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**COMMISSION STAFF WORKING DOCUMENT**

**Implementation of the Health Programme in 2010**

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*This document is a European Commission staff working document for information purposes. It does not represent an official position of the Commission on this issue, nor does it anticipate such a position.*

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### Implementation of the Health Programme in 2010

#### 1. INTRODUCTION

Article 13(1) of Decision No 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 establishing a second programme of Community action in the field of health (2008-13)<sup>1</sup> requires that the Commission report yearly to the Health Programme Committee on all actions and projects funded through the Programme and keep the European Parliament and the Council informed. The purpose of this working document is to fulfil this requirement.

This working document provides detailed information on the budget for 2010 and its execution. Moreover, examples of key results of actions funded in 2010 are provided in an appendix to this report.

#### 2. BUDGET

The budget for the second Health Programme for the period 2008-2013 is EUR 321.5 million. The estimated budget set out in the work plan for 2010 was EUR 47.1 million. This was broken down as follows:

- Operational expenditure: EUR 45.7 million corresponding to budget line 17 03 06 — *Community action in the field of health*. With EFTA/EEA and Croatia credits as well as recovery credits from previous budgetary years, the total operational budget amounted to EUR 47.4 million.
- Administrative expenditure: EUR 1.4 million corresponding to budget line 17 01 04 02 — *Expenditure on administrative management*.

The Executive Agency for Health and Consumers (EAHC) has provided the Commission with technical, scientific and administrative assistance in implementing the Health Programme since 2005<sup>2</sup>. The EAHC organises annual calls for proposals, coordinates the evaluation of submissions, and negotiates, signs and manages related contracts. The EAHC is also responsible for most procurement procedures. In 2010, the Agency managed EUR 40.8 million, and the Commission managed the remaining EUR 6.6 million.

#### 3. PRIORITIES FOR 2010 AND FINANCING MECHANISMS

The priorities for 2010 were set out in Commission Decision 2009/964/EU of 18 December 2009 adopting the 2010 work plan and related criteria<sup>3</sup>. Commission Decision 2010/C 358/04

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<sup>1</sup> OJ L 301, 20.11.2007, p. 3.

<sup>2</sup> Decision 2004/858/EC of 15 December 2004 (OJ L 369, 16.12.2005, p. 73) amended by Decision 2008/544/EC of 20 June 2008 (OJ L 173, 3.7.2008, p. 27).

<sup>3</sup> OJ L 340, 22.12.2009, p. 1.

of 22 December 2010<sup>4</sup> amended that Decision. The amendment was introduced as a result of changes in the implementation of the work plan. This led to changes in the distribution of the budget among the various financing mechanisms. The changes exceeded the 20% margin set out in Article 1(2) of Commission Decision 2009/964/EU, making it necessary to amend Decision 2009/964/EU.

The following financing mechanisms were used to implement the work plan for 2010:

- Project grants: these are awarded to projects involving several partners, usually public health bodies and non-governmental organisations (NGOs). The maximum EU contribution is 60% of eligible costs.
- Conference grants: these go towards conferences on public health issues, organised by public bodies or non-profit organisations and the Council Presidencies. The maximum EU contribution is 50% of eligible costs.
- Operating grants: these are awarded to non-profit organisations or specialised networks in the field of health. Such bodies must be non-governmental, non-profit making, independent of industry or other conflicting interests and have as their primary objectives one or more goals of the Programme. The maximum EU contribution is 60% of their annual operating costs.
- Grants for joint actions: these are awarded to Member States' authorities or bodies designated by them. The maximum EU contribution is 50%.
- Direct grant agreements with international organisations — awarded to international organisations active in the area of public health: the Organisation for Economic Cooperation and Development (OECD), the World Health Organization (WHO), the Council of Europe, the International Agency for Research on Cancer (IARC) and the European Observatory on Health Policies and Health Systems. The maximum EU contribution is 60%.
- Procurement (service contracts): these are used to purchase services, such as evaluations, studies, data procurement and IT applications. The Health Programme covers the full cost of these.

Competitive selection and award procedures are used to select actions for funding, with the exception of direct grant agreements and conferences organised by Council Presidencies.

Administrative credits cover expenditure such as studies, meetings of experts, information and publication costs, and technical and administrative assistance for IT systems.

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<sup>4</sup> OJ L C 358, 31.12.2010, p. 23.

#### 4. IMPLEMENTATION OF THE OPERATIONAL BUDGET BY FINANCING MECHANISM

Number of grants / contracts signed	Type of financing mechanism	Implementation €	Share of mechanism in total executed budget
	<b>Call for proposals:</b>	<b>35.313.433.00</b>	<b>75.27 %</b>
20	Project grants	16.225.324.00	34.58 %
11	Conference grants	899.339.00	1.92 %
9	Operating grants	2.322.774.00	4.95 %
10	Grants for joint actions	15.865.996.00	33.82 %
10	<b>Direct grant agreements</b>	<b>2.600.000.00</b>	<b>5.54 %</b>
	<b>Procurement (service contracts)</b>	<b>8.231.411.00</b>	<b>17.55 %</b>
	<b>Scientific Committees</b>	<b>270.000.00</b>	<b>0.58 %</b>
	<b>Other: JRC</b>	<b>500.000.00</b>	<b>1.07 %</b>
	<b>Executed budget in 2010</b>	<b>46.914.844.00</b>	
	<b>Total available budget</b>	<b>47.365.553.00</b>	
	<b>Credits not used</b> (pre-accession credits not yet used, differences between amounts in the award decision and amounts actually contracted)	<b>450.709.00</b>	
	<b>Level of budget execution</b>	<b>99.05 %</b>	

##### 4.1. Call for proposals

The call for proposals consists of the following parts:

- a call for proposals for projects,
- a call for proposals for conferences,
- a call for proposals for operating grants,
- a call for proposals for joint actions.

The call was launched on 22 December 2009 and closed on 19 May 2010. Announcements were published in the Official Journal<sup>5</sup>, the Public Health Europa website<sup>6</sup> and the EAHC website<sup>7</sup>.

On 13-14 January 2010 the EAHC organised a workshop in Luxembourg on how to prepare project proposals. Participation was open to those planning to submit proposals. In addition, 11 Member States organised national information days. Guides for applicants were made available on the EAHC website. The EAHC helpdesk also provided assistance and practical help.

In all, 177 applications were submitted for requested funding totalling EUR 117.858 million. The proposals were evaluated in accordance with the rules and criteria set out in Commission Decision 2009/964/EU and the calls for proposals. The proposals were reviewed by 39 external experts drawn from a list that was established following a call for expressions of interest 'Experts for the second programme of Community action in the field of health in various evaluation activities'<sup>8</sup>.

The evaluation took place in two stages.

In the first stage, three external evaluators reviewed each proposal, and the Commission departments assessed the policy relevance of each of the proposed projects.

In the second stage, an evaluation committee checked that the evaluators had adhered to the relevant rules and criteria. It then drew up final lists of proposals recommended for funding together with reserve lists. The evaluation committee comprised representatives from the Directorate-General for Health and Consumers, the Directorate-General for Research and Innovation, Eurostat and the EAHC.

At its meeting on 7 July 2010 the committee of the second programme of Community action in the field of health (2008-13) issued a favourable opinion on the activities proposed for funding. The Commission adopted the related awarding Decision on 27 October 2010<sup>9</sup>.

Following the amendment of the 2010 work plan on 22 December 2010, a number of additional projects and one joint action were funded from the reserve lists which had been drawn up.

#### *4.1.1. Project grants*

In all, 115 proposals were submitted in response to the call for proposals for projects and 17 proposals were recommended for funding. Three proposals were placed on a reserve list. In the end, 20 projects were funded for a total of EUR 16 225 324. Their distribution among the programme objectives was as follows:

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<sup>5</sup> OJ C 313, 22.12.2009, p. 16. .

<sup>6</sup> [http://ec.europa.eu/health/programme/application/index\\_en.htm](http://ec.europa.eu/health/programme/application/index_en.htm).

<sup>7</sup> <http://ec.europa.eu/eahc>.

<sup>8</sup> OJ S 28, 9.02. 2008 and [http://ec.europa.eu/phea/phea\\_ami/](http://ec.europa.eu/phea/phea_ami/).

<sup>9</sup> [http://ec.europa.eu/health/programme/docs/award\\_decision2010.pdf](http://ec.europa.eu/health/programme/docs/award_decision2010.pdf).

- Health security: EUR 3 534 667 (5 projects)
- Health promotion, including the reduction of health inequalities: EUR 12 083 314 (14 projects)
- Health information: EUR 607 343 (1 project).

A table in Annex 1 lists the projects funded. The EAHC database, which is publicly accessible on the Internet<sup>10</sup>, provides abstracts of these.

#### 4.1.2. *Conference grants*

Apart from 2 Presidency conferences, 27 proposals were submitted in response to the call for proposals for conferences. Of these, 8 were recommended for funding and 2 were put on the reserve list. In the end, 11 conferences were funded for a total of EUR 899 339: two Presidency conferences, one under the Belgian Presidency and one under the Hungarian Presidency, and 9 conferences under the call for proposals. The distribution among the programme objectives was as follows:

- Health promotion: EUR 456 369 (4 conferences)
- Health information: EUR 442 970 (5 conferences).

The issues addressed in the conferences which were funded included cancer, child health, HIV, injury prevention and patients' rights. A table in Annex 2 lists the conferences funded. The EAHC database provides abstracts of these.

The conference organised by the Belgian Presidency focused on chronic diseases, and the conference organised by the Hungarian Presidency focused on prevention.

#### 4.1.3. *Operating grants*

A total of 25 proposals were submitted in response to the call for proposals for operating grants. Of these, 6 were renewal applications. In the end, 9 proposals — 5 new proposals and 4 renewal proposals — were funded for a total of EUR 2 322 774. They all came under the objective 'Health promotion'.

New operating grants were awarded to: Assistance publique des hôpitaux de Paris (rare diseases networks: porphyria); Assistance publique des hôpitaux de Paris (rare diseases networks: Wilson's disease); the Association of Schools of Public Health in the European Region; European Alcohol Policy Alliance and Stichting Health Action International. Renewals were awarded to: Alzheimer Europe; the European Organisation for Rare Diseases; European Public Health Alliance and Stichting Aids Fonds — Soa Aids Nederland.

Annex 3 contains a table listing the operating grants which received funding. The EAHC database provides abstracts of these.

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<sup>10</sup> <http://ec.europa.eu/eahc/projects/database.html>.

#### 4.1.4. Joint actions

2010 was a record year for joint actions, with 10 being funded for a total of EUR 15 865 996. They were distributed among the programme objectives as follows:

- Health security: EUR 3 600 573 (2 joint actions)
- Health promotion: EUR 10 626 371 (6 joint actions)
- Health information: EUR 1 639 052 (2 joint actions).

These joint actions, with the participation of a large number of Member States and third countries taking part in the Programme, focused on: Alzheimer's; eHealth; European Health and Life Expectancy Information System; cancer; health inequalities; surveillance of congenital anomalies; injury monitoring; organ donation and transplantation; rare diseases and orphan medicines; and the detection of highly infectious pathogens.

All the joint actions selected for funding were signed between 30 December 2010 and 1 August 2011.

Annex 4 contains a table listing the joint actions which were funded. The EAHC database provides abstracts of these.

#### 4.2. Direct grant agreements with international organisations

In all, 5 direct grant agreements were signed for a total of EUR 2 600 000 with the following international organisations:

- Council of Europe – cooperation on substances of human origin;
- European Observatory on Health Policies and Health Systems – Commission membership fee to the Observatory;
- International Agency for Research on Cancer – data, information and knowledge on cancer;
- Organisation for Economic Cooperation and Development – cooperation on key areas of the OECD Health Committee;
- World Health Organization – joint data gathering on the alcohol situation and policies in the Member States.

A table in Annex 5 lists the direct grant agreements which were funded.

#### 4.3. Procurement (service contracts)

Altogether, 79 service contracts were signed for a total of EUR 8 231 411. They were distributed among programme objectives and IT applications in support of programme implementation as follows:



<b>Programme objective</b>	<b>Tenders / contracts SANCO</b>	<b>Tenders / contracts EAHC</b>	<b>Total</b>
Health Security	<b>596.703</b>	<b>763.901</b>	<b>1.360.604</b>
Health Promotion	<b>1.521.438</b>	<b>1.312.175</b>	<b>2.833.613</b>
Health Information	<b>1.792.749</b>	<b>629.095</b>	<b>2.421.844</b>
Information technologies	<b>1.615.350</b>	<b>0</b>	<b>1.615.350</b>
<b>Total</b>	<b>5.526.240</b>	<b>2.705.171</b>	<b>8.231.411</b>

These service contracts covered needs as specified in the work plan for 2010: evaluation and monitoring; studies; provision of advice, data and information on health; scientific and technical assistance; communication and awareness-raising activities and IT applications in support of policy design and implementation.

A table in Annex 6 lists the service contracts which were funded.

#### **4.4. Scientific Committees**

The objective of Scientific Committees is to provide the Commission with high quality, independent advice on health risks. Funding from the Health Programme supports the functioning of Scientific Committees in accordance with Commission Decision 2008/721/EC<sup>11</sup>. Special indemnities are paid to experts for taking part in meetings and their work on scientific opinions.

A sum of EUR 270 000 was earmarked for this in 2010.

#### **4.5. Other**

Based on an administrative agreement with the Joint Research Centre (JRC), a sum of EUR 500 000 went towards work on the Health Emergency and Diseases Information System (Hedis) and the Medical Intelligence System (Medisys).

### **5. IMPLEMENTATION OF THE OPERATIONAL BUDGET BY PROGRAMME OBJECTIVES**

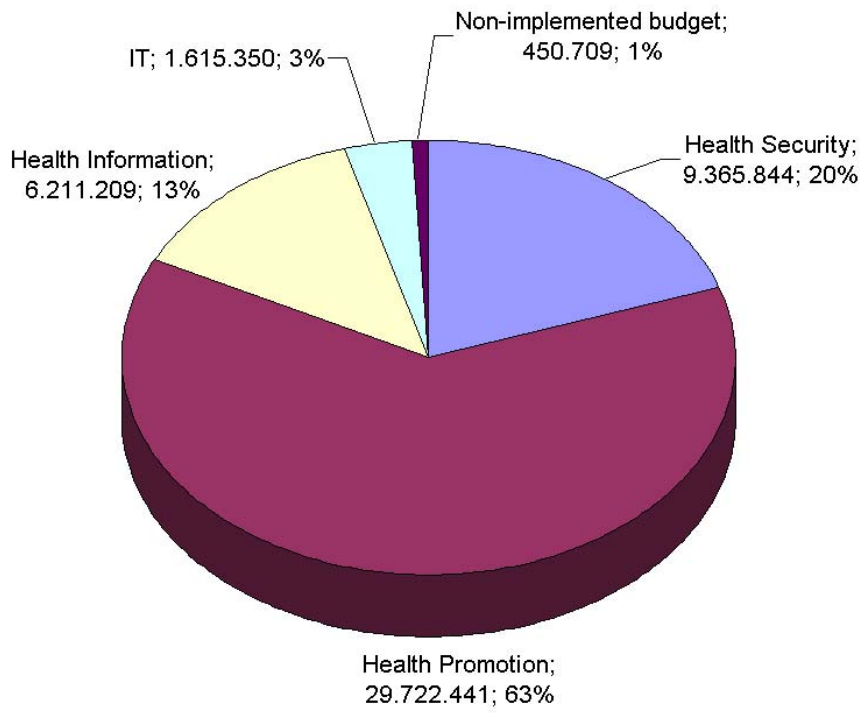
#### **5.1. Global budget consumption in 2010**

The graph below illustrates the consumption of the budget in 2010 according to the three programme objectives: Health Security, Health Promotion and Health Information. It also covers IT spending and shows the unused budget.

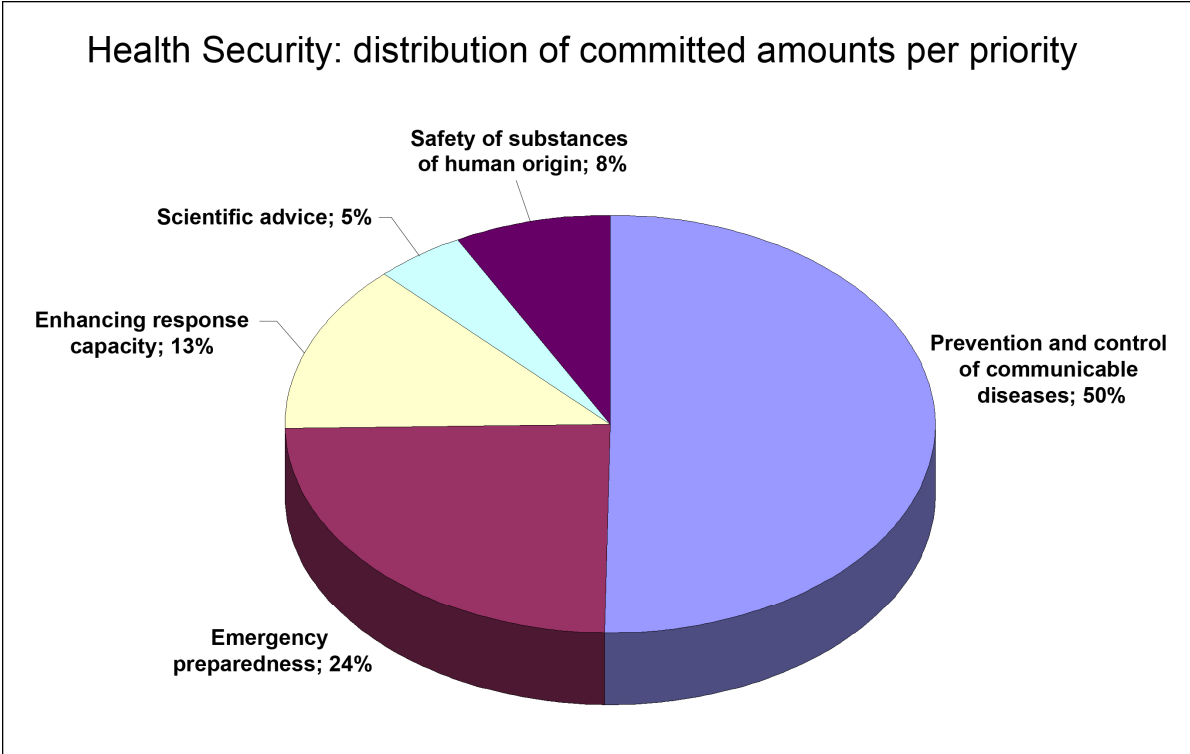
In the following sections the graphs and tables give details of budget consumption according to the three programme objectives.

<sup>11</sup> OJ L 241, 10.9.2008, p. 21.

### Implementation of 2010 Health Programme budget per main objective

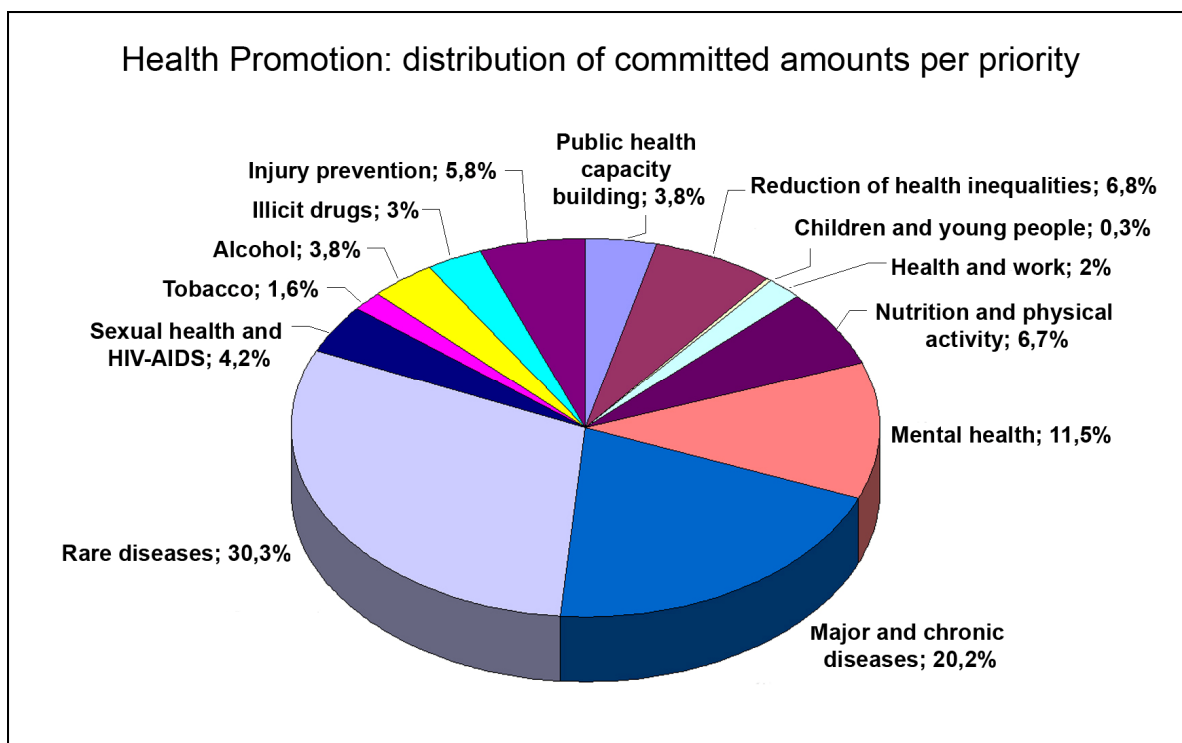


5.2. Health security — EUR 9.365.844 – 20 % of the operational budget in 2010



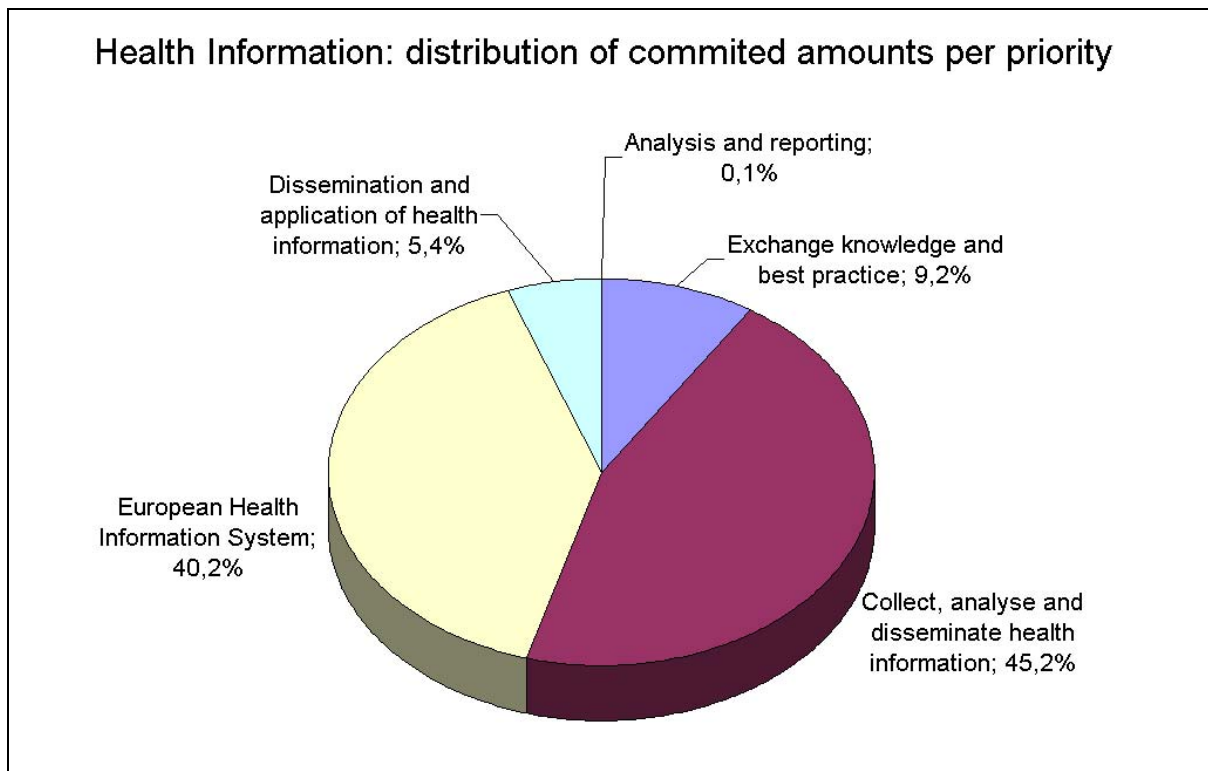
<b>HEALTH SECURITY</b>	
Prevention and control of communicable diseases	4.712.698.00
Emergency preparedness	2.276.904.00
Enhancing response capacity	1.226.491.00
Scientific advice	429.383.00
Safety of substances of human origin	720.368.00
<b>TOTAL</b>	<b>9.365.844.00</b>
<b>Health Programme budget in 2010</b>	<b>47.365.553.00</b>

**5.3. Health promotion EUR 29.722.441 – 63 % of the operational budget in 2010**



<b>HEALTH PROMOTION</b>	
Public health capacity building	120.266.00
Reduction of health inequalities	2.012.743.00
Children and young people	98.512.00
Health and work	587.575.00
Nutrition and physical activity	1.993.418.00
Mental health	3.420.534.00
Major and chronic diseases	6.017.458.00
Rare diseases	9.005.328.00
Sexual health and HIV-AIDS	1.239.960.00
Tobacco	489.432.00
Alcohol	1.124.441.00
Illicit drugs	900.000.00
Injury prevention	1.712.774.00
<b>TOTAL</b>	<b>29.722.441.00</b>
<b>Health Programme budget in 2010</b>	
	<b>47.365.553.00</b>

**5.4. Health information — EUR 6.211.209 – 13 % of the operational budget in 2010**



<b>HEALTH INFORMATION</b>	
Exchange knowledge and best practice	568.840.00
Collect, analyse and disseminate health information	2.810.425.00
European Health Information System	2.494.357.00
Dissemination and application of health information	332.787.00
Analysis and reporting	4.800.00
<b>TOTAL</b>	<b>6.211.209.00</b>
<b>Health Programme budget in 2010</b>	<b>47.365.553.00</b>

**ANNEX 1 –Project grants (signed and committed)**

<b>HEALTH SECURITY</b>		
<b>3.2.1.1. Prevention and control of communicable diseases</b>		
<b>Acronym</b>	<b>Title</b>	<b>Amount</b>
HProImmune	Promotion of immunisation for Health Professionals in Europe	603 900
EU-HEP-SCREEN	Screening for Hepatitis B and C among migrants in the European Union+	792 816
<b>3.2.1.2. Emergency preparedness</b>		
FLURESP	Cost-effectiveness assessment of European influenza human pandemic alert and response strategies	699 220
PHASE	Public Health Adaptation Strategies to Extreme weather events	744 038
<b>3.2.1.3. Enhancing response capacity</b>		
TUBIDU	Empowering Civil society & Public Health system to fight tuberculosis Epidemic Among Vulnerable groups	694 693
		<b>Total</b>
		<b>3 534 667</b>
<b>HEALTH PROMOTION</b>		
<b>3.3.2. Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants</b>		
<b>3.3.2.2. Health and work</b>		
PHWork	Promoting Healthy Work for Employees with Chronic Illness — Public Health & Work	587 575
<b>3.3.2.3. Nutrition and physical activity</b>		
MOVE	European Physical Activity Promotion Forum	676 020
SALUS	A European network to follow up the reformulation of food. Identification & Exchange of good practices for SMEs & Consumers	834 688
<b>3.3.2.5. Mental health</b>		
PRO YOUTH	Promotion of young people’s mental health through technology-enhanced personalisation of care	930 378

EUROGENAS	European regions enforcing actions against suicide	750 000
PREDI-NU	Preventing Depression and Improving Awareness through Networking in the EU	1 099 032
<b>3.3.2.7 Prevention of major and chronic diseases and rare diseases</b>		
<b>Major and chronic diseases</b>		
EuroHeart II	European Heart Health Strategy II	1 149 364
<b>Rare diseases</b>		
E-IMD	European registry and network for Intoxication type Metabolic Diseases	779 746
EURO-WABB	An EU rare diseases registry for Wolfram syndrome, Alstrom syndrome & Bardet Biedl syndrome	900 000
EPIRARE	Building Consensus and Synergies for the EU Registration of Rare Disease patients	661 402
EUReMS	European Register for Multiple Sclerosis — A tool to assess, compare and enhance the status of people with MS throughout the EU	987 198
<b>3.3.2.4. Sexual health and HIV-AIDS</b>		
SIALON II	Capacity building in combining targeted prevention with meaningful HIV surveillance among MSM	989 960
<b>3.3.2.6. Addiction prevention</b>		
<b>Illicit drugs</b>		
NEW Implementation	Nightlife Empowerment and Well-being Implementation project	900 000
<b>3.3.2.9. Injury prevention</b>		
TACTICS	Tools to address childhood Trauma, Injury and Children's Safety	837 951
		<b>Total</b>
		<b>12 083 314</b>
<b>HEALTH INFORMATION</b>		
<b>3.4.2. Collect, analyse and disseminate health information</b>		
EURO-PERISTAT	Promoting better health for mothers and babies through routine European monitoring of perinatal health and health care	607 343
		<b>Total</b>
		<b>607 343</b>
<b>TOTAL PROJECTS</b>		<b>16 225 324</b>

**ANNEX 2 — Conference grants (signed and committed)**

<b>HEALTH PROMOTION</b>		
<b>3.3.1. Foster healthier ways of life and reduce health inequalities</b>		
<b>3.3.1.3. Reduction of health inequalities</b>		
<b>Acronym</b>	<b>Title</b>	<b>Amount</b>
Bridges for CHILD	CHILD-Combating Health Inequalities in Life-threatening diseases	96 500
<b>3.3.2. Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants</b>		
<b>3.3.2.1. Children and young people</b>		
YEP — Youth Cancer Conference	Cancer Education and Awareness for all Young People	49 869
<b>3.3.2.6. Addiction prevention — Tobacco</b>		
ECToH2011	European Conference on Tobacco or Health 2011	50 000
<b>3.3.2.9. Injury prevention</b>		
InjuryConf-2011	Tackling the challenges of implementing good practices in safety promotion — EUROSAFE	85 000
<b>Presidency conferences</b>		
Chronic diseases — BE	Innovative approaches for chronic illness in Public health and healthcare systems	100 000
PREVACT — HU	Action for Prevention	75 000
<b>Total</b>		<b>456 369</b>
<b>HEALTH INFORMATION</b>		
<b>3.4.1. Exchange knowledge and best practice</b>		
AIDS 2011	HIV in Europe — unity and diversity	100 000
CCC	Continuing Cancer Care	20 845
Copenhagen 2011	Fourth Joint European Public Health Conference	150 000
EU Patients and Rights Day	5th European Patients and Rights Day: Putting Citizens at the Centre of EU Health Policy	75 125
FEMP2011	Men, Men, Sex and HIV 2011 — The Future of European MSM Prevention	100 000



	<b>Total</b>	<b>442 970</b>
<b>TOTAL CONFERENCES</b>		<b>899 339</b>

**ANNEX 3 –Operating grants (signed and committed)**

<b>HEALTH PROMOTION</b>		
<b>3.3.1. Foster healthier ways of life and reduce health inequalities</b>		
<b>3.3.1.2. Public health capacity building</b>		
<b>Acronym</b>	<b>Title</b>	<b>Amount</b>
EPHA	European Public Health Alliance — renewal OG 2009	550 000
HAI	Stichting Health Action International	218 000
ASPHER	The Association of Schools of Public Health in the European Region	160 000
<b>3.3.2.7. Prevention of major and chronic diseases and rare diseases</b>		
<b>Major and chronic diseases</b>		
AE	Alzheimer Europe — renewal OG 2009	200 000
<b>Rare diseases</b>		
AP-HP WILSON	Rare diseases network — Wilson’s disease; Assistance publique des hôpitaux de Paris	168 160
EURORDIS	European Organisation for Rare Diseases — renewal OG 2009	580 000
AP-HP Porphyria	Rare diseases network — Porphyria; Assistance publique des hôpitaux de Paris	99 250
<b>3.3.2.4. Sexual health and HIV-AIDS</b>		
SANL	Stichting Aids Fonds ~ Soa Aids Nederland — renewal OG 2009	250 000
<b>3.3.2.6. Addiction prevention</b>		
<b>Alcohol</b>		
EUROCARE	European Alcohol Policy Alliance	99 000
<b>TOTAL OPERATING GRANTS</b>		<b>2 322 774</b>

**ANNEX 4 –Joint actions (signed and committed)**

<b>HEALTH SECURITY</b>		
<b>3.2. Improve citizen's health security</b>		
<b>3.2.2. Improve citizen's safety</b>		
<b>Acronym</b>	<b>Title</b>	<b>Amount</b>
MODE	Mutual Organ Donation and Transplantation Exchanges	293 060
<b>3.2.1.1. Prevention and control of communicable diseases</b>		
QUANDHIP	Quality Assurance Exercises and Networking on the Detection of Highly Infectious Pathogens	3 315 982
<b>Total</b>		<b>3 600 573</b>
<b>HEALTH PROMOTION</b>		
<b>3.3.1. Foster healthier ways of life and reduce health inequalities</b>		
<b>3.3.1.3. Reduction of health inequalities</b>		
EQUITY ACTION	Joint Action on Health Inequalities	1 700 000
<b>3.3.2.7 Prevention of major and chronic diseases and rare diseases</b>		
<b>Major and chronic diseases</b>		
EPAAC	European Partnership for Action Against Cancer	3 212 278
ALCOVE	ALzheimer COoperative Valuation in Europe	638 163
<b>Rare diseases</b>		
EUROCAT	European Surveillance of Congenital Anomalies	1 106 302
ORPHANET	European portal of rare diseases and orphan drugs	3 295 857
<b>3.3.2.9. Injury prevention</b>		
JAMIE	Joint Action on Monitoring Injuries in Europe	790 773
<b>Total</b>		<b>10 626 371</b>
<b>HEALTH INFORMATION</b>		
<b>3.4.2. Collect, analyse and disseminate health information</b>		
EHLEIS	European Health and Life Expectancy Information System	643 259

<b>3.4.2.1. European Health Information System</b>		
JA- EHGov	Joint Action eHealth Governance Initiative	1 001 970
		<b>Total</b>
		<b>1 639 052</b>
<b>TOTAL JOINT ACTIONS</b>		<b>15 865 996</b>

**ANNEX 5 –Direct grant agreements with international organisations (signed and committed)**

<b>HEALTH SECURITY</b>		
<b>3.2.2.3. Safety of substances of human origin</b>		
<b>Organisation</b>	<b>Title</b>	<b>Amount</b>
Council of Europe	Cooperation with the CoE on specific matters related to human substances	100 000
<b>Total</b>		<b>100 000</b>
<b>HEALTH PROMOTION</b>		
<b>3.3.2. Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants</b>		
<b>3.3.2.7. Prevention of major and chronic diseases and rare diseases</b>		
<b>Major and chronic diseases</b>		
IARC	Data, information and knowledge on cancer	800 000
<b>3.3.2.6. Addiction prevention</b>		
<b>Alcohol</b>		
WHO	Cooperation between the EC and the WHO Regional Office for Europe on further development of joint data gathering and common knowledge base relating to the alcohol situation and alcohol policies in Member States	600 000
<b>Total</b>		<b>1 400 000</b>
<b>HEALTH INFORMATION</b>		
<b>3.4.2. Collect, analyse and disseminate health information</b>		
OECD	Cooperation on key areas of work of the Health Committee of the OECD	600 000
Observatory	European Observatory on Health Policies and Health Systems — Membership Fee	500 000
<b>Total</b>		<b>1 100 000</b>
<b>TOTAL DIRECT GRANTS</b>		<b>2 600 000</b>

**ANNEX 6 — List of service contracts — procurement (signed and committed)**

<b>HEALTH SECURITY</b>	
<b>3.2.1.2. Emergency preparedness</b>	
<b>Title</b>	<b>Amount</b>
Organisation of training of staff and conducting exercises at European level as a fundamental element of preparedness — HPA	333 646
<b>3.2.1.3. Enhancing response capacity</b>	
Developing evidence-based, scientifically validated public health counter-measures	243 610
Establishing risk assessment networks of toxic industrial chemicals and radioactive threats and risks	249 534
Specific contract lab exercises	38 654
<b>3.2.2.2. Scientific advice</b>	
Literature search — publications health and environment	12 372
Editorial guidelines layout opinions	8 847
Editorial work on rules of procedure for scientific committees	1 577
Investigate the scientific basis for the term ‘nanomaterials’	7 171
Literature search for sources on mixture toxicity	8 306
Editorial support for the SCENIHR opinion on nanomaterials	2 763
Editorial support — food-imitating products	2 763
Editorial support for the SCENIHR opinion on weight of evidence	2 154
Editorial work on SCENIHR opinion — artificial light	3 381
Editorial support for opinion on TTC	2 000
Editorial support for opinion on fluoridation	2 309
Editorial support for opinion on risk assessment	1 536
Web-based text – opinion of non-food committee	17 645
Literature search — nitrosamine	11 439
Literature search — nitrosamine	14 023
Data on nano effects	12 310
Literature search — nanomaterials in medical devices	11 137
Complementary commitment for Media Consulta 2009	13 500

Literature search — health effects of swimming pools	4 835
Literature search — health effects of aircraft cabins	4 835
CD Rom and newsletter	8 177
Synthetic biology workshop	6 303
<b>3.2.2.3. Safety of substances of human origin</b>	
Training health professionals	270 757
Banner organ donation	18 756
Workshop 2011 — Ligaris on organ donation	23 000
Workshop 2011 — Ligaris on organ donation	23 264
<b>Total</b>	<b>1 360 604</b>
<b>HEALTH PROMOTION</b>	
<b>3.3.1. Foster healthier ways of life and reduce health inequalities</b>	
<b>3.3.1.2. Public health capacity building</b>	
Expertise, advice and production of scientific data	58 796
Use of existing framework contract with the EPHA for the Health Forum	134 106
<b>3.3.1.3. Reduction of health inequalities</b>	
Preparation of a report on health inequalities in the EU	249 948
<b>3.3.2. Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants</b>	
<b>3.3.2.1. Children and young people</b>	
Conference on Youth Health Initiative 2010 — Food for Mind — Mind for Health — 22-24/10/2010 — Torino	48 643
<b>3.3.2.3. Nutrition and physical activity</b>	
Sharing of know-how on Community based initiatives to reduce overweight and obesity	74 294
Belgian Presidency Conference on Nutrition 8-9.12.2010 — Ligaris	99 815
Use of existing framework contract with EVENT TECH for nutrition and physical activity	233 601
<b>3.3.2.5. Mental health</b>	
Study, in three parts, assessing mental health systems, situations and outcomes in Member States	299 507
Berlin Conference on mental health — 3-4/3/2011	99 300
Scientific contract for conference in Berlin on mental health	72 594
Conference in Lisbon, expert advice, production of scientific documentation	69 729

Organisation of Lisbon conference	99 994
<b>3.3.2.7 Prevention of major and chronic diseases and rare diseases</b>	
<b>Rare diseases</b>	
Orphan medicines	181 295
Orphan medicines — Creation of a mechanism for the exchange of knowledge between Member States and European authorities on the scientific assessment of the clinical added value for orphan medicines	247 118
<b>3.3.2.6. Addiction prevention</b>	
<b>Tobacco</b>	
Support for the implementation of EU policy on tobacco control, in particular in raising awareness of health risks	5 000
2 studies on cigarette packaging	369 000
Availability, accessibility, usage and regulatory environment for new tobacco and nicotine products	65 432
<b>Alcohol</b>	
EU-wide overview of the market and regulation regarding types of alcoholic beverages with particular appeal to minors	99 979
Studies on the affordability of alcoholic beverages	94 602
European Alcohol & Health forum — scientific work first semester	89 392
European Alcohol & Health forum	115 568
Assessing quality of 2010 monitoring activities by members of EAHF	25 900
<b>Total</b>	<b>2 833 613</b>
<b>HEALTH INFORMATION</b>	
<b>3.4.1. Exchange of knowledge and best practice</b>	
Participation in the 20th IUHPE world conference on health, Geneva	125 870
<b>3.4.2. Collect, analyse and disseminate health information</b>	
Evaluation of the impact of Structural Funds investments on health gains	467 570
5 Eurobarometers (electromagnetic fields, rare diseases, mental health, patients' rights, tobacco)	1 098 354
<b>3.4.2.1. European Health Information System</b>	
Mutual Recognition of Medical Prescriptions: State of Play	161 525
Study in support of the identification and development of a non-exhaustive list of elements to be included in prescriptions	110 938



Level 1 commitment for WIKI project	120 000
<b>3.4.2.2. Dissemination and application of health information</b>	
Provisional journalist prize	25 000
Publication Journal: Promotion of the portal on the Agenda of Journalists of Italy	1 600
Publication Journal: Promotion of the portal on the Agenda of Journalists of BE NL	1 250
Publication Journal: Promotion of the portal on the Agenda of Journalists of BE FR	1 250
Video and DVD 'Health in all policies'	57 970
Schema directeur comm	36 318
Conference on global health Banner	17 674
Third European Public Health Conference	26 764
European Health forum Gastein 6 – 9 Oct 2010	164 961
<b>3.4.3. Analysis and reporting</b>	
Impact of youth health on EU economy	4 800
<b>Total</b>	<b>2 421 844</b>
<b>IT applications in support of programme implementation</b>	
Service providers	1 615 350
<b>Total</b>	<b>1 615 350</b>
<b>TOTAL PROCUREMENT (SERVICE CONTRACTS)</b>	<b>8 231 411</b>

Appendix Annual Report 2010  
Key results of actions funded under the Health Programme

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**The following projects produced key results in 2010 and represent all strands.**

## **1. HEALTH SECURITY**

### **1.1. European Union Standards and Training for the Inspection of Tissue Establishments — project**

<http://www.sohovs.org/soho/mod/resource/view.php?id=43>

Programme Objective: Health Security. Area: Substances of human origin.

The project was funded under the first Public Health Programme 2003-2008, under the 2005 work plan, with total cofunding from the EU of **€1.226.827**. It started in December 2006 and ended in December 2009.

#### **Background information**

The European Union Standards and Training for the Inspection of Tissue Establishments project (EUSTITE) is an example of EU-wide cooperation in the area of public health directly related to EU legislation, and specifically Directive 2004/23/EC on substances of human origin and its associated implementing directives. To ensure the quality and safety of blood, tissues and cells, all Member States are obliged to comply with the standards laid down in EU legislation.

The objective of the project was to review the standards and methods applied by the national competent authorities in the inspection and authorisation of tissue procurement and tissue establishments within the EU, by bringing together a wide consortium of 11 organisations from 10 EU Member States and the World Health Organization, to analyse their advantages and disadvantages.

#### **Main achievements**

The project produced significant results, based on an initial analysis which showed that national inspection systems are at very different stages of development and highlighted the considerable disparities between Member States in the implementation of common legislation.

While recognising these differences in approach and acknowledging their advantages and disadvantages in national practice, the project contributed to the need for guidelines and training on how to conduct inspections in order to ensure a common approach. This approach was strengthened as a result of the following deliverables and guides made available in 2010.

- Guidelines for the inspection of tissue and cells procurement establishments.
- Guidelines for national competent authorities.
- EUSTITE inspector training programme for tissue and cells inspectors.
- Implementation guides for the tissues and cells directives.
- International tissue and cell distribution.
- Common reporting system for serious adverse events and reactions.

## **1.2. Increasing Public Health Safety for the External Borders of an Enlarged European Union — project**

<http://www.iom.int/jahia/webdav/shared/shared/mainsite/activities/health/PHBLM-Project-Summary-Brief-011209.pdf>

Programme Objective: Health Security. Area: Cross-Border Health Threats.

The project was funded under the first Public Health Programme 2003-2008, under the 2006 work plan, with total funding from the EU of **€471.076**. The project started in June 2007 and was concluded in June 2010.

### **Background information**

The EU faces increased and more complex migration flows. The inherent challenges have been amplified through the enlargement of the Schengen zone. Health systems and border services need to be prepared to address general public health concerns. They need also to respond to the health needs and rights of migrants, while at the same time safeguarding their own staff's occupational health.

The project 'Increasing Public Health Safety for the External Borders of an Enlarged European Union' (PHBLM) first assessed the magnitude and nature of current public health threats and hazards in border regions, and identified the needs for improvement and structural change. The safety and healthcare of border management staff and migrants themselves were at the heart of the recommendations of the project, which further developed a comprehensive public health and border management module.

### **Main achievements**

- A protocol for assessing public health conditions and related health hazards.
- Guidelines for public health aspects of border management and detention procedures.
- Recommendations for structural changes in border management and controls involving the movement of persons, with a view to improving public health risk assessment and management in the new Schengen II covering the Eastern external borders of the EU.
- Training materials on aspects of migration health in border management.

## **1.3. European Network for Highly Infectious Diseases — project**

Programme Objective: Health Security. Area: Cross-Border Health Threats.

The project was funded under the first Public Health Programme 2003-2008, under the 2006 work plan, with total co-funding from the EU of **€361.925.20**. The project started in July 2007 and ended in December 2010.

### **Background information**

The occurrence of highly infectious diseases represents a serious cross-border health threat with a possible high impact on health and the economy. Experience has highlighted the critical importance of the hospital setting: almost all the patients requiring isolation were

initially admitted to a general hospital without adequate isolation facilities and later transferred to a high-level isolation unit. The project revealed a high level of heterogeneity as well as weaknesses in terms of recognition, public health response and diagnostic and clinical management. Nevertheless, the proper application of infection-control measures greatly reduces the risk of transmission of contagious diseases in hospital settings.

The objective of the European Network for Highly Infectious Diseases (EURONHID) was to create a network of national centres, identified within the participating EU Member States, as high-level isolation units or reference hospitals involved in the care of patients affected by highly infectious diseases<sup>12</sup>.

## **Main achievements**

The project comprised partners from 16 Member States, bringing together a significant group of European clinicians experienced in the management of highly infectious diseases and high-level isolation units. It contributed to initiating and enhancing collaboration, communication and exchange of information among the highly specialised staff of the participating centres and establishing a wide reference network.

The major outputs from this project were:

- Assessment of hospitals' preparedness and assessment of current capabilities, based on a commonly agreed checklist for data collection and data analysis.
- A manual for the safe and appropriate management of patients suffering from highly infectious diseases in isolation facilities.
- Consensus proposals for affordable and sustainable improvements to ensure bio safety and bio security.

## **2. HEALTH PROMOTION**

### **2.1. EuroHeart — project**

<http://www.ehnheart.org/euroheart/about.html>

Programme Objective: Health Promotion. Area: Cardiovascular disease.

The project was funded under the 2006 work plan of the first Public Health Programme 2003-2008, with total co-funding from the EU of **€1.023.993**. The project started in April 2007 and finished in March 2010.

## **Background information**

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<sup>12</sup> HIDs list: Viral Haemorrhagic Fever (marburgvirus, ebolavirus, Crimean-Congo haemorrhagic fever virus, and Lassa virus), and South American haemorrhagic fever (Junin, Machupo, Sabia, and Guanarito) viruses; SARS Co-V; multi-drug resistant *M tuberculosis* (known or suspected infection); emerging highly pathogenic strains of influenza virus; smallpox and other orthopox infections (eg, monkey pox, camel pox, but excluding vaccinia virus); other emerging, highly pathogenic, agents, including agents of deliberate release (e.g. pneumonic plague).

Cardiovascular disease (CVD) remains the leading cause of mortality in the European Union, accounting for over 2 million deaths every year. Building on developments in the area of tobacco, alcohol and nutrition/physical activity, the European Heart Network and the European Society of Cardiology agreed to pool their expertise in a joint project called EuroHeart. The objective of the project was to address the significant problem of CVD in Europe and to determine specific areas of intervention aimed at preventing avoidable deaths and disability. It involved partners in 21 EU countries as well as Iceland, Norway and Turkey.

### **Main achievements**

- The European Heart Health Charter (<http://www.ehnheart.org/euroheart/european-health-charter.html>) was launched in 30 countries and translated into 24 languages, mobilising broad support for CVD prevention and strengthening cross-sector cooperation.
- The partners carried out studies to obtain comprehensive and comparable information on policies and measures with respect to CVD prevention through mapping and analysing national plans, policies and measures across Europe. (<http://www.ehnheart.org/euroheart/publications-wp-5-wp-6/publication/119-cvd-prevention-in-europe-the-unfinished-agenda.html>)
- Significant efforts were deployed to improve the awareness, diagnosis and treatment of CVD among women. A report ‘Red Alert for Women’s Hearts’ (<http://www.ehnheart.org/euroheart/publications-wp-5-wp-6/publication/117-red-alert-on-womens-hearts.html>) shows that heart disease and stroke are the leading causes of female mortality worldwide. However, the risk for women is largely underestimated by the general population, and often by the medical profession itself, because women usually suffer from CVD 10 years later in their life than men do.
- The ‘Heartscore’ was rolled out throughout Europe ([www.HeartScore.org](http://www.HeartScore.org)). This is a very simple tool which is used to define an individual’s risk of CVD.

The results of this project were presented to Members of the European Parliament, at the April 2010 meeting of the MEP Heart Group in Brussels.

### **2.2. Europlan — project**

<http://www.europlanproject.eu/Home.aspx>

Programme Objective: Health Promotion. Area: Rare Diseases.

The project was funded under the 2007 work plan of the first Public Health Programme 2003-2008, with total cofunding from the EU of **€640.000**. It started in April 2008 and ended in March 2011.

### **Background information**

The main goal of the Europlan project was to provide national health authorities in the Member States with supporting tools for the development and implementation of National

Plans and Strategies for rare diseases in line with the Council Recommendation on Rare Diseases<sup>13</sup>.

The main objectives of the project were:

- to stimulate discussion and reach a consensus on the importance of national plans for structuring all relevant actions in the field of rare diseases;
- to promote the development of national plans or strategies for rare diseases within EU Member States;
- to provide an instrument to support countries in designing national plans or strategies for rare diseases in accordance with the Council Recommendation<sup>13</sup>.

### **Main achievements**

- Organisation of 15 national conferences, throughout the EU, bringing together national stakeholders, patient representatives, public health authorities, clinicians and other health professionals, as well as researchers and other experts to promote concerted action in the area of rare diseases. The conferences raised awareness of rare diseases as a public health issue with a European dimension, and contributed to the creation of momentum to launch new activities or consolidate existing activities, initiatives or policies. They also enabled stakeholders to make full use of the tools developed by the Europlan project: a guide with recommendations for the definition and implementation of national plans and strategies for rare diseases; a report on current practices and relevant cases in the field of rare diseases; and a recommended set of indicators for monitoring and evaluating the implementation of national initiatives.

More information on the 15 conferences can be found at: <http://www.europlanproject.eu/ContenutoPage/104/en-GB/project/national-conferences-to-discuss-europlan-supporting-tool-locations.aspx>.

- A report on the state of the art of rare disease activities in the EU27 (<http://www.eucerd.eu/upload/file/Reports/2011ReportStateofArtRDActivities.pdf>) was coproduced by the Europlan project and the Joint Action on the scientific secretariat of the rare disease taskforce (funded under the 2008 annual work plan with total EU cofinancing of € 749.162). The report lists all measures put in place by all EU Member States, whether through a fully-fledged national plan for rare diseases or through sets of coordinated activities in all areas, including basic and clinical research, health services development and practice, public health policy and patient support.

### **2.3. European Organisation for Rare Diseases (EURORDIS) — operating grant**

<http://www.eurordis.org/>

Programme Objective: Health Promotion. Area: Rare Diseases.

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<sup>13</sup> European Council Recommendation on an action in the field of Rare Diseases (2009/C 151/02).



The operating grant, funded under the 2009 work plan of the second Health Programme 2008-2013, cofinanced the operation of EURORDIS during 2010 with a total EU contribution of **€733.000**. Duration of the grant: January — December 2010.

### **Background information**

The European Organisation for Rare Diseases (EURORDIS) is a non-governmental patient-driven alliance of organisations representing more than 492 rare disease patient organisations in over 46 countries. The mission of EURORDIS is to build a strong pan-European community of patient organisations and people living with rare diseases, to be their voice at European level, and — directly or indirectly — to mitigate the impact of rare diseases on their lives.

### **Main achievements**

The European Conference on Rare Diseases, held in Krakow in May 2010, was funded from the operating grant awarded to EURORDIS. It brought together more than 600 participants from 43 different countries, including the US, Canada, Israel, Tunisia and Argentina. The conference focused on four fundamental strategic issues for the European rare diseases community:

- developing and implementing national plans for rare diseases;
- establishing national centres of expertise and European reference networks;
- supporting research and treatments;
- disseminating information and developing specialised services.

These areas need better policies in order to meet the objectives of the Council recommendation<sup>14</sup> and build momentum for national plans and strategies to be implemented across Europe.

More information can be found at <http://www.eurordis.org/content/european-conference-rare-diseases-%E2%80%93-ecrd-2010-krakow>.

### **2.4. Alzheimer Europe — operating grant**

<http://www.alzheimer-europe.org/>

Programme Objective: Health Promotion. Area: rare diseases.

The operating grant, which was funded under the 2009 work plan of the second Health Programme 2008-2013, cofinanced the operation of Alzheimer Europe during 2010 with a total EU contribution of **€250.000**. Duration of the grant: January — December 2010.

### **Background information**

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<sup>14</sup> European Council Recommendation on an action in the field of Rare Diseases (2009/C 151/02) .

As the European organisation representing the interests of people with dementia and their carers, the key aim of Alzheimer Europe is to make dementia a European priority. In its campaign, Alzheimer Europe used the results of European projects, such as the 'European collaboration on dementia — EuroCoDe' project or surveys of carers of people with dementia in different European countries. Alzheimer Europe currently has 35 member associations from 31 countries across Europe.

### **Main achievements**

- The operating grant focused on the collection of national legislation and the exchange of good practice in the care and treatment of people with Alzheimer's. Activities focused on the promotion of mental health and the fight against stigma.
- The organisation also focused on the mental health of older people in the European Pact for mental health and well-being and its priorities of promoting the active inclusion of people with mental health problems in society and taking measures to support carers.
- Alzheimer Europe established a network to help carers deal with ethical issues arising in the care of people with dementia, identify a way of promoting the active participation of people with dementia and carry out an inventory of laws on guardianship and proxy decision-making in the Member States of the European Union.
- Alzheimer Europe also ensured that information on best practice in the care of Alzheimer's sufferers is available throughout Europe and beyond.

## **3. HEALTH INFORMATION**

### **3.1. EU Network on Health Technology Assessment — Joint action**

<http://www.eunetha.eu/>

Programme Objective: Health information. Area: Health Technology Assessment.

The Joint Action was funded under the second Health Programme 2008-2013, under the 2009 work plan, with total cofunding from the EU of **€2.979.655**. The project started in December 2009 and is expected to end by December 2012.

### **Background information**

Health technology is the application of scientific knowledge to health care and disease prevention. *Health technology assessment (HTA)* is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of health technology in a systematic, transparent, unbiased and robust manner. Its aim is to inform the formulation of safe, effective health policies that are patient-focused and seek to achieve best value. Despite its policy goals, HTA must always be firmly rooted in research and the scientific method.

The Joint Action on HTA is part of the global action developed by DG SANCO to help support a coordinated network of most of the EU HTA agencies. This Joint Action aims to:

- produce clear guidelines on what can be better achieved on HTA at EU level;
- avoid duplication of work between national agencies;
- spread expertise for the benefit of all EU countries;
- strengthen evaluations carried out by EU countries;
- develop transparent governance tools, in particular vis à vis stakeholders;
- produce a number of joint scientific assessments on interventions, medical devices and pharmaceuticals;
- implement the Pharmaceutical Forum's recommendations on the relative effectiveness of pharmaceuticals.

### **Main achievements**

- The first project on cooperation in the area of HTA (EUnetHTA) had already developed a core model presenting a catalogue of standardised tools and methodologies used in HTA. To complement this initial effort, it was necessary to establish a basis for more structured and long-term collaboration in the field. Thus the common core model could be extended and used for commonly developed and delivered assessments of technologies or processes.
- The development of a tri-annual work plan as the network's consolidated organisational basis for the future.
- Establishment of a set of standard operating procedures for structuring collaboration between HTA agencies and development of a stakeholder involvement policy aimed at making the process more transparent.
- Completion of a set of technical tools, such as a web-based toolkit and an information management system.

### **3.2. eHealth Presidency Conference**

Programme Objective: Health Information. Area: eHealth.

The Presidency Conference took place in Barcelona on 15-18 March 2010. It was funded under the 2009 work plan of the second Health Programme 2008-2013, with total co-funding from the EU of **€100.000**.

#### **Background information**

The Spanish Presidency organised a high-level conference on eHealth, simultaneously bringing together the two most important European events in the eHealth area:

- the High Level European Union Conference (EU) on eHealth;

- the World of Health IT (WoHIT), where the ICT world can meet businesses and health-care institutions and professionals, in parallel with eHealth Week in Barcelona in 2010 ([www.ehealthweek2010.org](http://www.ehealthweek2010.org)).

### **Main achievements**

Under the slogan ‘eHealth for sustainable healthcare: global changes through local actions’, this ministerial conference acknowledged the urgent challenges of a rapidly ageing European society, the lack of prevention and prediction of illnesses and the growing demand for quality of care. It also reiterated the need for rapid use of ICT as a cost-effective means of improving the health of European citizens while supporting the work of health care professionals. Thus, it helped to foster the adoption of eHealth in Europe and improve the accessibility, quality and efficiency of healthcare services for patients in Europe.

A key outcome of the conference was the adoption of the European declaration ‘Cooperation for eHealth’ to promote eHealth and digital health. The declaration shows that the introduction and development of ICT in the healthcare area are not only the result of a political and strategic commitment to improve public health in Europe, but are also intended to link eHealth policies to policies of competitiveness, innovation and research. It is also necessary to foster the cohesion, social inclusion and sustainability of health systems in the EU.