

1. Are EU4Health grants for research purposes?

EU4Health does not fund research projects - the EU4H programme is a policy-driven programme that complements Member States' policies and has an EU added value to ensure protection of human health. EU4Health will help to ensure that the best use is made of research results to support innovation in the field of health. It will also support the implementation of good practices and interventions that have already been validated by previous research as being effective, with positive impact on public health.

2. How is cancer mission of HE differentiated vs cancer grants under EU4Health?

See reply to Q1, the EU4Health programme could, for instance, support the translation of research findings into everyday care and treatment of cancer patients.

3. Can UK-based organisations apply for funding?

For the time being the entities established in the UK are not eligible for funding. They could become eligible in the future, if they fulfil the eligibility conditions set in the programme for third countries, i.e. having signed an association agreement, where such agreement enters into force before the grant signature. At the moment there is no association agreement in place.

3.1 It is our understanding that Switzerland is not associated to the EU4Health programme and therefore entities based in Switzerland may not be beneficiaries of the programme, including as consortium, work package or task leaders. However, is it the case that an entity in Switzerland could be an 'Associated Partner' (i.e. participate in the action but without the right to get grant money)?

Switzerland is currently not associated to the EU4Health programme, hence not eligible for funding under the EU4Health programme.

Concerning the possibility to participate as an 'Associated partners (AP)', i.e. as an entity which participates in the action, but without the right to charge costs or claim contributions, the answer is yes, it is possible.

3.2 Are South African universities eligible to apply for the EU4H-2021-PJ grant?

South Africa is currently not eligible under the EU4Health programme.

3.3. Is there a list of countries associated to the EU4Health Programme (third countries, candidate countries and potential candidate countries, neighbourhood countries)?

Currently, there are no third countries associated to the programme.

3.4 Would Serbia be an eligible country for participation and funding? We saw in the special requirements of the call that third parties are not eligible for financial support, does it refer to third countries, too?

Serbia is currently not eligible under the EU4Health programme.

4. Who is invited to participate in the targeted stakeholder consultation?

Everybody can reply to the stakeholder consultation.

5. How will the co-fund scheme work for the grants? What will be eligible in the co-fund part?

The EU4Health programme co-funds the eligible costs of the selected actions at the level of 60% (normal co-funding rate) or 80%, in case of exceptional utility.

The criteria for exceptional utility are fulfilled if:

- a. At least 30 % of the budget of the proposed action is allocated to Member States whose GNI per inhabitant is less than 90 % of the Union average; and
- b. Bodies from at least 14 participating Member States participate in the action, of which at least four are Member States whose GNI per inhabitant is less than 90 % of the Union average.

Applicants are expected to provide their own funding, inter alia through the contribution of staff employed by the beneficiaries included in the budget of the action. E.g. staff already on the payroll of universities or hospitals can be assigned to the project and their work time spent on the project will be funded up to the 60% co-financing rate (80% in case of “exceptional utility” projects). The remainder (40% or 20%) must be covered by the beneficiaries.

Grants may NOT produce a profit (i.e. surplus of revenues + EU funding under the grant). For-profit organisations must declare their revenues and, if there is a profit, it will be deducted from the final grant amount (see art 22.3.4 MGA).

Moreover, please be aware that the final grant amount may be reduced in case of non-compliance with the Grant Agreement (e.g. improper implementation, breach of obligations, etc.).

When a grant is awarded with 60% or 80% of co-funding, the same reimbursement rate applies to all participating entities.

5.1 For other direct costs, is it correct that for each additional cost item, e.g., travel, the 60% funding rule also applies?

For other direct costs, incl. travel, the 60% (80%) funding rate will apply, if claimed as costs actually incurred.

In line with [Art. 6 of EU4H MGA](#), purchases for travel, accommodation and subsistence must be calculated as unit costs, if covered by Decision C(2021)351.

5.2 On the other hand, it was also unclear if the EC would look at the total budget per partner and of that fund 60%. Thus, the partner could decide to use, e.g., 100% EC funding for other direct costs and a lower funding rate for personnel costs.

The funding rate is applied on the total eligible costs. The partner cannot request different funding rates for different cost categories.

6. Will the Call topics be recurring in the coming years?

The inclusion of topics (and related implementing modes such as grants or procurement) under a given annual work programme depends on the policy needs identified by DG SANTE, the input provided by stakeholders, and consultation with Member States, including information to the European Parliament..

7. Regarding the funding of projects working on medical devices, will the certification of new medical devices be eligible in the project?

If the certification is identified as an action task of the relevant call, the corresponding costs will be eligible under the relevant grant agreement.

8. Will there be an opportunity for operational grants in 2022? What about issues related to recreational drugs, addiction and the like? I just learned that all calls related to that in the EU JUSTICE programme have ended. Any research on that funded in the SANTE programme?

No such opportunities are available under the 2021 AWP. The AWP 2022 is still under development.

9. For the action grants EU4H-2021-PJ-02 — Action grants for inter-speciality cancer training programme

How training fits with the fact that natural persons are not eligible?

In general, if training activities are within the scope of a specific priority topic, training activities can be covered by the participation of specialized legal entities that will deliver this to the relevant target group. Concerning the call please refer to the call document, section 2.2: [Funding & tenders \(europa.eu\)](#)

10. Regarding the issues of IPR of the projects, who is IPR regulated in these calls? Is this discussed under a consortium agreement between the partners, like in HE? How will it be implemented?

The consortium owns the results produced under the action and the respective IPRs. The rights and obligations related to background, results, access rights and rights of use are governed by the grant agreement text (Art. 16 of the [EU4H MGA](#) and Annex 5). The remaining issues related to these should be tackled in the consortium agreement.

11. When you say an aspect of EU4Health will be "closely coordinated" with another action plan, what does that mean specifically?

Actions can be funded under two different programmes under the condition that this does not result in double funding.

12. Can you please also mention (approximately) how many proposals will be funded in each call?

The indicative number of actions expected to be funded will be included in the call document.

13. Who are the applicants that can apply to "Safety of Radiation technology in diagnosis and treatment of cancer" calls?

Applicants are defined in very broad terms, similar to the other calls. Academia and education establishments, research institutes, hospitals, expert networks including ERNs, enterprises in the field of public health, Member States' authorities and established networks in the field of public health having experience in at least one of the major fields of clinical application of ionising radiation, including radiology, nuclear medicine and radiotherapy.

14. Will there be other calls linked to SAMIRA in this first round? Will the training programmes be covered?

No other SAMIRA calls for grants are planned under AWP 2021.

15. For the EU4H-2021-PJ-02 — Action grants for inter-speciality cancer training programme - could a sense be provided of the number of expected beneficiaries.

For these action grants, the eligibility criteria require a consortium composed of at least 15 applicant organisations, established in at least 7 different eligible countries (see page 10 of the open call document).

16. Who decides whether the calls will be action grants, procurement or other?

See reply to Q6. Please refer to the EU4Health 2021 Annual Work Programme: [WP 2021 annex \(europa.eu\)](https://ec.europa.eu/eu4health/2021_annex_en)

17. Can you already indicate which kind of questions will be asked in the application form? As it is not available yet, it would be useful to be aware of what questions we should expect.

Please check the funding and participant portal at the following link: [Search Funding & Tenders \(europa.eu\)](https://ec.europa.eu/eu4health/search_funding_tenders_en)

18. Will the application form be similar to the HE proposals?

The application forms follow a common (corporate) template; it is the applicants' responsibility to adapt their content to the content of each call/ topic.

19. What is the administrative procedure with regards to grants awarded without a call and where awarding decisions and information about beneficiaries can be found?

In cases of grants awarded without a call for proposals, HaDEA will directly invite the identified entities to submit a grant proposal. The invitation will include and describe the administrative details. Such procedures are exceptions, fulfilling strict requirements laid down in the Financial regulation. Nevertheless, they must comply with the rules on ex-post publicity, and information will be made available on the awarded grants through the usual channels (informing the programme committee, ex-post publication in HaDEA website).

20. Regarding the political relevance of target groups, is the inclusion of SME / industry in the different calls considered as a strategic objective? as it will have a positive impact in jobs creation and sustainability.

The AWP identifies the most appropriate type of applicants targeted for each priority topic. This may be further specified in the call texts. Please refer to the open call document: [Search Funding & Tenders \(europa.eu\)](#)

21. Mandatory work packages

For calls for proposals, we strongly encourage the inclusion of the following horizontal work packages (as compared to the core ones, reflecting the call/ topic objectives): coordination/management, dissemination and communication.

22. What is the difference between operating vs action grants?

An action grant funds a specific action intended to help achieve one or more of our policy objectives. An operating grant funds the operating expenditure of a body pursuing one or more objectives of the EU4health Programme and supporting health policies.

23. Are you considering 100% funding as it is done in Horizon Europe?

See reply to Q5.

24. Roles and access rights

Roles and access rights restrict the information a user can view and the tasks they can perform. For instance, only a person with the coordinator's role can delete a draft project proposal. Access rights are linked to a user's 'roles' in the electronic exchange system (which are in turn linked to their functions within their organisation or in relation to a particular project/contract).

Roles are divided into 2 main sections:

- Organisation roles are linked to the whole entity and its data (but without any access to the projects/contracts)
- Project roles are defined project by project, and cover all possible cases for allowing access to a project/contract's data (read/write/submit)

One user can have several roles at the same time.

Most of these roles can be freely assigned and managed by the organisations and consortia, according to their needs:

- you can start creating a proposal yourself
- you can be invited by other users - who have created a proposal - to join their proposal
- persons in your organisation can give you (and revoke) access to roles of your organisation
- persons involved in on-going grants can give you (and revoke) access to roles in their grants

All access rights are linked to the user's EU Login account.

An entity with a validated PIC (participant identification code), will need to create the following profiles/ appoint those that will endorse the related roles: the legal

entity appointed representative (LEAR), the project legal signatory (PLSIGn), the project financial signatory (FLSIGN) and the main contact person.
Please refer to the online manual: [om_en.pdf \(europa.eu\)](#)

25. Is there a recommended duration published with all currently opened calls? For some I have not seen.

Currently, open calls foresee a duration between 12 and 36 months. The duration should be aligned with the call topic and objectives, as well as the specific scope and tasks described in the proposal. Please also refer to the call document.

26. Can we apply for organisational core costs in action grants if they are relevant for keeping our organisations alive in order to work on the action grants?

Please refer to Art 6.2 of the general model grant agreement. As a rule, only costs necessary for the work in the action are eligible for co-funding.

27. How should the co-funding be reported? Will it be required a specific description?

The estimated costs need to be defined and justified at the time of the submission, using the detailed and overview budget tables that are part of the proposal. After each reporting period, the costs actually incurred in the project will be reported by the consortium. Cost accepted as eligible will be reimbursed by application of the relevant reimbursement rate. The co-funding rate applies, as described in Q5.

28. Can organisations be subcontractors, or just individuals?

Yes, organizations can be subcontractors.

29. Can all of the personnel costs be subcontracted?

Subcontracting may cover only a limited part of the action. Subcontracting to affiliates or subcontracting of the coordinator's specific coordination tasks (e.g. distribution of funds, review of reports) is not allowed.

30. Is subcontracting to organisations based in countries not currently associated to the EU4Health programme permissible? e.g. Switzerland, UK etc...

In principle, a subcontractor can be based in a third country, not associated to the programme, provided that the choice of the subcontractor fulfils the criteria for eligibility of costs, as defined in the grant agreement. In particular, the choice should be made based on a competitive selection, while avoiding any conflict of interest.

31. What supplementary payments are eligible for employees as direct costs?

Personnel costs may include supplementary payments (such as bonuses), if it is part of the beneficiary's usual remuneration practices and the criteria used to calculate them are objective, regardless of the source of funding used. See article 6.2.A.1 of the general model grant agreement [aga_en.pdf \(europa.eu\)](#)

32. Can a physical person (external consultant) participate as a partner in a consortium?

A natural person can exceptionally be an action partner, if they have a self-employed person status and the company does not have a legal personality separate from that of the natural person. See description in the call text (p. 22)

33. Could you please indicate the timeline for evaluation of proposals i.e. how long from the deadline of the call to the results publication and GA signature?

We expect to inform applicants (both successful and unsuccessful ones) on the outcome of the evaluation of proposals submitted under this call within 6 months from the submission deadline. The signature of the grant agreement is then expected within the 3 months following the reception of the letter informing about the results of the evaluation.

34. Could a number of individual Blood Establishments be representative of the Blood sector?

For most proposals submitted under this call, the general eligibility rule applies: it is required to be submitted by at least 3 separate entities (e.g. blood establishments) from 3 different eligible countries.

35. Action grants on collection tasks in relation to updating the European Cancer Information System to monitor and assess cancer screening programmes” (EU4H-2021-PJ-01).

Completeness of the planned data collection: would it entail a systematic collection of data from all EU member states or simply “available datasets” (as stated in the call)? Collecting data from all member states might be difficult within the anticipated duration for the project (18 months). Could it be possible to have an endorsement, or a recommendation to respond to the data collection call from the Commission? This could drive a higher response rate.

The call addresses the task of data collection related to breast, colorectal and cervical cancer screening with the view of establishing a permanent arrangement to provide such data. The project, as indicated by the call, will be instrumental to the establishment of a specific mechanism/IT tool/or other instrument (e.g. ECIS - [European Cancer Information System](#)) in collaboration with the JRC to allow the regular and permanent reporting of cancer screening data. Such reporting will be based on the data provided by the structures/institutes/ Member States’ authorities which are responsible for the data collection and which are the target, in terms of data providers, of the call, according to the rules and regulation of the call. The project will pave the way to further actions beyond 18 months. In principle there is no need for endorsement or recommendation: the results of the most recent report on the implementation of cancer screening (2017), the recommendations and indicators developed and published by JRC on breast cancer and the results of projects - including CanCon, iPAAC and Eutopia - provide a solid base for applicants on necessary data and indicators on cancer screening, as well as potential partners. The Commission can raise the general awareness of Member States’ authorities of the project through the cancer sub-group of the Steering Group on Health Promotion, Disease Prevention and the Management of Non-Communicable Diseases.

35.1 Intersection with the future cancer inequalities registry: would inequality-related indicators be expected to be collected within this call?

It is not the intention of the project to collect specifically data for the mentioned registry. Nevertheless, the outcome of data collection will be useful to develop a baseline on the state of play of cancer screening across the EU, including disparities between Member States and regions.

35.2 Alignment with a third implementation report on Cancer Screening in the EU: is a third implementation report on Cancer Screening in the EU foreseen in a future call for proposals? Is this current call - EU4H-2021-PJ-01 – intended to strengthen the ECIS as the platform for the next implementation report on Cancer Screening in the EU?

See answer to question 35. The future reports will build on the outcomes of this project.

36. When will the Call for proposals for action grants to support actions to improve access to human papillomavirus (HPV) vaccination (DP/C-g-08.1.1) be announced and what will be the timeline for applications?

The second wave of open calls will be published on 13 October with deadline for submission 25/01/2022. This will include also the call on HPV vaccination.

36.1. Will there be just one call for HPV vaccination action grants or will this be a recurring call?

See reply to Q6.

36.2 What will be the time period of the grant (e.g. 1, 2 or 3 years)?

Projects should normally range between 12 and 36 months. See reply to Q25.

36.3 Will the co-financing rates criteria (60% to 80%) apply to all calls?

See reply to Q5.

37. Regarding the EU4H-PJG EU4H Project Grants, point 2 of the “Description” clearly mentions "breast, colorectal and cervical cancer screening programmes". Does this mean that any European initiative targeting other types of cancer, e.g. Oral and oropharyngeal cancer, will not be considered under point 1 of the call's description (i.e. “Preparatory work through meetings (5) and workshops(5) to create a platform in which data and indicators on population-based cancer screening programmes are collected, collated and further assessed under the European Cancer Information System")?

The key focus of preparatory work under point 1 is to create a platform to collect data and indicators on population-based cancer screening programmes. Such screening programmes are currently recommended for breast, colorectal and cervical cancer under the Council Recommendation of 2 December 2003 on cancer screening. Subsequently the piloting of such a platform (point 2) needs to include the collection of data on breast, colorectal and cervical cancer screening

programmes. Therefore, proposed work under point 1, has to be fit for purpose to facilitate and ensure implementation of point 2.

38. Who evaluates/assesses the projects?

The European Union Institutions appoint external experts to assist in the evaluation of grant applications and projects reports, and to provide opinions and advice in specific cases. To work as an expert, you may wish consult the following link: [Work as an expert \(europa.eu\)](#)

39. Is there a database of winning projects ?

Yes, it is available at the following link: [Health Programme DataBase - European Commission \(europa.eu\)](#)

40. What is the position of EU4Health compared to the « Health » cluster of Horizon Europe?

See reply to Q1.

41. More specifically: we were interested to know which are the calls for project or the tenders that are open to actors other than the national authorities. In fact, we would like to know which are those open for academia and education establishments, research institutes, hospitals, expert networks, ; civil society organisations (associations, foundations, NGOs and similar entities); Member States' authorities and established networks in the field of public health. Our purpose is spread the information to those specific stakeholders from Ile-de-France region.

With regard to calls for project/tenders open to actors other than national authorities please refer to action grants/procurement included in the WP 2021_annex (europa.eu).

Under this open call for proposals, in order to be eligible for funding, the applicants (beneficiaries and affiliated entities) must:

- be legal entities (public or private bodies) created under Union law or an international organisation, or
- be established in one of the eligible countries, i.e.:
 - (a) EU Member States (including overseas countries and territories linked to it (OCTs)) or
 - (b) Eligible non-EU countries: EEA countries and countries associated to the EU4Health Programme (third countries, candidate countries and potential candidate countries, neighbourhood countries), or countries which are in ongoing negotiations for an association agreement and where the agreement enters into force before grant signature.

42. What is the success rate of the projects?

If you are interested in the success rate of proposals selected for Union funding, this is in general a competitive selection. You can consult the statistics under the previous programme – 3rd Health programme on [Health Programme DataBase - European Commission \(europa.eu\)](#).

43. Contacts

For individual questions on the Portal Submission System, please contact the IT Helpdesk. Non-IT related questions should be sent to the following email address: HADEA-HP-CALLS@ec.europa.eu.

Please indicate clearly the reference of the call and topic to which your question relates.

44. Is it possible to extend the deadlines of one particular call?

Unfortunately, it is not possible to extend the deadlines of one particular call.