

12-14 September
Training edition 1 (Venezia)
Veneto – Friuli Venezia Giulia
Trentino Alto Adige – Emilia-Romagna

Tools and strategies for developing and managing projects

**Tools and strategies for
developing and managing projects
Day 1 – PART 2**

**EU Funding opportunities for
public health in Europe**



Directorate-General for
Health & Consumers



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Session outline

- EU funding programmes (RTD, Health programme)
- Cross sectional features (Similarities and differences)
- Opportunities for funding/ how to promote structural changes

**Tools and strategies for
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Day 1 – PART 2**

EU funding opportunities The EU Research Programme



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Orientations for Work Programme 2012 (6th call)



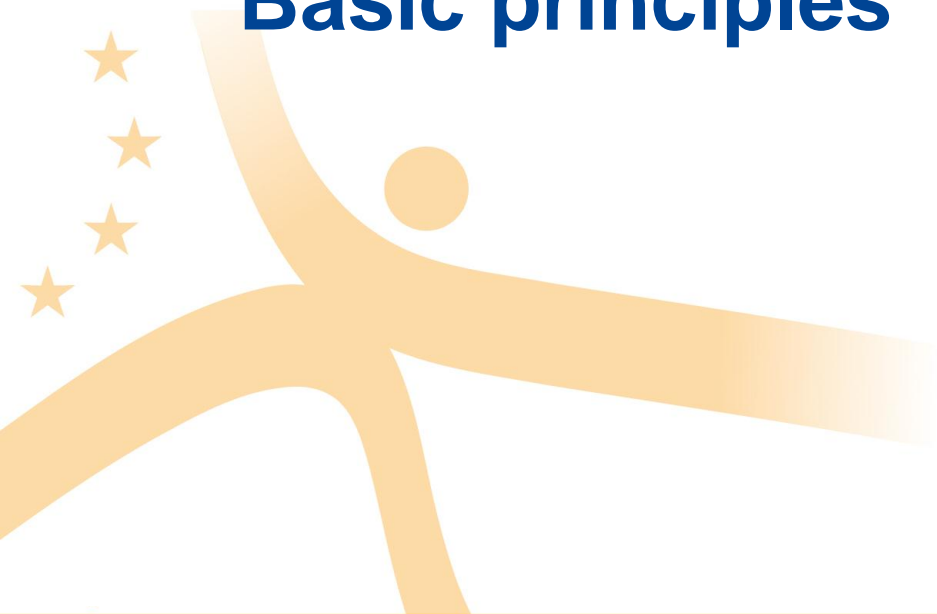
**Courtesy of
Health Directorate
DG Research & Innovation
European Commission**

Main points



The 7th Framework programme (FP7)

Basic principles



EU research policy

Why ?

- to improve quality of life and
- to improve competitiveness of Europe through collaboration

How ?

- by pooling resources (funds for Framework Programme)
- by coordinating national research programmes

Collaborative research in the Health theme

Main policy drivers:

- **Improving health** of European citizens
- **Increasing competitiveness** of European health-related industries and businesses
- **Addressing global health issues**, including emerging epidemics

Budget:

- **€6.1 billion over 7 years (2007-2013)**

Collaborative research

across borders and other barriers



- **between countries:**

① At least 3 partners from the 27 EU Member States:
Austria, Belgium, Bulgaria, Czech Rep., Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, the United Kingdom.

② or the 13 Associated Countries:
Albania, Bosnia-Herzegovina, Croatia, FYROM, Iceland, Israel, Liechtenstein, Montenegro, Norway, Serbia, Switzerland, Turkey and the Faroe Islands.

③ In addition, researchers from anywhere in the world can participate:
e.g.: Australia, Brazil, Canada, China, Egypt, India, Japan, Korea, Russia, South-Africa, USA, ...
and in many cases, can be funded.

Drivers for FP7 from Innovation Union policy



- **Innovation-driven approach**
 - **Focus on SMEs** through genuine academia-industry collaborations
- **Challenge-driven approach**, focussed on key challenges
- **Support implementation of European Innovation Partnerships**, such as “**Active and healthy ageing**”
- ★ **Stronger socio-economic impact** - innovation dimension
 - with more attention on **exploitation phase**
- ★ **Balance** upstream research and activities closer to market in order to achieve short and medium-term impact

Features of FP7 Health in 2012 & 2013



- fewer, more prominent priorities
i.e. more focus on fewer areas
- fewer, broader topics, two-stage submission-
evaluation
- greater emphasis on innovation
 - especially through SME-targeted topics
 - and continued support of clinical trials
- emphasis on flexibility for consortium, duration &
budget
- international cooperation with more strategic
focus

Trends in Health Work programmes

	2007	2008	2009	2010	2011	2012
Budget for calls	641	577	593	628	657	650*
Topics	86	87	71	72	51	37*
Projects	153	172	108	131	125*	127**
Budget / topic	7.5m	6.6m	8.4m	8.7m	13.1m	17.5m*
Budget /project	4.2m	3.35m	5.5m	4.8m	5.3m*	5.1m**

Average size of consortia remains quite high: ~12

* tbc

** est.

Funding schemes for FP7 Health in 2012



Funding scheme	Ceiling for EU contribution	Number of topics	% budget
Large-scale integrating project (CP-IP)	€12m	4	~ 16.5%
Small or medium scale focused project (CP-FP)	€3m / €6m	24	~ 78%
Coordinating or supporting action (CSA)	various	9	~ 2.5%
Other actions*	various	–	~ 2%
Total		37	100%

* including HFSPPO, EDCTP, study on emerging areas for research/innovation, study on impact of ethics review on health research, production of videos.



Contacts & Information:

FP7 Health web site: <http://cordis.europa.eu/fp7/health>

Support: http://cordis.europa.eu/fp7/health/support_en.html

Registration as an **Expert:** <https://cordis.europa.eu/emmp7/>

FitForHealth: www.fitforhealth.eu

EC projects database: www.healthcompetence.eu

National Contact Points (NCP):

http://cordis.europa.eu/fp7/health/ncp_en.html

**Tools and strategies for
developing and managing projects
Day 2**

EU funding opportunities The EU Health Programme



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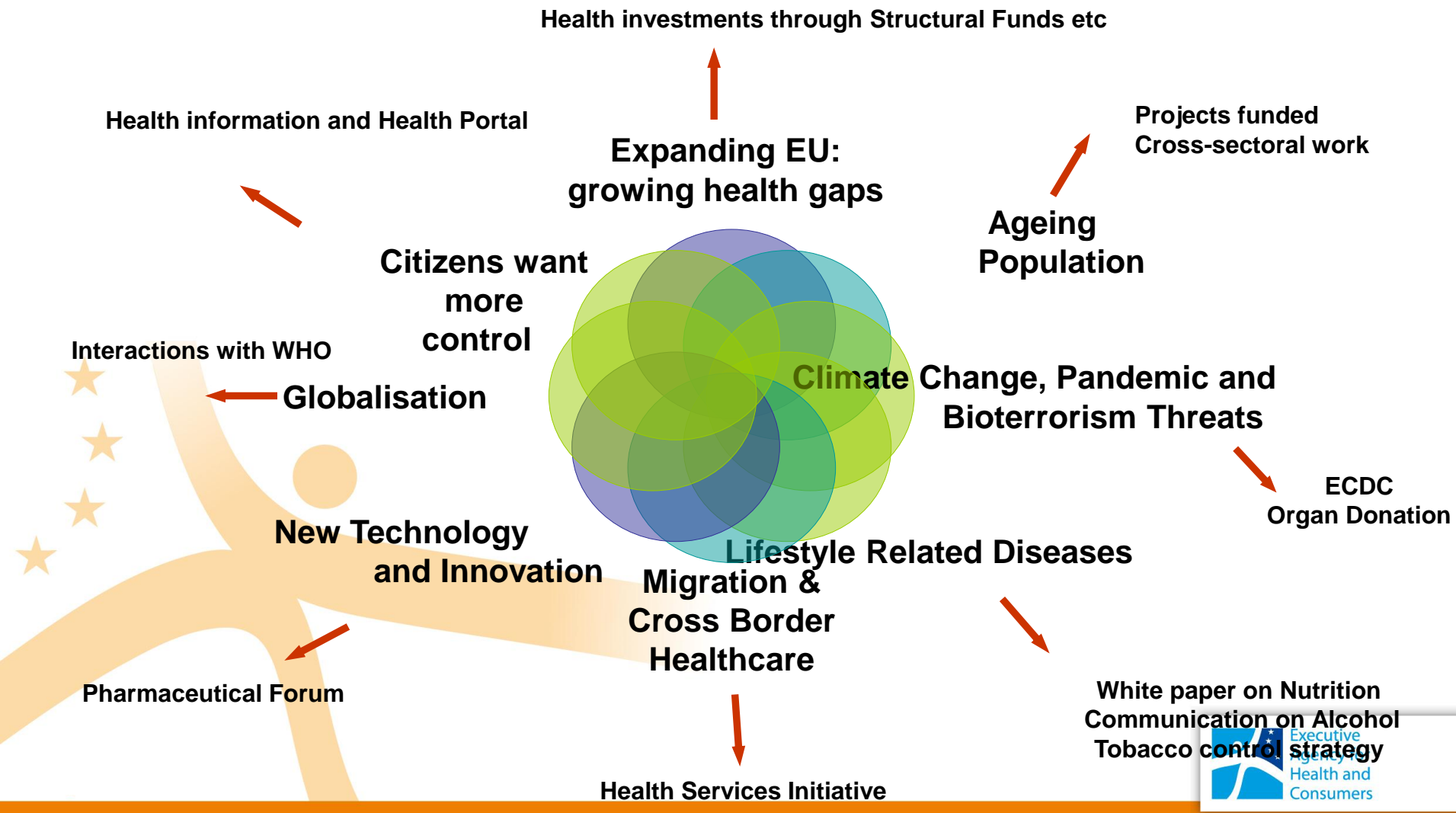
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Section outline

- The EU Health Strategy
- The EU Health Programme



Why a Strategy: challenges





Objective 1: Fostering Good Health in an Ageing Europe



- By 2050: 70% more people aged 65+.
- **Adapt health systems** to needs of ageing population:
 - support increasing capacities of health systems
 - exchange good practice on “ageing” policy measures
- ★ ■ **Promote health in all ages:**
 - promote healthy lifestyles
 - raise awareness of health impact of risk factors (alcohol, smoking etc)



Objective 2: Protecting Citizens from Health Threats

■ **Pandemics, bioterrorism:** preparedness and response to threats

■ Gather scientific evidence; surveillance of threats, recommendations on e.g. immunisation

★ ■ Help to address emerging threats: Climate Change

★ ■ **Patient Safety:** ca. 10% of patients suffer an adverse incident in the EU

■ foster exchange, promote studies, raise awareness





Objective 3: Supporting Dynamic Health Systems & New Technologies

- Health systems under pressure (mobility, ageing)
- New technologies can **transform** healthcare **but** must be **evaluated** (efficiency)
- **E-health** can improve safety, quality, access

The EU can

- Develop Health Technology Assessment
- Support innovation in health systems
- Initiate ehealth pilots and networks at EU level



Implementation

- Commission, Member States, regions and stakeholders **to work together**
- Structured co-operation mechanism at Member State level established in 2008 to:
 - identify **priorities** and define **indicators**
 - exchange **good practice**
 - measure **progress**
- ★ ■ **Health Programme 2008-13: the strategy's key**
- ★ financial tool
- ★ ■ Other programmes e.g. Seventh Framework Programme (FP7), Regional Policy instruments can help implement strategy



Second programme of Community action in the field of health (2008-13)

Article 152 of the Treaty:

Incentive measure designed to protect and improve human health, 'excluding any harmonisation of the laws and regulations of the MS'.

1993-2002	Eight separate action programmes
2003-2008 € 312 million	Programme of Community action in the field of public health (2003-08) Decision No 1786/2002/EC
2008-2013 € 321.5 million	Second programme of Community action in the field of health (2008-13) Decision No 1350/2007/EC

Overall objectives

- Complement, support and add value to Member States' policies
- ★ ■ Contribute to increased solidarity and prosperity in the EU by protecting and promoting human health and safety and improving public health

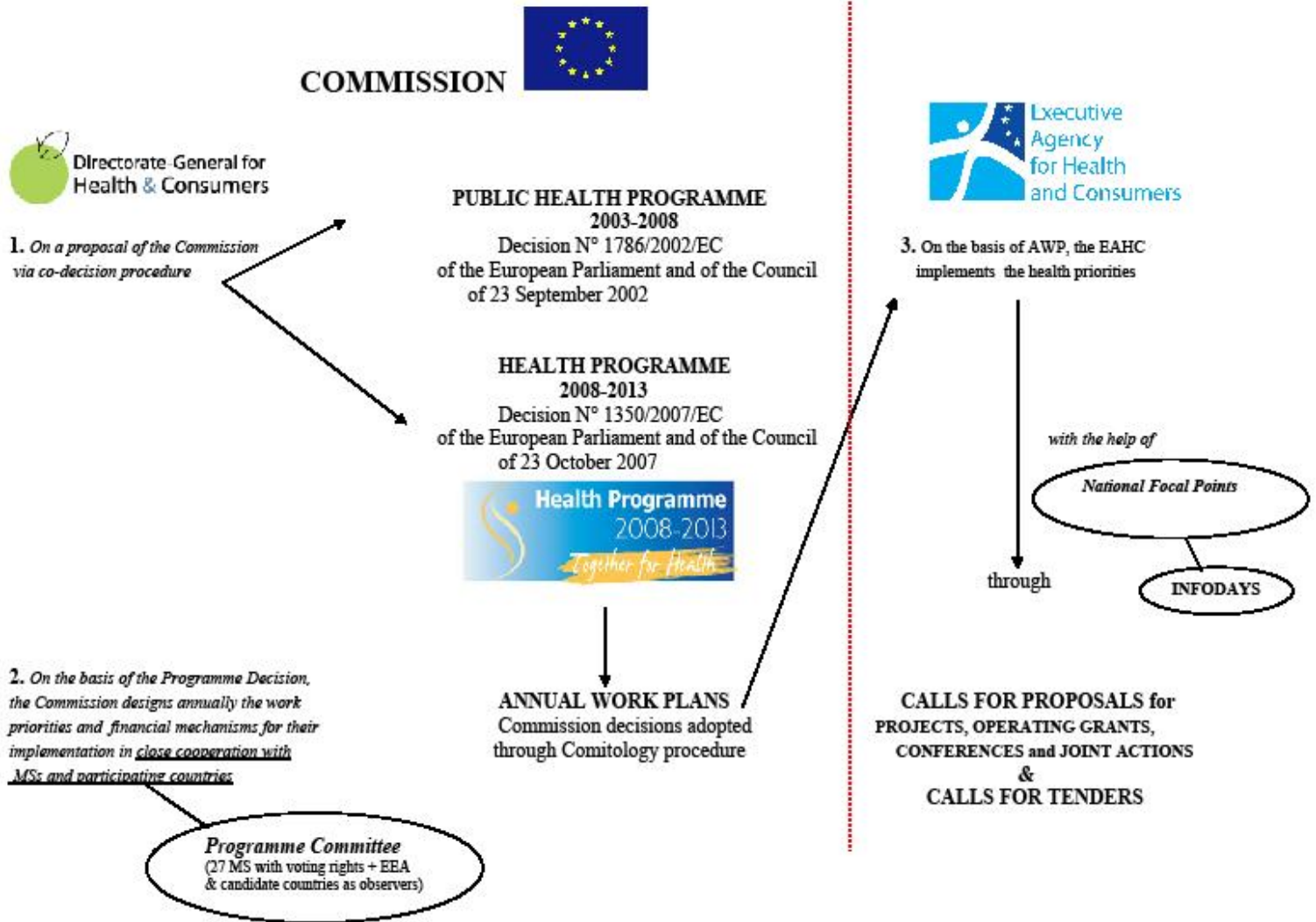


Specific objectives

- 1) Improve citizens' health security
- 2) Promote health, including the reduction of health inequalities
- ★ 3) Generate and disseminate health information and knowledge

Implementation

- 1) **Annual work plans** set out priorities and actions and criteria for EU funding
- 2) **Programme Committee** assists Commission
- 3) **Executive Agency on Health and Consumers (EAHC)** implements
- 4) **National Focal Points:** advice & support to potential applicants



Information

SANCO Website

<http://ec.europa.eu/health>

Public Health Portal

<http://health.europa.eu>

EAHC Website

<http://ec.europa.eu/eahc/index.html>



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Cohesion policy and structural funds

Cohesion policy 2014 -2020

1. Context
2. Key issues, stakeholders' expectations



Cohesion policy 2014 -2020: context

Budget review : What will be the size and structure of the future EU budget 2014-2020?

Economic crisis: What will be the long term effects on public investments when Member States start consolidating their budgets?

EU priorities and its implementation:
EU2020 agenda.....

What do the stakeholders say

Consensus on need to continue policy post-2013 in all regions (re-nationalisation rejected)

Not only a policy of solidarity, but also aimed at fostering competitiveness across the whole of the EU

Essential role of human capital, innovation and sustainable development

What do the stakeholders say

Strong support for territorial cooperation

More clarification of roles of territorial levels required

Need for simplification

Importance of integrated approach,

coordination and regional dimension of

sectoral community policies

Key issues for the future

- Cohesion policy complements but does not replace other EU policies
- Cohesion policy must address the asymmetric impact on regional disparities of new challenges
- In a globalising world regional and local approaches are more rather than less relevant
- The funds should be managed in a way that promotes good governance and sound management simply and efficiently

Key issues for the future

- Implementation must focus more on results, with greater emphasis on evaluation
- We must encourage «joined up» policy responses to EU priorities
- There must be a greater justification of the rationale for EU intervention, its added value and the problems it seeks to address

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Cross sectional features (similarities and differences)



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Section outline

- Peer review and evaluation process
- EU dimension and EU added value
- Lessons learnt and drive to simplification

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Cross sectional features

Peer review



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Basic principles for calls and evaluation



- Peer review
- Equality of treatment
- Transparency

Aim: to fund the best R&D proposals

Evaluation process (I)

Eligibility/Exclusion check (before evaluation)

Eligibility criteria:

For all proposals

- Date and time of receipt of the proposal
- Minimum of eligible, independent partners
- Completeness of the proposal (forms and

★ descriptive part)

★ Topic related

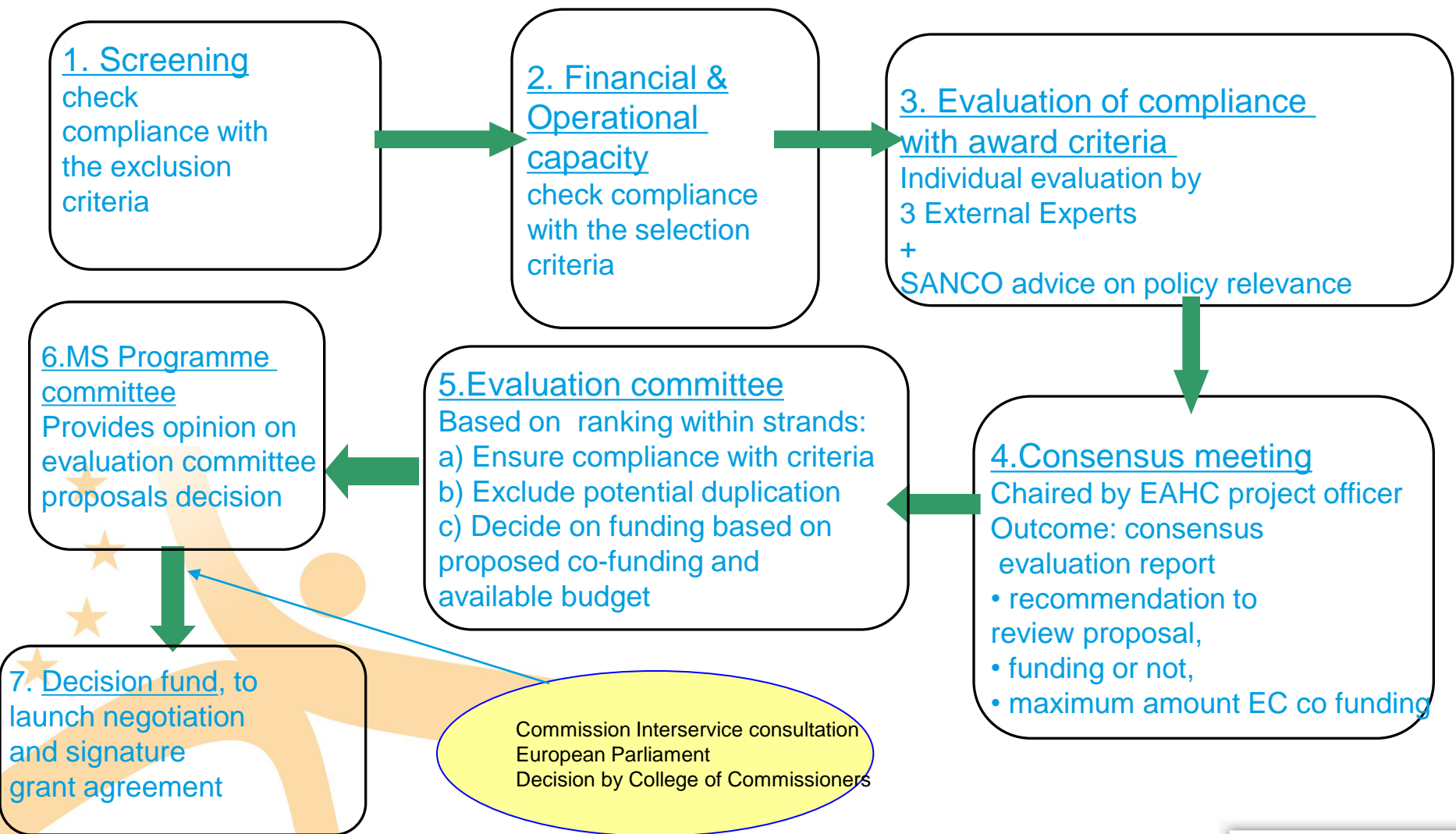
- *Scope (for clear cut cases)*
- *Budget thresholds where appropriate*
- *Percentage of EU funding going to SMEs or industry*
- *Project duration*

Evaluation process (II)

Basic principles:

- Annual calls for proposals (in two stages)
- Evaluation by panels of independent experts overseen by Independent Observers
- **3 criteria:**
 - Science & Technology excellence
 - Implementation & Management
 - Potential Impact
- **Feedback:** Evaluation Summary Reports (ESRs)

Evaluation of proposals



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Cross sectional features EU dimension and EU added value



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The Lisbon treaty

Article 168:

1. A high level of human health protection shall be ensured in the definition and implementation of all Union policies;
2. The Union shall encourage cooperation between the MS in the areas referred to in this article and, if necessary, lend support to their action. It shall in particular encourage cooperation between the MS to improve the complementarities of their health services in cross-border areas

The Lisbon treaty (contd.)

- Health protection in all EU policies and activities
- EU to complement national policies to **improve health and prevent disease**
- **Promoting research, health information, education, monitoring**
- Commission to **promote policy coordination – including guidelines, indicators, exchange of good practice, monitoring and evaluation**

The Health policy responsibilities of the EU

- Union action shall respect the responsibilities of the MS for the definition of their health policy and for the organisation and delivery of health services and medical care
- Clearer guidance from the treaty about:
 - ✓ Areas for cooperation
 - ✓ Types of cooperation

The role of the health programme



An expenditure programme

To support specific policy objectives

With respect to the subsidiarity principle



Evaluating the Health programme

Health policy depending on the responsibility devolved to the institution

Objectives translated in a political agenda with related funding

Programmes

Legislation

Other actions

Priorities and objectives

Projects with specific objectives

Outputs/ Outcomes

Evaluation

Return on Investment



European Added Value

To evaluate the Health programme and assess its positive impact, we need criteria related to the EU responsibilities in public health

Those criteria could be identified/ derived from the possible EU added value of PH actions

EU added value would be the best possible return given the responsibilities of the Union in Public Health

EU added value: A tentative definition

EU added value is derived from the EU level collaboration.

Should be higher than through the simple application of the scientific evidence base by the MS on their own at national, regional or local level

EU added value: Examples of activities

- Implementation of EU legislation
- Achieving economies of scale
- Promotion of best practice
- Monitoring for coordinated action/benchmarking for decision making
- “Cross border” dimension – against threats or to support free movement
- Networking activities

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Cross sectional features
Lessons learnt and drive to
simplification

Key messages for potentials applicants



Opportunity:

- for ambitious, well-funded R&D projects
- for genuine collaborations (esp. academia – industry), across borders

Flexibility at submission stage:

- Broader topics: more “bottom-up”
- The size of consortium (beyond min. 3)*
- The EU contribution requested**
- The duration of the project***

} is for applicants to decide

(* with the exception of 3-5 max. for the “SMEs for innovation” call, ** within ceiling, ***some exceptions)

Is applying for EC funding a waste of time?



It depends... applicants need to be aware of the conditions.

- Main condition: it must be collaborative research (min. 3), but this obligation should be seen as an opportunity.
- ★ Time to start: the process is not quick.
- ★ No strings attached: with grants, you own the IPR
- ★ Support structures: the National Contact Points (NCPs) and the “FIT-for-Health” network
- Consultants can help... but you must stay in charge.

Is applying for EC funding a waste of time?



It depends... applicants need to examine cost/benefit ratio.

- Apply only if it fits your strategy AND if you play a major role in the project and get significant funding. Don't get dragged into projects/consortia.
- ★ Do not view EC grants only as a source of cash, but as a means to access know-how & resources from partners
- Managing the project yourself is a major task – it needs to be properly resourced – but you have control

Horizon 2020

Opportunities to simplify



Three overarching goals:

- Reduce the administrative burden for participants
- Accelerate all processes
- Decrease the error rate

Main messages from stakeholder consultations

- Keep the reimbursement of actual costs as main funding model
- Accept usual accounting and management practice
- Reduce complexity, one set of rules for all actions
- Harmonise interpretation and implementation
- Shorter time-to-grant

Horizon 2020

Simplification along 4 dimensions



- 1) Structural simplification
- 2) Simpler funding rules
- 3) Revised control and risk strategy
- 4) Revision of implementation processes



Structural simplification

- **Programme architecture:** Integration of FP7, CIP, EIT in one programme (H2020)
- **Fewer legal acts:** H2020, Euratom; Rules for Participation; one Specific Programme (before: 12 legal acts)
- **Coherent set of rules** applicable to all actions; deviations only if duly justified
- **Common toolkit** of funding schemes

Simpler funding rules

- Direct costs: real costs with broader acceptance of usual accounting practice, e.g. average personnel costs
- Indirect costs: single flat rate (20%)
- Single maximum reimbursement rate in a project (100% or 70%)
- ★ Simpler time recording; no time recording for staff working 100% on the project
- ★ **Consequences:** major simplification of legal entity validation; simpler budgeting, more flexibility in ongoing projects, shorter time-to-grant, lower risk of errors

Revised control and risk strategy

- **Extension of the guarantee fund** to all actions under H2020 (provided they apply the Rules for Participation)
- **Reduction of ex-ante checks:** financial capacity check only for coordinators; only one certificate on financial statements at project end (threshold € 325 000, excluding flat rates and lump sums)
- **Ex-post audit** strategy: integrated governance leading to reduced audit burden; focus on risk-based audits and fraud detection; expectation: max. 7% of beneficiaries audited

Revision of implementation processes

- Single IT platform for all EU research and innovation funding
- Overhaul of practical processes and requirements for proposal submission, negotiation, reporting etc.
- Review of guidance documents, support services
- Revised comitology, no vote on selection of projects - grant implementation in “mode ordonnateur”

Simplification based on revised Financial Regulation



- No more declaration of interests on pre-financing
- Non-recoverable VAT becomes eligible cost
- No extension of audit findings to non-audited grants (“extrapolation”) if errors non-material



Simplification – overall goals



- Reduction of administrative costs for beneficiaries by 30%
- Reduction of average time-to-grant by 100 days (from 350 to 250)
- Reduction of financial error rate by one third

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Coordinated funding to maximize health impact



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Opportunities for coordination at regional level

Bringing together
Structural funds with Health
programme funding





Cohesion policy and SF Objectives and priority setting I

The overall aim of the EU Cohesion policy is to **improve social, economic and territorial cohesion in the EU.**

Priority setting at EU level:

- 2007-2013 aligned with Lisbon objectives for growth and jobs
- 2014-2020 aligned with EU 2020 objectives for smart, sustainable and inclusive growth

SF regulations do not include separate thematic health priority. Health is addressed in the context of:

- 2007-2013 health is wealth (HLY in Lisbon Agenda)
- 2014 -2020 territorial, public health, economic and social rational to invest in health linked to smart, sustainable and inclusive growth objectives and EU 2020 targets



Cohesion policy and SF Objectives and priority setting II

SF Priority setting at national/regional level

- SF take into account the regional needs and address them in the scope of the thematic priorities in the SF regulations ;
- In 2007-2013, 65% - 75% of the funds at national level have been earmarked to support achieving Lisbon objectives (voluntary earmarking for the convergence regions with GDP less than 75% of the EU average)
- Since the SF 2014-2020 will be fully aligned with EU 2020 objectives, the Operational Programmes will very much cover the priorities in the National Reform Programmes to achieve EU 2020 targets

Europe 2020: what it means for health



Table 1. Relationship between public health systems and Europe 2020 overarching themes

Inclusive growth
Reduce health inequities
Empower citizens – health literacy and information to patients
Smart growth
E-health and telemedicine
User-oriented health care
Health innovation – demand-side driven innovation of processes and technologies
Sustainable growth
Healthy ageing – focus on health promotion and diseases prevention; improve healthy life years
Skilled and sustainable health workforce
Transformation of health systems to adapt to challenges and optimal use of resources
Cross-border health care



Health Programme Objectives and priority setting

- The overall aim of the HP is to support the implementation of the EU Health strategy 2008 -2013, to collect and sharing information and enable EU cooperation on priority issues;
- The HP is a horizontal programme; operates at EU level
- Priority setting: at EU level only.
- ★ ■ Very flexible : Annual Work plans define the specific thematic areas for application



Programming of the SF

Programming at national/regional level 2014-2020

2011 -2012 National/Regional Development plans and investment strategies (needs)

2012 - 2013 NSRF (National Strategic Reference Framework)

2013 Operational programmes (priorities and actions are defined for the entire period!!)

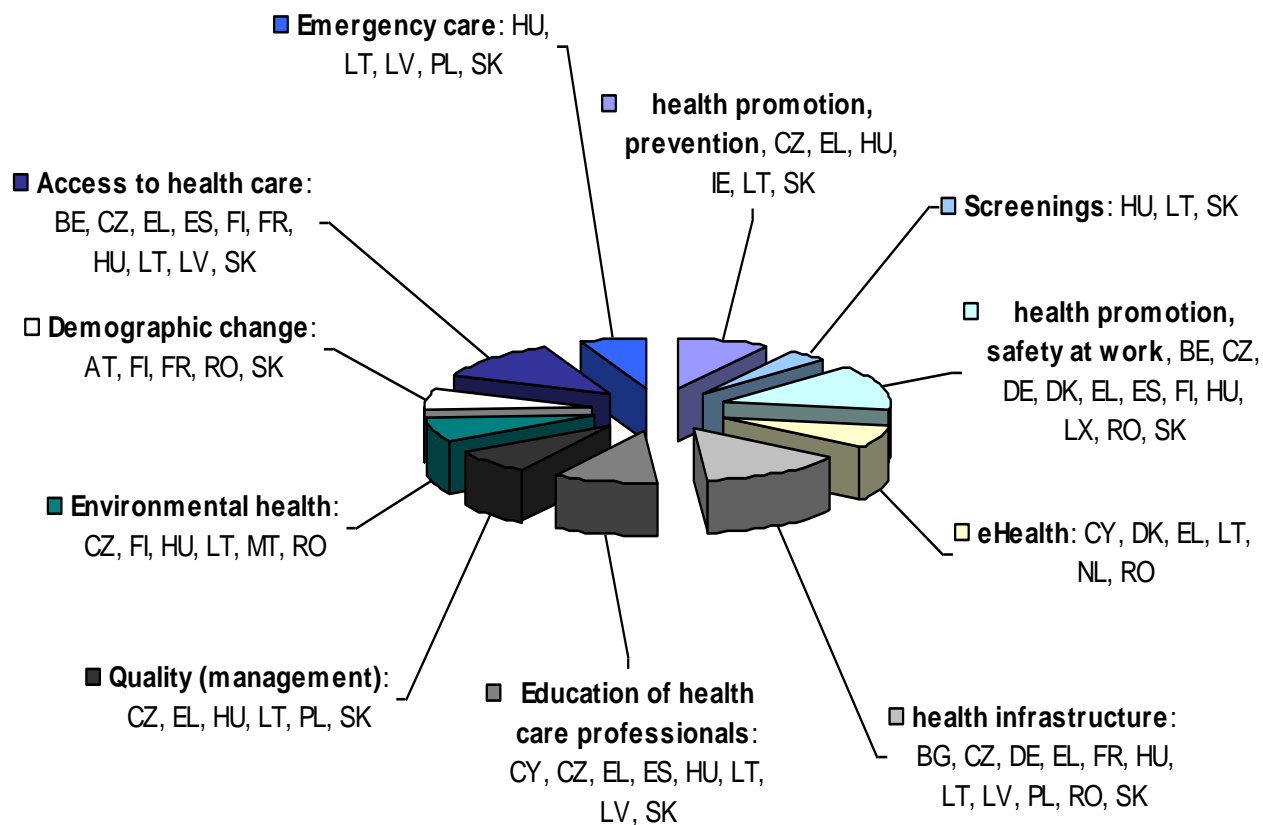
2014 ● Implementation starts

EU 2020 :Programming at national level

2011 – 2012 National Reform Programmes



Member States health priorities in NSRFs and OPs in 2007 -2013 (by area of investment)





Management and implementation

The EU Structural funds

- Shared management
 - The Commission
 - Managing Authorities in the MS /regions
- National/regional implementation
- Applications to the Management Authorities of the OPs (annual plans for calls for proposals)

The Health Programme

- Programme Committee with MS
- EAHC manages and implements the HP
- Call for proposals and other instruments
- National focal points in MoH



Opportunities for coordination at regional level

- The HP and the SF have very different objectives
- Due to differences between the Health Programme and the SF in the programming and implementation cycle, the coordination at national level is very limited
- SF investments are regional, while the HP is financing projects at EU level
- The coordination points for the HP are based in the MoH
- It is very rarely that the Managing authority of the OPs for the SF are based in MOH (only two countries have specific OPs for health in 2007-2013)
- ★ ■ However MoH could negotiate with the MA of the OP, where health investments could be funded, the planning for the call for proposals and coordinate it with the HP