



New EU Health Programme: funding mechanisms for civil society working on HIV and related areas

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CSF – Think Tank meeting
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Executive Agency for Health and Consumers



1. Call for proposals 2013 results
2. New Health Programme 2014-2020
3. Launch of the call for proposals 2014
4. Short presentation of the Report on the current state of play of the 2003 Council Recommendation on the prevention and reduction of health-related harm, associated with drug dependence, in the EU and candidate countries



CALL FOR PROPOSALS 2013 RESULTS



Budget 2012 vs. 2013

	2012		2013	
Call for tenders	€ 14.4 M	29%	€ 13.3 M	26%
Project grants	€ 13.1 M	27%	€ 12.3 M	24%
Joint Actions	€ 8.9 M	18%	€ 13.8 M	27%
Operating grants	€ 4.4 M	9%	€ 5 M	10%
Conferences	€ 0,8 M	2%	€ 0,8 M	2%
International organisations	€ 2.6 M	5%	€ 1.2 M	2%
Other actions – JRC	€ 5.2 M	11%	€ 4.8 M	9%
Operating budget	€ 49.6 M	100%	€ 51.2 Mio.	100%

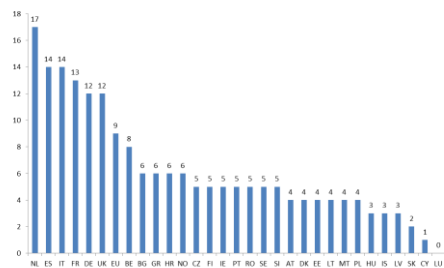


CfP 2013 - Acceptance for funding per instrument

Instruments		Award decision			Total
		Not retained	Accepted	Reserve list	
Projects	Count	49	9	4	62
	%	79,03%	14,52%	6,45%	
Conferences	Count	32	11	3	46
	%	69,57%	23,91%	6,52%	
Operating Grants	Count	20	20	4	44
	%	45,45%	45,45%	9,09%	
Joint Actions	Count	0	5	0	5
	%		100%		
Total	Sum:	101	45	11	157
	%	64,33%	28,66%	7,01%	



Recommendation for funding per country (of the main and associated beneficiary)





Recommendation for funding for EU15/EU12

		Draft award decision			Total
		Not retained	Accepted	Reserve list	
EU 15	Count	86	44	10	140
	%	61%	31%	7%	
EU 12	Count	17	1	1	19
	%	89%	5%	5%	
HR (Croatia)	Count	5	0	0	5
	%	100%	0%	0%	
Total	Sum:	108	45	11	164
	%	66%	27%	7%	

Summary of funding for EU15/EU12

4.1.1.1. Improved early diagnosis of HIV/AIDS and timely treatment and care of vulnerable groups and in priority regions

12 projects submitted and evaluated,

9 proposals not recommended for funding

88 organisations, with 52 private organisations (59%)

3 recommended for funding

1. Euro HIV EDAT (ES)
2. OptTEST by HiE (DK)
3. Community Positive (UK)

1. OPEN-TEST (IT)
2. ROADmap (CZ)
3. GSC 2013 (IT)
4. RPPR (DE)
5. Pecca (IT)
6. Imp.Ac.T. 2(IT)
7. BRIDGES (UK)
8. ITTC (UK)
9. SCSSHIV (ES)



4.1.1.1. Improved early diagnosis of HIV/AIDS and timely treatment and care of vulnerable groups and in priority regions

Euro HIV EDAT - Operational knowledge to improve HIV early diagnosis and treatment among vulnerable groups in Europe, led by FIGTIP(ES), starting date 01/04/2013.

EC-funding 1 179 927,00 euros, with partners in 9 countries (AIDES, AIDS-Fondet, AIDS-Hilfe, ARAS, CIBERESP, GAT, Hispanosida, ICO-CEEISCAT, ISCIII, ITM, IVZ, Legebitra),

Summary of funding for EU15/EU12



4.1.1.1. Improved early diagnosis of HIV/AIDS and timely treatment and care of vulnerable groups and in priority regions

2. Increasing Capacities, Achieving Novelty: Pan-European Conference on Community Empowerment and Sustainable Response to HIV/AIDS- iCAN, by the European AIDS Treatment Group, DE, EC- funding 62.420,00 euros, 11-11/10/2014 Warsaw. The ICAN conference aims to create opportunities for developing and utilising mechanisms for information sharing and transfer of knowledge on best practices and responses to HIV
3. SANL_FY2014 Aids Fonds - STOP AIDS NOW! - Soa Aids Nederland (NL), EC funding 140.382,00 euros, AAE's Operating grant aims to policy, advocacy and linking and learning work.

Summary of funding for EU15/EU12



4.1.1.1. Improved early diagnosis of HIV/AIDS and timely treatment and care of vulnerable groups and in priority regions

Call 2013	Public	Private	Total	% NGO
Euro HIV EDAT	200585,00	979342,00	1179927,00	83,00
I- Can		62420,00	62420,00	100,00
SANL		140382,00	140382,00	100,00
Total	200585,00	1182144,00	1382729,00	85,49

Summary of funding for EU15/EU12



4.1.1.1. Improved early diagnosis of HIV/AIDS and timely treatment and care of vulnerable groups and in priority regions – reserve list

1. Optimising testing and linkage to care for HIV across Europe, OptTEST by HiE, University of Copenhagen (DK), EC funding 1.429.984,00 euros
2. Community Positive: a pan-European HIV information and resource sharing network, Community Positive, NAM Publications (UK) EC funding 939.049, 00 euros

Summary of funding for EU15/EU12



New Financial Regulation (FR) – Financial Changes 01/01/2013

- No financial guarantees will be requested for grants / beneficiaries asking for < 60 000€
- Payment of pre-financing upon entry into force of the grant agreement instead of starting date.
- Time limit for payments reduced from 90 to 60 days (for all instruments)
- VAT is now eligible cost, except if deductible
- Travel costs according to own rules, to upper limit of EC rules
- Budget transfers between categories have no % limit as before
- Exchange rates: average exchange rate used between the first day and the last day of the reporting period
- No reporting on interest received on the pre-financing



NEW HEALTH PROGRAMME 2014-2020



Health in the MFF 2014-2020

Commission proposal for the Health Programme http://ec.europa.eu/health/programme/policy/index_en.htm, adopted in Nov 2011

7 years, proposed budget of € 446 million

Complementary with the other Programmes for health

**Horizon 2020,
Structural funds
Youth programme**



The objectives

- 1) Promote health, prevent disease and foster supportive environments for healthy lifestyles
- 2) Protect citizens from serious cross-border health threats
- 3) Contribute to innovative, efficient and sustainable health systems
- 4) Facilitate access to better and safer healthcare for Union citizens



1) Promoting health, preventing diseases and fostering supportive environments for healthy lifestyles

- Cost-effective promotion and prevention measures for addressing **tobacco, alcohol, unhealthy dietary habits, physical inactivity**
- **Chronic diseases** including **cancer**; good practices for prevention, early detection and management, including self-management
- **HIV/AIDS, TB and hepatitis**; **up-take of good practices for cost-effective prevention, diagnosis, treatment and care**
- **Legislation on tobacco products** advertisement and marketing
- **Health information** and knowledge system



Financial provisions (I)

Interventions:

- Grants for "joint actions"
- Grants for projects
- Operating grants (partnership agreements)
- Direct grants to International Organisations
- Public procurement (tenders, framework contracts)

Beneficiaries (recipients of funding)

- Legally established organisations,
- Public authorities, public sector bodies (research and health institutions, universities and higher education establishments)
- Non-governmental bodies
- International organisations



The financial provisions (II)

Participation of third countries (Art. 6)

The Programme shall be open on a cost basis, to the participation of third countries,

- (a) acceding countries, candidate countries and potential candidates benefiting from a pre-accession strategy, in accordance with the general principles and general terms and conditions for their participation in Union programmes established in the respective Framework Agreements, Association Council Decisions or similar Agreements;
- (b) EFTA/EEA countries in accordance with the conditions established in the EEA Agreement;
- (c) neighbouring countries and the countries to which the European Neighbourhood Policy (ENP) applies in accordance with the conditions laid down by a relevant bilateral or multilateral agreement;
- (d) other countries in accordance with the conditions laid down by a relevant bilateral or multilateral agreement.



New Health Programme - Timeframe

New health programme adoption

- European Parliament – 13 November 2013

The Committee of Permanent Representatives (COREPER I) approved the final agreed text between the Lithuanian EU Council Presidency, the European Parliament and the Commission on the Union's Public Health Programme (2014-2020).

European Council - adoption new HP 2014-2020

Preparation, adoption WP 2014 01-02/2014

Publication end 03/2014

European - National Information days –April and May 2014

Launch of the call 2014: April 2014

- Different call for proposals
- Evaluation – end of the summer
- Negotiations fall – commitments end December 2014



What's planned for 2014?

- Calls for proposals – using the same tools from HORIZON 2020
 - On-line submission
 - On-line evaluation
 - On-line management of the grant agreements
- Calls for tender
 - Improvements of the tender submission form
- New EAHC web-site (Health webpage)
- New brochures:
 - Health inequalities and people on vulnerable situations
 - Nutrition and physical activity



Thank you, any questions?



Report on the current state of play of the 2003 Council Recommendation on the prevention and reduction of health-related harm, associated with drug dependence, in the EU and candidate countries

Prepared by Alexander Grabenhofer-Eggerth, Martin Busch, Charlotte Klein & Marion Weigl (GÖG)
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This action was funded from the European Commission, Public Health Programme (2008–2013)

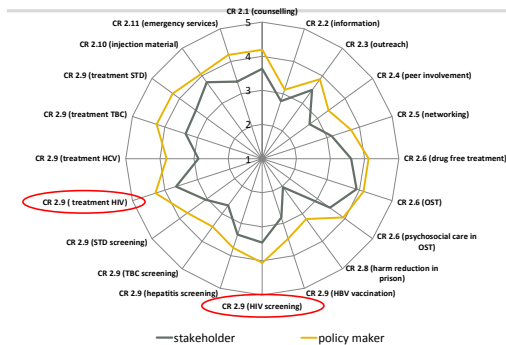
The council recommendation from 2003

- Member States should, in order to provide for a high level of health protection, set as a **public health objective** the prevention of drug dependence and the reduction of related risks, and develop and implement comprehensive **strategies** accordingly.
- Member States should, **in order to reduce substantially the incidence of drug-related health damage (such as HIV, hepatitis B and C and tuberculosis)** and the number of drug-related deaths, **make available**, as an integral part of their overall drug prevention and treatment policies, a range of different **services and facilities**, particularly **aiming at risk reduction**; to this end, bearing in mind the general objective, in the first place, to prevent drug abuse.
- Member States should consider measures, in order to develop appropriate **evaluation** to increase the effectiveness and efficiency of drug prevention and the reduction of drug-related health risks.

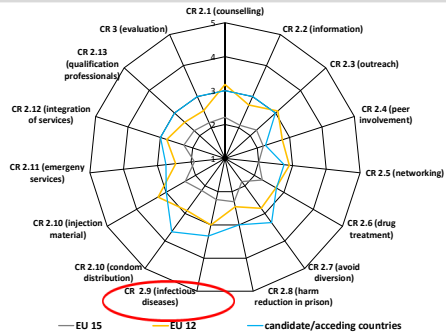
Method and means

- Preparation of country profiles based on EMCDDA data and gap survey completed by NFPs (26 countries)
- Questionnaire for policy makers (31 countries; coverage/availability; impact of the CR; achievements/challenges)
- Questionnaire for field organisations (43 institutions from 24 countries; Estimation of coverage of measures, priority of measures)
- Literature update with a focus on research published between 2005 and 2011
- Systematic literature review on 4 selected topics (naloxone distribution; prison release management; needle exchange in prison; interventions to influence the route of administration)
- Statistic modelling: Indicators were used, which are available in almost all countries: changes in rates of HIV-positives infected via IDU, direct drug related deaths, opioid substitution treatment and needle exchange

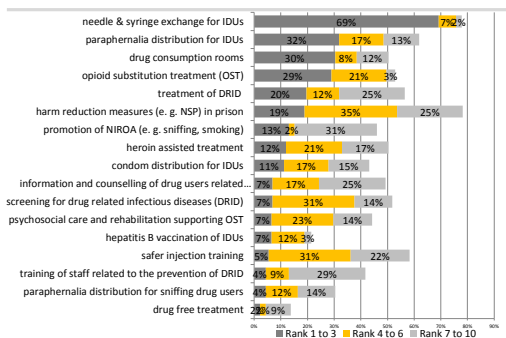
Estimation of coverage of different harm reduction measures by policy makers and stakeholders



Impact of the CR



Harm reduction measures whose implementation / expansion would have the biggest effect in reduction of prevalence of DRID among IDUs (opinion of stakeholders)



Three priorities for future work

Priority 3: The reduction of harm caused by drug-related infections

Reasoning:

Existing harm reduction measures have been sufficient to decrease HIV prevalence in injecting drug users (IDUs) significantly in most countries covered with this research. Recent HIV outbreaks show that this situation can change very fast when harm reduction is not appropriate. Hepatitis C (HCV) rates are still on a high level and will lead – if reaction is not adequate – to enormous individual (e. g. death due to consequences of HCV) and public costs.

Proposed measures:

See priority 2, improvement of coverage of syringe provision through specialised programmes (NSP), HIV and HCV treatment programmes, improvement of HCV surveillance, hepatitis B vaccination programmes, outreach, peer involvement and family support.



Gesundheit Österreich
Forschungs- und Planungs GmbH

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Any questions:
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