

## **EU FUNDING PROGRAMME**

### **PUBLIC HEALTH PROGRAMME**

---

#### **Introduction**

The Second Programme of Community Action in the Field of Health 2008-2013 came into force on 1 January 2008 and lasts for six years until 2013. The Health Programme has a total budget of €321.5 million.

The Health Programme budget is intended to finance projects and other actions, which contribute to increased solidarity and prosperity in the European Union by protecting and promoting human health and safety and by improving public health.

Each year, a work plan is published which sets out priority areas and the criteria for funding actions under the Programme. Actions under the Programme are intended to complement national policies of the Member States with a European added-value. This means that they should involve actors from different participating countries and the results should be able to be applied in other countries and regions across Europe.

#### **2009 Priorities**

One of the 2009 priority measures is to:

"...Promote healthier ways of life and the reduction of health inequalities thus increasing healthy life years and promoting healthy ageing ..... Promote and improve physical and mental health ...."

Within this general objective the following activities can be funded:

##### *3.3.1.4. Reduction of health inequalities*

— Development and dissemination of good practice regarding strategies to tackle inequalities in health between and within Member States and regions of countries participating in the programme.

— Study on the dimension and implications of inequalities in health status and health provision between the Member States.

##### *3.3.2.2. Ageing*

— Study on the implications of ageing on citizens' health-care needs i.e. on how European Health systems need to adapt in order to meet the health-care needs of an ageing society (building on existing data and analysis).

#### **Deadline/Decision**

- Application deadline May 2011
- Application decision October 2011
- Earliest project start date December 2011

- Duration 1-3 years

### **Partnership Requirements**

- As the projects should have a cross-national aspect, successful projects always involve different organisations from across participating countries. Projects are submitted in the form of "work packages". The lead applicant (or "main partner") takes charge of the overall co-ordination; other organisations (or "associated partners") are responsible for one or more work packages
- The Partners participating in the project should be drawn from at least 3 different countries in the European Union, although it is up to the lead Partner (Sue Ryder Care) as to how many Partners from each country and how many countries should form the Partnership
- Each Partner has to be a legally constituted organisation in their own country and not legally related to the other Partners
- It is a requirement that the Partnership be made up of different types of organisations e.g. private, public sector, voluntary plus organisations working in a different field to SRC

### **Application detail**

- Each Partner has to provide their organisational details
- Each Partner will have specific tasks/roles in the Project which need to be expressed in the application form
- Full Partner meetings will be held every 6 months in different Partner countries
- Each country needs to provide details of the situation relating to the activity applied for in their own country for inclusion in the application

### **Grant Funding**

- 60% grant funding is available to each Partner
- 40% of the cost of the each Partner's contribution to the project has to be provided by them in the form of "matched funding" – this can be provided by counting existing Partner staff salaries and overhead costs e.g. heat and light
- Each Partner has to indicate their staff daily rates (expressed in €s, maximums are determined by the EU) and how many days they will undertake on their designated project activities
- Grants can range from €300,000 - €500,000

--ooOOoo--

### **1:1:5 Profiles**

#### **Main partner institution - description of competence, experience, leadership and authority in the project area (max 1500 characters)**

The capacity of the partner to realise the work in relation to the specific objectives has to be demonstrated. The leadership and authority refers both to the organisational and personal aspects of leadership. On the organisational level, there should be a clear division of responsibilities and tasks between the project manager and other decision makers. On the personal level, the project manager must have the necessary skills, expertise and authority to lead a team and to achieve the project objectives. He or she should also be capable of using the resources in a flexible way.

#### **Key staff of the main partner - names, description of competence (leadership and authority) and experience in the project area (max 2500 characters)**

A very short CV of the key staff members has to be presented, illustrating their competence, expertise, leadership quality and authority required by the project tasks. The CV will illustrate the good reputation, experience, specific knowledge and skills (job history, functional areas of work and competence, scientific papers, project achievement...) of the staff.

### **1:2:4 Partner institutions**

#### **Description of competence and experience in the project area (max 1000 characters)**

The capacity of the partners to realise the work in relation to the specific objectives has to be demonstrated.

#### **Key staff of the partner - names, description of competence and experience in the project area (max 1000 characters)**

A very short CV of the key staff members has to be presented, illustrating their competence and expertise required by the project tasks. The CV will illustrate the good reputation, experience, specific knowledge and skills (job history, functional areas of work and competence, scientific papers, project achievement...) of the staff.

### **2.3 Executive summary (max 4000 characters)**

The executive summary is a very important part of the application form. It will be communicated to the Programme Committee members. It should indicate in a brief and synthetic way what the partners of the project intend to do and why the project is important for the stakeholders. An executive summary should usually include 4 parts:

- the general objective of the project, stating shortly the main activities to be undertaken,
- the strategic relevance and contribution to the second health programme, giving the rationale of the project in terms of added value,
- the main methods and means that will be used to reach the general objective, , and
- the expected outcome, which is the change expected at the end of the project to be undertaken.

### **3.1 Problem analysis including evidence base**

#### **Problem statement, analysis of the causes and evidence base of the proposed measure(s) (max 2000 characters)**

The relevant evidence on which the project bases itself has to be produced. It may concern the analysis of the health problem and its impact on quality of life and on society (incidence, prevalence, distribution in the population, evolution over time, seriousness...), the analysis of the factors

underlying the problem (factors regarding human biology, quality of health care, lifestyle, physical and social environment, risk factors, protective factors...), the effectiveness of the proposed measures, or the applicability in the proposed context. This context analysis should look at elements in the environment, which may facilitate or hinder the project implementation process.

### **3.2. General objective of the project (max 2000 characters)**

Describe the general objectives and the strategic objectives of the proposal. A general objective is a general indication of the project's contribution to society in terms of its longer-term benefits (e.g., contribute to the reduction of cancer mortality; reduce social inequality in population's health). The general objective has to correlate with the different specific objectives.

### **3.3 Specific objective(s) of the project – ONLY 6**

The specific objectives are concrete statements describing what the project is trying to achieve in order to reach its general objective. They should be matched to the problem determinants identified in the problem analysis, and should be written at a level which allows them to be evaluated at the conclusion of the project. They should also be specific, measurable, acceptable for the target group, realistic, and time-bound (containing an indication of the time within which it must be reached). Objectives can be hierarchically and temporally structured, so that the achievement of some objectives is a precondition for another.

### **3.4. Indicators**

The evaluation of the project is based on indicators. These are variables measuring the performance of a project and the level to which the set objectives are reached. This is why the indicators should be directly linked to the specific objectives formulated previously. For each objective, at least one indicator should be formulated. If possible, the indicators should also specify target values. The indicators should be separated in to process and outcome indicators.

### **3.5. Target groups (max 1500 characters)**

Target groups are persons or entities who will be positively affected by the project. A proper target group specification provides a clear definition including information about the demographic characteristics, the needs and social norms with regard to the health problem(s) of interest, the size (i.e., the numbers that will be reached by the project), and the method to reach these people. For certain types of interventions it is also useful to segment the target group into subgroups based on relevant characteristics.

### **3.6. Methods and means (max 3000 characters)**

To achieve its objectives and bring about the intended changes, a project foresees a number of activities. These actions need to be described to serve as a guideline for the project implementation. The methods and means (something of important value to achieve a goal) should be explicitly linked to the specific objectives, in the sense that for each objective at least one intervention method is specified.

### **3.7 Expected outcomes (max 3000 characters)**

Project outcomes are the changes that are expected to occur as a result of the project when the objectives are reached. They can be distinguished from a specific type of output, the deliverables.

### **4.1. Adequacy of the project with social, cultural and political context (max 2000 characters)**

The project should demonstrate its compatibility with the culture, knowledge, views, customs and roles of the target group, and with the local policy context in which it will be implemented. This

compatibility should take account of the information deriving from the context analysis identifying the trends, opportunities and threats in the broader social and policy context. Also, every project proposal will have to apply to general principles of ethics and has to be drafted respecting the human rights, dignity and the fundamental freedoms as subscribed under the EU Treaty.

**4.2. Contribution to the second Health Programme and annual work plan (max 2000 characters)**

The proposal must be compatible with the second Health programme and the annual work plan. A proposal must clearly cover one or several priority topics of the annual work plan. However, a proposal could partly address one or several annual work plan priorities.

**4.3. Pertinence of geographical coverage (in relation to project scope) (max 2000 characters)**

As public health practices and policies differ considerably between EU Member States, projects funded within the Community Health Programme should take account of this geographical, cultural and social diversity. A sufficient – though not excessive - number of organisations from different EU Member States and candidate countries should be involved in the project depending on the scope, objectives and target group of the project.

**4.4. Strategic relevance and EU added value and innovation (max 2500 characters)**

*Strategic relevance*

The strategic relevance of a proposal depends on the way the project brings added value to the existing public health knowledge allowing the practical use of that knowledge on the field. It is also expected to contribute and to add value to EU policies formulated or in the process of being so. A project is also expected to have a positive implication for the health of the citizens. Moreover, a project has to demonstrate that the reproducibility and transferability of the actions has been planned, so to cover the whole concerned population in the future. In as much as the second Health programme is not expected to fund recurrent projects, the proposal should cover the sustainability issue.

*EU added value*

Projects funded within the second health programme are expected to contribute to solving problems at the European level, and the expected impact of co-ordinating the work at European level should be greater than the sum of the impacts of national activities. The project should contribute to the implementation or evolution of one or more EU policies (including the "horizontal" policies), or address problems connected with the standardisation, regulation or co-ordination of practices across Member States. The projects should not simply duplicate actions that can be taken at Member State level but rather enable to address problems that would otherwise not be sufficiently addressed by the Member States.

*Innovative aspects*

Projects funded within the second health programme should not duplicate existing initiatives, but provide an added value at EU level. The innovative nature of a project can be documented using an analysis of the state of the art, in order to demonstrate that a project adds to what is already available, addresses the existing shortcoming and represents an improvement in comparison with the current situation. While providing innovation, projects funded within the second Health programme must also be sufficiently compatible with existing actions. In this context, participation in networks and coordination meetings between different health programme portfolio projects is important.

**5.1. Quality of the partnership (max 2000 characters)**

All proposals should be built on a good partnership. The quality of the partnership would rest on its extensiveness (stakeholders' identification after having thoroughly fully understood the project topic determinants), on the share of common goals and objectives, on the synergy (added value) and commitment (interest of the various partners to be involved in the project) and on a good network structure. This point also refers to the internal network logic which explains why certain partners are involved and not others. For example, the network could be based on previous links, or built after a search of adequate partners in the geographical area of interest.

Also it is important to present the communications tools used to circulate information within the network and how decisions will be taken, by whom, and which procedure will be used in case of conflict.

The set-up of the partnership and the responsibilities of each partner can also relate to a budgetary issue, namely, that if the partnership is well balanced, it would be acceptable to have different own contribution percentages among partners, in as much that it does not exceed 80% for each partner.

**5.2. Management capacity (max 2000 characters)**

The management capacity of the main partner and the overall consortium should be described. This includes coordination meetings, including a kick-off meeting. The kick-off meetings should, take place in the premises of the EAHC in Luxembourg. Further, the ability to build and monitor a budget has to be clearly demonstrated as well as the tools used for that purpose. The important amount of money involved the distribution of the income among partners - often very distant from each other -, in function of the work achieved, rest on a strong financial capacity. This capacity has to be demonstrated with all relevant elements such as competency of the financial officers, tools used to monitor the project, procedures used.

**5.3. External and internal risk analysis and contingency planning (max 2000 characters)**

Even in the best-planned projects there are uncertainties, and unexpected events can occur. A risk analysis at the start of the project will help to predict the risks that could prevent the project from delivering on time or even failing. A risk is an uncertainty of outcome of an action or event. A risk analysis addresses the questions what could possibly go wrong, what is the likelihood of it happening, how it may affect the project, and what can be done about it.

--ooOOoo--