa.eu/health/blood_tissues_organs/tissues/single_european_code/index_en.htm

system performance at population level. It responded to the Council conclusions of 6 June 2011 on moving towards modern, responsive and sustainable health systems, which invited the Member States and the Commission to cooperate in measuring and monitoring the effectiveness of health investments.

Specific results

The study covered all EU-28 Member States, Iceland and Norway. The baseline analyses of this study (without standardising for lifestyle) showed on average more health spending was associated with better health. This causality was clearest for countries with lower levels of spending. Standardisation towards a better lifestyle meant an upward shift of the health production function, but did not significantly alter the comparative efficiency of countries. The full report is available here: http://ec.europa.eu/health/systems_performance_assessment/docs/2015_maceli_report_en.pdf.

Highlights of co-funded ‘cross-cutting’ and ‘other’ actions

Communication and dissemination

Dissemination activities carried out in 2014

In 2014, the Consumer, Health, Agriculture and Food Executive Agency (Chafea) carried out many activities in order to widely disseminate the results of initiatives co-funded under the Second Health Programme. The aim was to shift dissemination from the centralised level more to the Member State level. This is why, as a first step, the National Focal Points had been consulted in 2013 about their preferences in terms of important health topics, dissemination instruments, etc. A list of priority topics and dissemination means was decided based on this consultation. As a result, three conferences were organised, and three thematic brochures and several info-sheets were produced. Chafea also used many national health conferences as a platform for dissemination.

The three conferences organised in collaboration with the Ministry of Health in the host country were:

- 1) Conference on health inequalities and vulnerability: Capacity building and interventions among EU Member States (20-21 October, Rome, Italy);
- 2) Health Security Workshop: How to benefit from EU projects? (13-14 November, Brussels, Belgium);
- 3) Regional conference on rare diseases (2-3 December 2014, Prague, Czech Republic).

All events were web-streamed. This substantially increased audience numbers, with 200 to 300 viewings on average per day.

Chafea has also produced several info-sheets. These are brief documents summarising and analysing the implemented measures and their outcomes, co-funded under the Second Health Programme

with special relevance to the EU policy in specific public health areas. The info-sheets specifically target health policy makers at national level. In 2014, info-sheets on health inequalities, health security and rare diseases were produced, corresponding to the themes of the above conferences. Many other info-sheets followed in 2015, all of which were translated into all EU languages.

Three new brochures were produced in 2014:

- Action on Health Inequalities in the EU;
- An overview of the EU Health Programme support to tackle HIV/AIDS and co-infections;
- Nutrition and Physical Activity Actions addressing Obesity.

The info-sheets and brochures are available on Chafea's website: http://ec.europa.eu/chafea/publications/publications_for_health_programme.html.

Lastly, Chafea organised workshops showcasing pertinent actions at national conferences and handed out print materials at the Health Programme's info-booth. These conferences included:

- the 11th Nordic Public Health Conference (Trondheim, NO, August 2014);
- the 'Increasing Capacities, Achieving Novelty (iCAN): Pan-European Conference on Community Empowerment and Sustainable Response to HIV/AIDS' Conference (Warsaw, PL, October 2014);
- the 25th European Organ Donation Congress (Budapest, HU, October 2014);
- the 17th Pancyprrian Paediatric Conference (Ayia Naya, CY, October 2014); and
- the 7th Public Health Conference (Glasgow, UK, November 2014).

Evaluations

Ex-post evaluation of the anti-tobacco campaign 'Ex-smokers are unstoppable'

Background

In 2011, the European Commission launched the Ex-smokers campaign. The campaign aimed to target smokers between the ages of 25 to 34 with the positive message of 'ex-smokers are unstoppable'. The campaign is the successor to a previous Commission initiative 'HELP — For a life without tobacco' which ran for five years from 2005. The Ex-Smokers campaign aimed to encourage young people to give up smoking. There are 28 million smokers in that age group across the EU.

At the centre of the campaign is the 'iCoach' initiative which motivates smokers to follow this step-by-step online platform to help them give up smoking at their own level. From its launch on 16 June 2011 until it ended in 2013, the campaign was engaged in many activities to promote the main message of 'ex-smokers are unstoppable'. It used online campaigns, TV-advertisements, flyers, posters and a range of events to promote the role model of an unstoppable ex-smoker.

Brief description

The evaluation's main objectives were:

- to assess the impact of the different campaign actions in terms of their cost-benefit and efficiency rated against the actual results achieved;

- to use the results of the evaluation to further improve future initiatives in the same field and in other work to promote behavioural change, improve life expectancy and promote a healthy lifestyle;
- to identify how the campaign can link in with Member States' national communication campaigns and/or available support structures that promote the same purpose (stopping smoking);
- to understand how different factors might affect smokers' behaviour. This understanding can feed into the decision-making process, current European legislation and cross-border initiatives on tobacco products.

Specific results

Given the complexity of the campaign, it is not possible to define a set of all-encompassing metrics to assess its performance in terms of how many people were reached by the myriad of different initiatives, how they responded and exactly how far the campaign contributed to further outcomes in the short or medium term.

However, a number of key performance indicators were set, which provide evidence that can be used to judge the effectiveness of the campaign:

- reach from paid advertising (TV, print, digital), digital engagement (to a limited extent relating to campaign year 3 and the Day of the Ex-smoker campaign) and media coverage and message penetration;
- impact and call to action: awareness and smokers' perception of how the campaign influenced their motivation;
- online word of mouth: social media amplification (likes / comments / shares);
- registration and conversions: registrations to iCoach and completion of the health check questionnaire.

Cross-delegations

Cross sub-delegation and service level agreement with Eurostat Services

Background

The cross sub-delegation and service level agreement with Eurostat Services ran from January 2014 to December 2014 with a maximum co-funding of EUR 1 099 825. The National Statistical Institutes of the 28 EU Member States and Iceland, Liechtenstein and Norway were invited to submit proposals.

Brief description

The aim of this action was to foster a health knowledge system that would facilitate evidence-based decision-making, including collecting and analysing health data.

Two work packages were proposed:

- the first one (WP1) open to all countries on the Inventory on morbidity statistics at national level;
- the second one (WP2) aimed at coordinating the inventories activities and methodologies for morbidity statistics (through a multi-beneficiary action).

The action also sought to build statistical capacity in Member States before the Regulation on health care expenditure became applicable. (As noted above, some EU countries were not reporting on health expenditure data to Eurostat. Health expenditure data are very much needed for a thorough analysis of health systems.)

The action was dedicated mainly to infrastructural developments such as statistical methodological developments and IT developments. Statistical methodological developments included an analysis of possible data sources and elaboration of statistical treatments to compile data according to the 'System of Health Accounts' (SHA) 2011 Manual.¹⁴ IT developments also concerned the infrastructure and tools necessary for the collection, compilation, validation and data transmission to Eurostat. The action included pilot-data/meta-data transmissions to Eurostat. However, this procedure excluded the official mandatory transmissions required under to the future Regulation on health care expenditure.

Specific results

Morbidity statistics

The Regulation on health statistics (Regulation (EC) No 1338/2008)¹⁵ gives an overall legal framework for health data, including morbidity. This action is a follow-up of previous Eurostat projects carried out since 2005 to implement morbidity statistics within the European Statistical System. It is intended to help generate and disseminate health information and knowledge within the Third Health Programme. Beneficiaries are to provide Eurostat with inventories specifying data availability, access and coverage in order to obtain best morbidity estimates from different sources. They will also suggest potential ways to fix existing problems.

In total, 13 grant agreements have been signed on WP1 with Member States. One multi-beneficiary grant agreement (4 partners) has been signed on WP2.

Health expenditure

The proposals aim at bringing significant 'infrastructural' IT developments and technical and methodological solutions in countries where the health care financing accounting framework is

¹⁴ <http://ec.europa.eu/eurostat/documents/3859598/5916161/KS-30-11-270-EN.PDF/655cbab0-4f9d-4d41-82bb-d39b6fb3f397?version=1.0>.

¹⁵ <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32008R1338&from=EN>.

either immature or (partially) inconsistent with the SHA 2011 methodology. This will ensure those countries comply with the Regulation on health care expenditure and financing adopted in 2015.¹⁶

In total, six grant agreements have been signed.

¹⁶ <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32015R0359&qid=1427698121193&from=EN>.

Other Actions

Scientific Committees

In 2014, a total of EUR 532 000 was provided under the Third Health Programme to part-fund the activity of the non-food scientific committees managed by the Directorate-General for Health and Food Safety. These committees assist the Commission by providing it with sound scientific advice when preparing policies and proposals related to consumer safety, health and the environment, and draw its attention to new and emerging problems.

The Scientific Committee on consumer safety provided 21 opinions on the health and safety risks of non-food consumer products (mainly cosmetic products and their ingredients). The annual review on the international dialogue for the evaluation of allergens (IDEA) project was held in Luxembourg to report on the project's progress in establishing risk assessment methodologies, processes and criteria to identify fragrance allergens of concern.

The Scientific Committee on health and environmental risks produced an opinion on the environmental risks and indirect health effects of mercury from dental amalgam.

The Scientific Committee on emerging or newly-identified health and environmental risks produced four opinions:

1. on the safety of metal-on-metal joint replacements with a particular focus on hip implants;
2. on the safety of Poly Implant Prothèse (PIP) silicone breast implants (update 2014);
3. on the safety, health and environmental effects of nanosilver and its role in antimicrobial resistance; and
4. on the definition of synthetic biology.

The Committee also adopted a position statement on emerging and newly-identified health risks to be drawn to the attention of the European Commission.

A hearing and workshop on the Committee's opinion on electromagnetic fields was organised in Athens. A conference on the global coordination of radio frequency communications on research and health policy (GLORE) was organised in Luxembourg.

The Third Health Programme provided a total of EUR 330 000 to cover the cost of special indemnities paid to experts. The Programme also provided EUR 202 000 to help fund the scientific and technical assistance provided by external contractors. This assistance included organising scientific hearings and thematic workshops, performing literature searches, editing and translating scientific texts into publications for the general public and updating the scientific committees' website.

Statistical overview of the reporting year

Grants and tenders by Third Health Programme objective

ACTION GRANTS (PROJECTS) BY OBJECTIVE		
Objective 1: Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle		
Thematic Priority 1.4 Support cooperation and networking in the Union in relation to preventing and improving the response to chronic diseases including cancer, age-related diseases and neurodegenerative diseases		
User reference	Title	Amount
663309 — SPIM EU — HP-PJ-2014	DETERMINANTS OF SUCCESSFUL IMPLEMENTATION OF SELECTIVE PREVENTION OF CARDIO-METABOLIC DISEASES ACROSS EUROPE	854 112.00
663474 — PATHWAYS — HP-PJ-2014	Participation To Healthy Workplaces And Inclusive Strategies in the Work Sector	969 379.00
664258 — EMP-H — HP-PJ-2014	Empowering Hospital	521 516.28
664292 — TOB-G — HP-PJ-2014	TOBACCO CESSATION GUIDELINES FOR HIGH RISK GROUPS	541 890.80
664609 — INPRESD-SA — HP-PJ-2014	Innovative Prevention Strategies for type 2 Diabetes in South Asians Living in Europe	636 500.00
TOTAL — OBJECTIVE 1		3 523 398.08
Objective 3: Contribute to innovative, efficient and sustainable health systems		
Thematic priority 3.5 Address health issues in an ageing society		
User reference	Title	Amount
662887 — FRAILTOOLS — HP-PJ-2014	FRAILTOOLS: A comprehensive validation of tools to screen and diagnose frailty in different clinical and social settings to provide instruments for integrated care in older adults	1 124 463.00
663082 — SIMPATHY — HP-PJ-2014	Stimulating Innovation Management of Polypharmacy and Adherence in The Elderly	1 015 471.25
664291 — SUNFRAIL — HP-PJ-2014	Reference Sites Network for Prevention and Care of Frailty and Chronic Conditions in community dwelling persons of EU Countries	886 193.00
664367 — FOCUS — HP-PJ-2014	Frailty management Optimisation through EIP AHA Commitments and Utilisation of Stakeholders input	1 427 779.00
664509 — EPIC — HP-PJ-2014	Empowering pharmacists to improve health care for oral chemotherapy patients: Establishment of a European best-practice model	105 000.00
664689 — APPCARE — HP-PJ-2014	Appropriate care paths for frail elderly patients: a comprehensive model	797 314.00
TOTAL		5 3562 20.25
Thematic priority 3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border health care		
664317 — EURIPID — HP-PJ-2014	Statistical data and Guidance Document for medicinal product pricing and for the use of ERP	299 999.70
Thematic Priority 3.7 Foster a health information and knowledge system to contribute to evidence-based decision-making		
User reference	Title	Amount
664691 — BRIDGE HEALTH — HP-PJ-2014	Bridging Information and Data Generation for Evidence-based Health Policy and Research	3 497 575.05
TOTAL — OBJECTIVE 3		9 153 795.00
		12 677 193.08

TOTAL PROJECTS	
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OPERATING GRANTS BY OBJECTIVE		
Objective 1: Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the ‘health in all policies’ principle		
Thematic priority 1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition, and including actions to support the exchange of evidence-based and good practices for addressing risk factors		
User reference	Title	Amount
671355 — OBTAINS-E — HP-SGA-2014	Obesity Training And Information Services for Europe	162 619.00
671360 — ENSP FY 2015 — HP-SGA-2014	ENSP action for year 2015	293 146.40
671362 — SFP OPG — HP-SGA-2014	Smoking prevention in action: the Smoke Free Partnership Coalition	352 054.00
671363 — SHE NETWORK — HP-SGA-2014	Schools for Health in Europe network	170 290.00
671366 — VULNERABILITY NW — HP-SGA-2014	European network to reduce vulnerabilities in health	294 664.00
671369 — SOEEFHEALTH — HP-SGA-2014	Promote health and reducing health inequalities for people with intellectual disability in Europe	154 356.00
671370 — EPHA — HP-SGA-2014	EPHA 2015: Protecting and improving public health and well-being in all policies.	487 440.60
TOTAL		1 914 570.00
Thematic Priority 1.3 Support effective responses to communicable diseases such as HIV/AIDS, tuberculosis and hepatitis by identifying, disseminating and promoting the uptake of evidence-based and good practices for cost-effective prevention, diagnosis, treatment and care		
User reference	Title	Amount
671367 — AAE — HP-SGA-2014	AIDS Action Europe — Continuity and Innovation	268 356.00
671368 — TBEC — HP-SGA-2014	Strengthening the role of civil society within the TB response in Europe	79 110.00
TOTAL		347 466.00
Thematic Priority 1.4 Support cooperation and networking in the Union in relation to preventing and improving the response to chronic diseases including cancer, age-related diseases and neurodegenerative diseases		
User reference	Title	Amount
671364 — AE 2015-2017 — HP-SGA-2014	Alzheimer Europe (2015-2017)	422 880.00
671365 — ECL OG 2014 — HP-SGA-2014	Cancer Leagues Collaborating in Cancer Prevention and Control at the EU and National Level	314 971.80
TOTAL		737 851.80
TOTAL — OBJECTIVE 1		2 999 887.80

OPERATING GRANTS BY OBJECTIVE — cont'd		
Objective 3: Contribute to innovative, efficient and sustainable health systems		
Thematic priority 3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border health care		
671361 — HAI_FY2015 — HP-SGA-2014	Health Action International (HAI) Europe Multi-annual Programme 2015-2017: Equitable access to medicines, their rational use and good governance in the European Union	218 000.00
Objective 4: Facilitate access to better and safer health care for Union citizens		
Thematic Priority 4.2 Support Member States, patient organisations and stakeholders by coordinated action at Union level in order to effectively help patients affected by rare diseases		
User reference	Title	Amount
671358 — EURORDIS FY2015-2017 — HP-SGA- 2014	Proposal for Operating Grant Framework Partnership Agreement 2015-2017 for the European Organisation for Rare Diseases (EURORDIS)	770 000.00
Thematic Priority 4.3 Strengthen collaboration on patient safety and quality of health care		
User reference	Title	Amount
671359 — EPF FY 2015- 2017 — HP-SGA-2014	EUROPEAN PATIENTS' FORUM — OPERATING GRANT 2015-2017	728 212.00
TOTAL OBJECTIVE 4		1 498 212.00
TOTAL OPERATING GRANTS		4 716 099.80

JOINT ACTIONS BY OBJECTIVE		
Objective 1: Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle		
Thematic priority 1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition, and including actions to support the exchange of evidence-based and good practices for addressing risk factors		
User reference	Title	Amount
677063 — JANPA — HP-JA-2014	Joint Action on Nutrition and Physical Activity	1 200 000.00
Thematic priority 1.3 Support effective responses to communicable diseases such as HIV/AIDS, tuberculosis and hepatitis by identifying, disseminating and promoting the uptake of evidence-based and good practices for cost-effective prevention, diagnosis, treatment and care.		
User reference	Title	Amount
677085 — HA-REACT — HP-JA-2014	Joint Action on HIV and Co-infection Prevention and Harm Reduction	2 999 747.09
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
678481 — DEM 2 — HP-JA-2014	Joint Action on Dementia 2015-2018	1 498 710.30
TOTAL OBJECTIVE 1		5 698 457.39
Objective 2: Protect Union citizens from serious cross-border health threats		
Thematic priority 2.3 Actions required by, or contributing to, the implementation of Union legislation in the fields of communicable diseases and other health threats, including those caused by biological and chemical incidents, environment and climate change.		
User reference	Title	Amount
677066 — EMERGE — HP-JA-2014	Efficient response to highly dangerous and emerging pathogens at EU level	3 499 873.00
Objective 3: Contribute to innovative, efficient and sustainable health systems		
Thematic priority 3.2 Promote the voluntary uptake of health innovation and eHealth by increasing the interoperability of patient registries and other eHealth solutions; support cooperation on eHealth in the Union, in particular on registries, and its uptake by health professionals.		
User reference	Title	Amount
677102 — JASEHN — HP-JA-2014	Joint Action to support the eHealth Network	2 400 000.00
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 health care.		
User reference	Title	Amount
676988 — COENJA2014 — HP-JA-2014	Joint Market Surveillance Actions on medical devices intended to be re-sterilised focusing on information in the Instruction for use and validation data necessary for the re-sterilisation by the user	199 999.00
TOTAL OBJECTIVE 3		2 599 999.00

JOINT ACTIONS BY OBJECTIVE — cont'd		
Objective 4: Facilitate access to better and safer health care for Union citizens		
Thematic Priority 4.2 Support Member States, patient organisations and stakeholders by coordinated action at Union level in order to effectively help patients affected by rare diseases.		
User reference	Title	Amount
677024 — RD-ACTION — HP-JA-2014	Promoting Implementation of Recommendations on Policy, Information and Data for Rare Diseases	4 379 979.00
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 health care		
User reference	Title	Amount
676969 — VISTART — HP-JA-2014	Vigilance and Inspection for the Safety of Transfusion, Assisted Reproduction and Transplantation	2 328 664.00
TOTAL OBJECTIVE 4		6 708 643.00
GRAND TOTAL JOINT ACTIONS		18 506 972.39

DIRECT GRANTS IMPLEMENTED BY CHAFEA BY OBJECTIVE		
Objective 1: Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle		
Thematic priority 1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition, and including actions to support the exchange of evidence-based and good practices for addressing risk factors		
User reference	Title	Amount
20145101 / WHO	Monitoring of the national policies related to nutrition, physical inactivity overweight- and obesity-related diseases in all the Member States	600 000.00
20145102 / WHO	Monitoring of the national policies related to alcohol consumption and harm reduction	500 000.00
TOTAL OBJECTIVE 1		1 100 000.00
Objective 3: 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 health care.		
User reference	Title	Amount
2014 53 01 COE 2015 ACTIVITY PROGRAMME	European Pharmacopoeia	1 100 000.00
Objective 4: Facilitate access to better and safer health care 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 health care		
User reference	Title	Amount
20145401 / COE	Integration of the EU legislation on substances of human origin and the outcomes of EU funded project actions in this area into the	500 000.00

	Council of Europe actions	
TOTAL DIRECT GRANTS		2 700 000.00
DIRECT GRANTS IMPLEMENTED BY DG SANTE BY OBJECTIVE		
Objective 1: Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle		
Thematic priority 1.6 Health information and knowledge system		
User reference	Title	Amount
	Direct grant to Eurostat (cross-subdelegation)	685 691.27
	Direct grant to Eurostat (cross-subdelegation)	414 134.69
TOTAL OBJECTIVE 1		1 099 825.96
Objective 3: 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 health care.		
User reference	Title	Amount
	TRAINING IN THE AREA OF ACTIVE PHARMACEUTICAL INGREDIENTS — Direct grant to the Pharmaceutical Inspection Cooperation Scheme	50 000.00
GRAND TOTAL DIRECT GRANTS		1 149 825.96

PRESIDENCY CONFERENCES BY OBJECTIVE		
Objective 1: Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle		
Thematic priority 1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition, and including actions to support the exchange of evidence-based and good practices for addressing risk factors		
User reference	Title	Amount
2014 00 02 HEALTHY LIFESTYLES — PRESIDENTIAL CONFERENCE OF LATVIA	Healthy lifestyles: nutrition and physical activity for children and young people at schools	57 901.00
2014 00 01 — Presidency Conference Italy	HMA — Health in the Mediterranean Area Conference	100 000.00
GRAND TOTAL PRESIDENCY CONFERENCES		157 901.00

CALLS FOR TENDERS IMPLEMENTED BY DG SANTE BY OBJECTIVE		
Objective 1: Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle		
Thematic priority 1.1 Cost-effective promotion and prevention measures in line, in particular, with the Union strategies on alcohol and nutrition, and including actions to support the exchange of evidence-based and good practices for addressing risk factors		
User reference	Title	Amount
	C1 — EVALUATION OF THE ANTI-TOBACCO CAMPAIGN	589 114.00
	C4 — MONITORING OF THE EU PLATFORM ON DIET, PHYSICAL ACTIVITY & HEALTH	99 738.00
	C4 — MONITORING THE UE ALCOHOL & HEALTH FORUM	99 814.00
TOTAL		788 666.00
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
	D4 — TOBACCO LEGISLATION	564 534.72
TOTAL OBJECTIVE 1		1 353 200.72
Objective 3: Contribute to innovative, efficient and sustainable health systems		
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
	B2/A4/DIGIT — HOSTING	78 158.42
Thematic priority 3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border health care		
User reference	Title	Amount
	D5/A4 — EMP DATABASE	75 596.00
	D5 — ICH REFORM & IPRF FORUM	150 000.00
	D2/04 — VIDEO ON NATIONAL CONTACT POINTS ON CROSS-BORDER HEALTH CARE	30 000.00
	D2 — ASSESSMENT OF IMPLEMENTATION OF PATIENTS' RIGHTS DIRECTIVE	434 098.16
	SC 1552 — AC — ENTERPRISE ARCHITECT LEVEL 3 — AV1 BA	15 000.00
	SC 1429 — GQ — SECURITY CONSULTANT FOR ADNS — MOD BA	15 000.00

CALLS FOR TENDERS IMPLEMENTED BY DG SANTE BY OBJECTIVE — cont'd		
Thematic priority 3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border health care		
	OF 810 — RENEWAL VARIOUS LICENCES	5 208.46
	SC 1930 DB — APPLICATION ARCHITECT FOR EMP	78 156.00
	SC 241 — RD — TEAM COORDINATOR FOR EMP	41 635.54
TOTAL		844 694.16
Thematic priority 3.7 Foster a health information and knowledge system to contribute to evidence-based decision-making		
User reference	Title	Amount
	C2/D3 — SCIENTIFIC & TECHNICAL ASSISTANCE FOR SCIENTIFIC COMMITTEES AND THE EXPERT PANEL	289 183.21
	Cost/benefit analysis of a sustainable EU health information system (EUHIS)	115 300.00
TOTAL		404 483.21
TOTAL OBJECTIVE 3		1 327 335.79
Objective 4: Facilitate access to better and safer health care for Union citizens		
Thematic priority 4.1 Support the establishment of a system of European reference networks for patients with conditions requiring highly specialised care and a particular concentration of resources or expertise		
User reference	Title	Amount
	D2/A4 — EU REFERENCE NETWORK	187 621.94
	SC 827 — CLC — DATABASE DEVELOPER FOR EUROPEAN NETWORKS — MOD BA	25 000.00
	SC 931 — EM — APPLICATION ARCHITECT FOR CATALOGUES	20 000.00
	SC 1315 — EN — APPLICATION ARCHITECT FOR TRACES	30 000.00
	SC 1653 — MF — PROJECT MANAGER FOR REFERENCE NETWORKS — MOD BA — MOD MT	65 709.21
	SC 1632 — JS — APPLICATION ARCHITECT FOR HEALTH POLICIES	15 000.00
	SC 2311 — PH — PROJECT MANAGER FOR NETWORKS	40 000.00
	SC 1123 — DC — APPLICATION DEVELOPER FOR HEALTH	30 000.00

CALLS FOR TENDERS IMPLEMENTED BY DG SANTE BY OBJECTIVE — cont'd		
Thematic priority 4.1 Support the establishment of a system of European reference networks for patients with conditions requiring highly specialised care and a particular concentration of resources or expertise		
User reference	Title	Amount
	SC 2699 — YW — APPLICATION ARCHITECT FOR DATA COLLECTION	59 679.00
TOTAL		473 010.15
Thematic priority 4.4 Improve the prudent use of antimicrobial agents and reduce the practices that increase antimicrobial resistance; promote effective prevention and hygiene measures to prevent and control infections; reduce the burden of resistant infections and health care-associated infections and secure the availability of effective antimicrobials		
User reference	Title	Amount
	C3 — AMR — 3rd REPORT ON IMPLEMENTATION OF REC 77/2002/EC ON PRUDENT USE OF ANTIMICROBIAL AGENTS	14 703.00
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 health care		
User reference	Title	Amount
	D4 — EB ON DONATION OF HUMAN BLOOD, TISSUES & CELLS	245 971.20
TOTAL OBJECTIVE 4		733 684.35
Objective 5: Horizontal actions (IT actions)		
	A4 — HOSTING SANCO	49 147.20
	C/D/04 — COMMUNICATION & PROMOTION OF INFO ON EU HEALTH POLICIES & RESULTS OF HEALTH PROGRAMME	120 800.62
	C-D COMMUNICATION, PROMOTION, DISSEMINATION OF INFO ON EU HEALTH POLICIES & RESULTS OF THE HEALTH PROGRAMMES	582 625.48
	C/D/04 — COMMUNICATION & PROMOTION OF INFO ON EU HEALTH POLICIES & RESULTS OF HEALTH PROGRAMME	503 000.00
	C-D COMMUNICATION, PROMOTION, DISSEMINATION OF INFO ON EU HEALTH POLICIES & RESULTS OF THE HEALTH PROGRAMMES	2 459.57
	C-D COMMUNICATION, PROMOTION, DISSEMINATION OF INFO ON EU HEALTH POLICIES & RESULTS OF THE HEALTH PROGRAMMES	115 715.20
	C-D/A4 IT SERVICES — INFORMATION TECHNOLOGIES IN SUPPORT OF PUBLIC HEALTH POLICIES	1 084 819.08

CALLS FOR TENDERS IMPLEMENTED BY DG SANTE BY OBJECTIVE — cont'd		
Objective 5: Horizontal actions (IT actions) — cont'd		
	C-D/A4/DIGIT — HOSTING PART OF INFORMATION TECHNOLOGIES IN SUPPORT OF PUBLIC HEALTH POLICIES	32 464.20
	2014-16071 COMLIN ASSOCIATION MOMENTANEE*, CS1922A, CC06730	42 090.57
	2014-16207 COMLIN ASSOCIATION MOMENTANEE*, CS1922B, CC06730	28.01
	2014-16258 BECHTLE AG*, CS348,CC07210	36 795.78
	CC06730, CS2075, 2014-17341, COMLIN ASSOCIATION MOMENTANEE*	28 826.15
	CC06730, CS2076, 2014-17410, COMLIN ASSOCIATION MOMENTANEE*	28 826.15
	CC 30CE04896380063, OF 159, 2014-17559, SOCOM SA*	17 858.42
	CC OIB.DR.2/PR/2011/064/444/C1/L2, CS 160, 2014-19227, SOCOM SA*	13 962.00
	CC07210, CS420, 2014-21098, BECHTLE AG*	20 772.82
	CC07210, CS419, 2014-21206, BECHTLE AG*	20 772.82
	CC06820, CS3697-CE, 2014-21532, COMPAREX NEDERLAND BV*	10 011.50
	CC07190, CS1037, 2014-22729, BECHTLE AG*	8 681.04
	CC06720, CS2116, 2014-23084, ECONOCOM PRODUCTS & SOLUTIONS BELUX	6 894.48
	CC07210, CS442, 2014-25224, BECHTLE AG*	79 604.05
	CC06820, CS3706-CE, 2014-25670, COMPAREX NEDERLAND BV*	15 228.00
	CC 30-CE-0489638:00-63 (OIB.DR.2/PR/2011/064/444/C1/L2), CS 169, 2014-32766, SOCOM SA*	265.62
	CC 30-CE-0489638/00-63, CS167, 2014-32771, SOCOM SA*	9 318.02
	CC OIB.DR.2/PR/2011/064/444/C1/L2, CS172, 2014-33137, SOCOM SA*	1 426.44
	CC06730, CS2307, 2014-33854, COMLIN ASSOCIATION MOMENTANEE*	2.67
	CC06730, CS2308, 2014-33874, COMLIN ASSOCIATION MOMENTANEE*	127.87
	CC07210, CS468, 2014-33933, BECHTLE AG*	724.00

CALLS FOR TENDERS IMPLEMENTED BY DG SANTE BY OBJECTIVE — cont'd		
Objective 5: Horizontal actions (IT actions) — cont'd		
	CC07210, CS539, 2014-35563, BECHTLE AG*	54.97
	GROW.R.3 — SC 1094 — CC DI/7330 — EURORA — DEJONCKHEERE — EUDAMED	109 804.00
	GROW/R3 — CS 2863 — CC DI/7331 — PANOPLYS — HOULIHAN	126 843.20
	GROW/R3 — CS 3412 — CC DI/7335 — TUZUNOGLU — INNOVATIA	91 035.30
	GROW/R3 — CS 3410 — CC DI/7333 — EUROPEAN DYNAMICS — RATOI	62 660.00
	GROW/R3 — CS 3405 -CC DI/7331 — AUCLERT — PANOPLYS	26 317.50
	GROW/R3 — CS 3751 — CC DI/7335 — SAITAS — INNOVATIA	18 118.20
	SC 930 — YW — APPLICATION ARCHITECT/DESIGNER LEVEL 5 — MOD BL	33 464.00
	SC 1552 — AC — ENTERPRISE ARCHITECT LEVEL 3 — AV1 BA	19 154.00
	SC 824 — MF — APPLICATION ARCHITECT FOR HEALTH POLICIES — COR BA	52 635.00
	SC 827 — CLC — DATABASE DEVELOPER FOR EUROPEAN NETWORKS — MOD BA	70 300.00
	SC 830 — JA — DATABASE DEVELOPER FOR HEALTH POLICIES — AV1 BA	104 830.00
	SC 832 -CBT — BUSINESS INTELLIGENCE ANALYST FOR HEALTH POLICIES	76 425.60
	SC 966 -VC — DATABASE DEVELOPER FOR CPCS NET	15 000.00
	SC 1057 — CF — PROJECT MANAGER FOR ODR — MOD BA	32 154.00
	SC 1429 — GQ — SECURITY CONSULTANT FOR ADNS — MOD BA	19 154.00
	SC 931 — EM — APPLICATION ARCHITECT FOR CATALOGUES	18 464.00
	SC 932 — GB — APPLICATION ARCHITECT FOR EUROPHYT	35 057.00
	SC 1050 — RMT — APPLICATION ARCHITECT FOR ADIS	27 899.00

CALLS FOR TENDERS IMPLEMENTED BY DG SANTE BY OBJECTIVE — cont'd		
Objective 5: Horizontal actions (IT actions) — cont'd		
	SC 1324 — FM — BUSINESS ANALYST FOR HEALTH SYSTEMS	63 688.00
	PO 20150312 — PARTICIPATION OF DG SANTE IN IHE EUROPE CONNECTATHON 2015	5 303.00
	SC 1632 — JS — APPLICATION ARCHITECT FOR HEALTH POLICIES	56 051.00
	SC 1120 — GS — BUSINESS ANALYST FOR IT SUPPOR	35 000.00
	SC 1602 — BS — APPLICATION ARCHITECT FOR FOOD & FEED	20 000.00
	SC 2311 — PH — PROJECT MANAGER FOR NETWORKS	41 853.00
	SC 1107 — ADW — DATABASE DEVELOPER FOR HEALTH	57 729.00
	SC 1123 — DC — APPLICATION DEVELOPER FOR HEALTH	14 495.40
	OF 1010 — PURCHASE FILEMAKER LICENCE	2 899.33
	OF 1052 — PURCHASE NEW ENDNOTE LICENCE	404.38
	SC 2943 — MF — PROJECT MANAGER FOR HORIZONTAL ACTIONS	1 055.82
	OF 1077 — RENEWAL MAINTENANCE SAP POWERDESIGNER	896.56
TOTAL OBJECTIVE 5		4 071 993.02
GRAND TOTAL CALLS FOR TENDER		7 486 213.88

CALLS FOR TENDERS IMPLEMENTED BY CHAFEA BY OBJECTIVE		
Objective 1:		
Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the 'health in all policies' principle		
Thematic priority 1.4		
Support cooperation and networking in the Union in relation to preventing and improving the response to chronic diseases including cancer, age-related diseases and neurodegenerative diseases		
User reference	Title	Amount
2014 71 03 — CHAFEA/2014/HEALTH/02 — MENTAL HEALTH — TRIMBOS INSTITUUT	MENTAL HEALTH — TRIMBOS INSTITUUT	799 777.00
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
2014 71 01 SC ON FWC EAHC/2013/HEALTH/23/ RFS/CHAFEA/2014/HEALTH/ 17/EUREST/PRESICE	Study on the identification of potential risks to public health associated with the use of refillable electronic cigarettes and development of technical specifications for refill mechanisms	180 450.00
2014 71 02 SC ON FWC NO EAHC/2013/HEALTH/10 LOT 2	TOBACCO LABELLING — WARNING MESSAGES ON TOBACCO PACKAGES	80 000.00
2014 71 04 CHAFEA/2015/HEALTH/02 (SC) BRFAA EUREST	BRFAA EUREST	220 740.00
TOTAL		481 190.00
TOTAL OBJECTIVE 1		1 280 967.00
Objective 2:		
Protect Union citizens from serious cross-border health threats		
Thematic priority 2.2		
Support capacity-building against health threats in Member States		
User reference	Title	Amount
2014 63 05 ON EAHC/2012/HEALTH/01/RFS CHAFEA/2014/HEALTH/21	Preparedness activities relevant to the monitoring, the assessment and the coordination of the response	643 559.25
2014 72 01 SC ON FWC EAHC/2012/HEALTH/01/PHE /CHAFEA/2014/HEALTH/12	COMMAND POST EXERCISE ON SERIOUS CROSS-BORDER THREATS TO HEALTH	458 988.80
2014 72 03 - CHAFEA/2015/HEALTH/01 — IMPLEMENTING FWC EAHC/2012/HEALTH/01	Preparedness and response activities in the context of the Ebola epidemic in West Africa	499 719.35
2014 72 05- CHAFEA/2014/HEALTH/06- CIVIC CONSULTING	STUDY ON COST-BENEFIT ANALYSIS OF REFERENCE LABORATORIES FOR HUMAN PATHOGENS	199 942.00
TOTAL OBJECTIVE 2		1 802 209.40

CALLS FOR TENDERS IMPLEMENTED BY CHAFAE BY OBJECTIVE — cont'd		
Objective 3:		
Contribute to innovative, efficient and sustainable health systems		
Thematic priority 3.3		
Support the sustainability of the health workforce by developing effective health workforce forecasting and planning		
User reference	Title	Amount
2014 73 05 CHAFAE/2014/HEALTH/04 NIVEL	HEALTH CARE ASSISTANTS	195 350.00
Thematic priority 3.6		
Implementation of Union legislation in the field of medical devices, medicinal products and cross-border health care		
User reference	Title	Amount
2014 73 01 SC ON FWC EAHC/2013/HEALTH/01/LOT 2 -CHAFAE/2014/HEALTH/07 ECORYS	Health-related constraints to raising Retirement Ages in the EU	58 875.00
2014 73 02 SC ON FWC EAHC/2013/HEALTH/01/LOT 2 -CHAFAE/2014/HEALTH/08 — SOGETI	A probabilistic Markov Model of age-related disability rates for selected disease causes and related impacts on public payer cash benefit expenditure	136 640.00
2014 73 03 SC ON FWC EAHC/2013/HEALTH/01/LOT 2 -CHAFAE/2014/HEALTH/09 — SOGETI	Study on enhanced cross-country coordination in the area of pharmaceutical product pricing	86 062.50
2014 73 06 — RFS09 — CHAFAE/2014/HEALTH/24 IMPL FWC EAHC/2013/ HEALTH/ LOT 1 ECORYS	STUDY ON THE REGULATION OF ADVANCED THERAPIES	161 500.00
2014 73 07 — CHAFAE/2014/HEALTH/27 IMPL FWC EAHC/2013/ HEALTH/ LOT 1 NIVEL	Study on off label use of medicinal products in the European Union	226 500.00
TOTAL		669 577.50
TOTAL OBJECTIVE 3		864 927.50
Objective 4:		
Facilitate access to better and safer health care for Union citizens		
Thematic priority 4.1		
Support the establishment of a system of European reference networks for patients with conditions requiring highly specialised care and a particular concentration of resources or expertise, as in the case of rare diseases, on the basis of criteria to be established under Directive 2011/24/EU		
User reference	Title	Amount
2014 73 04 CHAFAE/2014/HEALTH/03	MAPPING OF PATIENTS' RIGHTS IN ALL MEMBER STATES IN THE EUROPEAN UNION	154 799.00
2014 73 08 CHAFAE/2014/HEALTH/10 (SC) on FWC EAHC/2013/ HEALTH/01 — LOT 2	Study on cross-border health services: potential obstacles for health care providers	211 550.00
2014 74 01- CHAFAE/2014/HEALTH/05 - EURORDIS	DEVELOPMENT OF A MANUAL AND TOOLBOX FOR THE ASSESSMENT OF EUROPEAN REFERENCE NETWORKS	499 254.00
2014 74 02 — CHAFAE/2014/HEALTH/25 — PWC	STUDY ON SERVICES TO BE PROVIDED BY EUROPEAN REFERENCE NETWORKS	172 660.00

TOTAL		1 038 263.00
CALLS FOR TENDERS IMPLEMENTED BY CHAFEA BY OBJECTIVE — cont'd		
Thematic priority 4.3		
Strengthen collaboration on patient safety and quality of health care		
User reference	Title	Amount
2014 61 01 SC ON FWC EAHC/2013/HEALTH/01/LOT 2 CHAFEA 2014/HEALTH/11 — SOGETI	Study on costs of unsafe care and cost-effectiveness of patient safety programmes	174 900
TOTAL OBJECTIVE 4		1 213 163.00
Objective 5:		
Horizontal actions (communication actions)		
2014 72 04 SC ON FWC NO CHAFEA/2013/HEALTH/14	VIDEO PRODUCTION ON EBOLA	59 350.94
2014 63 07 SC ON FWC NO CHAFEA/2013/HEALTH/14 -	PROVIDE SUPPORT TO CHAFEA FOR EUROPEAN ORGAN DONATION CONGRESS IN BUDAPEST OCT 2014 AND HIV2014 CONF OCT 2014 IN BARCELONA — NOOKOM	24 638.36
2014 63 09 SC ON FWC NO CHAFEA/2013/HEALTH/14	EXTERNAL ASSIST FOR EXT COMM IN PUBLIC HEALTH, CONSUMERS AND FOOD SAFETY, TO PROVIDE LOGISTIC AND TECHNICAL SUPPORT IN ORDER FOR CHAFEA TO PARTICIPATE IN 4 EVENTS IN 4 EU COUNTRIES — NOOKOM	37 822.36
TOTAL OBJECTIVE 5		121 811.66
GRAND TOTAL CALLS FOR TENDER		5 283 078.56

OTHER ACTIONS IMPLEMENTED BY DG SANTE BY OBJECTIVE		
Objective 3: Contribute to innovative, efficient and sustainable health systems		
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
	B2 — REIMBURSEMENTS OF EXPERTS' EXPENSES FOR JOINT ASSESSMENTS	100 000
Thematic priority 3.4 Setting up a mechanism for pooling expertise at Union level, to provide sound and evidence-based advice on effective and efficient investment and innovation in public health and health systems.		
User reference	Title	Amount
	D3 — EXPERT PANEL ON EFFECTIVE WAYS OF INVESTING IN HEALTH	258 720
Thematic priority 3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border health care		
User reference	Title	Amount
	D5 — DEVELOPMENT OF EU REQUIREMENTS FOR MEDICINAL PRODUCTS FOR HUMAN USE THROUGH ICH	221 073.04
	D6 — VICH (experts indemnities)	12 000
	D6 — ACTIVE PHARMACEUTICAL INGREDIENTS (system inspections)	32 000
TOTAL		265 073.04
Thematic priority 3.7 Foster a health information and knowledge system to contribute to evidence-based decision-making		
User reference	Title	Amount
	C2 — SCIENTIFIC COMMITTEES (special indemnities)	150 000
GRAND TOTAL OTHER ACTIONS		773 793.04

OTHER ACTIONS IMPLEMENTED BY CHAFEA BY OBJECTIVE		
Objective 3: Contribute to innovative, efficient and sustainable health systems		
Thematic priority 3.7 Foster a health information and knowledge system to contribute to evidence-based decision-making		
User reference	Title	Amount
	EUROPEAN OBSERVATORY ON HEALTH SYSTEMS & POLICY	500 000

GRAND TOTAL OTHER ACTIONS	500 000
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Funding per thematic priority and financial instrument

3rd Health Programme objectives	Projects	Joint Actions	Operating Grants	Direct Grants — Chafea	Direct Grants — SANTE	Presid. Conf.	Tender-SANTE	Tender — Chafea	Other actions — SANTE	Other actions — Chafea	Total per thematic priority
Objective 1 — Promote health, prevent diseases and foster supportive environments for healthy lifestyles taking into account the ‘health in all policies’ principle											
1.1 — Cost-effective promotion and prevention measures	0	1 200 000.00	1 914 570.00	1 100 000.00	0.00	157 901.00	788 666.00	0	0	0	5 161 137.00
1.2 — Action in reducing drug-related health damage	0	0	0	0	0	0	0	0	0	0	0
1.3 — Effective responses to communicable diseases	0	2 999 747.09	347 466.00	0	0	0	0	0	0	0	3 347 213.09
1.4 — Preventing and improving the response to chronic diseases	3 523 398.08	1 498 710.30	737 851.80	0	0	0	0	799 777.00	0	0	6 559 737.18

1.5 — Implementation of Union legislation in the field of tobacco products, advertising and marketing	0	0	0	0	0	0	564 534.72	481 190.00	0	0	1 045 724.72
1.6 — Health information and knowledge system	0	0	0	0.00	1 099 825.96		0	0	0	0	1 099 825.96
TOTAL	3 523 398.08	5 698 457.39	2 999 887.80	1 100 000.00	1 099 825.96	157 901.00	1 353 200.72	1 280 967.00	0	0	17 213 637.95
Objective 2 — Protect Union citizens from serious cross-border health threats											
2.1 — Risk assessment	0	0	0	0	0	0	0	0	0	0	0
2.2 — Capacity-building against health threats in Member States	0	0	0	0	0	0	0	1 802 209.40	0	0	1802209.4
2.3 — Implementation of Union legislation in the fields of communicable	0	3 499 873.00	0	0	0	0	0	0	0	0	3499873

diseases and other health threats											
2.4 — Health information and knowledge system	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	3 499 873.00	0	0	0	0	0	1 802 209.40	0	0	5 302 082.40
<u>Objective 3 — Contribute to innovative, efficient and sustainable health systems</u>											
3.1 — Voluntary cooperation on health technology assessment	0	0	0	0	0	0	78 158.42	0	100 000	0	178158.42
3.2 — Voluntary uptake of health innovation and eHealth	0	2 400 000.00	0	0	0	0	0	0	0	0	2400000
3.3 — Sustainability of the health workforce	0	0	0	0	0	0	0	195 350.00	0	0	195350

3.4 — Mechanism to provide advice on effective and efficient investment and innovation in public health and health systems	0	0	0	0	0	0	0	0	258 720	0	258720
3.5 — Address health issues in an ageing society	5 356 220.25	0	0	0	0	0	0	0	0	0	5 356 220.25
3.6 — Implementation of Union legislation in the field of medical devices, medicinal products and cross-border health care	299 999.70	199 999.00	218 000.00	1 100 000.00	50 000.00	0	844 694.16	669 577.50	265 073.04	0	3 647 343.40
3.7 — Health information and knowledge system	3 497 575.05	0	0	0	0	0	404 483.21	0	150 000	500 000	4 552 058.26
TOTAL	9 153 795.00	2 599 999.00	0	1 100 000.00	50 000.00	0	1 327 335.79	864 927.50	773 793.04	0	16 587 850.33

Objective 4 — Facilitate access to better and safer health care for Union citizens											
4.1 — Establishment of European reference networks	0	0	0.00	0	0	0	473 010.15	1 038 263.00	0	0	1 511 273.15
4.2 — Coordinated action at Union level in order to effectively help patients affected by rare diseases	0	4 379 979.00	770 000.00	0	0	0	0	0	0	0	5 149 979.00
4.3 — Strengthen collaboration on patient safety and quality of health care	0	0	728 212.00	0	0	0	0	174 900	0	0	903 112.00

4.4 — Improve the prudent use of antimicrobial agents and reduce the practices that increase antimicrobial resistance	0	0	0	0	0	0	14 703.00	0	0	0	14 703.00
4.5 — Implementation of Union legislation in the fields of human tissues and cells, blood, human organs, medical devices, medicinal products, and patients' rights in cross-border health care	0	2 328 664.00	0.00	500 000.00	0.00	0	245 971.20	0	0	0	3 074 635.20
4.6 — Health information and knowledge system	0	0.00	0.00	0.00	0.00	0	0.00	0	0	0	0.00

TOTAL	0	6 708 643.00	1 716 212.00	500 000.00	0.00	0	733 684.35	1 213 163.00	0	500 000.00	10 653 702.35
<u>5 — Horizontal (IT, communication) actions</u>											
CHAFEA — communication	0	0	0	0	0	0	0.00	121 811.66	0	0	121 811.66
SANTE — IT	0	0	0	0	0	0	4 071 993.02	0	0	0	4 071 993.02
TOTAL — horizontal											4 193 804.68
Total	12 677 193.08	18 506 972.39	4 716 099.80	2 700 000.00	1 149 825.96	157 901.00	7 486 213.88	5 283 078.56	773 793.04	500 000.00	53 951 077.71