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COMMISSION STAFF WORKING DOCUMENT

**Implementation of the second Programme of Community action in the field of health in
2012**

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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.

Introduction

The second Health Programme established by Decision 1350/2007/EC of the European Parliament and of the Council of 23 October 2007 came into force on 1 January 2008 and ended on 31 December 2013. The Programme was allocated a total budget of € 321.5 million and its purpose was to finance actions that complement, support and add value to national health policies across Europe. It is built around three main objectives:

Objective 1: Improve citizens' health security

Objective 2: Promote health and reduce health inequalities

Objective 3: Generate and disseminate health information and health knowledge.

As per Article 13(1) of the Programme Decision, the Commission shall report annually 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 meet this requirement.

It consists of two parts:

The first part (pp. 3-17) presents briefly a set of examples of key outcomes of actions funded under the Programme mainly in years 2008 and 2009 which have been achieved in 2012 and which delivered substantial results that year.

The second part (pp. 18-43) provides detailed information on the budget for 2012 and its execution.

1st Part : Key results of actions funded under the second
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1 EXAMPLES OF PROGRAMME OUTPUTS

This section of the report highlights examples of activities which were finalised during 2012. These cover the three strands of action of the programme – health security, health promotion and health information.

2 HEALTH SECURITY

2.1 Harm reduction – Scaling up access to high quality harm reduction, treatment and care for injecting drug users in the European Union:

2.1.1 Background information

The Direct Grant agreement with WHO was funded under the 2008 work plan of the second Health Programme 2003-2008, with the funding from the EU totalling EUR 299.109. It started in December 2009 and ended in June 2012.

2.1.2 Brief description

The overall aim of this project was to develop a strategy for improving the accessibility and quality of harm reduction services in the EU and WHO European Region. This concerned in particular HIV treatment, integrated HIV-TB services, hepatitis C treatment and opioid substitution treatment for injecting drug users (IDUs) in Europe. In addition, training on the delivery of high-quality harm reduction services in the WHO European Region was developed and the formation of policies supporting such services was promoted.

By looking at how harm reduction services for treatment and care for injecting drug users can be improved, this project also contributed to the implementation of the Commission communication on combating HIV/AIDS in the European Union and the neighbouring countries 2009-2013. The work was carried out by the WHO Regional Office for Europe with the Centre for Research on Drugs and Health Behaviour at the London School of Hygiene and Tropical Medicine and the Eurasian Harm Reduction Network.

2.1.3 Concrete outcomes

The key output of this project was the production of proposals towards WHO European Action Plan for HIV/AIDS 2012-2015, which has been adopted by 53 countries of the European region. In addition, a set of recommendations on indicators of quality and delivery for hepatitis C treatment were prepared together with guidance on how to scale-up and implement opioid substitution treatment. In addition, a training module on tuberculosis prevention and on the treatment and care of drug-users was developed.

Finally, a policy briefing on developing integrated models of tuberculosis-HIV services and on barriers and facilitators to hepatitis C treatment for injecting drug users was prepared.

All these deliverables can be found at: <http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/hiv-aids/activities/ec-who-project-scaling-up-access-to-high-quality-harm-reduction/ec-who-grant-agreement-on-harm-reduction>

2.2 ELIPSY: EUROPEAN LIVING DONOR PSYCHOSOCIAL FOLLOW- UP

2.2.1 Background

The project was funded under the 2008 work plan of the second Health Programme 2008-2013, with the funding from the EU totalling EUR 299.128,25. It started in December 2009 and ended in November 2012.

2.2.2 Brief description

The objective was to contribute to a high quality of living organ donation by creating a follow-up model for the living donors' psychosocial well-being and quality of life, and to promote its use in living donor transplantation programmes in the EU Member States. The transplant centres with living donations need to include the psychosocial assessment of each living donor in their protocols to uncover any coercion to donate and any psychological or social problems that could have an impact on the selection for donors. The study was a multicentre study developed in six European centres and countries.

2.2.3 Concrete outcomes

The study identified the most relevant variables to be assessed in an evaluation procedure during the living donor psychosocial follow-up. The quality of life scores fell within the normal range compared to the general population. The ELIPSY module can be directly used by health professionals in transplant centres with living donation programmes.

Finally, the ELIPSY module makes a substantial contribution to the new Joint Action ACCORD as regards living donation registries. Therefore, the project provides useful information for the competent authorities in the Member States and guide the development of future EU policies in this field.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20081104>

3 HEALTH PROMOTION

3.1 EURHOBOP: European Hospital Benchmarking by Outcomes in Acute Coronary Syndrome and Orthopaedic Procedures

3.1.1 Background information

The project was funded under the 2008 work plan of the **second Health Programme** 2008-2013, with funding from the EU totalling EUR 1.146.581. It started in September 2009 and ended in August 2012.

3.1.2 Brief description

The aim of the project was to set up a validated methodology to benchmark the quality of care of patients suffering from coronary heart disease (CHD) in Europe. The prevalence of CHD is 3-10% in the European adult population and 50% of patients are above 65 years of age.

The project developed an evaluation method related to hospital care of CHD, allowing comparison of performance among European hospitals. The participation of the European Federation of Hospitals (HOPE) ensured that a large number of hospitals across Europe took part in the study - the patient sample came from 200 hospitals across seven European countries.

3.1.3 Concrete outcomes

The project developed a set of predictive mathematical functions to assess the quality of management of myocardial infarction (MI) or unstable angina (UA) patients through three different medical procedures: coronary angiography, thrombolysis and percutaneous intervention.

Hospital admission and discharge data were analysed so as to study the differences in patient cases and the specialization levels of participating institutions.

The project delivered an interactive website where hospital managers can easily compare the performance quality of the institutions.

The project demonstrated that there is a great interest for an objective and reliable assessment method, when hospital managers can use it on a voluntary basis.

For more information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20081312>

3.2 ENERCA 3 - European Reference network of expert centres in rare anaemias

3.2.1 Background information

The project was funded under the 2008 work plan of the first Public Health Programme 2003-2008, with funding from the EU totalling EUR 1.193.799, 97. It started in June 2009 and ended in November 2012.

3.2.2 Brief description

The main objective of ENERCA 3 was to establish a European Reference Network of Expert Centres in Rare Anaemias. The first task was to identify appropriate Expert Centres and to foster their cooperation by providing a platform for this purpose. A specific network website (www.enerca.org) which had been developed under previous ENERCA 1 and 2 projects was used to provide support for information and use of communication technologies such as telemedicine. The Expert Centres were asked to include in their activities effective sharing of expertise and knowledge in order to facilitate the treatment of patients to improve the cooperation between relevant experts and the exchange of professionals nationally and at the EU level.

3.2.3 *Concrete outcomes*

The main outcome of the project was the establishment of a European Reference Network of Expert Centres in Rare Anaemias. This work involved the identification of Expert Centres, an analysis of the legal and ethical issues related to patient care at the national, EU and international levels and identification of the key players across the Member States.

A set of laboratory procedures and guidelines for the laboratory diagnostics of sickle cell disease, thalassemia, and very rare anaemias were developed and the partners promoted quality assurance and accreditation of laboratory systems throughout Europe by identifying available accredited External Quality Assurance Services (EQAS) in rare anaemias and performing educational EQAS exercises.

The project also contributed to international efforts for the collection of data on rare anaemias with the aim of improving the diagnosis, treatment and more generally, the management and epidemiological surveillance of this set of rare diseases across Europe.

Finally, six courses (three European and three national) on rare anaemias for Continuous Medical Education and Training were organised and an educational video on hemoglobinopathies was produced.

For more information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20081210>

3.3 NBS Screening project: Evaluation of population newborn screening practices for rare disorders in Member States of the European Union

3.3.1 *Background information*

This service contract was funded under the 2009 work plan of the second Health Programme 2008-2013, with funding from the EU totalling EUR 399.755. It started in January 2010 and ended in January 2012.

3.3.2 *Brief description*

This study aimed to review the state of the art of new born screening practices for rare disorders across the EU and to develop a set of recommendations and tools addressing the consequences of differing practices among Member States.

Since the first tests for new born screening (NBS) were developed in the late 1960s and early 1970s, technological innovation has led to new methods of testing and, in consequence, to significant variations in the way EU Member States are defining and applying screening programmes.

3.3.3 *Concrete outcomes*

An EU-wide network of experts was set up, primarily to review and analyse the collected information. The experts reviewed the key aspects of current NBS programmes for rare disorders among the EU 27.

They produced an extensive report on information related to the number of centres, estimation of the number of infants screened and the number of disorders included in the screening programmes.

Subsequently, a consensus opinion was developed with a set of concrete recommendations on best practices. This opinion has also been endorsed by the EU Committee of experts on Rare Diseases in 2012.

Finally, the project also produced a decision-making matrix that could be used by Member States when reviewing their national screening programmes.

More information: <http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/hiv-aids/activities/ec-who-project-scaling-up-access-to-high-quality-harm-reduction/ec-who-grant-agreement-on-harm-reduction>

3.4 PITOC: Public Information Tobacco Control

3.4.1 Background information

The project was funded under the 2008 work plan of the second Health Programme 2008-2013, with funding from the EU totalling EUR 188.952. It started in January 2010 and ended in January 2012.

3.4.2 Brief description

The aim of the project was to contribute to the reduction of smoking-related morbidity and mortality by supporting the implementation of EU tobacco products legislation. Directive 2001/37/EC stated that part of the data on tobacco ingredients, submitted by manufacturers, must be also disseminated to the consumers.

The project aimed to produce information documents (factsheets) on 14 tobacco ingredients which pose the highest health hazards regarding their nature and the amount in which they are generally added: sugars + caramel, glycerol, propylene glycol, sorbitol, cacao, aldehydes, ammonia, menthol, liquorice, prune, carob bean, guar gum, vanillin (or lactic acid) and cellulose fibre.

3.4.3 Concrete outcomes

As a main result, 16 European countries collaboratively launched websites that inform the general public on the general and tobacco industry use of tobacco additives as well as their harmful health effects. The fact sheets on tobacco ingredients and their dangers to health have been disseminated via the websites. In addition, health professionals were provided fact sheets for use in public health practices. Finally, guidance was also provided to policy makers regarding regulation of the contents of tobacco products.

For more information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20081229>

3.5 Project Take Care: Strategies towards responsible alcohol consumption for adolescents in Europe

3.5.1 Background information

The project was funded under the 2009 work plan of the second Health Programme 2008-2013, with total funding from the EU totalling EUR 900,000. It started in March 2010 and ended in November 2012.

3.5.2 Brief description

The overall objective of the project was to reduce alcohol consumption and the related harm to adolescents and young adults in Europe. To do so, it developed and implemented concrete strategies and interventions which encouraged the responsible handling of alcohol by adolescents and teens, mainly focusing on youths between 12 and 21 years old.

Specifically, the project aimed to appraise and consolidate relevant best practices in the partner countries, to develop and implement a multi-level approach and draft manuals with and for adolescents and young adults, parents and other key persons and to put in practice a training module for retailers.

The project focused on a multilevel approach, i.e. that interventions are more effective and reinforce each other if they take place in a defined social environment (urban quarter, community) and are directed at different target groups simultaneously.

3.5.3 Concrete outcomes

Adolescents participated in a four-day “ro.pe-Training©”. Parents and so-called key-persons (important figures in the adolescents' lives) received support to develop a clear and reflective attitude towards the use of alcohol, through dedicated trainings. Employees in retail in the social environment received information materials and coaching on everyday sales situations regarding alcohol and the compliance with the law on the sale of alcohol through “First-Rate Retailer Tools”.

The project had a direct and measurable impact on all specific target groups. The consumption of alcohol by adolescents having risky patterns of drinking alcohol was reduced in amounts and/or frequency by almost 50% in the reference period. The project also improved the knowledge and competence of parents, key-persons and retailers to deal confidently with adolescents who consume alcohol. Finally, the project revealed an alarmingly low level of knowledge regarding the legislation on the sales of alcohol to minors.

The project delivered a comprehensive manual covering all aspects of the action.

More information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20091220>

3.6 PHGEN II European Best Practice Guidelines for QA, Provision and Use of Genome-based Information and Technologies

3.6.1 Background information

The project was funded under the 2008 work plan of the second Health Programme 2008-2013, with total co-funding from the EU of EUR 1.301.693. It started in June 2009 and ended in November 2012.

3.6.2 Brief description

The objective of the project was to produce an EU-wide set of best practice guidelines on the application of genome-based knowledge and technologies to support the development of personalized medicine across the European Union. It followed up on the PHGEN I (Public Health Genomics European Network).

3.6.3 Concrete outcomes

The most important results of the project are as follows:

- Development of the European Best Practice Guidelines for Quality Assurance, Provision and Use of Genome-based Information and Technologies (summarized and endorsed as the “Declaration of Rome”) which was published in the journal 'Drug Metabolism and Drug Interactions'.
- Compilation of the existing evidence in the field of Genome-based Information and Technologies.

For more information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20081302>

3.7 Correlation II: European Network Social Inclusion and Health

3.7.1 Background information

The project was funded under the 2008 work plan of the first Health Programme 2003-2008, with the co-funding from the EU totalling EUR 894.145,28. It started in April 2009 and ended in March 2012.

3.7.2 Brief description

The aim of the project was to improve prevention, care and treatment services on blood-borne infectious diseases, and in particular, on Hepatitis C and HIV/AIDS among vulnerable and high risk populations such as drug users and young people at risk. Concretely, the Correlation network focused on increasing access to services and the quality of health promotion interventions, strengthening capacities among health service providers and influencing health policies.

3.7.3 Concrete outcomes

For the e-health strategies in the field of prevention, a Social Intervention Tool and a related training module was developed. It can be used by service providers for e-Health, e-counselling and e-therapy by using online chatting (<http://digitalhealth.eu/>).

As regards peer education, a peer support strategy and peer-based health promotion and prevention strategies, the existing literature and manuals were reviewed and a peer support website was set up including curricula and description of various good practices for peer support.

Concerning Hepatitis C, a booklet was produced on good practices related to intervention strategies “Hepatitis C: Transmission and Injecting Drug use: Harm Reduction Responses”. Furthermore, a training tool was developed and field tested with 27 representatives from 13 countries (RO, SK, SE, NL, ES, FR and ENP countries including Ukraine, Russia, Moldova, Serbia, and Albania). The manual was translated into Russian, Swedish and Spanish.

Finally, concerning HIV/AIDS, a set of evidence based policy recommendations was developed on prevention related to special risk groups. The recommendations were presented at the European Parliament seminar on 29-30 June 2011 and at the final conference in December 2011 in Ljubljana.

For more information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20081201>

4 HEALTH INFORMATION

4.1 SCPE-NET - Surveillance of cerebral palsy in Europe: best practice in monitoring, understanding inequality and dissemination of knowledge

4.1.1 Background information

The project was funded under the 2008 work plan of the second Health Programme 2008-2013, with co-funding from the EU totalling EUR 600,000. It started in October 2009 and ended in December 2012.

4.1.2 Brief description

This project aimed at improving the health and wellbeing of children with Cerebral Palsy (CP) in all European countries. The specific objectives were to disseminate information and best practice aimed at children with CP to parents and professionals and to document variations in health care provision, access and outcomes in children with cerebral palsy. In addition, the project aimed at improving the collection, recording, description and use of clinical and epidemiological data on CP. Finally, the project aimed at making recommendations for monitoring CP and intellectual impairment at regional or national level, and also possibly translating this new knowledge and experience on CP to other childhood impairments and chronic conditions.

4.1.3 Concrete outcomes

The main outcomes of the project were a set of recommendations on best practice in clinical information of children and young people with CP, a newly developed classification and scale and evidence on variations in a series of clinical interventions and outcomes across Europe. The project

also included an analysis by socioeconomic status using the limited available data. A proposal for obtaining quality and comparable socioeconomic data in the EU CP registers is now available.

The SCPE-NET project increased the SCPE common database by more than 3000 cases. Innovative data analysis methods were incorporated and new epidemiologic data were published.

The publicly open and multilingual website developed by SCPE-NET is a platform for disseminating epidemiological information on CP and innovative medical education materials such as the SCPE Reference and Training Manual.

For more information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20081307>

4.2 EURO-GBD-SE: The potential for reduction of health inequalities in Europe

4.2.1 Background information

The project was funded under the 2008 work plan of the second Health Programme 2008-2013, with total co-funding from the EU of EUR 749.950,38. It started in July 2009 and ended in June 2012.

4.2.2 Brief description

EURO-GBD-SE project had three main objectives; 1.) to provide updated estimates of the magnitude of socioeconomic inequalities in health in Europe; 2.) to assess the contribution of risk factors to these health inequalities and; 3.) to analyse the extent to which health inequalities in Europe can be reduced by policies and interventions focusing on socioeconomic determinants and specific risk factors.

4.2.3 Concrete outcomes

The project demonstrated that inequalities in mortality and morbidity in Europe have persisted into the 21st century, and manifest themselves in patterns that are broadly similar to those seen in the 1990s. This implies that they continue to be one of the main challenges for public health policy. The project also showed that the explanation of inequalities in mortality, in terms of the quantitative contribution of specific risk factors, differs between European countries. This implies that different countries have different entry-points for policies to tackle health inequalities.

Furthermore, the project has shown that many countries can reduce their relative inequalities in mortality by up to 10, 20 or even 30% if they would succeed in reducing inequalities in one or more risk factors to the level currently seen in the European country with the smallest inequalities in exposure.

For more information: <http://ec.europa.eu/eahc/projects/database.html?prjno=20081309>

4.3 OECD: Cooperation on key areas of work of the Health Committee of the Organisation for Economic Co-operation and Development (OECD)

4.3.1 Background information

This Direct Grant Agreement project was funded under the 2009 work plan of the second Health Programme 2008-2013, with the funding from the EU totalling EUR 600,000. It started in August 2010 and ended in December 2012.

4.3.2 Brief description

The aim of this project was to improve analysis of different health systems to enhance the capacity of the European Commission and the OECD to compare hospital efficiency and performance across countries. The project aimed at developing modelling on the effectiveness, efficiency and distributional impact of health interventions and comparing the performance of the hospital sector.

Hospital sector comparisons were seen as a key component in achieving a better estimate of the impacts of health interventions. Such interventions were essential to develop tools to support health policies and integrated approaches in the areas of prevention and treatment of chronic diseases.

4.3.3 Concrete outcomes

First, work consisted of testing and validating a modelling template (so-called CDP 2.0 template) which is the first computer simulation to dynamically model the complex relationships deriving from interactions between socio-economic factors, epidemiological trends, treatment pathways and the organisation and financing of health care. This was done for all major non-communicable diseases to compare the effectiveness of policy interventions from prevention to treatment and long-term care.

Second, work focused on continued data collection on surgical interventions and identifying the reasons behind large variations in surgical activity rates across the EU. It was found out that some of these variations reflect data comparability limitations. Nevertheless, a significant part of the variations reflect real and important differences in surgical activity rates.

Third, results show that the volume and type of surgical procedures performed in hospitals have evolved over time, some types of surgical interventions growing rapidly (e.g., cataract surgery, hip and knee replacement) and other interventions declining as they are replaced by improved techniques (e.g., coronary bypass surgery, appendectomy).

Finally, an improved capacity for hospital efficiency and performance comparisons was considered useful as regards a possible extension of the joint OECD/Eurostat/WHO-Europe efforts on health care statistics.

For more information:

http://ec.europa.eu/health/projects/docs/2010_health_healthcare_policy_fr_en.pdf

and

http://ec.europa.eu/health/projects/docs/2010_hospital_procedures_fr_en.pdf

2nd Part : Budget Implementation Report 2012

1 BUDGET

The budget for the second Health Programme for the period 2008-2013 is EUR 321.5 million. The budget set out in the work plan for 2012¹ was EUR 49 700 000. This was broken down as follows:

Operational expenditure: EUR 48 300 000 corresponding to budget line 17 03 06 — *EU action in the field of health*;

Administrative expenditure: EUR 1 400 000 corresponding to budget line 17 01 04 02 — *Expenditure on administrative management*.

With the inclusion of EFTA/EEA and Croatia credits and recovery credits from previous budgetary years, the total operational budget amounted to EUR 51 590 623 and the total administrative budget to EUR 1 436 400.

The former Executive Agency for Health and Consumers (EAHC) which in January 2014 was renamed as the Consumers, Health and Food Executive Agency (CHAFEA), has been providing the Commission with technical, scientific and administrative assistance in implementing the Health Programme since 2005². The CHAFEA organises annual calls for proposals, coordinates the evaluation of submissions, and negotiates, signs and manages related grant agreements. The CHAFEA is also responsible for many procurement procedures. In 2012, the CHAFEA managed EUR 34 434 936,01 and the Commission managed the remaining EUR 16 920 727,63 covering procurement and some other actions.

¹ OJ C 358, 8.12.2011 p.8

² 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).

2 PRIORITIES FOR 2012 AND FINANCING MECHANISMS

The priorities for 2012 were set out in Commission Implementing Decision 2011/C 358/06 of 1 December 2011 adopting the 2012 work plan and related criteria³.

The following financing mechanisms were used to implement the work plan for 2012:

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. However, the EU contribution may go up to 80% if a proposal meets the criteria for exceptional utility.

Operating grants: these are awarded to non-profit organisations or specialised networks active in areas corresponding to the three objectives of the programme. Such bodies must be non-governmental, non-profit, and 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. However, the EU contribution may go up to 80% if a proposal meets the criteria for exceptional utility.

Grants for joint actions: these are awarded to Member States' authorities or bodies designated by them. The maximum EU contribution is 50%. However, the EU contribution may go up to 70% if a proposal meets the criteria for exceptional utility. Exceptional utility co-financing of 70% was envisaged for the joint action "Facilitating collaboration on organ donation between national authorities in the EU" because of its contribution to the effective implementation of EU legislation in this field.

Conference grants: these go towards conferences on public health issues, organised by public bodies or non-profit organisations and the EU Council Presidencies. The maximum EU contribution is 50% of eligible costs.

Direct grant agreements with international organisations are awarded to international organisations active in the area of public health. 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 fully covers the cost of procurement actions.

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, which represent *de facto* or *de jure* monopolies.

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

³ OJ C 358, 8.12.2011 p.8

3 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
65	Calls for proposals:	29 720 558,01	57.88%
19	Project grants	15 734 934,53	30.64%
9	Conference grants	757 782,33	1.48%
19	Operating grants	4 327 879,85	8.43%
5	Grants for joint actions	8 899 961,30	17.33%
3	Direct grant agreements	2 633 000,00	5.13%%
11	Procurement (service contracts)	14 275 784,38	27.80%
	<i>Managed by CHAFEA</i>	2 081 378,00	4.05%
	<i>Managed by DG SANCO</i>	12 194 406,38	23.75%
	Other actions <i>Managed by DG SANCO</i>	4 726 321,24	9.20%
	Executed budget in 2012	51 355 663,63	100%
	Total available budget	51 590 623,00	
	Credits not used (pre-accession credits not yet used, differences between amounts in the award decision and amounts actually contracted)	234 959,37	
	Level of budget execution	99,5%	

For comparison, in 2011, project grants amounted to 6.98 Mio €, and grants for joint actions 16.55 Mio €. The budgets amounted to other financing mechanisms were similar to 2012: conference grants 0.7 Mio €, operating grants 4.01 Mio €, direct grants 3.2 Mio €, and procurement 15.14 Mio €.

3.1 Calls for proposals

Four calls for proposals — for projects, conferences, operating grants and joint actions — were launched on 8 December 2011 on the Public Health Europa website⁴ and the CHAFEA website⁵. The calls were also published in the Official Journal of the European Union⁶. The calls closed on 9 March 2012. The majority of applications were received from main partners in EU-15 Member States: 85% of project applications, 84% of conference grant applications, 97% of operating grant applications, and 100% of joint action applications.

The CHAFEA organised a joint action workshop in December 2011 and a joint action quality assurance workshop in February 2012. Information days were organized in Brussels (for the European Innovation partnership on Active and Healthy Ageing), Italy and Greece. Guidelines for applicants were made available on the CHAFEA website. The CHAFEA helpdesk also provided assistance and practical help.

Altogether, 180 applications were submitted for an amount totalling EUR 87 220 234 with ten having been excluded already in the screening phase. Out of the 170 remaining applications, 47 (27,6%) were recommended for funding. Applications were evaluated in accordance with the rules and criteria set out in Commission Decision 2011/C 69/01 and the calls for proposals⁷. Applications were evaluated by 38 external experts, coming from 18 countries, 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’⁸.

The evaluation process took place in two stages.

In the first stage, three external evaluators reviewed each proposal. A consolidated evaluation report for each proposal was drawn up at a meeting organised by the CHAFEA.

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 and the CHAFEA.

The committee of the second programme of Community action in the field of health (2008-13) issued a favourable opinion on the actions proposed for funding at its meeting on 29 June 2012. The related awarding Commission Decision was adopted on 5 July 2012⁹.

⁴ http://ec.europa.eu/health/programme/policy/index_en.html

⁵ <http://ec.europa.eu/eahc/health/health.html>

⁶ OJ C/358, 8.12.2011

⁷ http://ec.europa.eu/eahc/documents/health/calls/2012/WP_2012_en_for_projects.pdf

⁸ OJ C 69/01, 3.3.2011

⁹ OJ S 65, 2.4. 2011 and http://ec.europa.eu/eahc/phea_ami/

⁹ http://ec.europa.eu/health/programme/docs/award_decision2012.pdf

3.1.1 Project grants

In all, 88 proposals were submitted in response to the call for proposals for projects. 16 proposals were recommended for funding and 5 were placed on a reserve list. In the end, 19 projects were funded for a total of EUR 15 734 934, 53. Their distribution among the programme strands was as follows:

1. Health security: EUR 1 046 166 (2 projects)
2. Health promotion: EUR 14 688 768.53 (17 projects)

Annex 1 contains a table of the projects funded. The CHAFEA database¹⁰ provides abstracts of these. 96% of successful projects were presented by main partners in EU-15. The participation rate of EU-12 country associate partners however is at 23%.

3.1.2 Conference grants

A total of 41 proposals were submitted in response to the call for proposals for conferences. Seven proposals were recommended for funding and two were put on the reserve list. In the end, seven out of the 41 conferences (17%) under the call for proposals and two conferences organised by the Presidencies of the European Council were funded for a total budget of EUR 757 782,33. Their distribution among the programme strands was as follows:

3. Health promotion: EUR 233 685,33 (2 conferences + presidential conference CY)
4. Health information: EUR 524 097,00 (5 conferences + presidential conference IE)

The conferences addressed: cancer, equity in health, health promotion, public health in general, Alzheimer's, rare diseases and orphan products, organ transplantation and workplace health. The Cypriot Presidency conference focused on healthy ageing, and the Irish Presidency conference on eHealth.

Annex 2 and Annex 3 contain tables of the conferences funded. The CHAFEA database provides abstracts of these.

3.1.3 Operating grants

A total of 40 proposals were submitted in response to the call for proposals for operating grants. Of these, 19 were proposed for funding and two (2) were placed on a reserve list. In the end, 19 proposals – 8 new proposals and 11 renewal proposals – were funded out of the 40 submitted (47.5%) for a total of EUR 4 327 879,85.

New operating grants were awarded to: the Academic Medical Centre Amsterdam (ESPN/ERA-EDTA: network on rare kidney diseases); the Foundation De Regenboog Groep (coordination of the Correlation network – social inclusion and health¹¹); the Fundación Vasca de Innovación e Investigación Sanitarias (network of neonatal intensive care units); the International Association for Ambulatory Surgery (I.A.A.S.); the International Union for Health Promotion and Education (I.U.H.P.E.); the Statens Serum institute (EURO-MoMo network: real-time mortality monitoring across Europe) and the University of Newcastle upon Tyne (network on rare neuromuscular diseases). CBO B.V. was awarded a grant for continuation of the Schools for Health in Europe network – SHE network, after the closure of the Netherlands Institute for Health Promotion (NIGZ).

Renewals were awarded to: Alzheimer Europe; EUROPA DONNA; the European Alcohol Policy Alliance (EURO-Care); the European Multiple Sclerosis Platform (EMSP); the European Patients'

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

¹¹ This network was created under the project Correlation II: European Network Social Inclusion and Health funded in 2008 with funds from the Health Programme for a three years period (see above p. 14)

Forum (EPF); the European Network for Smoking and Tobacco Prevention (ENSP); the European Organisation for Rare Diseases (EURORDIS); the European Public Health Alliance (EPHA); PREVENT (for the European network on workplace health promotion); Stichting Aids Fonds Soa Aids Nederland; and Stichting Health Action International (HAI).

Annex 4 contains a table of the operating grants funded. The CHAFEA database provides abstracts of these.

3.1.4 Joint actions

Five proposals for joint actions were submitted and funded for a total of EUR 8 899 961.30. They were distributed among the programme strands as follows:

- 5. Health security: EUR 4 443 024,30 (3 joint actions)
- 6. Health promotion: EUR 4 456 937,00 (2 joint actions)

These joint actions, involving a large number of Member States and third countries taking part in the programme, focused on: organ donation; quality in HIV/AIDS prevention; maritime transport and health threats; mental health; and health workforce planning.

Annex 5 contains a table of the joint actions funded. The CHAFEA database provides abstracts of these.

3.2 Direct grant agreements with international organisations

In all, 4 direct grant agreements were signed for a total of EUR 2 633 000 as follows:

- 7. Council of Europe concerning cooperation on substances of human origin;
- 8. International Organization for Migration (I.O.M.) concerning health provision for migrants, the Roma and other vulnerable groups;
- 9. Organisation for Economic Cooperation and Development (OECD) concerning cooperation on health information;
- 10. Commission membership at the European Observatory on Health Policies and Health Systems

Annex 6 contains a table of the direct grant agreements that were funded.

3.3 Procurements (service contracts)

A number of service contracts have been signed by DG SANCO, 12 of them under Health Security, 7 under Health Promotion and 26 under Health Information, and a series of specific requests for IT services on the basis of existing framework contracts. The overall budget managed by DG SANCO amounts €12 194 406, 38 million. CHAFEA managed 13 service contracts (6 under Health Security, 3 under Health Promotion and 4 under Health Information) for a total of EUR 2 081 378,00. The amounts per strand and authorising organisation are as follows:

Programme objective	Tenders contracts / SANCO	Tenders contracts / CHAFEA	Total tenders / contracts
Health Security	205 183,19	1 133 161	1 338 344,19
Health Promotion	9 366 607,80	299 453	9 666 060,80
Health Information	1 756 239,51	648 764	2 405 003,51
Transversal (IT services)	866 375,88	0	866 375,88
Total	12 194 406,38	2 081 378	14 275 784,38

These contracts covered needs as specified in the work plan for 2012: evaluation and monitoring of actions and policies, studies, provision of advice, data and information on health, scientific and technical assistance, communication and awareness-raising activities and IT applications in support of policies.

Annexes 7 and 8 provide more detail about the service contracts signed.

3.4 Other actions

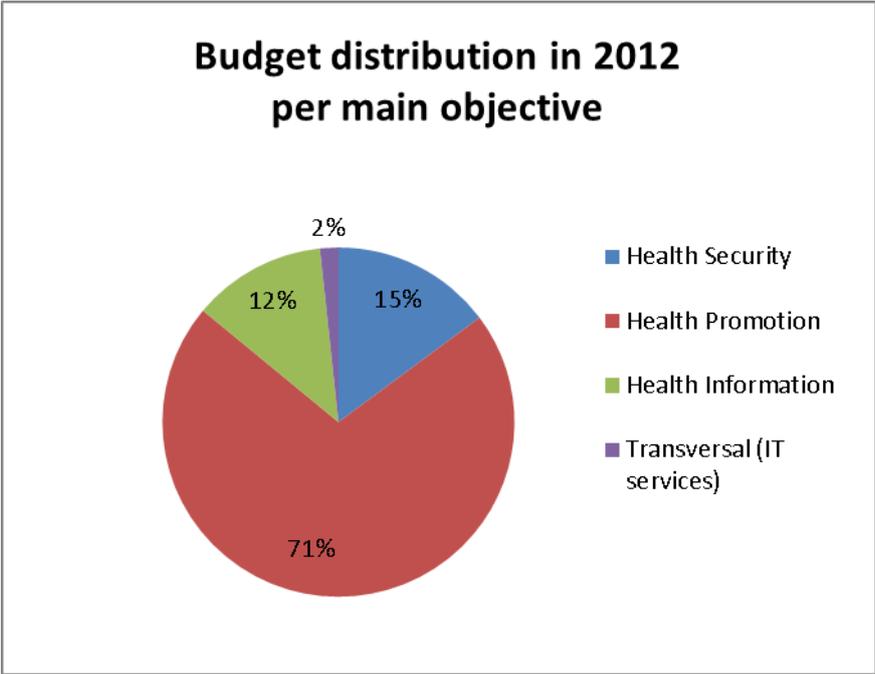
A sum of EUR 4 726 321, 24 was earmarked for other actions in 2012. This covered special indemnities to experts for their participation in and work for the EU Scientific Committees in line with Commission Decision 2008/721/EC¹² for a total of EUR 270 00 sub-delegations to other Commission Directorates for the organisation of conferences/events and IT services. This also covered an administrative agreement with the Joint Research Centre (JRC) for the harmonisation and development of cancer information in the EU for a total amount of EUR 4 000 000. The administrative agreement foreseen with JRC on scientific policy support on tobacco for a total of EUR 100 000, 00 was not implemented.

4 IMPLEMENTATION OF THE OPERATIONAL BUDGET BY PROGRAMME OBJECTIVES

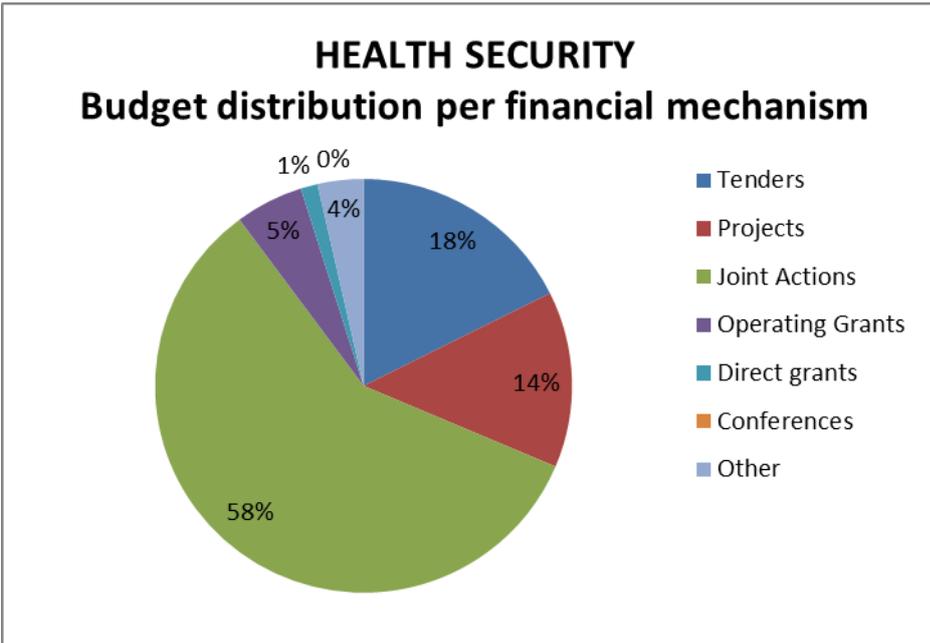
4.1 Global budget consumption in 2012

The graph below illustrates how the budget was used in 2012 according to the three programme strands. A total of EUR 7 598 433, 49 was spent on health security, EUR 36 577 525,51 on health promotion and EUR 6 313 328,75 on health information. Finally, EUR 866 375,88 was invested in IT services necessary to support the three strands.

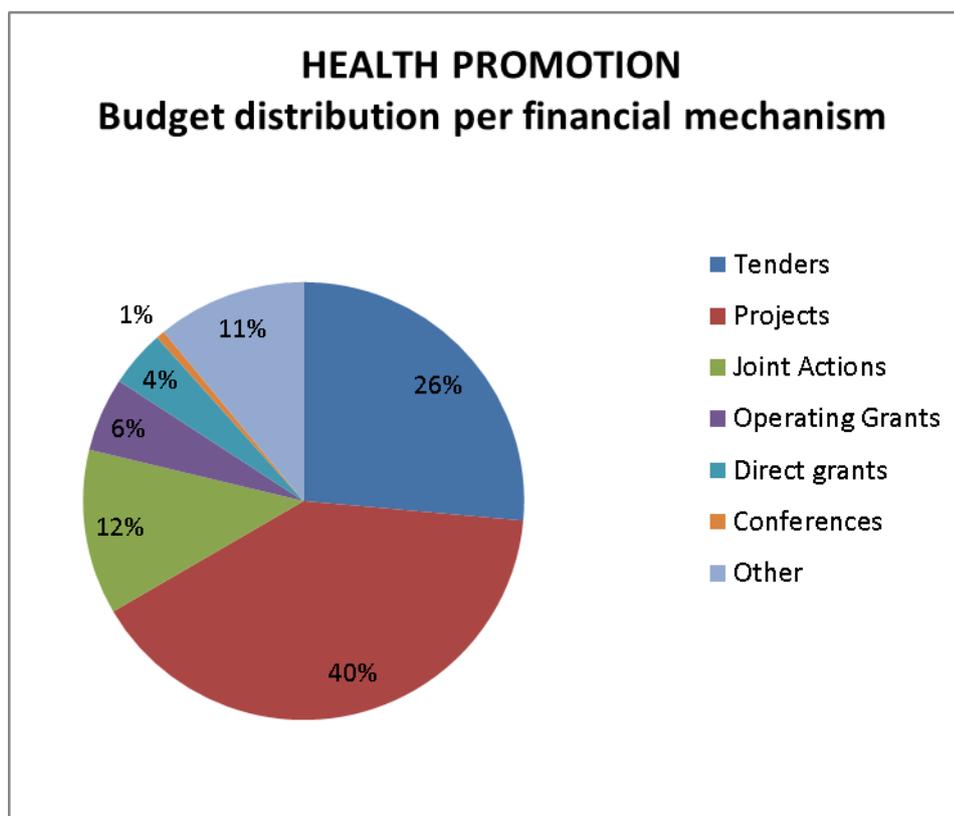
¹² OJ L 241, 10.9.2008, p. 21.



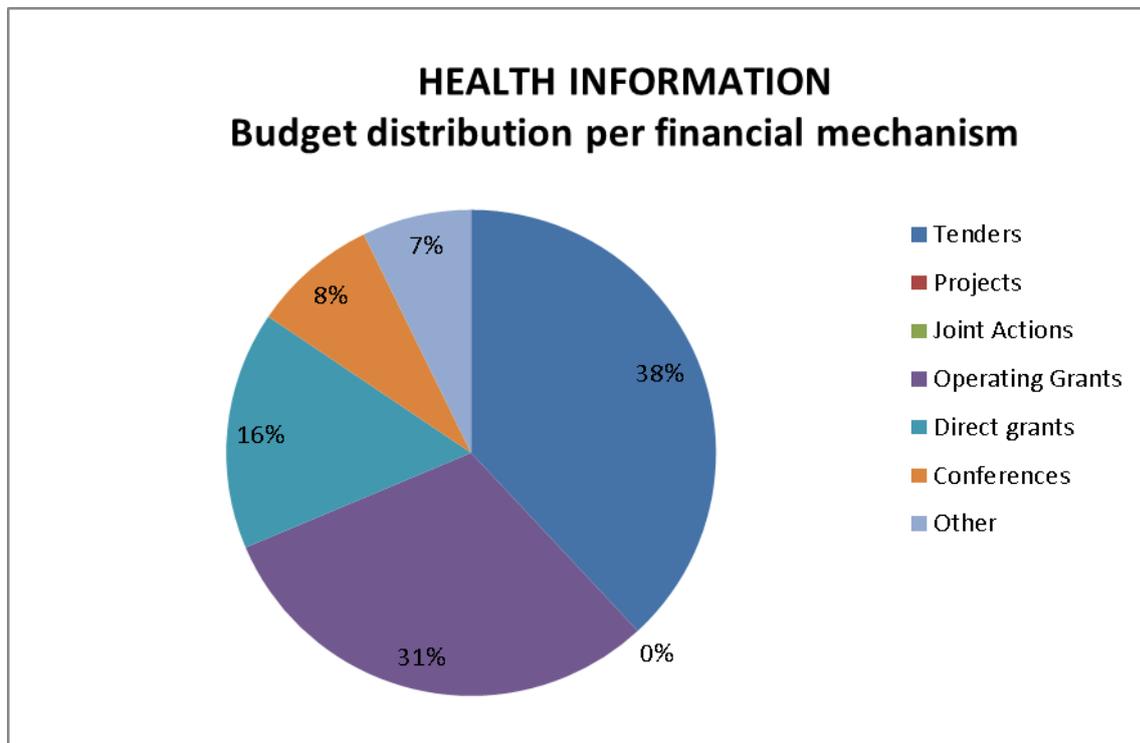
4.2 Health security: EUR 7 598 433, 49 – 15 % of the operational budget in 2012



4.3 Health promotion: EUR 36 577 525, 51 – 71 % of the operational budget in 2012



4.4 Health Information EUR 6 313 328,75 – 12 % of the operational budget in 2012



ANNEX 1 –Project grants (signed and committed)

HEALTH SECURITY				
Number	Acronym	Title		Amount
3.1.2	ECHEMNET	European Chemical Emergency Network	Protect citizens against health threats	447 600,00
3.1.2	AIRSAN	Coordinated action in the aviation sector to control public health threats	Protect citizens against health threats	598 566,00
Total				1 046 166,00
HEALTH PROMOTION				
3.2.4	NPDR (PRO)/UHB/ADI	An EU rare diseases registry for Niemann-Pick Disease type A, B and C.	Prevention of major and rare diseases	1 199 597,73
3.2.4	E-HOD (PRO) / VUMC	European network and registry for homocystinurias and methylation defects	Prevention of major and rare diseases	690 793,00
3.2.1	MANAGE-CARE / TUD	Active Ageing with Type 2 Diabetes as Model for the Development and Implementation of Innovative Chronic Care Management in Europe	Increasing healthy life years and promoting healthy ageing	692 441,40
3.2.3	HEPCOM (PRO) / CBO	Promoting healthy eating and physical activity in local communities	Addressing health determinants	1 000 000,00

3.2.1	ICARE4EU (PRO)/NIVEL	Innovating care for people with multiple chronic conditions in Europe	Increasing healthy life years and promoting healthy ageing	1 214 321,03
3.2.4	EUROCRINE (PRO)	European Surgical Registry for Rare Endocrine Tumours	Prevention of major and rare diseases	700 000,00
3.2.4	EUOTRACS	EUROpean Treatment & Reduction of Acute Coronary Syndromes cost analysis	Prevention of major and rare diseases	1 198 693,32
3.2.3	LET IT HAPYN!	Empowering the Youth Sector with a better overview of evidence-based Alcohol intervention programmes	Addressing health determinants	236 284,09
3.2.1	ACT (PRO) - PMSB	Advancing Care Coordination & TeleHealth Deployment Programme	Increasing healthy life years and promoting healthy ageing	1 596 383,63
3.2.1	E-CAPACIT8 PROJ	Strengthening occupational health professionals' capacities to improve the health of the ageing workforces.	Increasing healthy life years and promoting healthy ageing	513 707,30
3.2.4	BENCH-CAN / OECI	Benchmarking comprehensive cancer care that provides interdisciplinary treatment for patients, and yield examples of best practice in comprehensive cancer care	Prevention of major and rare diseases	473 276,98
3.2.4	INNERMED-I-NETWORK	Inherited NeuRoMetabolic Diseases INFORMATION NETWORK	Prevention of major and rare diseases	1 000 000,00
3.2.4	ECONDA	Economics of Chronic Diseases	Prevention of major and rare diseases	791 466,37
3.2.4	EUROMAC	European registry of patients with McArdle disease and very rare muscle glycogenolytic disorders (MGD) with exercise intolerance as the major symptom (PR-MDMGD)	Prevention of major and rare diseases	911 578,00
3.2.4.	E-ENERCA / IDIBAPS	NEW e-HEALTH SERVICES FOR THE EUROPEAN REFERENCE NETWORK ON RARE ANAEMIAS	Prevention of major and rare	1 163 274,82

			diseases	
3.2.3.	OPEN	Obesity Prevention through European Network	Addressing health determinants	1 053 428,86
3.2.3.	EYTO / NCB	European Youth Tackling Obesity	Addressing health determinants	253 522,00
Total				14 688 768,53
TOTAL PROJECTS				15 734 934,53

ANNEX 2 — Presidency Conference (signed and committed)

HEALTH PROMOTION				
Number	Acronym	Title	Action	Amount
1	PRESIDENCY CONFERENCE CYPRUS - HEALTHY AGEING / (CONF) / MOH	Healthy Ageing Across the Lifecycle	Increasing healthy life years and promoting healthy ageing	58 685,33
Total				58 685,33
HEALTH INFORMATION				
1	IRISH PRESIDENCY - HIGH LEVEL E-HEALTH CONFERENCE 2013	HIGH LEVEL E-HEALTH MINISTERIAL CONFERENCE 2013		100 000
Total				100 000
TOTAL PRESIDENCY CONFERENCE				158 685,33

ANNEX 3 — Conference grants (signed and committed)

HEALTH PROMOTION			
Number	Acronym	Title	Amount
1	GCHP	8th Global Conference on Health Promotion	75 000,00
2	HPS	EQUITY IN HEALTH THROUGH EDUCATION: THE FOURTH EUROPEAN CONFERENCE ON HEALTH PROMOTING SCHOOLS	100 000,00
Total			175 000,00
HEALTH INFORMATION			
1	CCPC CONFERENCE	The Second European Colorectal Cancer Patient Conference: The Power of Patients Voice: The Challenges, Collaboration and Change	70 922,00
2	ELPAT 2013 (CONF)	Organ Transplantation: Ethical, Legal and Psychosocial Aspects. Outreach from the European Platform	100 000,00
3	PH WORK CONFERENCE	Workplace health practices for employees with chronic illness.	73 175,00
4	23RD ALZHEIMER EUROPE CONFERENCE	23rd AE Conference: Living well in a dementia friendly society	80 000,00
5	BRUSSELS 2013	Sixth European Public Health Conference	100 000,00
Total			424 097,00
TOTAL CONFERENCES			599 097,00

ANNEX 4 –Operating grants (signed and committed)

HEALTH SECURITY			
Number	Acronym	Title	Amount
1	SSI_FY 2013 (OG) / AD1	EURO-MoMo network: real-time mortality monitoring across Europe	130 219,00
2	ED_FY 2013 (OG) AD1	EUROPA DONNA	270 680,00
Total			400 899,00
HEALTH PROMOTION			
1	SANL FY2013 - OG / AD 1	Stichting Aids Fonds Soa Aids Nederland	250 000,00
2	EPHA_FY 2013 (OG)	European Public Health Alliance	549 232,00
3	IUHPE2013 - OG / AD1	International Union for Health Promotion and Education	97 463,00
4	AE2013 - OG	Alzheimer Europe	190 000,00
5	PREVENT_FY 2013 (OG)	European network on workplace health promotion	93 898,00
6	ENSP FY2013 - OG	European Network for Smoking and Tobacco Prevention	201 385,85
7	EUROCARE_FY2013 - OG - AD 1	European Alcohol Policy Alliance	99 000,00
8	HAI_FY 2013 (OG)	Stichting Health Action International	218 000,00
9	ESPNEG_FY2013 - OG	Network on rare kidney diseases	150 189,00
10	CBO_FY 2013 (OG)	Schools for Health in Europe network – SHE network	149 906,00
Total			1 999 073,85
HEALTH INFORMATION			
1	EURORDIS FY_2013 - OG	European Organisation for Rare Diseases	579 999,00
2	EMSP FY_2013 - OG / AD1	European Multiple Sclerosis Platform	279 858,00
3	EPF_FY 2013 (OG)	European Patients' Forum	568 488,00
4	FRG_FY 2013 (OG)	Correlation network – social inclusion and health	100 581,00
5	BIOEF FY2013 - OG	Network of neonatal intensive care units	100 000,00
6	IAAS_FY2013 - OG / AD 1	International Association for Ambulatory Surgery	99 300,00
7	UNEW FY2013 - OG	Network on rare neuromuscular diseases	199 681,00
Total			1 927 907,00
TOTAL OPERATING GRANTS			4 327 879,85

ANNEX 5 –Joint actions (signed and committed)

HEALTH SECURITY				
Number	Acronym	Title	Action	Amount
3.1.4.	FOEDUS	Facilitating exchange of organs donated in EU member states	Safety and quality of organs	1 149 902,30
3.1.2.	QHP / BZGA / AD 1	Improving Quality in HIV Prevention	Protect citizens against health threats	1 493 180,00
3.1.2.	SHIPSAN ACT / UTH	The impact on maritime transport of health threats due to biological, chemical & radiological agents, including communicable diseases	Protect citizens against health threats	1 799 942,00
Total				4 443 024,30
HEALTH PROMOTION				
3.2.2.	EUHWFORCE - FPS	European Health Workforce Planning and Forecasting	Health inequalities	2 964 749,00
3.2.3.	MH-WB	Mental health and well-being	Addressing health determinants	1 492 188,00
Total				4 456 937,00
TOTAL JOINT ACTIONS				8 899 961,30

ANNEX 6 –Direct grant agreements with international organisations (signed and committed)

HEALTH SECURITY			
Number	Acronym	Title	Amount
1	COE (CONTRIBUTION AGREEMENT)	Dissemination of best practices in tissues and cells donation/transplantation	100 000,00
Total			100 000,00
HEALTH PROMOTION			
1	EQUI HEALTH IOM	Fostering health provision for migrants, the Roma, and other vulnerable groups	1 533 000,00
Total			1 533 000,00
HEALTH INFORMATION			
1	CDP & PSI / OECD	Analysis of the cost-effectiveness of chronic disease prevention activities / Further work on Patient Safety Indicators	500 000,00
2	European Observatory on Health Policies and Health Systems	Commission membership at the European Observatory on Health Policies and Health Systems	500 000,00
Total			1 000 000,00
TOTAL DIRECT GRANTS			2 633 000,00

ANNEX 7 — List of service contracts — procurement (signed and committed by DG SANCO)

HEALTH SECURITY		
Local SI2.KEY	Reference	Amount in €
SI2.630392.1	17.030600- DATA SEARCHING MEDICAL DEVICES CONT DEHP PLASTICIZED PVD - OF 46 BRE	8.818,00
SI2.619841.1	17.030600- DATA MINING ON BREAST IMPLANTS - OF 43	26.378.19
SI2.637385.1	17.030600/12/637385 - THE SAFETY OF PIP SILICONE BREAST IMPLANTS -	18.380,00
SI2.641195.1	17.030600/12/641195 - EDITORIAL SUPPORT ON NANO TI02-DEG	2.309,00
SI2.641232.1	17.030600/12/641232 - SYNTHETIC BIOLOGY N°2	13.999,00
SI2.617480.1	17.030600- DATA MINING ELECTROMAGNETIC FIELDS - OF 42	25.245,00
SI2.628267.1	17.030600- EDITORIAL SUPPORT COMMITTEES' OPINION ON NANO ZINC OXIDE- OF 45 BRE	3.072,00

SI2.630631.1	17.0306- PROV COMMITMENT CHILDHOOD IMMUNISATION CONFERENCE OCT 2012	75.000,00
SI2.631392.1	17.030600- DATA SEARCHING MERCURY IN DENTAL AMALGAMS - OF 47 BRE	10.110,00
SI2.633583.1	17.030600- LITERATURE SEARCH ON SYNTHETIC BIOLOGY - OF 48 BRE	12.479,00
SI2.625251.1	17.030600- DATA MINING ON NICOTINE CONTAINING PRODUCTS - OF 44	9.393,00
SUB-TOTAL for Health Security		205.183,19

	HEALTH INFORMATION	
Local SI2.KEY	Reference	Amount in €
SI2.590486.2	CONTRAT SPECIFIQUE WEBMASTER PROTAIL C1 - EUROPEAN SERVICE NETWORK-DEG	40.000,00
SI2.590489.2	CONTRAT SPECIFIQUE SR PROJECT MANAGER PROTAIL C1 - EUROPEAN SERVICE NETWORK-DEG	55.400,00
SI2.616211.2	17.030600 - CS N°5870 - IRIS - EU PUBLIC HEALTH PORTAL AND WEBSITE - V.CHALLINOR	96.135,60
SI2.617343.1	17.030600 - TNS - EUROBAROMETER ON TOBACCO IN 27 MS	499.153,00
SI2.619733.1	17.0306- PROV COMMITMENT HEALTH PROGRAMME CONFERENCE	63.000,00
SI2.620124.1	17.030600-CS N°6023-IRIS-EU PUBLIC HEALTH PORTAL AND WEBSITE- 3 WEBMASTERS - DEG -	178.975,78
SI2.625700.1	17.030600 - JOURNALISM PRIZE 2012	40.000,00
SI2.628272.1	3RD JOURNALIST WORKSHOP ON ORGAN DONATION AND TRANSPLANTATION OCTOBER 2012 - DEG	40.000,00
SI2.628444.4	17.030600 ET 08.010503/12/628444 - GASTEIN 2012 - DEG -	29.937,40
SI2.637079.1	17.030600/12/637079 - HEALTH PORTAL AND WEBSITES -	133.160,00

SI2.640217.1	17.030600/12/ 640217 - EU HEALTH FORUM - EPHA -	54.911,60
SI2.642991.1	17.030600/12/642991 - USE AND IMPACT OF THE EC HEALTH INDICATORS ECHI	93.512,50
SI2.617458.1	17.00306-LAY OUT WORK E-NEWSLETTER & CD-ROMS - MEDIA CONSULTA	4.958,63
SI2.624425.1	17.030600/12/ 624425 - CRAWLER FOR THE EU PUBLIC HEALTH PORTAL -COMPL SI2.581361 - MOD FDI	17.769,00
SI2.625148.2	17.030600- VIDEO ON NUTRITION OVERWEIGHT OBESITY RELATED HEALTH ISSUE - EMAKINA	0,00
SI2.628296.1	CONTRAT SPECIFIQUE 2 WEBMASTERS PORTAIL C1 - EUROPEAN SERVICE NETWORK - DEG -	76.520,00
SI2.628444.2	17.030600 ET 08.010503/12/628444 - GASTEIN 2012 - DEG -	132.670,54
SI2.628992.1	EU HEALTH FORUM - PLANNING ACTIVITES 01/08/2012 - 15/09/2012 - EPHA	6.097,50
SI2.635403.1	C1-17.030600/12/ 635403 - ADDITIONAL FEATURES SEARCH ENGINE HEALTH PORTAL-HON	4.999,00
SI2.642991.2	17.030600/12/642991 - USE AND IMPACT OF THE EC HEALTH INDICATORS ECHI	5.137,50
SI2.643024.1	D3 - EMF CONFERENCE - BRUSSELS - 20/02/2013	44.000,00
SI2.643050.1	17.030600-CS N°8819-IRIS-EU PUBLIC HEALTH PORTAL AND WEBSITE- 2 WEBMASTERS LUX	83.226,00
SI2.643060.1	17.030600-CS N°8816-IRIS-EU PUBLIC HEALTH PORTAL AND WEBSITE- 1 WEBMASTER LUX	49.295,40

SI2.628444.3	17.030600 ET 08.010503/12/628444 - GASTEIN 2012 - DEG -	7.380,06
SUB-TOTAL for Health Information		1.756.239,51

HEALTH PROMOTION

Local SI2.KEY	Reference	Amount in €
SI2.626153.1	17030600/12/626153 - EVALUATION ON IMPLEMENTATION NUTRITION, OVERWEIGHT, OBESITY	271.850,00
SI2.632468.1	COMMUNICATION CAMPAIGN ON SMOKING CESSATION - PART 3 - SAATCHI & SAATCHI	8.913.980,00
SI2.641552.1	C4-17.030600-MONITORING OF EU PLATFORM ON DIET, PHYSICAL ACT & HEALTH	72.750,00
SI2.632025.1	HEALTH POLICY FORUM - 25 OCT 2012 - BXL - EPHA	14.079,00
SI2.622424.1	EU HEALTH FORUM - PLANNING ACTIVITES 01/05/2012 - 31/12/2012	23.948,80
SI2.643156.1	17.030600/12/643156- 2013 MONITORING ACTIVITIES BY EAHF	40.000,00
SI2.620498.1	17.030600/12/620498 - ASSESS QUALITY OF THE 2012 ACTIVITIES MONITORING BY EAHF	30.000,00
SUB-TOTAL for Health Promotion		9.366.607,80

IT SERVICES		
Local SI2.KEY	Reference	Amount in €
SI2.619020.1	CS N°006355 - EXTENSION PUBLIC HEALTH CONSULTANT IN LUX - MOD FDI	57.536,00
SI2.619495.2	ORDER FORM N°1135 - SMARTBEAR SOAPUIPRO LICENCE	665,00
SI2.620686.1	CS N°006441 - EXTENSION FOR DOCUMENTUM SPECIALIST - CD	15.000,00
SI2.622508.1	CS N°006681 - EXTENSION FOR J2EE TEAM	192.034,10
SI2.622530.1	CS N°006678 - EXTENSION FOR PUBLIC HEALTH TEAM - DEG	79.528,98
SI2.622753.2	ORDER FORM N°1259 - LICENCES BAMBOO - RNW	1.300,00
SI2.623247.1	CS N°007070 - IS SENIOR CONSULTANT FOR ORACLE APPLICATIONS	65.858,00
SI2.623688.2	CS N°006784 - SAP FOR ORACLE - CD	9.000,00
SI2.625636.1	CS N°000796 - EXTENSION FOR WEB ADMINISTRATOR - DEG	13.504,83
SI2.625786.3	CS N°006877 - EXTENSION RAPEX, ADNS, HEALTH TEAM LUX & BXL	110.629,52
SI2.629832.7	CS N°7552 - DOCUMENT, WEB CONTENT AND GEOGRAPHICAL MANAGEMENT PROJECTS - CD	60.000,00

SI2.631306.5	CS N°188 - LOCAL OPERATION SERVICES 12/2012 - 5/2013 - CD	50.000,00
SI2.634573.3	CS N°008104 - EXTENSION FOR ORACLE SPECIALIST - DEG	5.563,57
SI2.635473.2	CS N°008182 - PROGRAMMER ASP.NET & C# PROGRAM PROJECTS	16.708,00
SI2.636060.1	CS N°008177 - ANALYST FOR BO TEAM	7.120,36
SI2.636812.4	CS N°007714 - UML MODELING & DATABASE PROJECTS - CD	35.072,18
SI2.640147.5	ORDER FORM N°1946 - RENOUELEMENT LICENCES KXN	2.000,00
SI2.640202.5	ORDER FORM N°1945 - MAINTENANCE LICENCES KXN	3.000,00
SI2.640311.5	ORDER FORM N°1979 - RENOUELEMENT LICENCES POUR DIVERS LOGICIELS - CD	1.000,00
SI2.640336.3	ORDER FORM N°1980 - RENOUELEMENT LICENCES POUR DIVERS LOGICIELS - CD	1.331,00
SI2.642093.1	OF N°2094 - MAINTENANCE VIDEOCONFERENCE CRISIS ROOM - FWC DI/6071	6.263,89
SI2.637312.1	17.030600/12/637312 - WEB BASED TEXT ON SELECTED OPINION -	17.897,62
SI2.642118.1	OF N°2092 - MAINTENANCE VIDEOCONFERENCE SYSTEM1 LUX - FWC DI/6071	6.919,30
SI2.642123.1	OF N°2093 - MAINTENANCE VIDEOCONFERENCE SYSTEME DE CRISE 32 POINTS - FWC DI/6071	3.880,57
SI2.642226.1	OF N°2014 - UPDATE STREAMING FACILITIES FOR SANCO SITES - CD	10.226,01
SI2.642368.5	ORDER FORM N°1462 - DI/6650 - SERVERS FOR POLICY SYSTEMS - CD	12.000,00

SI2.642368.6	ORDER FORM N°1462 - DI/6650 - SERVERS FOR POLICY SYSTEMS - CD	7.000,00
SI2.643753.2	PURCHASE ORDER 20121218 - IT TOOL FOR THE BCP DG SANCO	510,94
SLG.CMM.2012.16347.1	2012-16347 ORACLE BELGIUM BVBA*, CS504A,CC06030	7.513,40
SLG.CMM.2012.16355.3	2012-16355 ORACLE BELGIUM BVBA*, CS519A,CC06030	29.365,40
SLG.CMM.2012.16362.2	2012-16362 ORACLE BELGIUM BVBA*, CS520A,CC06030	954,60
SLG.CMM.2012.16811.1	2012-16811 ORACLE BELGIUM BVBA*, CS505B,CC06030	4.369,48
SLG.CMM.2012.16830.1	2012-16830 ORACLE BELGIUM BVBA*, CS519B,CC06030	8.854,80
SLG.CMM.2012.16845.1	2012-16845 ORACLE BELGIUM BVBA*, CS506B,CC06030	1.889,66
SLG.CMM.2012.16850.1	2012-16850 ORACLE BELGIUM BVBA*, CS507B,CC06030	1.889,66
SI2.617249.1	17.030600 - ARCHIVAGE SITE HELP EU COM - PAIEMENT FINAL CS SI2.581153 CND 2010	13.998,00
SI2.620330.1	17.030600/12/620330- HELP HEBERGEMENT - COMPLEMENT ENGT SI2.581153	0,00
SI2.620330.2	17.030600/12/620330- HELP HEBERGEMENT - COMPLEMENT ENGT SI2.581153	5.991,00
SUB-TOTAL for IT SERVICES		866.375,88

ANNEX 8 — List of service contracts — procurement (signed and committed by the CHAFEA)

HEALTH SECURITY			
Number	Acronym	Title	Amount
1	SC ON FSC EAHC/2011/CP/01 LE - PATIENT STUDY - LONDON ECONOMICS	Impact of information on patients' choice within the context of the Directive 2011/24/EU of the European Parliament and of the Council on the application of patients' rights in cross border healthcare	429 775,00
2	SC ON FSC EAHC/2012/HEALTH/01 RFS16 TABLE TOP EXERCISE / AD1	Inter-sectorial table top exercise on outbreak coordination and response involving public health and food safety authorities	243 295,00
3	SC ON FSC EAHC/2012/HEALTH/01 RFS15 TRAINING SEMINARS / AD1	The organisation of two regional training seminars with Member States public health authorities relating to the implementation of the new decision on serious cross-border threats to health	249 599,00
4	SC ON FSC EAHC/2012/HEALTH/01 LOT1 RFS18 REIMB. MEDICINAL PROD.	Study on the policy mix for the reimbursement of medicinal products: proposal for a best practice based approach based on stakeholder assessment	101 500,00
5	SC ON FSC EAHC/2010/HEALTH/01- LOT2 / CREATIV-CEUTICAL	External reference pricing of medicinal product simulation-based considerations for cross-country coordination	79 850,00
6	SC VACCINES - EAHC/2012/HEALTH/14 - DE ROUVROIT / AD1	Joint procurement of vaccines - Identification of the key drivers for the vaccine industry and analysis of the needs of the Member States	29 142,00
Total			1 133 161,00
HEALTH PROMOTION			
1	ALCOHOL PREVENTION LOT 1 (STAP) - SC	Good practice in Member States to enhance compliance with minimum age limits for selling or serving alcoholic beverages	99 995,00

2	ALCOHOL BEVERAGE LABELS LOT 2 (SIGNIFICANT) / AD1	State of play in the use of alcoholic beverage labels to inform consumers about health aspects	99 958,00
3	FSC EAHC/2010/HEALTH/01-LOT1 / MATRIX INSIGHT/AD1	Reports on health status of the Roma population in the EU and the monitoring of the data collection in the area of Roma health in Member States	99 500,00
Total			299 453,00
HEALTH INFORMATION			
Number	Acronym	Title	Amount
1	EAHC/2012/HEALTH/19 EU WIDE ECONOMIC OVERVIEW OF THE MARKETS OF TISSUES AND CELLS FOR TRANSPLANTATION	EU-wide economic overview of the markets of tissues and cells for transplantation	300 000,00
2	EAHC/2012/HEALTH/11 UNDER FSC EAHC/2010/HEALTH/01 LOT 1	Report on "Health and the Economic Situation in the EU 2009- 2012"	146 610,00
3	C ON FSC EAHC/2010/HEALTH/01 LOT 1 HEALTH REPORTS / AD1	Implementing Framework Service contract no EAHC/2010/HEALTH/01 Lot 1 to support the "Health Information Strategy" for a report to identifying best practices in tobacco control to reduce health inequalities	138 250,00
4	SC ON FSC EAHC/2010/HEALTH/01- LOT1 / NIVEL	"Study on the feasibility and the added value of a possible 'summary information box' to be included in the package leaflets and the summaries of product characteristics of medicinal products for human use"	63 904,00
Total			648 764,00
TOTAL SERVICE CONTRACTS			2 081 378,00

ANNEX 9: List of other actions signed and committed by DG SANCO or sub-delegated to other DGs

STRAND	REFERENCE	AMOUNT
HEALTH SECURITY	17.030600-D3-COMITES SCIENTIFIQUES NON FOOD-SANTE PUBL-03/12->12/12 - COMPL	270.000,00
HEALTH INFORMATION	HARMONISATION & DEVELOPMENT OF CANCER INFORMATION IN EU - JRC ISPRA	4.000.000,00
HEALTH INFORMATION	SUB-DELEGATION TO SCIC for the JOURNALIST PRIZE and the HEALTH PROGRAMME CONFERENCE	102 786,14
HEALTH INFORMATION	CO-DELEGATION TO DGIT for IT Services (geographic information systems, OAS, Weblogic production etc.)	353 535,10
	TOTAL	4.726 321,24