3rd Health Programme 2014-2020

New Procedures - Simplification

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Today

• Overview of the 3rd Health Programme
• What’s NEWS with the 3rd HP implementation?
• Online submission system
• Project proposals
• Grants for Actions
• Call for tenders
EU Health Programmes

- AIDS Prevention & communicable diseases
- Injury prevention
- Drug prevention
- Health monitoring
- Cancer
- Rare diseases
- Pollution related diseases
- Health Promotion, Information, Education & training

   - EUR 312 million

2. 2nd Community action programme in the field of health 2008-2013
   - EUR 321.5 million

3. 3rd Union action programme in the field of health 2014-2020
   - EUR 449.4 million

Community action programme in the field of health 2003-2007
- Community action programme in the field of health 2008-2013
- Community action programme in the field of health 2014-2020
Health 2014-2020

THE CHALLENGES

- Increasingly challenging demographic context threatening the sustainability of health systems
- Fragile economic recovery limiting the resources available for investment in healthcare
- Increase of health inequalities between/within Member States
- Increase in chronic diseases

➔ Third Health Programme - Regulation (EU) 282/2014

- Commission proposal (November 2011)
- The only programme dedicated to health
- Published 21 March 2014
- Applies retroactively from 1 January 2014
- Workplan 2014 adopted 26 May 2014
The design of the Programme as compared to previous Programmes

- Objectives more focused and tangible (SMART)

- Limited number of actions prioritised on EU added value criteria (21 thematic priorities – Annex I of Programme Regulation)

- Progress indicators to monitor the objectives and the impact

- Annual Work Plans based on long-term policy planning (Multip Annual Planning involving all SANCO units)

- Better dissemination and communication of results
1) Promoting health, preventing diseases and fostering supportive environments for healthy lifestyles

- Cost-effective promotion and prevention measures for addressing **tobacco, alcohol, unhealthy dietary habits, physical inactivity**

- **Chronic diseases** including **cancer**; good practices for prevention, early detection and management, including self-management

- **HIV/AIDS, TB and hepatitis**; up-take of good practices for cost-effective prevention, diagnosis, treatment and care

- **Legislation on tobacco products** advertisement and marketing

- **Health information** and knowledge system
2) Protecting citizens from serious cross-border health threats

- **Legislation** in the fields of communicable diseases and other health threats *(Health Security Initiative)*

- Improve **risk assessment** by providing additional capacities for **scientific expertise** and map existing assessments

- Support **capacity building**, cooperation with neighbouring countries, preparedness planning, non-binding approaches on vaccination, joint procurement
3) Contributing to innovative, efficient and sustainable health systems

- **Health Technology Assessment**

- **Up-take of health innovation and e-health solutions**

- **Health workforce** forecasting and planning (number, scope of practice, skills), mobility/migration of health professionals

- Mechanism for **pooled expertise and good practices** assisting Member States in their health systems reforms

- Health in an ageing society, including European Innovation Partnership on **Active and Healthy Ageing**

- **Legislation** in the field of medical devices, medicinal products and **cross-border healthcare**

- **Health information** and knowledge system including **Scientific Committees**
4) Facilitating access to better and safer healthcare for EU citizens

- **European Reference Networks** (on the basis of criteria to be set under Directive 2011/24/EU)

- **Rare diseases** (networks, databases and registries)

- **Patient safety and quality of healthcare** including the prevention and control of healthcare-associated infections

- **Antimicrobial resistance**

- **Legislation** in the field of tissues and cells, blood, organs, medical devises, medicinal products, and patients’ rights in cross-border healthcare

- **Health information** and knowledge system
Annual Work Programme 2014

- Adopted by the Commission on 26 May 2014
- Annual budget of €54,4 million
- Two parts:
  - Core text of Decision (Articles)
  - Annexes:
    - Annex I defining actions for funding – Breakdown by financing mechanism (Grants, Procurement, Other Actions)
    - Annexes II to VII focusing on criteria (eligibility, exclusion, selection and award criteria for these actions; exceptional utility criteria; criteria for assessing the independence from industry, commercial and business or other conflicting interests)
Financial provisions

• **Interventions:**
  • Grants for projects
  • Grants for "joint actions"
  • Operating grants
  • Direct grants to International Organisations
  • **Public procurement** (tenders, framework contracts)

**Beneficiaries (recipients of funding)**

• Legally established organisations
• Public authorities, public sector bodies (research and health institutions, universities and higher education establishments)
• Non-governmental bodies
• International organisations
2014: A thematic priority on Risk Factors and Chronic Diseases
What is new for the 3rd HP implementation?

- New procedure for Joint Actions
- New procedure for Operating Grants
- No grant for supporting the organisation of Conferences (besides Presidential Conferences)
- New IT tools
- Simplification measures
3rd HP: No grants for conferences

The 3rd HP does not foreseen grants to support the organisation of conference, besides the support to the Presidential Conferences (via Direct Grant Agreement)
New IT tools for the management of the 3rd Health Programme

- These IT tools include a platform for **e-submission** of grant proposals, **e-based evaluation** system for grant proposals, **e-based negotiation** module for preparing the grant agreements, **e-signature** of the grant agreements and amendments and **e-based grant reporting** systems (see table below).

- Based on H2020 IT tools

- With these new IT tools, Chafea will substantially simplify the proposal submission and the grant monitoring processes as **no more paper documents** will be circulating between the agency and the beneficiaries.
Simplification: grant preparation

- **On line submission forms**: the administrative forms are substantially simplified with the use of many dropdown menu boxes and tutorial support.

- **No original declaration of honour** submitted with the proposal (the coordinator will tick a box on behalf of all partners; formal e-signed declaration before signature of GA).

- **Easy encoding of the administrative information** for each partner using the PIC (partner identification code).

- **Simplified budget** with limit number of cost items (Staff, Other Direct cost, Indirect cost, Subcontracting). We had 7 cost items into PHP2 budget.
Simplification: grant preparation

- Only **1 category of staff** (in PHP2 we had 2 categories of staff: Costs not Pertaining to national official and Cost pertaining to national official).

- The salary costs of personnel of national administrations (**Public Officials**) will be considered as direct cost to the extent that they relate to the cost of activities which the relevant public authority would not carry out if the project concerned was not undertaken.

- Part B (Description of the action) is prepared as a **word template and submitted as PDF** (no structured forms).
Simplification: Proposal Submission/grant agreement finalisation

• The submission will be done electronically: **No paper submission** (No stress with delivering the proposal before the post office is closing)

• The signature of the grant agreement is **electronic**. There will not be signed paper documents circulating any longer.

• The GA enters into force after the electronic signature of the Coordinator and of the Chafea authorising officer. Once this is done, all the partners will be invited to sign electronically in the system an "**accession form**" to the GA. This means that there is **no longer a need for the coordinator to collect original Mandate Letters**.
Simplification: Technical and Financial reporting

- The overall reporting process will be all e-based - No paper copies of reports

- Deliverable reports and other reports are submitted, approve/rejected via the on-line project reporting tool.

- The cost will be declared within the payment module and the cost declaration will be signed electronically in the system by each beneficiary (no need for the coordinator to collect original signed declaration of cost)

- The project coordinator will have access a project monitoring tool to help monitoring the progress and the submission of the deliverables (dashboard)
Simplification: Amendments to GA

In PHP2, we have an average of 3 amendments made during the life time of a Project/Joint action. The administrative burden in preparing amendment is important.

Chafea is foreseeing measures to decrease the need for amendments:

- The change of legal representative will be done directly into the system without the need to submit an official amendment.
- The amendment will be submitted electronically via the IT tool.
- If an amendment involves the change of legal name, the system will implement a “bulk” automatic amendment. This means that all the GA involving that organisation will be automatically amendment. No need to submit and treat multiple amendments.
Simplification: Amendments to GA

• To simplify the financial management of the action and to optimise the use of financial resources, beneficiaries will be allowed to transfer resources between themselves and between different cost categories without requesting amendment of the GA, provided that these transfers do not result in changes in the original objectives and deliverables. One exception: beneficiaries cannot change the budget allocated to subcontracting without an amendment.

• This is important improvement since a >40 % of the amendment in PHP2 grant agreement concerned changes in budget.
3rd Health Programme 2014-2020

New online submission system
What's new?

• 3rd Health Programme
  • Financing Instruments have changed

• Use of Electronic Exchange Systems, aligned with the HORIZON 2020 Programmes
  • Electronic Submission
  • Electronic Evaluation
  • Electronic Grant preparation and monitoring
  • Electronic Signatures

• Model Grant Agreement, Payments, Cost structure, simplifications
Proposal Submission, Evaluation, Grant preparation, Signature

ELECTRONIC EXCHANGE SYSTEMS
Applying for funding

Find a Call

Find partners

Register an organisation

Submit a proposal

Evaluation & Grant signature

Evaluation of proposals

Grant preparation

Grant signature

Grant Management

Reports

Dissemination of results

Amendments

Audits & certifications

Experts opinion

Expert registration

Contracting & payment

Expert roles & tasks
New system = new terminology (1)

- The **Participant Portal (PP)** is the website hosting the information about funding for the third Health Programme (2014-2020) and Horizon 2020 programmes [http://ec.europa.eu/research/participants/portal/desktop/en/home.html](http://ec.europa.eu/research/participants/portal/desktop/en/home.html)

- The **ECAS account** is the European Commission's Authentication Service. It is the system for logging on to a whole range of websites and online services run by the Commission.

- The **Beneficiary Register** is the European Commission's online register of the beneficiaries participating in EU Programmes, such as Horizon 2020 programmes, the Health and Consumers Programmes and others.
New system = new terminology (2)

- The **Participant Identification Code (PIC number)** is a 9-digit participant identification code, received upon completing the registration of the entity online.

- The **LEAR (Legal Entity Appointed Representative)** is the appointed representative within the beneficiary organisation. He/she is authorized to sign the grant agreement and action's documents on behalf of the organisation.
Framework Partnership Agreements for Operating Grants
Project Grants

CALL FOR PROPOSALS
Submission Procedure

• Find your call and priority
• Find project partners
• ECAS user account
• Registration of organisation
• Submission of proposal: Administrative Proposal (Form A) and Technical Narrative (Form B)
Structure of the Call Pages

Chafea website

Call pages

Topics, Documents, Guidance

Online Submission

Participant Portal
Chafea website
http://ec.europa.eu/chafea

CONSUMERS, HEALTH AND FOOD EXECUTIVE AGENCY

News & Events

Calls for Proposals under the 3rd EU Health Programme are published

06 June 2014

Calls for proposals ‘Health-2014’ within the framework of the 3rd Programme of the Union’s action in the field of health (2014-2020) have been published on 06/06/2014 in the Official Journal of the European Union.

This call for applications consists of the following parts:

- A call for proposals for project grants,
- A call for proposals for operating grants

Deadlines for online submissions of the proposals are 25 September 2014.

All the information, including the work programme for 2014 for implementation of the Third Health Programme, specifying the topics for the calls and the selection, award and other criteria are available via the EU Research & Innovation Participant Portal.

New in 2014 is the electronic submission of proposals via the Electronic Exchange System of the EC Participant Portal.

CALLS FOR PROPOSALS UNDER THE HEALTH PROGRAMME

Start at the Participant Portal

Links and documents
- News from the Commission:
  - on Health
  - on Consumers
  - on Food Safety
- Register for Health-EU newsletter
- DG Health and Consumers Public Health Portal
- EU Agencies

Navigation pane

Text announcement
http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/hp/

2 Calls open: Operating Grants Projects
Framework Partnership Agreements for Operating Grants
Project Grants

CALL FOR PROJECTS
Call open: Projects

http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/hp/
Call overview page

Summary Data

7 Topics under the 2014 Workplan

Choose your topic...

Call for proposals for projects 2014

HP-PJ-2014

Publication date: 2014-06-05
Deadline Date: 2014-09-25 +17:00:00 (Brussels local time)

Budget: £12,300,000
Main Pillar: 3rd Health Programme

Status: Open


Call description

Call summary

This call is constituted of 7 individual topics in the areas of chronic diseases, ageing, medicinal product pricing, health monitoring and healthcare associated infections.

Topics and submission service

Please click on a specific topic title to reach the eligibility conditions and other requirements as well as link to the submission service.

- PJ-01-2014 Innovation to prevent and manage chronic diseases
- PJ-02-2014 Early diagnosis and screening of chronic diseases
- PJ-03-2014 Professional reintegration of people with chronic disease
- PJ-04-2014 Adherence, frailty, integrated care and multi-chronic conditions
- PJ-05-2014 Statistical data for medicinal product pricing
- PJ-06-2014 Health monitoring and reporting system
- PJ-07-2014 Healthcare associated infection in long-term care

Get Support

- Participant Portal FAQ - Submission of proposals
- Contact CHAFEA Health Programme helpdesk for further assistance CHAFEA-HP-CALLS@ec.europa.eu
- IT Helpdesk - contact the Participant Portal IT helpdesk for questions such as forgotten passwords, access rights and roles, technical aspects of submission of proposals, etc.
- H2020 Online Manual - Please use the manual with reservation and only for the Participant Portal tools guidance, i.e. Submission service and Beneficiary register, because it is H2020 specific and does not cover the 3rd Health Programme rules.
Topic Overview Page, with Conditions, Call Documents, Guidance, Link to online Submission

Summary Data

Topic title: Innovation to prevent and manage chronic diseases

Topic ID: PJ-01-2014

Objective: Put more emphasis on new approaches to prevention of major chronic diseases, including linking prevention to healthcare interventions, with an emphasis on groups most at risk.

Scope: The projects funded should concentrate on identifying innovative approaches to prevention, taking some of the most important preventable chronic diseases as an example. They will focus on:

- Diabetes prevention: improved implementation of good practice and the development of guidance on innovative and targeted prevention of diabetes type 2, in particular among people at high risk. Projects should draw lessons from research on metabolic profiles including children, and develop new targeted approaches to prevention in high risk groups;

- Cardiovascular diseases: based on the knowledge and recommendations on the prevention of cardiovascular conditions, the aim is to identify innovative and modern prevention measures tailored to reach in particular high risk populations, i.e., people with either genetic pre-disposition or unfavourable lifestyles, and to demonstrate their potential to reduce the incidence of cardiovascular conditions; and

- Identification of good practice of linking and integrating prevention and healthcare intervention. This includes that the effectiveness of prevention measures identified in the projects above should be rigorously assessed for their uptake in the disease and care management, using standardized data systems linking primary and secondary prevention e.g., population-based disease registries, and identifying good practice for prevention interventions in different healthcare settings in Europe.

Type of action: Project (HP-PJ)
3rd Health Programme 2014-2020

2014 Calls for proposals for projects
What is a project? - I

- *The cynic would say ...*
  - a series of loosely connected activities that take three times longer and cost twice as much as foreseen, to achieve half the expected results

- *But should really be ...*
  - a systematic, goal-oriented, temporary and one-time endeavour
  - to create a unique product or service
  - within clearly specified time, cost and quality constraints
What is a project? - II

• A particular method of organising work that differs from standard business operational activities:

• Different from routine activities:
  does not involve the application of implicit or explicit procedures existing in the organisation to regulate day-to-day work

• Different from improvisation:
  more effective, but also more time-consuming entails a level of uncertainty or risk

• Particularly useful to introduce innovations, address new challenges or find solutions for problems for which the existing procedures and routines do not accommodate
What does the 3rd Health Programme say regarding co-funding of project?

• Grant may be awarded to fund:
  • actions having a clear Union added value explicitly provided for
  • duly justified in the annual work programmes
  • co-financed by other legally established organisations:
    • public sector bodies: research and health institutions, universities and higher education establishments
    • non-governmental bodies
    • private bodies
Calls for proposals for projects - 2014

- Calls open: 6 June 2014
- Calls close: 25 Sept 2014
- NEW: Electronic submission system
- 12.3 million Euros available for projects
Project co-funding

- 60% of the total eligible cost
- 80% - if exceptional utility

- There is not obligation for each applicant to contribute equally to the project's budget

- The minimum required percentage of own contribution applies at the project level
Exceptional utility

- Co-funding may be up to 80%
- 3 criteria:
  - At least 60% of the total budget of the action is used to fund staff
  - At least 30% of the budget of the proposed action is allocated to Member States whose gross national income (GNI) per inhabitant is less than 90% of the Union average.
  - The proposal demonstrates excellence in furthering public health in Europe and has a very high EU added value.
- *It is your responsibility to ensure that the proposals complies with criteria 1 & 2*
Topics open for submissions for project proposals in 2014
Call for PROJECTS – thematic priority 1

TITLE

_Making use of the potential of innovation for the prevention and management of major chronic diseases (diabetes, cardiovascular diseases...)_

OBJECTIVE

The objective of the projects is to put more emphasis on new approaches to prevention of major chronic diseases, including linking prevention to healthcare interventions, with an emphasis on groups most at risk.

AMOUNT: 2 500 000 EUR
Call for PROJECTS – thematic priority 2

TITLE
Promoting early diagnosis and screening of preventable chronic diseases.

OBJECTIVE
The projects seek to explore the potential of early diagnosis in view of the control and more efficient treatment of chronic diseases. Technical developments, innovative approaches and progress in medicine lead to improved possibilities to identify the onset and to follow the progression of diseases.

AMOUNT: 1 500 000 EUR
Call for PROJECTS – thematic priority 3

TITLE
*Developing innovative approaches to promote the professional reintegration of people with chronic diseases and improving their employability.*

OBJECTIVE
The objective of the project is to identify innovative strategies to adapt the workplace to the needs of people with chronic diseases and to improve their integration or reintegration into the workplace.

AMOUNT: 1 000 000 EUR
Call for PROJECTS – thematic priority 4

TITLE
Support in areas related to adherence, frailty, integrated care and multi-chronic conditions.

OBJECTIVE
This action seeks to support projects encouraging the use of innovative, coordinated and comprehensive community based prevention. Activities to be addressed will include: (a) supporting the development and implementation of early diagnosis and screening programmes for frailty risk factors; (b) development of programmes to improve the management of multi-morbid patients.

AMOUNT: 3 000 000 EUR
Call for PROJECTS – thematic priority 5

- TITLE
  - Financial support for statistical data in the area of medicinal product pricing in Member States.

- OBJECTIVE
  - The overall goal of this project is to achieve a better coordination at the EU level in order to facilitate the control by the Member States of public budgets for medicinal products whilst avoiding/mitigating possible negative impacts on patient access to medicinal care.

- AMOUNT: 300 000 EUR
Call for PROJECTS – thematic priority 6

TITLE
Towards a sustainable health monitoring and reporting system.

OBJECTIVE
The project is about data and health information and supports monitoring, research and policy making in all areas of EU health policy. It should create a network of relevant activities that have been run under the past health and research framework programmes, overcoming the fragmentation of projects on health information and data. The aim is to prepare the transition towards a sustainable and integrated EU health information system for both public health and research purposes.

AMOUNT: 3 500 000 EUR
Call for PROJECTS – thematic priority 7

TITLE
Healthcare associated infections - Prevention and control in nursing homes and long-term facilities.

OBJECTIVE
The objective of this project is to enhance infection prevention and control in nursing homes and long-term care facilities in the EU, with the aim to prevent and contain the spread of antibiotic resistances in the long term.

AMOUNT: 500 000 EUR
Electronic submission of project proposals

- Via participant portal

- Find a call -> each of the calls is published separately

- Administrative part = part A

- Technical part = part B
Part A

• Statements to be accepted e.g. on financial viability
• Financial self-check to be performed by each applicant
• If "weak" -> do not be discouraged to send a proposal
• Other statements on exclusion criteria, operational capacity etc.
• Overview budget per partner – need to establish this before filling part A!
Technical Part = Part B

• Maximum 80 pages – free text & tables & charts

• 50 pages for the technical description

• 30 pages for the budget tables

• One table per partner

• Overview table with person months per deliverable
Technical Part of the proposal

1. Problem analysis including evidence base
2. General objective of the project
   2.1. Specific objective(s) of the project
3. Target groups
4. Political Relevance
   4.1. Contribution to the EU Health Programme and its annual work plan
   4.2. Adequacy of the project with social, cultural and political context
   4.3. Social and economic impact
   4.4. Pertinence of geographical coverage
   4.5. Strategic relevance and EU added value and innovation
Technical Part of the proposal

• 5. Methods and means

• 6. Expected outcomes

• 7. Workpackages
  • 7.1. Overview on workpackages
  • 7.2. Work package descriptions
  • 7.3. Timetable or Gantt Chart
Technical Part of the proposal

- 8. Milestones and Deliverables
  - Note: deliverables at M18 needed!
  - No limit on how many deliverables!

- 9. Project management structure
  - 9.1. Quality of the partnership
  - 9.2. Capacity of the staff
  - 9.3. External and internal risk analysis and contingency planning
  - 9.4. Financial management
Technical Part of the proposal

- **10. BUDGET**
- **10.1 Content description and justification**
- **10.2 Summary of staff effort**
- **10.3 Detailed budget**

➤ Each partner should prepare a budget table & submit to coordinator

<table>
<thead>
<tr>
<th>Applicant Number/Short Name</th>
<th>(If affiliated entity: Affiliated to which Applicant number/Short name)</th>
<th>(A) Direct personnel costs</th>
<th>Persons</th>
<th>Total Person-month</th>
<th>Total Costs (€) of (A)</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B) Direct costs of sub-contracting</td>
<td>Costs (€)</td>
<td>Task(s)/Justification</td>
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<tr>
<td>(please repeat line for each subcontract foreseen)</td>
<td>Total Costs (€) of (B)</td>
<td>Justification</td>
<td></td>
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<tr>
<td>(C) Other direct costs</td>
<td>Costs (€)</td>
<td>Justification</td>
<td></td>
<td></td>
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<tr>
<td>(C.1) Travel</td>
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<td>(C.2) Equipment</td>
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<tr>
<td>(C.3) Other goods and services</td>
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<tr>
<td>Total Costs (€) of (C)</td>
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<tr>
<td>(D) Indirect Costs</td>
<td>Total Costs (€)</td>
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<tr>
<td>(Max. 7% on A, B and C)</td>
<td>Total estimated eligible costs</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Technical Part of the proposal

• 11. Previous and current grants relevant to the programme (limited to the last 3 years)
• 12. Current applications relevant to the programme
• 13. Exceptional Utility
• 14. Collaborating stakeholders - table
Technical part – general points

• Follow the template, but write your own proposal
• Technical description and budget in the same file!
• Have the proposal peer reviewed with the "self-evaluation form"
• Proposal must be submitted in PDF format
• Proposal can be changed / resubmitted before the deadline

• It is the coordinator's responsibility to upload the correct file at the time of the deadline!
Annex

• If an applicant requests > 750 000€ EU co-funding, an audit report must be attached
Criteria to evaluate the proposals

• Eligibility criteria
• Exclusion criteria
• Selection criteria
• Award criteria
Eligibility criteria

- Applicants must be legally established.
- Only applicants from the 28 EU Member States plus Norway and Iceland can apply.
- A project proposal must be submitted by at least 3 different legal entities from 3 different eligible countries.
- The only eligible activities are those listed in section 2.1 "Grants for projects" in the work programme 2014.
- The co-funding is meant for a future project. Running projects cannot be supported.
Exclusion criteria

• Exclusion from participation:
  • being bankrupt,
  • convicted of an offence concerning professional conduct,
  • guilty of grave professional misconduct
  • not in compliance with their obligations relating to the payment of taxes

• Exclusion from granting procedure:
  • conflict of interest
  • guilty of misrepresenting the information required by the Agency
Selection criteria

• Financial viability
  • Not if $< 100,000 \text{€} \text{ EU co-funding or if public}
  • If $> 750,000 \text{€} \text{ } \rightarrow \text{ attach audit report}
  • Self-check must be performed
If the self-check result is "weak" do not be discouraged from applying!

• Operational capacity
  • Self-declaration
  • Provide information on capacity
## Award criteria-I

<table>
<thead>
<tr>
<th>Category</th>
<th>Maximum points</th>
<th>Threshold</th>
<th>Threshold in % of max. points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – policy relevance</td>
<td>10</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>2 – technical quality</td>
<td>10</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>3 – management quality</td>
<td>10</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>4 – budget adequacy</td>
<td>10</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>40</strong></td>
<td><strong>26</strong></td>
<td></td>
</tr>
</tbody>
</table>
Award criterion 1 - Policy and contextual relevance

• Sub-criteria:
  • Relevance of the contribution to meeting the objectives and priorities defined in the annual work plan of the 3rd Health Programme, under which the call for proposals is published,
  • Added value at EU level in the field of public health,
  • Pertinence of the geographical coverage of the proposals is high,
  • Consideration of the social, cultural and political context.
Award criterion 2 - Technical quality

• Sub-criteria:
  • Quality of the evidence base,
  • Quality of the content,
  • Innovative nature, technical complementarity and avoidance of duplication of other existing actions at EU level,
  • Quality of the evaluation strategy,
  • Quality of the dissemination strategy and plan.
Award criterion 3 - Management quality

• Sub-criteria:
  • Quality of the planning and appropriate task distribution to implement the project,
  • Relevance of the organisational arrangements, including financial management,
  • Quality of the partnership.
Award criterion 4 - Overall and detailed budget

- Sub-criteria:
  - Relevance and appropriateness of the budget,
  - Consistency of the estimated cost per applicant and the corresponding activities,
  - Realistic estimation of person months per work package
  - The budget allocated for evaluation and dissemination is reasonable.
Evaluation of proposals

1. Screening check completeness, allocation to evaluators
2. Financial & organisational analysis check compliance with the selection criteria
3. Evaluation of compliance with award criteria External evaluators
4. Consensus meeting Chaired by a project officer. Outcome: consensus evaluation report
5. Evaluation committee Based on ranking:
   a) Ensure compliance with criteria
   b) Exclude potential duplication
   c) Decide on funding based on proposed co-funding and available budget
7. Adaptation
8. Award decision grant agreement
Electronic Grant preparation

• Grant preparation online (ping-pong principle between agency and beneficiaries)

• Electronic signature by LEAR (Legal entity authorised representative) – no paper copies of grant agreement

• Partners join the agreement after signature

• Monitoring and reporting online: Deliverables, Payment requests, Reports, etc.
New Grant Agreement

- New model grant agreement aligned to H2020 procedures
- **Interim Payment** instead of 2nd prefinancing
- Simplified cost structure (Staff, Other Costs, Subcontracting), **budget shifts without amendment**
- **All partners sign the grant agreement**
- Consortium agreement mandatory

Read the new grant agreement!
3rd Health Programme 2014-2020

New procedure – Grants for Actions
Call 2014: Actions co-financed with MS authorities – Joint Actions

- JA have a clear **EU added value** and are co-financed either by competent authorities that are responsible for health in the MS or in the third countries participating in the Programme, or by public sector bodies and non-governmental bodies **mandated by those competent authorities**.

- Proposals should provide a genuine European dimension. **Depending on the scope of the action, previous JA involved on average 25 partners.**

- A multibeneficiary grant agreement.
3rd HP: New procedure for JA

- Direct grant procedure = > all participants have to be nominated first (no open call!)
- *If a European umbrella organisation/NGO wants to participate in a JA, it must be designated by a MS competent authority through a transparent procedure.*
- For the "follow-up" JA (second phase of an existing JA): because an organisation is part of the running/finishing JA, this organisation is not automatically designated to participate in the new JA on the same topic!
- *As in PHP2, international organisations (e.g. WHO, OECD, etc.) are not eligible to participate.*
- Chafea will carry out spot checks concerning the transparency and legality of the designation process.
EU support for key public health initiatives 2008-2011

JOINT ACTIONS

How much co-funding?

- EU contribution is **60 %** of the total eligible cost;
- In cases of exceptional utility, it is **80 %**.

Who can participate?

- **Country eligibility** – EU28 and EEA (Norway and Iceland).
- **Focus**: MS authorities
- **Public sector bodies and non-governmental bodies from the above countries can participate in JA, if they are mandated by competent authorities.**
Exceptional utility criteria

1. At least 30 % of the budget of the proposed action is allocated to MS whose gross national income (GNI) per inhabitant is less than 90 % of the Union average. 
   *This criterion intends to promote the participation from MS with a low GNI.*

2. Bodies from at least 14 participating countries participate in the action, out of which at least four are countries whose GNI per inhabitant is less than 90 % of the Union average. 
   *This criterion promotes wide geographical coverage and the participation of MS authorities from countries with a low GNI.*
Joint Actions in the WP 2014
€ 18,6 mio for the following actions co-financed with MS authorities:

1. Nutrition and physical activities (€1.2 mio EU co-funding)
2. *HIV and co-infection prevention (€3 mio)*
3. Dementia (€1.5 mio)
4. *Response to highly dangerous and emerging pathogens in the EU (€3.5 mio)*
5. Improved coordination and resource sharing for medical devices (€0.2 mio)
6. *Support to eHealth Network (€2.4 mio)*
7. EU wide rare diseases information databases (€4.3 mio)
8. *Blood transfusion and tissue and cell transplantation (€2.5 mio)*
The Role of the MS

- MS to nominate participants prior to Chafea invitation to prepare the proposal.

Participants

- Competent authorities (national or regional level) or other bodies (public sector body/NGO: nominated via a transparent procedure, according to relevant national legislation) to participate in one or more of the listed JA.
Competent Authorities

If more than 1 CA exists in a given public health field at MS/regional level, several competent authorities can be nominated:

Nominations must be submitted separately for each CA

+ "explanation why two or more competent authorities have been nominated"
Body other than a competent authority to participate:

- The designation must be done through a transparent procedure and according to its relevant national legislation.

- Article 190(1)(d) of the Rules of Application of the Financial Regulation, the Member State/EEA is fully responsible to put in place the designation procedure and ensure that the requirements of transparency and legality are respected.

- Third Health Programme (Articles 7 and 8) public sector bodies, in particular research and health institutions, universities and higher education establishments as well as non-governmental bodies can be mandated to participate in the joint action on behalf of the Member State/EEA country.
Letter to the Permanent Representatives

EUROPEAN COMMISSION
HEALTH AND CONSUMERS DIRECTORATE-GENERAL
Public health
Director

Luxembourg,

NOTE FOR THE ATTENTION OF PERMANENT REPRESENTATION IN THE EU

Your Excellency,

Subject: Health Programme in 2014 – Implementation of actions co-financed with Member State health authorities (commonly referred to as ‘joint actions’)

I am writing to you regarding the joint actions planned for 2014 under the third EU Health Programme 2014-2020. The adoption of the work plan is envisaged by end of May 2014. Pending adoption, it would foresee almost €18.6 million for the following actions co-financed with Member State authorities:
Templates

To be completed and sent to: CHAFEA-HP-JA@ec.europa.eu
and hardcopies (originals) to:
Consumer, Health and Food Executive Agency (Chafea), Health Unit,
For the attention of Ms Maria Alonso, DRB A3/022, L-2920 Luxembourg

via

the Permanent Representatives
OFFICIAL NOTIFICATION
of
a competent authority to participate in the joint action

I, Ms/Mr. [please insert name], [please insert title/function], duly authorised to sign this notification on behalf of the [please insert name of the ministry/governmental organisation] officially notify the Consumer, Health and Food Executive Agency that the

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<th>Organisation official name</th>
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<tr>
<td>Organisation short name</td>
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</table>

Legally represented by:

| Name of legal representative |                                   |

is [the/an] [delete as appropriate – depending if one or more competent authorities are mandated] eligible body to participate on behalf of [please insert country/regional entity] and under its responsibility in the above mentioned joint action to be funded under the Health Programme 2014.

The contact person is:

| First and last name |                                   |
| Direct telephone line |                                  |
| E-mail address      |                                   |

Date: Signature
Place:
**OFFICIAL NOTIFICATION**

_of a body other than a competent authority to participate in the joint action_

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<th>Please insert here the title of the joint action</th>
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I, Ms/Mx [please insert name], [please insert title / function], duly authorised to sign this notification on behalf of the [please insert name of the ministry/governmental organisation] officially notify the Consumer, Health and Food Executive Agency that the

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I confirm that the designation procedure was executed and concluded in the respect of the national legislation in force in [please insert country] and that all the transparency requirements for the use of public EU and national funds in [please insert country] have been fully met. I confirm that the [please insert name of the ministry/governmental organisation] is fully responsible for this designation and its legality.

Date:  
Signature:

Place:
Deadline for NOMINATION of competent authority

***** 16 September 2014 *****
Next steps

1. Nomination of participants
   Deadline: 16 September

2. Chafea sends the Invitation letter to prepare the grant agreement for the designated competent authorities

3. Information session on Joint Actions, by late September/early October

4. ADVANCED DRAFT PROPOSALS
   2 deadline options;
   Mid November Or Mid-January

5. Remote assessment of JA

6. Discussion among JA coordinators and evaluators

7. ADAPTATION of the JA proposal in SYGMA

AWARD DECISION
NEW in 2014: Electronic submission upon invitation!

- Electronic Submission System used for H2020 and other programmes
- No paper / online submission!
- Information will be on Chafea, SANCO web and the Participant Portal
- Evaluation & grant agreement: online
Evaluation = Quality assurance

• Not subject to competition!

• Direct grant procedure!

• Subject to a negotiation process!
3rd Health Programme 2014-2020

Calls for tender
Overview:

• What is procurement

• EU Health Annual Work Plan for 2014- Call for tenders

• Procedure
  • Publication
  • Submission of the offer
  • Evaluation
  • Award
EU Purchases - Public Procurement = Call for tenders

Services

Supplies

Works

Building
## Procurement vs. Grant

<table>
<thead>
<tr>
<th>To acquire a product or a service.</th>
<th>Purpose</th>
<th>To encourage actions indicated in the Work Plan, which fall primarily within the scope of the beneficiary’s activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call for tender</td>
<td>Procedure</td>
<td>Call for proposals</td>
</tr>
<tr>
<td>Service Contract</td>
<td>Legal outcome</td>
<td>Grant Agreement</td>
</tr>
<tr>
<td>The EU pays 100% of the contract price</td>
<td>EU financial contribution</td>
<td>EU-contribution to the overall costs (Co-funding)</td>
</tr>
<tr>
<td>Since the service or product has been purchased and paid for by the EU, in general it belongs to the EU in its entirety</td>
<td>Ownership</td>
<td>The ownership as a rule is vested in the beneficiary of the grant.</td>
</tr>
<tr>
<td>The operator’s remuneration should include an element of profit.</td>
<td>Profit</td>
<td>The grant must not have the purpose or the effect of producing a profit for the beneficiary.</td>
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</tbody>
</table>
Procurement principles

• Principle of transparency
• Principle of proportionality
• Principle of equal treatment and non-discrimination
## 3rd EU HEALTH PROGRAMME

### Tittle of the new Call for tenders

<table>
<thead>
<tr>
<th>Thematic priority 1 promote health, prevent diseases, and foster supportive environments for healthy lifestyles</th>
<th>Disseminating good practice on mental health through the European Compass for Action on Mental Health and Well-being</th>
<th>Direct service contract</th>
</tr>
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<tbody>
<tr>
<td>Thematic priority 2 protect Union citizens from serious cross-border health threats</td>
<td>Study on cost-benefit of reference laboratories for human pathogens</td>
<td>Direct Service contract</td>
</tr>
<tr>
<td>Thematic priority 3 support public health capacity-building and contribute to innovative, efficient and sustainable health systems</td>
<td>Assessment of implementation of Patients’ Rights directive: Study on mapping of patients’ rights in all Member States</td>
<td>Direct Service contract</td>
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<td>Support for the definition of core competences of healthcare assistants</td>
<td>Direct Service contract</td>
</tr>
<tr>
<td>Thematic priority 4 Facilitating access to better and safer healthcare for Union Citizens</td>
<td><strong>Implementation of the Cross-border Healthcare Directive:</strong></td>
<td></td>
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<td></td>
<td>Technical assistance: Development of a manual and toolbox for the assessment of European Reference Networks</td>
<td>Direct Service contract</td>
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<td></td>
<td>Identification and definition of the typology and elements of the healthcare services to be provided by the European Reference Networks</td>
<td>Direct Service contract</td>
</tr>
<tr>
<td></td>
<td>Selection of the independent assessment/evaluation body(ies) in charge of the assessment of the applications of Network and membership proposals.</td>
<td>New FRAMEWORK service contract</td>
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</tbody>
</table>
Call for TENDERS – thematic priority 1

TITLE
Disseminating good practice on mental health through the European Compass for Action on Mental Health and Well-being

OBJECTIVE
The objective is to implement the invitation contained in the Council conclusions on ‘The European Pact for Mental Health and Well-being. This action covers (a) good practice collection; (b) supporting Member States developing a format for the regular collection of information; and (c) supporting and networking health and non-health stakeholders establishing a web based Multi-Stakeholder Partnership of Leaders in Action for Mental Health and Well-being.
Call for TENDERS – thematic priority 2

TITLE

Study on cost-benefit of reference laboratories for human pathogens

OBJECTIVE

The overall objective of this study is to strengthen the existing coordination of reference microbiology provision in the EU in order to support the European response coordination to outbreaks of highly pathogenic infectious agents. This study will complement findings of a study on a European system of reference laboratories for pathogens for humans with a cost-benefit analysis to assess possible options for establishing such an EU wide approach.
Call for TENDERS – thematic priority 3

TITLE

Assessment of implementation of Patients’ Rights directive: Study on mapping of patients’ rights in all Member States

OBJECTIVE

This mapping exercise should give a general overview of the laws, structures, procedures and mechanisms in place in the different Member States guaranteeing patients’ rights. This is to increase the predictability for each citizen who wants to seek healthcare in another Member State and ease the utilisation of these arrangements. In addition to exploring the different legal provisions in place in each Member State, an assessment on if and/or how these provisions are implemented in terms of structures, procedures and mechanisms will also be undertaken.
Call for TENDERS – thematic priority 3

TITLE
Support for the definition of core competences of healthcare assistants

OBJECTIVE
Establishment of a network: To encourage greater intra EU mobility, while ensuring a high quality of care and patient safety, the development of a common training framework according to the modernised professional qualification directive for healthcare assistants should be prepared by setting up a network to build consensus on common knowledge, core competences and skills for healthcare assistants.
Call for TENDERS – thematic priority 4

TITLE

OBJECTIVE
A tenderer will be contracted to develop a complete and exhaustive assessment and evaluation manual and toolbox that will be used for the assessment of candidate ERNs projects and the healthcare providers wishing to become Members of a Network as well as for their evaluation.
Call for TENDERS – thematic priority 4

TITLE
Implementation of the Cross-border Healthcare Directive: Identification and definition of the typology and elements of the healthcare services to be provided by the European Reference Networks.

OBJECTIVE
This action seeks to support the implementation ERN and in particular the goal “to facilitate improvements in diagnosis and the delivery of high-quality, accessible and cost-effective healthcare for all patients with a medical condition requiring a particular concentration of expertise in medical domains where expertise is rare;“.
Call for TENDERS – thematic priority 4

TITLE

OBJECTIVE
This new Framework service contract should be launched subsequently to the production of the assessment and evaluation manual. The objective is to select the independent bodies capable to fulfil strong requisites, experience and technical capacity.
3. Procedure

Procedure

• 1. Publication
• 2. Preparation of the Tenders
• 3. Submission of the tenders
• 4. Evaluation
1. Publication

Ted
Call 2013: Tenders

Please note that the deadline for submission of tenders has expired.

Calls for tenders

- Call for tender n° EAHG/2013/Health/01 for concluding Multiple Framework Contracts with reopening of competition to support the implementation of the Health Programme through health reports and economic analysis.
- Call for tender n° EAHG/2013/Health/02 on good practices in the field of blood transfusion.
- Call for tender n° EAHG/2013/Health/03 concerning training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma.
- Call for tender n° EAHG/2013/Health/04 concerning empowering patients in the management of chronic diseases.
- Call for tender n° EAHG/2013/Health/05 concerning a Life Table Analysis: health system cost-effectiveness assessments across Europe.
- Call for tender n° EAHG/2013/Health/06 on overview of the national laws on electronic health records in the EU Member States and their interaction with the provision of cross-border health services.
- Call for tender n° EAHG/2013/Health/07 concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU.
- Call for tender n° EAHG/2013/Health/08 concerning Effective Recruitment and Retention Strategies for Health Workers.
- Call for tender n° EAHG/2013/Health/09 concerning pilots on early dialogue between health technology assessors and healthcare product developers during the development phase of medicinal products and medical devices.
- Call for tender n° EAHG/2013/Health/10 concerning Multiple Framework Contracts with reopening of competition to support tobacco policies.
- Call for tender n° EAHG/2013/Health/11 concerning the provision of an...
CONSUMERS, HEALTH AND FOOD EXECUTIVE AGENCY

Call 2013: Tenders

Call for tender n° EAHC/2013/Health/02 on good practices in the field of blood transfusion

CALL FOR TENDER

The general objective of the call for tender is to increase the implementation of best practices in the field of patient blood management by professionals and hospitals in the EU Member States.

Specifically, the successful tenderer shall:

1. Develop a EU guide for Member States and health professionals to help implement good practices for patient blood management. This shall take into account earlier guides, such as the "Donor Management Manual" and the "Manual of Optimal Blood Use", but it shall differ from these in focusing on strategies to minimize individual patients' risk of transfusion;
2. Implement patient blood management programs in 5 teaching hospitals in EU Member States, which shall be evaluated after 12 months;
3. Prepare an implementation strategy to help national authorities to disseminate and implement patient blood management in hospitals across the EU.

The deadline to submit tenders is the 27 September 2013.

Questions and Answers (last update : 24-09-2013)
Contract award notice

Documents
Contract Notice
Invitation to tenderers
Tender specifications
PDF tender form (Adobe Reader 9.5 or higher is required)

How to complete the call for tender form - Step by step guide

Note: this PDF form contains the following annexes:
Annex Ia: Tender submission form - Statement
Annex Ib: Letter of mandate (consortium member) / written commitment (subcontractor)
2. Preparation

Who can participate?

Natural and legal persons from:

- The Member States of the European Union
- Countries of the European Economic Area (Norway, Iceland and Liechtenstein).

Types of tenderer:

- Single tenderer
- Single Tenderer with Subcontractor
- Consortium
- Consortium with Subcontractor

If during the preparation you have any doubt:
Chafea-HP-TENDER@ec.europa.eu
Consortia (Groups of economic operators)

The offer shall clearly specify the role and tasks of each member of the consortium:

- The **consortium leader:** with full authority to bind the consortium and each of its members

- Each partner shall fulfil the requirements and accept the terms and conditions set out in the ToR, the contract as well as in all the relevant Annexes.

In case of awarded the tender:

all members of the consortium will be jointly and severally liable towards the contracting authority for the performance of the contract.
3. Submission

The Tender must include 3 envelopes:

- Envelope A: Administrative proposal
- Envelope B: Technical proposal
- Envelope C: Financial proposal

(see PDF form which has to be completed).

The offer has to be sent to Chafea by registered mail or by courier post mail, in a sealed packet containing the 3 envelopes, before the date of deadline.
**A) Administrative:**

**PDF document:**

- Annex Ia: Tender submission form – Statement
- Annex Ib: Letter of mandate (consortium member) / written commitment (subcontractor)
- Annex IIa: Legal entity form for public entities
- Annex IIb: Legal entity form for private entities
- Annex IIc: Legal entity form for natural persons
- Annex III: Financial identification form
- Annex IV: Declaration of honour
- Annex VII: Economic and financial capacity overview form

+ **other documents:** e.g. judicial records, certificates regarding taxes and social security dues...

+ **Balance sheets and profit and loss accounts**

+ **CVs, Annex IX (Check list)...**

---

**B) Technical**

The technical offer

*Write yourself*

---

**B) Financial proposal**

*Annex V: financial offer form*
To help you to prepare the offer, please consult the Step by step guide for the PDF.

### List of the annexes to be filled depending on the type of member

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* Only if the field "The amount to be received by the Subcontractor IS >= 60,000 €" is checked.
4. Evaluation

Exclusion Criteria → Administrative part

Selection Criteria → Administrative part

Award Criteria → Technical and financial parts
a) Exclusion criteria

Evidence that shall be provided when submitted the offer:

- **Annex IV: Declaration of honour**
- **Recent extract from the judicial record** or, failing that, an equivalent document recently issued by a judicial or administrative authority in the country of origin or provenance showing that those requirements are satisfied;
- **Certificates** by the competent authority regarding the fact that the *taxes and the social security dues are paid* (including for example VAT, income tax (natural persons only), company tax (legal persons only) and social security contributions.

In case of Consortium: evidence for each member

In case of Subcontracting: evidence if private body and the value is >60.000 euros

If the documents are not issued in the country, they may be replaced by a **sworn** or, failing that, a **solemn statement** made by the interested party before a judicial or administrative authority, a notary or a qualified professional body in his country of origin or provenance.
Annex IV
Declaration of honour
with respect to
the exclusion criteria and absence of conflict of interest

declares that the above-mentioned legal person / he / she:

- g) has no conflict of interest in connection with the contract; a conflict of interest could arise in particular as a result of economic interests, political or national affinity, family, emotional life or any other shared interest;
- h) will inform the contracting authority, without delay, of any situation considered a conflict of interest or which could give rise to a conflict of interest;

- i) has not granted and will not grant, has not sought and will not seek, has not attempted and will not attempt to obtain, and has not accepted and will not accept any advantage, financial or in kind, to or from any party whatsoever, where such advantage constitutes an illegal practice or involves corruption, either directly or indirectly; inasmuch as it is an incentive or reward relating to award of the contract;

- j) provided accurate, sincere and complete information to the contracting authority within the context of this procurement procedure;

acknowledges that the above-mentioned legal person / he / she may be subject to administrative and financial penalties if any of the declarations or information provided prove to be false.
b) Selection criteria I

1. Proof of eligibility

a) In which State it has its headquarters or domicile Annex Ia: Tender submission form – Statement

b) it indicates its VAT number (Annex IIa/IIb: Legal entity);

c) it indicates the name and position of the person authorised to sign the contract (Annex Ia);

d) it indicates its bank account number and bank address (R.I.B. or standard form in Annex III Financial identification form);

e) if the tenderer is a natural person, Annex IIC Legal entity form for natural persons
b) Selection criteria II

1. Proof of eligibility II

f) In case of a consortium, the consortium leader shall submit the Mandate letters (Annex Ib Letter of mandate (consortium member) / written commitment (subcontractor) signed and dated by the consortium members and co-signed by the consortium leader; 

In case of subcontracting the tenderer shall submit the written commitment proving the willingness of the subcontractor(s) to accept the task proposed to it / them by tenderer
b) Selection criteria III

2. Economic and financial capacity

- **Balance sheets** or extracts from balance sheets and **profit and loss accounts** for at least the last two years for which accounts have been closed, where publication of the balance sheet is required under the law of the country in which the tenderer is established.

- Tenderers (and in case of a consortium, the consortium leader and the consortium members) are also requested to fill in the form `Economic and Financial Capacity Overview` in Annex VII:
b) Selection criteria IV

3. Technical and professional capacity

The tenderer must meet the criteria specified in the Terms of Reference

Evidence:

a) CV in the Europass format

b) Checklist on Selection Criteria (Annex IX)

c) E.g. Publications, English language knowledge
c) Award criteria

The contract will be awarded to the tenderer who submits the most economically advantageous bid, as assessed on the basis of the following factors:

A. Technical evaluation criteria
   Quality Award Criteria will be specified in the ToR. Minimum threshold will be required (tenders falling below will be eliminated).

B. Price
   The price must be presented in an standard format (Annex V)

A formula will be applied and the contract will be awarded to the tender achieving the highest score.
No obligation to award the contract

• Completing the adjudication or the procedure of the call for tenders in no way imposes on the Executive Agency an obligation to award the contract.

• Chafea shall not be liable for any compensation with respect to tenderers whose tenders have not been accepted, not shall it be liable when deciding not to award the contract.
Thank you for your attention!

Anne-Marie Yazbeck, PhD
European Commission
Consumers, Health and Food Executive Agency
Health Unit

CHAFEA-HP-CALLS@ec.europa.eu
http://ec.europa.eu/eahc/