



# 3rd Health Programme 2014-2020

## Grants for Joint Actions What is new

## EUR 19 700 000 mio for the following actions co-financed with MS authorities :

1. JA-01-2017 Joint Action on **Health inequalities** (€2,5 million EU co-funding)
2. JA-02-2017 Joint Action - **Innovative Partnership on Action against Cancer** (€4,5 million EU co-funding)
3. JA-03-2017 Joint Action on **Vaccination** (€3 million EU co-funding)
4. JA-04-2017 Joint Action on **preparedness and action at points of entry (air, maritime and ground crossing)** (€3 million EU co-funding)
5. JA-05-2017 Joint Action **supporting the eHealth Network** (€2,7 million EU co-funding)
6. JA-06-2017 Joint Action on **Health Information towards a sustainable EU health information system that supports country knowledge, health research and policy-making** (€4 million EU co-funding)

# 2017 AWP: what is new for JA

- Direct grant/ negotiated procedure = > all participants have to be nominated first (no open call!)
- **Previously: several participating entities from each Member State/ participating country.**
- **From 2017: Limited to one participating entity per JA/ per Member State or participating country.**
- **Only one type of participant: competent authority (not anymore reference to "other designated bodies")**

## How much co-funding?

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

***The co-funding rate applies both to the consortium and individual beneficiary levels***

## Who can participate?

- *Country eligibility – EU28 and EEA (Norway and Iceland)*
- *Serbia and Moldova*
- *Focus: MS competent authorities*

# Exceptional utility criteria

1. At least 30 % of the budget of the proposed action is allocated to MS whose gross national income (GNI) per inhabitant is less than 90 % of the Union average.

*This criterion intends to promote the participation from MS with a low GNI.*

2. Bodies from at least 14 participating countries participate in the action, out of which at least four are countries whose GNI per inhabitant is less than 90 % of the Union average.

*This criterion promotes wide geographical coverage and the participation of MS authorities from countries with a low GNI.*

## The Role of the MS

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




## Participants

- **Competent authorities** (national or regional level)



# Letter to the Permanent Representatives

 Ref. Ares(2017)1030509 - 27/02/2017



**EUROPEAN COMMISSION**  
**HEALTH AND FOOD SAFETY DIRECTORATE-GENERAL**

Public health, country knowledge, crisis management  
**Director**

Luxembourg,  
sante.ddg1.c.1IL/Lo(2017)1085112

**NOTE FOR THE ATTENTION OF PERMANENT REPRESENTATIONS TO THE EU ON THE  
JOINT ACTIONS 2017**

Your Excellency,

**Subject:** **Health Programme in 2017 – Invitation to nominate competent authorities for the actions co-financed with Member State health authorities (*commonly referred to as ‘Joint Actions’*) in 2017**

## ***Competent Authorities (extract from nomination letter)***

*For Joint Actions planned within the 2017 Annual Work Programme, the **Member State/Country participating in the third Health Programme (MS/C)** are invited to nominate one **competent authority per joint action.***



## ***Competent Authorities (extract from Annex 1 of the nomination letter)***

*Competent authority means the central authority of a Member State competent for health/specific (public) health topic or any other authority to **which this competence has been conferred.***

*A competent authority can therefore also be one at regional level, depending on the governance structure of the MS/C.*

*Example of competent authorities: the ministry of health, a governmental agency, a national institute of public health, a regional health authority...*

## ***Entities affiliated to the nominated competent authorities ('Affiliated entities')***

*These are organisations that have a distinct legal personality, but are linked to the nominated competent authority.*

*Affiliated entities receive co-funding through the participating competent authority. While they do not sign the grant agreement, they actively contribute to the implementation of the action.*

## ***Option 1- Affiliated entities to a beneficiary – legal or capital link (article 122 of the Financial Regulation)***

*It has a structural link with the "single"  
beneficiary, in particular a legal or capital link.*

*The affiliated entity needs to comply with the  
exclusion criteria applying to applicants as  
defined in Annex IV of the Annual Work  
Programme 2017.*

## ***The specific case of affiliated entities in the public sphere***

- *The different levels of the administrative structure in case of decentralised administration (e.g. National, regional or local ministries in case of separate legal entities can be considered as affiliated to the State).*
- *No "discrimination" between centralized versus devolved systems of government, for as long as the state also participates as "mother" authority.*

## ***The specific case of affiliated entities in the public sphere***

- *A public body established by a public authority to serve an administrative purpose and which is supervised by the public authority. (e.g. national institutes or schools for public health or national research centres are affiliated to the state).*
- *In the public sphere, supervision by the state (or "tutelle") can be sufficient to justify the affiliation.*

***Option 2- Affiliated entities forming one "Sole beneficiary" as a single entity (article 122.1 of the Financial Regulation)***

*"Where several entities satisfy the criteria for being awarded a grant and together form one entity, that entity may be treated as the "sole beneficiary".*

*The "sole beneficiary" entity must comply with the eligibility; non-exclusion and selection criteria. The "sole beneficiary" entity must be nominated by each MS/C to participate on its behalf.*

## ***The "sole beneficiary" entity must be nominated by each MS/C to participate on its behalf***

- To be eligible under the form of a "sole beneficiary", the competent authority -part of the "sole beneficiary"- must have been nominated before the deadline for submissions. However, the legal establishment of the "sole beneficiary" can be completed at any time until the signature of the proposal.*

***Other types of participation*** (without the preliminary submission of a nomination)

*Subcontractors*

*for the purpose of providing special expertise to the joint action.*

*Collaborating stakeholders*

*These may significantly increase the technical and scientific content of the joint action, as well as its relevance for different users in the Union*

*It can also ensure appropriate representation of civil society organizations active in the relevant health fields at EU level.*



# Deadline for **NOMINATION** of competent authority

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**11 May 2017**

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