EU4Health Programme (EU4H)

Call for proposals

EU4H Action Grants 2024
EU4H-2024-PJ-03

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EUROPEAN HEALTH AND DIGITAL EXECUTIVE AGENCY (HaDEA)

HaDEA.A – Health and Food
HaDEA.1 – EU4Health

CALL FOR PROPOSALS

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0. Introduction

This is a call for proposals for EU **action grants** in the fields of health promotion and disease prevention, cancer, digital, other activities under the **EU4Health Programme (EU4H)**.

The regulatory framework for this EU Funding Programme is set out in:

- Regulation 2018/1046 (EU Financial Regulation)
- the basic act (EU4H Programme Regulation 2021/522[1].

The call is launched in accordance with the 2024 Work Programme[2] and will be managed by the **European Health and Digital Executive Agency, (HaDEA)** ('Agency').

The call covers the following **topics**:

- **EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25)**
- **EU4H-2024-PJ-03-2 – a — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)**
- **EU4H-2024-PJ-03-2 – b — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)**
- **EU4H-2024-PJ-03-2 – c — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)**
- **EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42)**
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- **EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96)**
- **EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76)**

[1] Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027 (OJ L107 of 26 March 2021).

[2] Commission Implementing Decision C(2023) 8524 final of 5 December 2023 concerning the adoption of the work programme for 2024 and the financing decision for the implementation of the EU4health Programme .

- **EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79)**

Each project application under the call must address only one of these topics. Applicants wishing to apply for more than one topic, must submit a separate proposal under each topic.

We invite you to read the **call documentation** carefully, and in particular this Call Document, the Model Grant Agreement, the EU Funding & Tenders Portal Online Manual and the EU Grants AGA — Annotated Grant Agreement.

These documents provide clarifications and answers to questions you may have when preparing your application:

- the Call Document outlines the:
  - background, objectives, scope, activities that can be funded and the expected results (sections 1 and 2)
  - timetable and available budget (sections 3 and 4)
  - admissibility and eligibility conditions (including mandatory documents; sections 5 and 6)
  - criteria for financial and operational capacity and exclusion (section 7)
  - evaluation and award procedure (section 8)
  - award criteria (section 9)
  - legal and financial set-up of the Grant Agreements (section 10)
  - how to submit an application (section 11)
- the Online Manual outlines the:
  - procedures to register and submit proposals online via the EU Funding & Tenders Portal ('Portal')
  - recommendations for the preparation of the application
- the AGA — Annotated Grant Agreement contains:
  - detailed annotations on all the provisions in the Grant Agreement you will have to sign in order to obtain the grant *(including cost eligibility, payment schedule, accessory obligations, etc)*.

You are also encouraged to visit the DG SANTE website to consult the list of projects funded previously.

1. Background

EU4H-2024-PJ-03-1 — Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25)

Mental ill health can have devastating effects on individuals, families, and communities, with one in every two people experiencing a mental illness in their lifetime. The 2018 OECD report 'Health at a Glance: Europe' concluded that mental health problems, such as depression, anxiety disorders and alcohol and drug use

disorders, affect more than one in six people across Europe in any given year. The report estimates the total costs of mental ill health at over EUR 600 billion, which is more than 4% of European GDP.

The COVID-19 pandemic, Russia's war of aggression against Ukraine, the climate crisis, rising costs of living and uncertainty have all exacerbated the worrying trends in the mental health status of people in the Union. Although the pandemic has had an impact on nearly everyone's life, young people have been particularly hard hit.

The 2022 edition of the OECD report 'Health at a Glance: Europe' focused on how the COVID19 pandemic has affected young people's mental and physical health. It found that about 50% of young Europeans reported unmet needs for mental healthcare in spring 2021 and again in spring 2022, and that the share of young people reporting symptoms of depression in several Member States more than doubled during the pandemic.

Mental health issues represent the largest burden of disease among young people, and mental ill health is at least as prevalent among young people as among adults[3] (OECD, 2015).

In 2021, almost 30% of contacts received by Child helpline international globally was about mental health, out of that suicidal thoughts and attempts were a major reason to call the 116 111[4] .

Suicide is the second leading cause of death among young people aged 15 to 19 years old[5].

In addition, children and young people use and rely more and more on digital technologies and being online and using social media have become an integral part of their lives. As the mass availability and use of digital technologies is a relatively recent phenomenon, there is limited evidence available to date on whether digital technologies, including social media, online advertising, and gaming, cause mental health problems in children and young people. However, there is a potential link between internet use and mental health and wellbeing. The OECD report on "Children and young people's mental health in the digital age"[6] emphasised the importance of intervening early to minimise the effects of mental illness on development, education, employment, and health.

Commission President von der Leyen[7] announced a new initiative on mental health in her State of the Union Address. Both the European Parliament and the Council called for action in this area. In addition, mental health has been emphasised in a variety of sectoral dialogues with citizens, such as the consultations with children for the EU Strategy on the rights of the child[8], the Conference on the Future of Europe in May where European citizens highlighted mental health as a major concern, as well as in the European Year of Youth.

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[3] Fit Mind, Fit Job. (OECD)

[4] Voices of Children & Young People Around the World: Global Child Helpline Data from 2021 (Child Helpline International)

[5] The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health, Regional brief: Europe, UNICEF, 2021.

[6] Children & Young People's Mental Health in the Digital Age – Shaping the Future. (OECD).

[7] State of the Union 2022 (europa.eu).

[8] https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A52021DC0142

The Commission responded with a Communication to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health[9], adopted on 7 June 2023.

The 'Healthier Together' – EU Non-Communicable Diseases Initiative' aims to support Member States in reaching the United Nations' Sustainable Development Goals and the WHO targets on non-communicable diseases. Mental health is addressed in this framework and is a prominent and recurrent theme in best practice roll-outs across the Union supported by the Union health programmes. Member States are already collaborating on rolling out national suicide prevention programmes and on reforming mental health services. Other best practices have been identified for wider implementation in the Member States. These include projects addressing depression, improving the mental health of children, young people and their families including those in vulnerable situations. Furthermore, the Commission supports displaced people from Ukraine who may urgently need mental health support through projects targeting this vulnerable group.

The PHEG helps to coordinate Member States' efforts in the area of mental health, and mental health has been identified as a key area for future action. A subgroup on mental health was set up to advise the Commission in the preparation and implementation of a comprehensive approach to mental health. The Commission intends to work closely with the PHEG and its sub-group on the implementation of the Communication's flagship actions and other initiatives.

The Commission launched the latest call for best practices in February 2022 to obtain practices under the five strands of the Healthier Together initiative. In order to identify additional best practices on mental health promotion, prevention, and early detection and intervention, the Commission has launched a round of best practices through the Best Practices Portal, which will be proposed to the Member States for wider dissemination and implementation.

This action supports the policy priority on mental health and implements the EU4Health Programme's general objective to improve and foster health in the Union and to strengthen health systems by improving their resilience and resource efficiency (Article 3, points (a) and (d) of Regulation (EU) 2021/522), through the specific objectives defined in Article 4, points (a), (g), and (i), of Regulation (EU) 2021/522.

EU4H-2024-PJ-03-2 – a, b, c — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)

In 2022, the Commission presented the 'Healthier together' – EU Non-Communicable Diseases Initiative ('EU NCD Initiative') to support Member States in identifying and implementing effective policies and actions to reduce the burden of major non-communicable diseases ('NCDs') and improve citizens' health.

The EU NCD Initiative covers the period 2022-2027 and includes five strands: 1) a horizontal strand on shared health determinants, focusing on population-level health promotion and disease prevention of NCDs (complementing the actions of Europe's Beating Cancer Plan); 2) diabetes; 3) cardiovascular diseases; 4) chronic respiratory diseases; and 5) mental health and neurological disorders, including dementia.

[9] Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on a comprehensive approach to mental health. COM (2023)298 final.

Financial support under the EU4Health work programmes 2022 and 2023 has been provided to support the implementation of actions identified by the Member States under the abovementioned strands.

After the first wave of support to Member States in the context of the EU NCD Initiative, it is important to adjust and improve its functioning by further refining the identification of best practices, innovative policies, and cost-effective approaches that can deliver population impact, and addressing specific areas or areas not yet covered under the strands to better support and target vulnerable populations, including children, young people, and the elderly.

NCDs other than the ones covered by these strands may also be addressed through joint work and collaboration between the Member States. Such NCDs may include digestive diseases, kidney diseases, musculoskeletal disorders, substance use disorders, age-related disorders beyond dementia and approaches to tackle the use of tobacco products and smoking, and harm due to the use of alcohol and illicit drugs.

Since communicable diseases such as HIV/AIDS, tuberculosis and viral hepatitis continue to be an important public health challenge at Union level, they may also be addressed.

In Europe's Beating Cancer Plan, the Commission announced that it would put forward actions to help create a 'Tobacco-Free Generation' where less than 5% of the population uses tobacco by 2040, compared to around 25% today. The Commission intends to launch a revision of the 2009 Council Recommendation on smoke-free environments in 2023[10]. Since 2009, there have been technological advancements and an increase in market shares of emerging tobacco products (such as e-cigarettes and heated tobacco products). In addition, the 2009 Council Recommendation on smoke-free environments include indoor and enclosed spaces in its scope but other public spaces such as certain outdoor spaces were only covered on a case-by-case basis. With the revision, the key objective is to protect people in the Union from exposure to second-hand smoke and aerosols. It will also address risks from emerging products or from exposure to second-hand smoke and aerosols in certain outdoor spaces.

To increase synergies and cooperative work, relevant international organisations and stakeholders could be supported in order to address the Commission's and Member States' policy priorities in the area of NCDs. Civil society organisations and international organisations, such as the WHO and the OECD, may further support the Member States in their efforts.

While cancer is usually considered within a non-communicable disease framework, a considerable number of cancers are caused by infections. Primary causes of cancers caused by infections are Helicobacter pylori ('H. pylori'), Human Papillomavirus ('HPV'), Hepatitis B and C ('HBV and HCV').

Cervical cancer is the second most common cancer among women aged 15 to 44 in the EU, with 33 000 cases and 15 000 deaths yearly. The major cause of cervical cancer is persistent infection with specific types of HPV. Further, HPV is associated with other cancers such as anogenital or oropharyngeal cancers, affecting both women and men. Viral hepatitis, according to ECDC data, is responsible for 55% of all liver cancer deaths, the number of which has increased significantly over the past decades.

While Union targets are aligned with global targets when it comes to the elimination of viral hepatitis, there is still a need for specific Union-level HPV targets.

[10] Council Recommendation of 30 November 2009 on smoke-free environments (europa.eu) (2009/C 296/02).

One of the flagship initiatives of Europe's Beating Cancer Plan is to support Member States' efforts to extend routine vaccination against HPV of girls and boys to eliminate cervical cancer and other cancers caused by HPV. The objective is to vaccinate at least 90% of the Union's target population of girls and to significantly increase the vaccination of boys by 2030.

In 2023, the Commission intends to present a proposal for a Council Recommendation on vaccine-preventable cancers to support Member States in increasing HPV vaccination coverage rates in a gender-neutral perspective and to help ensure access to vaccination against HBV for all affected populations groups. The Europe's Beating Cancer Plan also commits to helping ensuring access to treatments for HCV infection, which is associated with liver cancer. Additional challenges include prevention, access to testing, linkage to care, and monitoring and quality of surveillance data.

Infections with H. pylori will be covered through actions supporting the implementation of the new Council Recommendation on cancer screening, which suggests test-and-treat strategies for H. pylori as a means for gastric cancer screening.

The 2018 Council Recommendation on strengthened cooperation against vaccine-preventable diseases[11] calls for targeted outreach to vulnerable population groups. In 2020, the Commission issued a reformed EU Roma strategic framework for equality, inclusion, and participation[12]. Vaccination can contribute to reduce inequalities in health among Roma populations in the EU.

This action supports the Europe's Beating Cancer Plan, the EU Roma strategic framework; the planned Commission proposals for a Council Recommendation on vaccine-preventable cancers; and a revision of the 2009 Council Recommendation on smoke-free environments. The action also implements the EU4Health Programme's general objective to improve and foster health in the Union and to strengthen health systems by improving their resilience and resource efficiency (Article 3, points (a) and (d), of Regulation (EU) 2021/522), through the specific objectives defined in Article 4, points (a), (i), and (j), of Regulation (EU) 2021/522.

EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42)

Nuclear and radiation science and technologies play an important role and provide a wide range of benefits to Union citizens in many areas, in particular in medicine. At the same time, medical procedures remain by far the largest artificial source of exposure to ionising radiation of Union citizens, including European children, adolescents, and young adults. If they are conducted appropriately, these technologies offer nevertheless medical benefits that far outweigh the risks associated with radiation exposure.

Euratom legislation[13] on radiation protection in medicine requires that medical ionising radiation procedures are used only when appropriate and clinically justified, and with the minimum clinically needed radiation dose. It also includes requirements with respect to staff, procedures and equipment in use, and mandates a number of quality

[11] Council Recommendation of 7 December 2018 on strengthened cooperation against vaccine-preventable diseases (2018/C 466/01)

[12] The new EU Roma strategic framework for equality, inclusion and participation.

[13] Council Directive 2013/59/Euratom of 5 December 2013 laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation, and repealing Directives 89/618/Euratom, 90/641/Euratom, 96/29/Euratom, 97/43/Euratom and 2003/122/Euratom (OJ L 13, 17.1.2014, p. 1).

and safety tools, with particular attention to applications involving childhood exposures.

The recent EU-funded EPI-CT cohort study[14] shows an excess of relative risk of brain cancer after radiation exposure from computed tomography ('CT') exams of children (0-18 years) adolescents and young adults (19-25 years). These conclusions emphasise careful justification of paediatric CT exams and use of doses as low as reasonably possible.

This action is part of the Strategic Agenda for Medical Ionising Radiation Applications ('SAMIRA') Action Plan[15] and supports the Europe's Beating Cancer Plan objective to ensure high standards in cancer care. It implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (a), (c), (g) and (h) of Regulation (EU) 2021/522.

EU4H-2024-PJ-03-4 — Call for proposals on Personalised Cancer Medicine - (CR-g-24-99)

Personalised Cancer Medicine ('PCM')[16] through particular methods and patient management, has the potential to improve healthcare by establishing technological advancements and implement the scientific understanding of disease processes within the cancer clinical pathway.

However, PCM depends on the information management capabilities of the healthcare practitioners and other stakeholders working within health systems.

Future healthcare methods that make use of genetic/genomic testing and molecularly targeted medicines will contribute to preventing and better comprehending the disease processes. For instance, a thorough understanding of the metastatic process could point to novel therapeutic directions since metastasis are still the main cause of cancer-related mortality.

Electronic clinical decision support technology can be used to efficiently solve significant difficulties in patient management, ensuring the appropriate clinical use of genomic test data and molecularly targeted treatments.

This is accomplished by creating personalised preventative and treatment plans for individuals or groups, ensuring that patients receive the precise therapies that are most effective for them and that financial resources will not be put in ineffective procedures.

PCM can potentially improve cancer diagnosis and treatment outcome, as well as provide a better quality of life for patients and survivors, which is one of the main goals of the Europe's Beating Cancer Plan).

This action will support the Europe's Beating Cancer Plan objective to ensure high standards in 'Cancer diagnostic and treatment for all' and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (a) and (g) of Regulation (EU) 2021/522.

[14] Hauptmann M, Byrnes G, Cardis E et. al. Brain cancer after radiation exposure from CT examinations of children and young adults: results from the EPI-CT cohort study, Lancet Oncol 2023; 24: 45–53.

[15] Commission Staff Working Document on a Strategic Agenda for Medical Ionising Radiation Applications (SAMIRA), SWD (2021) 14 final.

[16] Council conclusions on personalised medicine for patients. (2015/C 421/03)

EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96)

One of the flagship initiatives of Europe's Beating Cancer Plan is the establishment by 2025 of an EU Network of Comprehensive Cancer Centres, linking recognised Comprehensive Cancer Centres[17], and cancer care networks in every Member State, to facilitate the uptake of quality assured screening, diagnosis and treatment, innovative approaches including training, research, and clinical trials across the Union. The Cancer Plan aims to ensure that 90% of eligible patients have access to such centres by 2030. In addition, it aims at establishing new networks of expertise focusing on specific, challenging cancer conditions, which will benefit from cross border cooperation and European expertise and will also link with the EU Network of Comprehensive Cancer Centres.

Under the EU4Health 2021 work programme[18] a preparatory Joint Action ('JANE') has been launched to develop the concepts for new cancer networks of expertise[19]. This call for proposals aims to support the extension of the expert networks from Joint Action JANE under the EU4Health work programme 2023, and in particular to involve civil society, patient and health professional organisations in this work, which will be an important contributing factor in setting up these networks.

This action will support the Europe's Beating Cancer Plan objective to establish by 2025 an EU Network of Comprehensive Cancer Infrastructures and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (d), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (a) and (g), of Regulation (EU) 2021/522.

EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76)

Recent advancements in Artificial Intelligence (AI) combined with the abundance of electronic health data have the potential to revolutionise healthcare and deliver concrete benefits to patients. However, studies conducted by the Commission in 2021[20] have revealed a slow and limited uptake of AI systems in healthcare and identified AI specificities in healthcare. The SANTE 2021 study[21] identified several interrelated gaps that explain the slow uptake that can be grouped in three main areas from a regulatory and governance point of view:

a) the absence of a harmonised regulatory framework that addresses specificities of AI systems in health;

b) the lack of an appropriate enabling environment for the flourishing of AI;

c) the lack of trust and transparency regarding the use of AI.

[17] European Guide on Quality Improvement in Comprehensive Cancer Control - page 96 (CanCon_Guide.pdf (ecpc.org).

[18] EU4Health 2021 WP.

[19] Joint Action on Networks of Expertise on Cancer (JANE).

[20] Study on health data, digital health and artificial intelligence in healthcare - Publications Office of the EU (europa.eu)

[21] Study on eHealth Interoperability of Health Data and Artificial Intelligence for Health and Care in the EU. Final Study Report.

Co-legislators also recognise the challenges of AI in healthcare. The European Parliament identified and clarified clinical, social and ethical risks posed by AI in healthcare and proposed mitigation measures and policy options in its 2022 report.[22]

Since 2021, the Commission has proposed three main horizontal legal frameworks applicable to AI in healthcare, namely the Proposal for a Regulation laying down harmonized rules in artificial intelligence and amending certain Union legislative Acts (AIA)[23], the Proposal for a Directive on liability for defective products ('PLD')[24], and the Proposal for a Directive on adapting non-contractual civil liability rules to artificial intelligence ('AILD')[25]. Additionally, the Commission has proposed a sector-specific legal framework through its Proposal for a Regulation on the European Health Data Space EHDS[26], which contains rules for organising health data for primary and secondary uses.[27]

The aforementioned studies are a good basis for better understanding the ecosystem and some of the challenges concerning AI in the healthcare but are not enough to identify the challenges and accelerators related to the deployment of AI in clinical practice, taking into account the acceleration of AI since 2021. While the majority of Commission initiatives and proposals on AI have focussed on the trustworthy development of AI, there is a need to identify and assess the challenges and accelerators related to its deployment. Deployment in the context of the study should be defined as the effective incorporation of AI into healthcare with a particular focus on clinical practice.

For AI to be deployed in clinical settings and provide concrete benefits to individuals including patients, it has to create among others, trust and acceptability, and it has to provide an environment of transparency and show the added value in clinical environments.

Consequently, it is essential to explore and comprehend the ecosystem surrounding AI in clinical practice. In this regard, it is necessary to bring together developers of AI, managers of healthcare facilities, users of AI (e.g., healthcare professionals) and those subject to AI predictions (e.g., patients) to better understand this new ecosystem, identify bottlenecks and challenges, and show how to successfully accelerate AI deployment in clinical practice.

This action implements the EU4Health Programme's general objective of strengthening health systems (Article 3, point (d), of Regulation (EU) 2021/522) through the specific objective defined in Article 4, point (f), of Regulation (EU) 2021/522.

[22] Artificial intelligence in healthcare. Panel for the Future of Science and Technology.

[23] Proposal for a Regulation of the European Parliament and of the Council laying down harmonized rules in artificial intelligence and amending certain Union legislative Acts. COM(2021)206 final.

[24] Proposal for a Directive of the European Parliament and of the Council on liability for defective products. COM(2022)495 final.

[25] Proposal for a Directive of the European Parliament and of the Council on adapting non-contractual civil liability rules to artificial intelligence (AI Liability Directive). COM(2022)496 final.

[26] Proposal for a Regulation of the European Parliament and of the Council on the European Health Data Space. COM(2022)197 final.

[27] The AIA has been adopted by the European Parliament and the Council in 2024.

EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79)

The work programme will support the organisation of conferences and events during 2024 or 2025 which will meet the objectives of Regulation (EU) 2021/522.

There is a need to timely identify upcoming health challenges and involve all interested parties such as citizens, patients, practitioners, scientists, policy makers from local, regional, and Union level, in finding possible solutions and alternative ways to address such health challenges; to provide information to individuals for preventing and responding to diseases; to join efforts with the beneficiaries of the Union funds to inform and communicate about the actions implementing the EU4Health Programme and the results obtained.

One of the ways to achieve this is by reaching out to the public and all relevant stakeholders in high level science-policy-society events that provide the optimal forum to facilitate the exchange of ideas and the development of feasible solutions.

The action will support the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, points (a) to (d), of Regulation (EU) 2021/522) through the specific objectives defined in Article 4, points (a) to (j), of Regulation (EU) 2021/522.

2. Objectives — Themes and priorities — Activities that can be funded — Expected impact

EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25)

Objectives (linked to general and specific objectives of the programme)

The aim of this action is to reduce the burden of mental ill health through promoting good mental health and effectively preventing mental health problems across the Union by supporting the efforts of the Member States in implementing the flagship actions and other initiatives of the Commission Communication on a comprehensive approach to mental health.

Activities that can be funded (scope)

The activities could cover the following areas of action:

a) promotion of good mental health and prevention of mental health problems through mental health literacy and awareness-raising, knowledge-sharing and exchange programmes for health professionals, creation of and participation in networks of institutions, patients and health professionals, identification and sharing of best and promising practices and approaches and implementable research results;

b) support for the design of integrated and coherent health policy approaches to key mental health challenges for children, such as those posed by the digital world (e.g., misinformation, cyberbullying, body shaming, aggressive marketing, undue access to inappropriate content, addiction and concentration deficit);

c) support for the design of comprehensive and coherent policy approaches and toolkits to address key social, environmental, commercial and behavioural factors influencing the mental health of citizens, including children and young people and their mental resilience;

d) better and earlier detection and intervention of mental health problems through development, piloting and implementation of approaches and tools for early detection and intervention in various settings e.g., schools, workplaces, prisons and community settings;

e) improved access to evidence-based, innovative, promising and community-level approaches and interventions in the management of mental health challenges;

f) improved quality of life through appropriate and patient-centred follow-up care with a focus on rights and breaking through stigma discrimination.

The activities should include an equity dimension and aim at reducing health inequalities and focus on vulnerable groups (such as children, the elderly, women in vulnerable situations and migrants and refugees, Roma people and displaced people from Ukraine) and socio economically disadvantaged groups (such as persons with low education and incomes, or persons at unemployment risk).

This action is linked to and should support the activities under DP-g-24-24 Direct grants to Member States' authorities: Promoting a comprehensive, prevention-oriented approach to mental health to support vulnerable groups.

Specific action-level indicators for reporting purposes

- Number of best and promising practices identified for wider implementation;
- Number of best and promising practices transferred;
- Number of Member States implementing best and promising practices
- Number of innovative approaches developed/identified;
- Number of innovative approaches piloted;
- Number of awareness campaign developed per vulnerable group of the population;
- Number of workshops organised.

Expected impact (including EU added value, expected outputs and results)

The expected results of this action are an improved and accelerated move towards the development and implementation of a comprehensive approach to mental health, including in areas such as mental health promotion and prevention, better and earlier detection, and interventions to tackle mental health issues, access to innovative approaches to managing mental health conditions in communities, and quality of life of patients and their families/(in)formal carers in the Member States, through:

a) collection and sharing of information, knowledge, promising and best practice approaches on a comprehensive approach to mental health under the above-mentioned areas of actions;

b) support for national, regional and local policymakers and decision-makers in the move towards a more comprehensive approach to mental health;

c) data identification and dissemination on the key social, environmental, commercial and behavioural factors that influence the mental health of citizens, especially children and young people;

d) development of policy advice and of a communication toolkit on how to best reach and involve vulnerable and socio-economically disadvantaged population groups in local community settings, on mental health issues, especially depression, suicide prevention and addressing stigma and discrimination;

e) reinforced cooperation, exchange networks and dissemination between civil society organisation to support the move towards a comprehensive approach on mental health.

EU4H-2024-PJ-03-2 – a — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)

Objectives

The aim of this action is to contribute to reducing the burden caused by NCDs and communicable diseases and their risk factors, supporting Member States' actions. The action targets:

a) Sub-topic (a): NCDs and their risk factors, including NCDs not covered by the strands of the 'Healthier Together' EU NCD initiative and targeting vulnerable groups of the population, such as children, young people and the elderly (e.g., auto-immune diseases, chronic kidney diseases and liver diseases, musculoskeletal disorders); and, support to the implementation of the planned Commission proposal for a revision of the 2009 Council Recommendation on smoke-free environments;

Sub-topic (a) is linked to and supports the activities under DP/CR-g-24-27 Direct grants to Member States' authorities: Health promotion and disease prevention including smoke- and aerosol- free environments.

Activities that can be funded (scope)

Sub-topic (a):

Activities will aim to:

a) support Member States' priorities and actions on addressing NCDs, in particular for vulnerable groups, such as children, young people and the elderly;

b) build on the advice and momentum from the planned revised Council Recommendation on smoke-free environments, supporting Member States' priorities and actions to implement that recommendation.

More specific activities will include:

a) the development and piloting of best and promising practices, innovative and cost

effective approaches and research results on prevention of NCDs and risk factors;

b) the roll-out of already identified best practices and innovative approaches with the overall goals of protecting people in the Union from exposure to second-hand smoke and aerosols and of strengthening the coordination of activities among Member States.

Activities under sub-topic (a) should ideally complement the activities carried out under DP/CR-g-24-27 Direct grants to Member States' authorities: Health promotion and disease prevention including smoke- and aerosol- free environments.

All activities under this call will cover the promotion of health and the prevention and management of NCDs and communicable diseases, supporting in particular vulnerable population groups, including displaced people from Ukraine (as beneficiaries of the access to healthcare provided by the Temporary Protection Directive, when they need special actions to be integrated in the regular national health systems) and Roma in the EU. Activities should also include an equity dimension and aim at reducing health inequalities.

Expected impact (including EU added value, expected outputs and results)

Sub-topic (a):

The expected results include:

a) identification and piloting of best and promising practices through population-level interventions;

b) guidelines and evidence-based recommendations for prevention and control of NCDs and related risk factors;

c) guidelines and evidence-based recommendations to support Member States and stakeholders in reducing the exposure to second-hand smoke and aerosols and the risks from emerging tobacco products;

d) targeted interventions to promote health and prevent disease among vulnerable population groups, including children, young people and the elderly.

These actions are expected to:

Sub-topic (a): contribute to reducing the burden caused by NCDs and related risk factors and communicable diseases in the Member States, and to contribute to reducing the risks from exposure to second-hand smoke and aerosols in certain outdoor spaces and from emerging tobacco products.

Specific action-level indicators for reporting purposes

Sub-topic (a): Number of best and promising practices rolled out and number of innovative approaches developed.

EU4H-2024-PJ-03-2 – b — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)

Objectives

The aim of this action is to contribute to reducing the burden caused by NCDs and communicable diseases and their risk factors, supporting Member States' actions. The action targets:

Sub-topic (b): Vaccination and vaccine-preventable cancers (HPV and HBV) including implementation of the planned Council Recommendation on vaccine-preventable cancers and other cancers caused by infections (HPV, HBV and HCV).

Sub-topic (b) is linked to and supports the activities under DP/CR-g-24-28 Direct grants to Member States' authorities: Cancers caused by infections, vaccine-preventable cancers and addressing communicable diseases (HIV/AIDS, Tuberculosis, Hepatitis).

Activities that can be funded (scope)

Sub-topic (b):

Activities will aim to:

a) Develop and pilot guidance on increasing the uptake on vaccination, in particular among vulnerable groups, on the basis of identification of best and promising practices in the field;

b) build on the advice and momentum from the Council Recommendation on vaccine preventable cancers, supporting Member States' priorities and actions to implement it.

More specific activities will include:

a) targeted outreach activities to increase the uptake of vaccination among vulnerable populations, including displaced people from Ukraine (as beneficiaries of the access to healthcare provided by Council Directive 2001/55/EC of 20 July 2001 on minimum standards for giving temporary protection in the event of a mass influx of displaced persons and on measures promoting a balance of efforts between Member States in receiving such persons and bearing the consequences thereof (the 'Temporary Protection Directive')[28], when they need special actions to be integrated in the regular national health systems) and Roma in the EU;

b) activities to contribute to the implementation of the Council Recommendation on vaccine-preventable cancers and activities to contribute to reduction of vaccine preventable cancers and other cancers caused by infections (HPV, HBV and HCV);

c) support for Member States in implementing actions related to the Council

[28] OJ L 212, 7.8.2001, p. 12.

Recommendation on vaccine-preventable cancers, including the sharing of best practices and innovative approaches;

d) awareness-raising and provision of information and knowledge on the impact of infections as possible causes for cancer across relevant target groups and on the importance of HPV vaccination for both girls and boys, HBV vaccination, HBV and HCV testing and treatment as well as an improved linkage to care;

e) capacity-building for health professionals, including in terms of communication skills, and support for patient groups and vulnerable groups such as Roma, drug users, prisoners, refugees, and migrants.

Activities under sub-topic (b) should ideally complement the activities carried out under DP/CR-g-24-28 Direct grants to Member States' authorities: cancers caused by infections, vaccine-preventable cancers and addressing communicable diseases (HIV/AIDS, TB, HBV and HVC).

All activities under this call will cover the promotion of health and the prevention and management of NCDs and communicable diseases, supporting in particular vulnerable population groups, including displaced people from Ukraine (as beneficiaries of the access to healthcare provided by the Temporary Protection Directive, when they need special actions to be integrated in the regular national health systems) and Roma in the EU. Activities should also include an equity dimension and aim at reducing health inequalities.

Expected impact (including EU added value, expected outputs and results)

Sub-topic (b):

The expected results include:

a) identification and piloting of best and promising practices through population-level interventions;

b) concrete outputs to help increase the uptake of vaccination among vulnerable groups such as Roma, including vaccination sites/hubs, where those populations can easily get vaccinated, information material developed in collaboration with health professionals and health mediators, tools to address mis- and disinformation; and tools to strengthen the monitoring of vaccination uptake;

c) concrete outputs to help increase the uptake of HPV and Hepatitis B vaccination among all affected population groups, including initiatives that can reduce structural barriers to vaccination, initiatives that can address vaccine hesitancy, and initiatives that can counter mis- and disinformation;

d) concrete actions that can contribute to increased awareness and knowledge of infections as possible causes for cancer across relevant target groups.

These actions are expected to:

Sub-topic (b): support the increase of the uptake of HPV vaccination for both girls and boys, better awareness of the risks amongst the target populations, an increased uptake of HBV vaccination among vulnerable groups, and an increased uptake of HBV and HCV testing and treatment as well as improved linkage to care.

Specific action-level indicators for reporting purposes

Sub-topic (b): Guidance developed and piloted on the basis of identification of best and promising practices.

EU4H-2024-PJ-03-2 – c — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)

Objectives

The aim of this action is to contribute to reducing the burden caused by NCDs and communicable diseases and their risk factors, supporting Member States' actions. The action targets:

Sub-topic (c): Communicable diseases (HIV/AIDS, Tuberculosis, viral hepatitis).

Sub-topic (c) is linked to and supports the activities under DP/CR-g-24-28 Direct grants to Member States' authorities: Cancers caused by infections, vaccine-preventable cancers and addressing communicable diseases (HIV/AIDS, Tuberculosis, Hepatitis).

Activities that can be funded (scope)

Sub-topic (c):

Activities will aim to:

a) support Member States and countries associated to the EU4Health Programme in their actions to prevent, monitor and manage communicable diseases, such as HIV/AIDS, Tuberculosis and viral hepatitis;

b) support Member States in their actions to address stigma and discrimination.

More specific activities will include:

a) development of best and promising practices, innovative policies, cost-effective approaches and research to prevent and monitor communicable diseases in the Union (HIV/AIDS, Tuberculosis, viral hepatitis);

b) awareness-raising to tackle stigma and discrimination;

c) targeted actions for vulnerable groups (e.g., drug users, migrants, people in prison)

d) capacity-building for health professionals, including in terms of communication skills, and support for patient groups and vulnerable groups.

Activities under sub-topic (c) should ideally complement the activities carried out under DP/CR-g-24-28 Direct grants to Member States' authorities: cancers caused by infections, vaccine-preventable cancers and addressing communicable diseases (HIV/AIDS, TB, HBV and HVC).

All activities under this call will cover the promotion of health and the prevention and management of NCDs and communicable diseases, supporting in particular vulnerable population groups, including displaced people from Ukraine (as beneficiaries of the access to healthcare provided by the Temporary Protection Directive, when they need

special actions to be integrated in the regular national health systems) and Roma in the EU. Activities should also include an equity dimension and aim at reducing health inequalities.

Expected impact (including EU added value, expected outputs and results)

Sub-topic (c):

The expected results include:

a) identification and piloting of best and promising practices through population-level interventions;

b) guidelines and evidence-based recommendations for prevention and control of communicable diseases;

c) awareness-raising campaigns and activities targeting vulnerable groups and communities;

d) training, upskilling and reskilling for health professionals in terms of prevention, monitoring and management of communicable diseases, focusing on vulnerable groups;

e) activities that provide support to patient groups and organisations representing vulnerable groups.

These actions are expected to:

Sub-topic (c): contribute to reducing the burden of specific communicable diseases in Member States.

Specific action-level indicators for reporting purposes

Sub-topic (c): Number of best and promising practices and/or innovative approaches identified and/or developed.

EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42)

Objectives

The aim of the action is to enhance the quality and radiation safety of medical applications of ionising radiation in children, adolescents and young adults. Actions taken should in particular focus on computed tomography procedures in children and young adults and aim to reduce the associated risk of adverse secondary effects, such as brain and other types of cancer.

This action should cover in priority head CT exams in children, adolescents and young adults. It can be extended to other body regions, as well as other imaging modalities involving ionising radiation, if there is a frequent clinical indication for paediatric imaging and improved justification and optimisation is considered achievable. This action could include conventional and interventional radiology, CT and nuclear medicine and could also include imaging procedures performed as part of radiotherapy treatments.

Activities that can be funded (scope)

The activities carried out in this action should include the following:

a) review of referral guidelines for imaging, clinical guidelines, and clinical decision support systems in use in Member States for justification of radiological imaging in children, adolescents and young adults and recommendations for improvement of these guidelines to the relevant actors;

b) review of the equipment base and the access to dedicated paediatric imaging in Member States and recommendations for improvement of the equipment base to the relevant actors;

c) development of guidance, protocols and tools for optimisation of paediatric CT exams, for the CT devices and the clinical indications that are the most used in Europe;

d) the organisation of information and dissemination campaigns concerning recommendations, guidance, protocols and tools for justification and optimisation of paediatric imaging among the concerned hospitals and medical centres in all Member States;

e) development of education and training curricula, material, and tools on radiation protection of paediatric patients, for the applicable professional groups;

f) the organisation of a training of radiologists, radiographers, medical physicists, and radiology nurses in practical approaches to radiation protection of paediatric patients;

g) the organisation of information campaigns about the benefits, risks and radiation safety of imaging in paediatric, adolescent and young adult patients, targeted at parents and young adults.

Expected impact (including EU added value, expected outputs and results)

As an expected outcome of the activities and in line with the SAMIRA objective to ensure that applications of ionising radiation in Member States operate in line with high standards for quality and safety, medical staff should have improved tools to ensure justification and optimisation of medical procedures involving ionising radiation in children and young adults.

This should take various forms of technical/practical tools, like improved imaging referral and clinical guidelines, guidance, protocols and tools for specific exams and equipment, education and training curricula and material. Trainings for the hospital staff and information campaigns should also be organised.

This will benefit paediatric, adolescents, and young adult patients, and parents and young adults accessing imaging services in Member States. The actions are expected to bring short-term improvements in radiation safety and quality of CT and other radiological imaging in children and young patients and reduction of avoidable exposure to ionising radiation. In the mid- to long- term, this is expected to translate into reduced avoidable secondary effects, such as brain cancer linked to head CT exams.

The outcomes of these activities should also reduce discrepancies in Europe to current radiation technology in medical applications through a coordinated approach.

Specific action-level indicators for reporting purposes

- Number of developed or updated guidance, protocols and/or tools for optimisation of paediatric CT and other high-dose radiological exams.
- Number of reviewed referral and clinical guidelines and clinical decision support systems.
- Number of Member States/regions/hospital networks whose equipment bases have been reviewed.
- Number of professionals participating in training sessions.
- Number of hospitals and other health institutions targeted with information campaigns.

EU4H-2024-PJ-03-4 — Call for proposals on Personalised Cancer Medicine - (CR-g-24-99)

Objectives

The aim of the action is to complement the implementation of the 'Joint Action on Personalized Cancer Medicine' led by the Member States, thus helping to reduce the burden of cancer both at a personal and societal level, namely by supporting the Europe's Beating Cancer Plan and policy initiatives on personalised medicine. It may also support other Union initiatives that aim at improving public health, such as the '1+ Million Genomes' Initiative[29] and the Initiative to Understand Cancer (UNCAN.eu)[30] in so far as it shares the objectives of promoting personalised treatments and support ground-breaking research needed to advance the understanding of cancer mechanisms in order to improve the cancer care pathway.

This action should cover the ambition of the sixth flagship of the Europe's Beating Cancer Plan, the 'Cancer diagnostic and treatment for all' initiative. It will build on the results of the EU4Health Programme funded projects, such as the Personalised Cancer Medicine for all EU citizens ('PCM4EU')[31], the EU Cancer and Public Health Genomics platform project ('CAN.HEAL')[32], as well as the project for improved diagnostics and survival for all children with Acute Myeloid and the Leukaemia treated within the NOPHO-DB- SHIP consortium; a cross-European collaboration ('CHIP-AML22').[33] The action will also make use of the guidelines, protocols and best practices, developed under other European Commission funded initiatives and projects such as the 1+ Million Genomes Initiative, a European-wide foundation to accelerate Data-driven Cancer Research (EOSC4Cancer)[34], and Partnership on Transforming Health and Care

[29] European '1+ Million Genomes' Initiative.

[30] UNderstand CANcer (uncan.eu).

[31] Personalised Cancer Medicine for all EU Citizens (PCM4EU).

[32] Can.Heal | Building the EU genomics platform (canheal.eu).

[33] Childhood International Protocol – Acute Myeloid Leukaemia 2022

[34] European-wide foundation to accelerate data-drive cancer research (eosc4cancer)

Systems (THCS)[35] as well as Innovative Health Initiative (IHI)[36] funded projects could also be considered.

Activities that can be funded (scope)

Activities will contribute to the Joint Action on Personalized Cancer Medicine', and include:

a) the implementation of targeted projects involving civil society organisations and industry complementing the Member States' efforts in the design, planning and implementation of best practices (e.g., on metastatic cancer);

b) the production of public health guidelines concerning personalised cancer medicine, genomic testing/screening and metastatic cancer management;

c) patients and caregivers consultations, and other actions that can benefit citizens directly;

d) preparation and roll out of innovative practices;

e) support capacity building actions such as training and twinning, health communication or health literacy.

Activities should also include an equity dimension and aim at reducing health inequalities.

Expected impact (including EU added value, expected outputs and results)

The action will benefit cancer patients accessing personalised cancer medicine services, which is expected to reduce the burden of cancer in the Member States.

The expected results will include initiatives to complement the Member States' efforts in the design, planning and implementation of best practices, such as support for the development of public health guidelines (e.g., personalised cancer medicine, genomic testing/screening and metastatic cancer management) guidelines and, support for the preparation and roll out of new policy approaches; participation in the pilot testing of innovative practices; development of capacity building actions such as training and twinning, health communication or health literacy.

The actions that will complement the Joint Action on Personalized Cancer Medicine are expected to bring short-term improvements in implementing personalised cancer medicine and sharing best practice among Member States and countries associated to the EU4Health Programme. In the mid- to long- term, this is expected to improve innovation and patient management in the cancer pathway, including metastatic cancer, by improving knowledge and skills in implementing personalised medicine in oncology.

[35] THCS at a glance (thcspartnership.eu).

[36] Innovative Health Initiative | IHI Innovative Health Initiative (europa.eu).

Specific action-level indicators for reporting purposes

Applicants must include the following specific action-level indicators and related reporting activities in their proposals:

- Number of meetings with the Joint Action on Personalised Cancer Medicine.
- Number of organisations supporting the implementation of best and promising practices.
- Number of stakeholder organisations involved by type of organisation i.e. private sector, public sector, joint private-public organisation or company, not-for-profit sector, NGO private organization, NGO, and others.
- Number of individuals involved by age group i.e. 15-24; 25-49; 50-64; 65-79; 80 and more.
- Number of people reached (by target group).

In addition to this, in terms of awareness raising, including health literacy will need to be considered:

- Dissemination and communication material produced by type (e.g. n. of brochures, leaflets, web page).
- Number of stakeholders outreached by awareness activities.
- Number of organisations participating in the training/twinning activities.
- Number of high visibility meetings organised.

EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96)

Objectives - Activities that can be funded (scope)

Activities will complement the joint action on new networks of expertise to be launched under the EU4Health work programme 2023 (CR-g-23-40.1-2), and include:

a) implementing targeted projects involving patient organisations, civil societies, non-government organisations complementing the Member States' efforts in the design, planning and implementation of the networks;

b) the establishment of best practices, the production of public health, treatment guidelines, or other actions that can benefit patients;

c) the preparation and roll out of innovative practices (pilot tests), and support actions such as training and twinning, health communication or health literacy.

Support activities could include:

a) practical support (to help patients better understand the impact of cancer and treatment; managing the side effects of cancer and cancer treatment);

b) emotional support (regular consultations in support groups and workshops, aimed at supporting and helping patients to manage the difficult psychological and emotional impact of cancer);

c) education and information (practical information on diet in cancer, oncology workshops for healthcare professionals and support personnel, tailored to specific types of cancer and their symptoms).

These resources will help guiding patients through their cancer journey by shedding light on some of the unknowns that come with a cancer diagnosis. The resources will also include a range of exercise classes and groups to suit individual needs (physical activities can help to reduce symptoms of anxiety, fatigue, improving patient mood and physical functioning); organising of survivorship groups for families and patients for education of special techniques and acquiring skills for dealing with stress and anxiety with cancer; mindfulness resources and programmes to help patients and their families to improve and maintain their wellbeing; manage the emotional challenges that a cancer diagnosis and treatment can present that can be an important part of the patient cancer journey.

Expected impact (including EU added value, expected outputs and results)

The expected result is to enable stakeholders to contribute to the delivery of the joint action on new networks of expertise launched under the EU4Health work programme 2023. This will include of establishing within the networks of expertise supporting actions for patients, families, caregivers and other participants in the fight against cancer. This action will help Member States to improve cooperation among their cancer services and with health professionals and patient advocates (by for instance addressing skill gaps and better equipping the health workforce in cancer care); and to improve and deepen the cooperation with the non-governmental sector.

Specific action-level indicators for reporting purposes

1. Indicators for Civil Society and Organisational Involvement:
   - Number of Civil Society Organisations Involved: Count of patient and health professional organisations participating.
   - Stakeholder Engagement Activities: Number and type of activities involving civil society and patient organisations.

2. Indicators for Best Practices and Guidelines:
   - Number of Best Practices Established: Count of best practices developed and documented.
   - Public Health and Treatment Guidelines Produced: Number of guidelines created and disseminated.

3. Indicators for Innovative Practices and Support Actions:
   - Number of pilot tests conducted for innovative practices.
   - Success rate of pilot tests, measured by predefined criteria (e.g., effectiveness, patient satisfaction).
   - Number of training and twinning sessions conducted.
   - Participation rate in health communication and literacy initiatives.

4. Stakeholder Engagement and Feedback Collection
   - Number of focus groups and workshops held.
   - Volume of qualitative feedback collected from stakeholders.
   - Stakeholder satisfaction rate with engagement activities.

5. Capacity Building and Training
   - Number of training sessions conducted for network participants.
   - Number of participants trained.
   - Improvement in participant knowledge and skills, measured through pre- and post-training assessments.

6. Quality Improvement Initiatives

   - Number of quality improvement initiatives implemented.
   - Percentage improvement in targeted quality metrics (e.g., patient outcomes, service delivery times).
   - Number of best practice guidelines developed and promoted.

7. Communication and Dissemination
   - Number of communication materials (newsletters, reports, infographics) produced and distributed.
   - Reach and engagement rate of dissemination efforts (e.g., number of recipients, open rates for digital communications).
   - Media coverage and public awareness levels regarding the joint action.

8. Sustainability and Future-proofing

   - Development and documentation of a sustainability strategy.
   - Number of sustainability initiatives launched. Funding secured for ongoing support and future-proofing of networks. Number of collaborative research projects initiated with academic institutions or research organizations.

9. Practical and Emotional Support Programs

   - Number of practical support session conducted (e.g., workshops on managing cancer impact).
   - Number of emotional support sessions held (e.g., support groups, consultations).
   - Participant satisfaction with support programs.

10. Educational and Informational Initiatives

    - Number of educational materials produced (e.g., dietary guides, oncology workshops).
    - Number of healthcare professionals and support personnel trainee.
    - Participant feedback on the usefulness and relevance of educational content.

EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76)

Objectives

The overarching objective of this project is to accelerate the safe deployment of AI systems in particular in clinical settings. One project is expected to be funded under this call.

Activities that can be funded (scope)

The activities for this action should include the following actions:

a) the **setting up and running of one or more communities of experts** (e.g., healthcare professionals who have experience in using/implementing AI in clinical practice and hospital managers who have experience in implementing AI solutions in healthcare organisations) and relevant stakeholders (e.g., developers of AI or AI based products and services, and patients) for delving into the potentials and challenges concerning AI deployment in clinical practice. In this respect, this should provide proposals on how to ensure sustainability of this expert community beyond the end of the project;

b) the analysis and identification of the **factors that lead to the successful and less successful deployment of AI in healthcare** as well as challenges and obstacles, in collaboration with the expert community or communities mentioned under point a) and taking into account existing studies and projects. Two particular areas of interest that should be included are AI in cancer and AI in remote areas and medical deserts;

c) the preparation of **good deployment practices for AI in healthcare**, recommendations and guidelines tailored to the needs of the specific users/environments in healthcare to accelerate the safe and effective deployment of AI in clinical practice in collaboration with the expert community or communities mentioned under point a) and taking into account existing studies and projects. This could include, e.g., how to address the diverse performance of AI systems in diverse clinical environments beyond reasons attributed to training/validation data and how the system was technically developed; how to address issues related to AI interaction with clinical workflows; obstacles related to ethical issues of AI in healthcare, AI-physician collaboration and impact on the doctor-patient relationship, as well analysis of risk of bias and how to address it.

d) the design, development, and **execution of pilots to test and evaluate in diverse real-life environments** the expert community(ies)'s developed good deployment practices, guidelines and recommendations. As part of the pilots, to analyse **how clinical practice is changing with the incorporation of AI systems**. Based on the findings from the pilot projects to **update, if needed, the proposed good AI deployment practices** and other recommendations and guidelines;

e) the **development of user friendly interactive digital tool(s) that allows for the collection and communication of AI solutions successfully deployed in different clinical settings**. The tool(s) should provide information on how the AI

solutions are deployed to identify appropriate and useful information that should be indicated within the digital tool(s) that would be developed. The aim of such digital tool(s) is to engage relevant stakeholders and to support the formation of communities (e.g., develop contacts and, to enhance collaborations between the experts or healthcare professionals who are using AI tools in clinical practice or who are interested to the uptake of AI in their medical domain, to bring together healthcare centres using AI as well as those interested to deploy AI, to connect developers of AI with users of AI and enable patients to obtain valuable information on AI uses in clinical practice). These tools should be continuously fed with new updated information by the members of the community and other AI users. In this respect, the beneficiary should provide a proposal on how this system could be best updated and how to ensure sustainability of this system beyond the end of the project;

f) the organisation of **workshops and communication activities** (e.g., knowledge translation and dissemination of evidence-based practice/outcomes) addressed to different stakeholders (e.g., AI developers and users, hospital managers, the general public, patients). As part of these activities, to identify successful examples of AI deployment in healthcare and to provide an overview of these concrete success stories/good practices. These successful examples of AI deployment in healthcare should be displayed or included in the interactive digital tool mentioned in point (e) above. The beneficiary shall also produce other material (e.g., briefs, online campaigns) to explain and promote the safe, successful and trustful use of artificial intelligence in health to the relevant stakeholders and public;

g) the provision of a **summary of lessons learned and recommendations for potential policy measures** that would contribute to accelerating the safe and effective deployment of AI in clinical practice.

Expected impact (including EU added value, expected outputs and results)

The action is expected to:

a) create communities of experts with knowledge and experience on AI deployment in clinical settings;

b) identify challenges and accelerators of the safe and effective deployment of AI in clinical practice;

c) develop good AI deployment practices (e.g., appropriate incorporation of AI in clinical practice, ethics, etc.), guidelines and recommendations to speed up the safe and effective deployment of AI in health;

d) test and evaluate through pilot projects how good deployment practices, guidelines and recommendations benefit diverse environments and diverse populations (e.g., metropolitan and rural hospitals). As part of the pilots, to analyse how clinical practice is changing with the incorporation of AI systems;

e) expand knowledge on AI uses in medicine and develop trust on AI by both healthcare professionals and public including patients;

f) prepare healthcare systems for full-sale application of AI;
g) educate relevant actors (e.g., healthcare professionals, hospital managers, AI developers, patients) on the best use and practices of AI deployment in healthcare;
h) educate individuals including patients on AI uses for diagnosis, treatment and management of patients;
i) provide a reference interactive digital tool to collect and communicate best AI deployment practices in healthcare and foster collaborations and communities; and
j) inform policy makers on the best way to accelerate the safe and effective deployment of AI in clinical practice.

Specific action-level indicators for reporting purposes

Setting up and Running Expert Communities

- Number of Expert Communities Established: Track the total number of expert communities set up, segmented by specialty and type of AI tools.
- Proportionate representation of various specialties and experiences: including healthcare facilities, health professionals, hospital managers, and AI developers.
- Number of meetings and workshops organized annually.
- Number of reports analysing data: In order to indicate the benefits of AI systems in specific environments.
- Documentation of specific outcomes and contributions made by each community towards accelerating AI deployment in clinical practice.
- Satisfaction rate of members within the expert communities.

Best Evidence-Based Practices Guidelines:

- Timely development of evidence-based best practices guidelines for AI deployment, including development of metrics for successful implementation and added value.
- Number of policy briefs and recommendations delivered.
- Development of a metric to measure trust and acceptability: Measure the impact of developed guidelines, tools, and mechanisms on the trust and acceptance of AI in clinical practice.
- Timely delivery of metrics for evaluating the successful implementation and added value of AI tools, and their appropriateness for diverse healthcare environments.

Execution of Pilot Projects

- Number of pilot projects executed.
- Number of healthcare providers participating in pilot projects.
- Delivery of qualitative and quantitative assessments of pilot projects' effectiveness.
- Quality assurance of data collected from pilot projects for comparative and future analysis.

Development of User-Friendly Interactive Digital Tool(s)

- Timely completion of the digital tool that meets requirements for data collection visualization, and analysis.
- The quantity and quality of data entries in the digital tool regarding AI deployment from healthcare settings.
- Number of healthcare centres uploading information in the digital tool and the frequency of uploads.
- User satisfaction rate.
- Scalability Assessment: Evaluate the tool's capability to scale and be enhanced for future initiatives.
- Integration with Other Initiatives: Document the potential for integrating the tool with other Commission initiatives.

Workshops and Communication Activities

- Number and geographical coverage of workshops organized, and the number of participants.
- Satisfaction rate of workshop participants.
- Number of communication materials developed.
- Workshop Effectiveness: Evaluate and report the impact of workshops on enhancing skills, abilities, and trust in AI among healthcare professionals.

Summarizing Lessons Learned and Policy Recommendations

- Summary Reports Produced: Count the number of summary reports detailing lessons learned and concrete policy recommendations.

Data Quality and Organization

- Data Quality Rate: Ensure high standards of data quality and homogeneity in particular regarding the data collected on the dashboard.
- Data Quality Assurance: Monitor the quality and organization of data collected during the project.

EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79)

Objectives

The objective of this action is to support the organisation of not-for-profit, Union-wide high-level science-policy-society events that bring together all interested parties such as citizens, patients, practitioners, scientists, policy makers from local, regional, and Union level. The events will cover important health topics that are related to the Union's health priorities, and thereby contribute to the development and implementation of the European Health Union.

These conferences are an opportunity for discussion on how to work better together at Union level on one or more health-related topics and will involve Member States, third countries associated to the EU4Health Programme and relevant stakeholders to exchange information and good practices on relevant topics in the field of public health.

Grants may be awarded to support the organisation of conferences and events that correspond to the general or specific objectives and the priorities of the EU4Health Programme and which have a Union-wide dimension.

Activities that can be funded (scope)

The proposal should cover one or more strands of the annual work programme and have clearly defined specific objectives. The thematic areas and sub-areas to be covered may include one or more of the below mentioned topics:

(i) health care systems and workforce including in relation to demographic changes;
(ii) One health approach;
(iii) pharmaceuticals;
(iv) digital transition across health challenges.

Priority will be given to proposals covering several types of the above topics in several Member States, and beyond the EU where necessary.

The proposals should include at least one of following activities:

a) effective mobilisation of a broad audience with participation of policy makers (EU, national, regional and where necessary global levels), academia, industry, civil society including patients' organisations and other relevant representative);

b) provide a platform for a sounding board to explain EU health initiatives and health societal challenges;

c) sustainable outreach activities beyond the event with multiplier effect including on social media;

d) facilitate high-level policy dialogues attracting relevant health actors from different relevant sectors;

e) the use of innovative approaches in running the event are a plus.

Priority will be given to proposals covering several of the above activities.

Priority will be given to proposals covering several types of health challenges in several Member States and beyond the EU.

Expected impact (including EU added value, expected outputs and results)

This action will involve public or private entities with expertise on organising events in public health domain topics.

Applicants must clearly describe the expected number and profile/function of target participants in the event, including their distribution by Member States or third countries associated to the EU4Health Programme, organisation and type of expertise.

The Commission considers that proposals requesting a contribution of EUR 150 000 would allow this specific challenge to be addressed appropriately. This does not prevent applicants to submit proposals requesting a different contribution.

The events should include high level speakers, and a representative number of participants from all relevant fields of the challenges to be discussed.

The action will support communication activities addressed to the general public and/or to specific groups of people or professionals, in order to promote the European Health Union and its different initiatives.

Conferences and/or events must have a Union-wide dimension. The events will not focus on a specific condition or disease however, they will focus on current cross-cutting Union policy issues.

Specific action-level indicators for reporting purposes

Applicants must include data on the following specific action-level indicators in their regular reporting activities, and must be prepared to include additional specific action level indicators where needed:

- Total number of participants (onsite and online)
- Number of participants by sector, organisation and type of expertise, Member State, and level of responsibility of the participant
- The duration of the social media dissemination post event

3. Available budget

The estimated available call budget is **EUR 18 950 000**.

Specific budget information per topic can be found in the table below:

Topic	Topic budget
EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25)	**EUR 2 000 000**
EU4H-2024-PJ-03-2 – a — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)	**EUR 1 500 000**
EU4H-2024-PJ-03-2 – b — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-	**EUR 2 500 000**

g-24-29)	
EU4H-2024-PJ-03-2 – c —Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)	**EUR 1 000 000**
EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42)	**EUR 3 000 000**
EU4H-2024-PJ-03-4 — Call for proposals on Personalised Cancer Medicine - (CR-g-24-99)	**EUR 3 000 000**
EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96)	**EUR 1 000 000**
EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76)	**EUR 4 500 000**
EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79)	**EUR 450 000**

We expect to sign this number of grant agreements per topic.

Topic	Expected number of grant agreements to be signed
EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25)	**4**
EU4H-2024-PJ-03-2 – a — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)	**2**
EU4H-2024-PJ-03-2 – b — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)	**3**
EU4H-2024-PJ-03-2 – c —Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)	**2**
EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42)	**1**
EU4H-2024-PJ-03-4 — Call for proposals on Personalised Cancer Medicine - (CR-g-24-99)	**1**
EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96)	**1**

EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76)	**1**
EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79)	**N/A**

We reserve the right not to award all available funds or to redistribute them between the call priorities, depending on the proposals received and the results of the evaluation.

4. Timetable and deadlines

Timetable and deadlines (indicative)	
Call opening:	17 September 2024
Deadline for submission:	22 January 2025 – 17:00:00 CET (Brussels)
Evaluation:	March - April 2025
Information on evaluation results:	April – May 2025
GA signature:	October 2025

5. Admissibility and documents

Proposals must be submitted before the **call deadline** *(see timetable section 4)*.

Proposals must be submitted **electronically** via the Funding & Tenders Portal Electronic Submission System (accessible via the Topic page in the Search Funding & Tenders section. Paper submissions are NOT possible.

Proposals (including annexes and supporting documents) must be submitted using the forms provided *inside* the Submission System (⚠ NOT the documents available on the Topic page — they are only for information).

Proposals must be **complete** and contain all the requested information and all required annexes and supporting documents:

- Application Form Part A — contains administrative information about the participants (future coordinator, beneficiaries and affiliated entities) and the summarised budget for the project *(to be filled in directly online)*
- Application Form Part B — contains the technical description of the project *(to be downloaded from the Portal Submission System, completed and then assembled and re-uploaded)*

- **mandatory annexes and supporting documents** *(templates available to be downloaded from the Portal Submission System, completed, assembled and re-uploaded)*:
  - detailed budget table/calculator
  - CVs (standard) of core project team
  - list of previous projects (key projects for the last 4 years) *(template available in Part B)*

In addition to the previous mentioned mandatory annexes and supporting documents for topic **EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79)**

- Website addresses for the previous conferences. If the conference website is not online, a summary report of each of the conferences should be provided;
- Draft programme of the conference to be held;
- Statutes of the applicant(s);
- Declaration of absence of conflict of interest from industry (free format).

Please note that the amounts entered into the summarised budget table (filled in directly online) must correspond to the amounts calculated in the detailed budget table. In case of discrepancies, the amounts in the online summarised budget table will prevail.

At proposal submission, you will have to confirm that you have the **mandate to act** for all applicants. Moreover, you will have to confirm that the information in the application is correct and complete and that the participants comply with the conditions for receiving EU funding (especially eligibility, financial and operational capacity, exclusion, etc.). Before signing the grant, each beneficiary and affiliated entity will have to confirm this again by signing a declaration of honour (DoH). Proposals without full support will be rejected.

Your application must be **readable**, **accessible and printable**.

Proposals are limited to maximum **70 pages** (Part B). Evaluators will not consider any additional pages.

You may be asked at a later stage for further documents *(for legal entity validation, financial capacity check, bank account validation, etc)*.

For more information about the submission process (including IT aspects), consult the Online Manual.

6. Eligibility

Applications will only be considered eligible if their content corresponds wholly (or at least in part) to the topic description for which they are submitted.

Eligible participants (eligible countries)

In order to be eligible, the applicants (beneficiaries and affiliated entities) must:

- be legal entities (public or private bodies)
- be established in one of the eligible countries, i.e.:
  - EU Member States (including overseas countries and territories (OCTs))

– eligible non-EU countries:

  – listed EEA countries and countries associated to the EU4Health Programme (list of participating countries)

Other eligibility conditions

– **EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25)**

- Academia and education establishments,
- research institutes, hospitals,
- expert networks including ERNs,
- civil society organisations: associations, foundations, NGOs and similar entities,
- established networks in the field of public health.
- **EU4H-2024-PJ-03-2 –a — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)**
- Academia and education establishments,
- research institutes,
- hospitals,
- expert networks including European Reference Networks,
- civil society organisations: associations, foundations, NGOs and similar entities,
- international organisations,
- established networks in the field of public health,
- Member States' authorities.
- **EU4H-2024-PJ-03-2 – b — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)**
- Academia and education establishments,
- research institutes,
- hospitals,
- expert networks including European Reference Networks,
- civil society organisations: associations, foundations, NGOs and similar entities,

- international organisations,
- established networks in the field of public health,
- Member States' authorities.

- **EU4H-2024-PJ-03-2 –c — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)**
- Academia and education establishments,
- research institutes,
- hospitals,
- expert networks including European Reference Networks,
- civil society organisations: associations, foundations, NGOs and similar entities,
- international organisations,
- established networks in the field of public health,
- Member States' authorities.

- **EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42)**
  - Academia and education establishments,
  - research institutes,
  - hospitals, expert networks,
  - civil society organisations,
  - associations, foundations,
  - NGOs,
  - enterprises (incl. social enterprises and not for profit) in the field of public health,
  - private entities (for profit/not for profit),
  - international organisations,
  - Member States' authorities.

- **EU4H-2024-PJ-03-4 — Call for proposals on Personalised Cancer Medicine - (CR-g-24-99)**
  - Academia and education establishments,
  - research institutes,
  - hospitals,
  - public authorities,
  - expert networks,
  - civil society organisations,
  - associations,
  - foundations,
  - NGOs and similar entities.

- **EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96)**
  - Academia and education establishments,
  - research institutes, hospitals,
  - expert networks,
  - civil society organisations,
  - foundations,
  - NGOs and similar entities.
- **EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76)**
  - Academia and education establishments,
  - research institutes,
  - hospitals,
  - expert networks including ERNs,
  - civil society organisations: associations, foundations, NGOs and similar entities,
  - enterprises (incl. social enterprises and not for profit) in the field of public health, private entities (for profit/not for profit), public authorities (public health, etc.).

- **EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79)**

- Public or non-profit entities with expertise on organising events in public health domain.

Beneficiaries and affiliated entities must register in the Participant Register — before submitting the proposal — and will have to be validated by the Central Validation Service (REA Validation). For the validation, they will be requested to upload documents showing legal status and origin.

Other entities may participate in other consortium roles, such as associated partners, subcontractors, third parties giving in-kind contributions, etc *(see section 13)*.

Specific cases

Natural persons — Natural persons are NOT eligible (with the exception of self-employed persons, i.e. sole traders, where the company does not have legal personality separate from that of the natural person).

International organisations — International organisations are eligible. The rules on eligible countries do not apply to them.

Entities without legal personality — Entities which do not have legal personality under their national law may exceptionally participate, provided that their representatives have the capacity to undertake legal obligations on their behalf, and offer guarantees for the protection of the EU financial interests equivalent to that offered by legal persons[37].

EU bodies — EU bodies (with the exception of the European Commission Joint Research Centre) can NOT be part of the consortium.

Associations and interest groupings — Entities composed of members may participate as 'sole beneficiaries' or 'beneficiaries without legal personality'[38]. ⚠ Please note that if the action will be implemented by the members, they should also participate (either as beneficiaries or as affiliated entities, otherwise their costs will NOT be eligible).

European Reference Networks (ERNs) — These cover networks between healthcare providers and centres of expertise in the Member States to reinforce healthcare cooperation, in particular in the area of rare diseases, in line with the objectives set out in Article 12 of Directive 2011/24.

Countries currently negotiating association agreements — Beneficiaries from countries with ongoing negotiations for participation in the programme *(see list of participating countries above)* may participate in the call and can sign grants if the negotiations are concluded before grant signature and if the association covers the call (i.e. is retroactive and covers both the part of the programme and the year when the call was launched).

EU restrictive measures — Special rules apply for certain entities *(e.g. entities subject to EU restrictive measures under Article 29 of the Treaty on the European Union*

[37] See Article 197(2)(c) EU Financial Regulation 2018/1046.
[38] For the definitions, see Articles 187(2) and 197(2)(c) EU Financial Regulation 2018/1046.

(TEU) and Article 215 of the Treaty on the Functioning of the EU (TFEU)[39]). Such entities are not eligible to participate in any capacity, including as beneficiaries, affiliated entities, associated partners, subcontractors or recipients of financial support to third parties (if any).

Following the Council Implementing Decision (EU) 2022/2506, as of 16th December 2022, no legal commitments (including the grant agreement itself as well as subcontracts, purchase contracts, financial support to third parties etc.) can be signed with Hungarian public interest trusts established under Hungarian Act IX of 2021 or any entity they maintain.

Affected entities may continue to apply to calls for proposals. However, in case the Council measures are not lifted, such entities are not eligible to participate in any funded role (beneficiaries, affiliated entities, subcontractors, recipients of financial support to third parties).

In this case, co-applicants will be invited to remove or replace that entity and/or to change its status into associated partner. Tasks and budget may be redistributed accordingly.

- For more information, *see* *Rules for Legal Entity Validation, LEAR Appointment and Financial Capacity Assessment*.

Consortium composition

For the topics:

- **EU4H-2024-PJ-03-1 - (DP-g-24-25),**
- **EU4H-2024-PJ-03-2 – a - (DP/CR-g-24-29),**
- **EU4H-2024-PJ-03-2 – b - (DP/CR-g-24-29),**
- **EU4H-2024-PJ-03-2 – c - (DP/CR-g-24-29),**
- **EU4H-2024-PJ-03-3 - (CR-g-24-42),**
- **EU4H-2024-PJ-03-4 - (CR-g-24-99),**
- **EU4H-2024-PJ-03-5 - (CR-g-24-96),**
- **EU4H-2024-PJ-03-6 - (DI-g-24-76).**
- Proposals must be submitted by a consortium of at least 3 applicants (beneficiaries; not affiliated entities), which complies with the following conditions:
- minimum 3 independent entities from 3 different eligible countries are foreseen for the topics.
- For the topic: **EU4H-2024-PJ-03-7 - (OA-g-24-79):** Applications may be either by a single applicant or a consortium (no minimum requirement).

[39] Please note that the EU Official Journal contains the official list and, in case of conflict, its content prevails over that of the EU Sanctions Map.

Additional specific consortium composition criteria:

- **EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25):**

  - At least one NGO working in the field of mental health;

  - At least one patient organisation working in the field of mental health;

  This needs to be clearly highlighted in the proposal.

- **EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42):**

  Involvement of radiologists, other medical specialists, and medical physics experts (MPEs) with at least 15 years of expertise in radiological imaging of children, adolescents and young adults. Previous involvement in the drafting or review of referral and clinical guidelines (radiologists and other medical specialists) and review and acceptance testing of medical equipment in health institutions (MPEs).

- **EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96):**

  Consortium composed of at least 5 applicant organisations established in at least 5 different eligible countries. 40% of the budget should go to activities led by beneficiaries from EU Eastern European countries[40].

Eligible activities

Eligible activities are the ones set out in section 2 above.

Projects should take into account the results of projects supported by other EU funding programmes. The complementarities must be described in the project proposals (Part B of the Application Form).

Projects must comply with EU policy interests and priorities *(such as environment, social, security, industrial and trade policy, etc)*.

Financial support to third parties is not allowed.

[40] 'EU Eastern European countries' include Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, and Slovenia.

Non-eligible activities:

Topic:	Non-eligible activities:
EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25):	Development or purchase of healthcare related products.
EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42):	Support for manufacturers producing medical equipment emitting ionising radiation
EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79)	Conferences which have already held by the date on which the grant application is submitted are not eligible. Conferences organised by the Presidencies of the European Union fall outside the scope of the present call.

Geographic location (target countries)

Proposals must relate to activities taking place in the eligible countries *(see above).*

Duration

1 — **EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25):** Projects should normally be maximum 36 months

2 —**EU4H-2024-PJ-03-2 – a — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29):** Projects should normally be maximum 36 months

3 —**EU4H-2024-PJ-03-2 – b — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29):** Projects should normally be maximum 36 months

4 —**EU4H-2024-PJ-03-2 – c —Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29):** Projects should normally be maximum 36 months

5 **—EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42):** Projects should normally be maximum 48 months

6 **—EU4H-2024-PJ-03-4 — Call for proposals on Personalised Cancer Medicine - (CR-g-24-99):** Projects should normally range between 36 and 48 months.

7 **—EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96):** Projects should normally be maximum 36 months.

8 **—EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76):** Projects should normally range between 36 and 48 months.

9 **—EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79):** Projects should normally be maximum 12 months and will be organised in 2024 and/or 2025. The duration of the event is up to 5 calendar days.

Extensions are possible, if duly justified and through an amendment.

Project budget

The requested budget (maximum grant amount) per project is expected to be as described in the table below:

Topic	Indicative project budget
EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25)	**EUR 500 000**
EU4H-2024-PJ-03-2 – a — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)	**EUR 750 000**
EU4H-2024-PJ-03-2 – b — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)	**EUR 833 333**
EU4H-2024-PJ-03-2 – c —Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)	**EUR 500 000**
EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42)	**EUR 3 000 000**
EU4H-2024-PJ-03-4 — Call for proposals on Personalised Cancer Medicine - (CR-g-24-99)	**EUR 3 000 000**
EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96)	**EUR 1 000 000**

EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76)	**EUR 4 500 000**
EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79)	**EUR 150 000**

This does not however preclude the submission/selection of proposals requesting other amounts. The grant awarded may be lower than the amount requested.

Ethics

Projects must comply with:

- highest ethical standards and
- applicable EU, international and national law (including Directive 2005/28 on investigational medicinal products for human use[41] and Regulation 536/2014 on clinical trials on medicinal products for human use[42]).

Projects involving ethics issues may be made subject to specific ethics rules.

7. Financial and operational capacity and exclusion

Financial capacity

Applicants must have **stable and sufficient resources** to successfully implement the projects and contribute their share. Organisations participating in several projects must have sufficient capacity to implement all these projects.

The financial capacity check will be carried out on the basis of the documents you will be requested to upload in the Participant Register during grant preparation *(e.g. profit and loss account and balance sheet, business plan, audit report produced by an approved external auditor, certifying the accounts for the last closed financial year, etc)*. The analysis will be based on neutral financial indicators, but will also take into account other aspects, such as dependency on EU funding and deficit and revenue in previous years.

In addition, for a beneficiary requesting an EU-contribution of ≥ EUR 750 000 EUR an audit report produced by an approved external auditor, where it is available, and always in cases where a statutory audit is required by Union or national law, certifying the accounts for up to the last two available financial years. In all other cases, the applicant shall provide a self-declaration signed by its authorised representative certifying the validity of its accounts.

The check will normally be done for all beneficiaries, except:

[41] Commission Directive 2005/28/EC of 8 April 2005 laying down principles and detailed guidelines for good clinical practice as regards investigational medicinal products for human use, as well as the requirements for authorisation of the manufacturing or importation of such products (OJ L 91, 9.4.2005, p. 13).

[42] Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC (OJ L 158, 27.5.2014, p. 1).

- public bodies (entities established as public body under national law, including local, regional or national authorities) or international organisations.
- if the individual requested grant amount is not more than EUR 60 000.

If needed, it may also be done for affiliated entities.

If we consider that your financial capacity is not satisfactory, we may require:

- further information
- an enhanced financial responsibility regime, i.e. joint and several responsibility for all beneficiaries or joint and several liability of affiliated entities *(see below, section* 10)
- prefinancing paid in instalments
- (one or more) prefinancing guarantees (see below, section 10)

or

- propose no prefinancing
- request that you are replaced or, if needed, reject the entire proposal.

For more information, *see Rules for Legal Entity Validation, LEAR Appointment and Financial Capacity Assessment*.

Operational capacity

Applicants must have the **know-how, qualifications** and **resources** to successfully implement the projects and contribute their share (including sufficient experience in projects of comparable size and nature).

This capacity will be assessed together with the 'Quality' award criterion, on the basis of the competence and experience of the applicants and their project teams, including operational resources (human, technical and other) or, exceptionally, the measures proposed to obtain it by the time the task implementation starts.

If the evaluation of the award criterion is positive, the applicants are considered to have sufficient operational capacity.

Applicants will have to show their capacity via the following information:

- general profiles (qualifications and experiences) of the staff responsible for managing and implementing the project
- description of the consortium participants
- list of previous projects (key projects for the last 4 years; *template available in Part B*).

Additional supporting documents may be requested, if needed to confirm the operational capacity of any applicant.

Public bodies, Member State organisations and international organisations are exempted from the operational capacity check.

Exclusion

Applicants which are subject to an **EU exclusion decision** or in one of the following **exclusion situations** that bar them from receiving EU funding can NOT participate[43]:

- bankruptcy, winding up, affairs administered by the courts, arrangement with creditors, suspended business activities or other similar procedures (including procedures for persons with unlimited liability for the applicant's debts)
- in breach of social security or tax obligations (including if done by persons with unlimited liability for the applicant's debts)
- guilty of grave professional misconduct[44] (including if done by persons having powers of representation, decision-making or control, beneficial owners or persons who are essential for the award/implementation of the grant)
- committed fraud, corruption, links to a criminal organisation, money laundering, terrorism-related crimes (including terrorism financing), child labour or human trafficking (including if done by persons having powers of representation, decision-making or control, beneficial owners or persons who are essential for the award/implementation of the grant
- shown significant deficiencies in complying with main obligations under an EU procurement contract, grant agreement, prize, expert contract, or similar (including if done by persons having powers of representation, decision-making or control, beneficial owners or persons who are essential for the award/implementation of the grant)
- guilty of irregularities within the meaning of Article 1(2) of EU Regulation 2988/95 (including if done by persons having powers of representation, decision-making or control, beneficial owners or persons who are essential for the award/implementation of the grant)
- created under a different jurisdiction with the intent to circumvent fiscal, social or other legal obligations in the country of origin or created another entity with this purpose (including if done by persons having powers of representation, decision-making or control, beneficial owners or persons who are essential for the award/implementation of the grant).

Applicants will also be rejected if it turns out that[45]:

- during the award procedure they misrepresented information required as a condition for participating or failed to supply that information
- they were previously involved in the preparation of the call and this entails a distortion of competition that cannot be remedied otherwise (conflict of interest).

43 See Articles 136 and 141 of EU Financial Regulation 2018/1046.

44 Professional misconduct includes: violation of ethical standards of the profession, wrongful conduct with impact on professional credibility, false declarations/misrepresentation of information, participation in a cartel or other agreement distorting competition, violation of IPR, attempting to influence decision-making processes or obtain confidential information from public authorities to gain advantage.

45 See Article 141 EU Financial Regulation 2018/1046.

8. Evaluation and award procedure

The proposals will have to follow the **standard submission and evaluation procedure** (one-stage submission + one-step evaluation)

An **evaluation committee** (potentially assisted by independent outside experts) will assess all applications. Proposals will first be checked for formal requirements (admissibility, and eligibility, *see sections 5 and 6*). Proposals found admissible and eligible will be evaluated (for each topic) against the operational capacity and award criteria *(see sections 7 and 9)* and then ranked according to their scores.

For proposals with the same score (within a topic or budget envelope) a **priority order** will be determined according to the following approach:

Successively for every group of *ex aequo* proposals, starting with the highest scored group, and continuing in descending order:

1) Projects focusing on a theme that is not otherwise covered by higher ranked projects will be considered to have the highest priority.

2) The *ex aequo* proposals within the same topic will be prioritised according to the scores they have been awarded for the award criterion 'Relevance'. When these scores are equal, priority will be based on their scores for the criterion 'Impact'. When these scores are equal, priority will be based on their scores for the criterion 'Quality'.

3) If this does not allow to determine the priority, a further prioritisation can be done by considering the overall project portfolio and the creation of positive synergies between projects, or other factors related to the objectives of the call. These factors will be documented in the panel report.

4) After that, the remainder of the available call budget will be used to fund projects across the different topics in order to ensure a balanced spread of the geographical and thematic coverage and while respecting to the maximum possible extent the order of merit based on the evaluation of the award criteria.

All proposals will be informed about the evaluation result (**evaluation result letter**). Successful proposals will be invited for grant preparation; the other ones will be put on the reserve list or rejected.

⚠ No commitment for funding — Invitation to grant preparation does NOT constitute a formal commitment for funding. We will still need to make various legal checks before grant award: *legal entity validation, financial capacity, exclusion check, etc*.

Grant preparation will involve a dialogue in order to fine-tune technical or financial aspects of the project and may require extra information from your side. It may also include adjustments to the proposal to address recommendations of the evaluation committee or other concerns. Compliance will be a pre-condition for signing the grant.

If you believe that the evaluation procedure was flawed, you can submit a **complaint** (following the deadlines and procedures set out in the evaluation result letter). Please note that notifications which have not been opened within 10 days after sending will be considered to have been accessed and that deadlines will be counted from opening/access *(see also Funding & Tenders Portal Terms and Conditions)*. Please also be aware that for complaints submitted electronically, there may be character limitations.

9. Award criteria

The **award criteria** for this call are as follows:

1. **Relevance:** clarity and consistency of project, objectives and planning; extent to which they match the themes and priorities and objectives of the call; contribution to the EU strategic and legislative context; European/trans-national dimension; impact/interest for a number of countries (EU or eligible non-EU countries); possibility to use the results in other countries; potential to develop mutual trust/cross-border cooperation (30 points)

2. **Quality:**

   - **Project design and implementation:** technical quality; logical links between the identified problems, needs and solutions proposed (logical frame concept); methodology for implementing the project (concept and methodology, management, procedures, timetable, risks and risk management, monitoring and evaluation); feasibility of the project within the proposed time frame; cost effectiveness (sufficient/appropriate budget for proper implementation; best value for money) (30 points)

   - **Project team and cooperation arrangements:** quality of the consortium and project teams; appropriate procedures and problem-solving mechanisms for cooperating within the project teams and consortium (30 points)

3. **Impact:** ambition and expected long-term impact of results on target groups/general public; appropriate dissemination strategy for ensuring sustainability and long-term impact; sustainability of results after EU funding ends (10 points).

Award criteria	Minimum pass score	Maximum score
Relevance	21	30
Quality — Project design and implementation	21	30
Quality — Project team and cooperation arrangements	21	30
Impact	7	10
Overall (pass) scores	**70**	**100**

Maximum points: 100 points.

Individual thresholds per criterion: 21/30, 21/30, 21/30 and 7/10 points.

Overall threshold: 70 points.

Proposals that pass the individual thresholds AND the overall threshold will be considered for funding — within the limits of the available budget (i.e. up to the budget ceiling). Other proposals will be rejected.

10. Legal and financial set-up of the Grant Agreements

If you pass evaluation, your project will be invited for grant preparation, where you will be asked to prepare the Grant Agreement together with the EU Project Officer.

This Grant Agreement will set the framework for your grant and its terms and conditions, in particular concerning deliverables, reporting and payments.

The Model Grant Agreement that will be used (and all other relevant templates and guidance documents) can be found on Portal Reference Documents.

Starting date and project duration

The project starting date and duration will be fixed in the Grant Agreement *(Data Sheet, point 1)*. Normally the starting date will be after grant signature. A retroactive starting date can be granted exceptionally for duly justified reasons — but never earlier than the proposal submission date.

Project duration: *see section 6 above*.

Milestones and deliverables

The milestones and deliverables for each project will be managed through the Portal Grant Management System and will be reflected in Annex 1 of the Grant Agreement.

The following deliverables will be mandatory for all projects:

- project websites (presentation of the project on the participants' websites, informing on the objectives and results of the project)
- project leaflet (informing on the objectives and results of the project)
- Dissemination Report
- Evaluation Report

Specific mandatory deliverables and/or milestones per call:

- **EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25)**
- The activities must support the Member States' efforts in the implementation of the relevant flagship initiatives of the Communication on a comprehensive approach to mental health adopted on 7 June 2023.
- The activities must specifically focus on supporting at-risk/vulnerable groups and/or socio-economically disadvantaged groups.
- One or more of the following activities must be included:
  - roll out and/or pilot best and promising practices already available in the EU Repository of best and promising practices on mental health (EU Best Practices Portal);
  - develop and pilot ambitious innovative approaches on the promotion of good mental health, prevention of mental health problems, early

detection and intervention, management of mental health problems, and reintegration into society;

- develop and test co-creation approaches on mental health across policies with the engagement of different types of stakeholder organisations;
- address specifically the mental health needs of children and young people (to support flagships 7 - 10 of the Communication) by addressing the root causes of mental health problems in collaboration with organisations representing children and young people;
- address specifically the mental health needs of the elderly by developing and testing policy tools in the context of their multimorbidity and various care settings;
- develop tools and approaches on preventing depression and addressing suicide prevention (to support flagship 2 of the Communication) in the context of national plans and programmes;
- address stigma and discrimination on mental health to improve the quality of life of patients, their families and carers (to support flagship 18 of the Communication).

- People with lived experience must be included in the design and implementation of activities to ensure co-creation in practice.
- The activities must be implemented in synergy with the joint action under DP-g-24-24.

EU4H-2024-PJ-03-2 – a — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)

Sub-topic (a): The activity must roll out and/or pilot best and promising practices and/or develop and pilot ambitious innovative approaches on prevention of NCD's and their risk factors, including alcohol consumption, tobacco and emerging products consumption and exposure to second-hand smoke and aerosols.

(Any developments concerning a possible revision of the Council Recommendation on smoke-free environments should be taken into consideration if/when available during the duration of the project.)

EU4H-2024-PJ-03-2 – b — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)

Sub-topic (b): Activities must include the development and piloting of guidance on the basis of identification of best and promising practices. Activities must include a focus on vulnerable groups, such as Roma and displaced persons from Ukraine.

EU4H-2024-PJ-03-2 – c — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29)

Sub-topic (c): Activities must identify and/or develop best and promising practices and/or innovative approaches. Activities must include a focus on at-risk/vulnerable groups, such as people who inject drugs, men who have sex with men, prisoners, refugees, and migrants.

EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42)

a) Up-to-date guidance, protocols and/or tools for optimisation of head CT exams in children, adolescents and young adults, which can be extended to other body regions, as well as other imaging modalities involving ionising radiation.
b) Report on the review of referral guidelines for imaging, clinical guidelines and clinical decision support systems with recommendations for improvement.
c) Report on the equipment base for head imaging in children, adolescents and young adults with recommendations for improvement.
d) Training curricula, material and tools on radiation protection of children, adolescents and young adults for applicable professional groups.
e) Training delivered to radiologists, radiographers, medical physicists, and radiology nurses on practical approaches to radiation protection of children, adolescents and young adults.
f) Information and dissemination campaigns for deliverables (a)-(e) targeting the concerned hospitals and medical centres in all Member States.
g) Information campaigns about the benefits, risks and radiation safety of CT and other radiological imaging in children, adolescents and young adults, targeted at parents and young adults.

EU4H-2024-PJ-03-4 — Call for proposals on Personalised Cancer Medicine - (CR-g-24-99)

Applicants should collaborate and contribute to the Joint Action on Personalised Cancer Medicine to avoid duplication of efforts and maximise impact. The specific management, collaboration and communication mechanisms that the project will use to collaborate and integrate with the Joint Action on Personalised Cancer Medicine should be described in the proposal. It may be subject to adaptations and be further detailed during the grant agreement preparation. Additionally, the project can have a specific work package on collaboration and alignment with the Joint Action on Personalised Cancer Medicine.

Applicants should take into account the developments on the personalised medicine technologies and legislation and liaise with other actions and projects that are developing or have developed personalised cancer medicine capabilities and specifications. The cancer projects tool[46] and dashboard[47] can be used.

[46] https://knowledge4policy.ec.europa.eu/visualisation/cancer-projects-tool_en

[47] https://knowledge4policy.ec.europa.eu/cancer/cancer-projects-dashboard_en

In order to ensure effective alignment with the Joint Action Personalised Cancer Medicine, the following mandatory deliverables must be included:

- Every 6 months, regular report to HaDEA on progress activities, challenges and alignment with Joint Action on Personalised Cancer Medicine;
- Sustainability report for project results and established practices, including lessons learned.

Other suitable deliverables relating to project activities should be defined in the proposal.

The visual identity and communication materials of the project should be aligned with those of the Joint Action on Personalised Cancer Medicine. Project website should be implemented by month 3 of the project.

EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96)

Applicants should collaborate and contribute to the Joint Action launched under the EU4Health work programme 2023 (CR-g-23-40.1-2) and to avoid duplication of efforts and maximise impact. The specific management, collaboration and communication mechanisms that the project will use to collaborate and integrate with the Joint Action, including how each of your deliverables will support or enhance the Joint Action initiatives, should be described in the proposal. It may be subject to adaptations and be further detailed during the grant agreement preparation. Additionally, each deliverable of this project has to contribute to the Joint Action deliverables and not to be made in parallel but jointly with the Joint Action. The project has to be aligned with the Joint Action under the EU4Health work programme 2023 (CR-g-23-40.1-2) as a whole.

- Periodic reports to HaDEA on progress activities, challenges and alignment with the Joint Action related to promotion of cross-border cooperation and European expertise; involvement of civil society, patient, and health professional organisations in the development and implementation of new cancer networks of expertise.
- Best Practices and Guidelines Documentation: compilation of established best practices, public health treatment guidelines, and other beneficial actions for patients. Quality improvement initiatives report.
- Stakeholder Engagement Report: Comprehensive report on stakeholder engagement activities, including focus groups, workshops, surveys, and interviews.
- Sustainability and Future-proofing Strategic document: Strategy document outlining plans for the sustainability and future-proofing of networks of expertise from the perspective of patient organisations, civil societies, non-government organisations and other relevant bodies
- Pilot reports including data collection and monitoring activities, supporting the publication and dissemination of evaluation results to ensure transparency and accountability.
- Capacity building and training and twinning reports - Report detailing capacity building and training and twinning sessions conducted for network participants in terms of health communication and health literacy, including compilation of

educational materials and information provided, including dietary information, oncology workshops, and tailored cancer-specific information.

- Communication and Dissemination Plan implemented with the coordination of the Joint Action: Plan and materials for communication and dissemination activities, including newsletters, reports, and infographics, to share the progress and impact of the joint action with broader audiences, including policymakers and the public.
- Practical and Emotional Support Programs Report: Summary of practical support provided to patients, including management of cancer impact and side effects, and emotional support programs like support groups and workshops.
- Paper on vision for development of hi-tech innovation: Outlines the NGO's vision for hi-tech innovation in oncology, developed in consultation with JA stakeholders.
- Policy paper on provision of access to hi-tech innovation: Provides policy recommendations to improve access to hi-tech innovations, developed in collaboration with JA efforts.
- Adolescents and Young Adult (AYA) dedicated program implementation: AYA Cancer Care Program Report: Documents the implementation of dedicated programs for adolescents and young adults, aligned with JA AYA initiatives.
- Task forces implementation report: Details the activities and outcomes of task forces, coordinated with the JA task forces to ensure consistency and synergy.

EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76)

Setting up and Running Expert Communities

- Identification of Key Stakeholders: Identify key stakeholders, including healthcare providers, health professionals, hospital managers, and developers with concrete AI deployment experiences in clinical practice.
- Establishing Expert Communities: Form expert communities considering medical specialties and types of AI tools (administrative, diagnostic, treatment, patient management).
- Draft Mandate: Prepare a final draft of the mandate (objectives and scope of activities) for the expert communities to accelerate the safe, effective, and efficient deployment of AI in clinical practice.

Development of Best Evidence-Based Practices

- Guidelines Creation: Develop best evidence-based practices guidelines to accelerate the deployment and upscale of AI in clinical practice.
- Assessment Tools and Metrics: Develop tools and metrics and report to assess and demonstrate the added value of deploying AI in clinical practice.

Pilot Projects

- Execution of Pilots: Conduct pilot projects to test and evaluate best practices guidelines from the expert communities. These pilots may focus on demonstrating the added value of AI in equity, efficiency, healthcare delivery, performance in diverse real environments, remote areas, cancer care, and scalability of AI solutions.

Development of Interactive Digital Tools

- User-Friendly Digital Tool: Develop an interactive digital tool (e.g., dashboard) for collecting and visualizing data on AI deployment in clinical practice across the eligible countries based on input from the expert community. The tool should map where and how AI is deployed, providing useful information on AI deployment practices. For example, the tool could indicate successfully deployed AI systems, AI systems in the pilot stage, and AI systems that were stopped or less successful. The tool could also include for example friendly and useful information "pop-up cards" for each deployed system and incentivize AI users to collect, upload, and update this information. It should be searchable, capable of generating graphical data visualizations, and suitable for further analysis, including using AI tools like generative AI.

- Incentives and Access Rules Report: Prepare a report on proposed incentives for data contribution to the digital tool and proposed rules on who can access the information.

- Design for Reuse: Ensure the digital tool is designed to be reusable by the Commission in future initiatives and capable of further development and upscaling.

Workshops and Communication Activities

- Workshops Organization: Organize workshops to demonstrate the use, deployment, and benefits of AI in clinical practice. These workshops should enhance understanding of AI's added value and improve healthcare delivery.

- Targeted Communication: Execute communication activities to inform healthcare systems, facilities, professionals, and patients about the benefits of AI deployment, aiming to accelerate and upscale the safe and effective deployment of AI.

Summarizing Lessons Learned

- Summaries and Recommendations: Develop clear summaries of lessons learned and provide concrete policy recommendations for the European Commission. Highlight steps to achieve equitable, trustworthy, and acceptable AI deployment and upscaling in clinical practice. Outline the concrete steps the European Commission could take at a policy level to lead in equitable, trustworthy, and acceptable AI deployment and upscaling.

Data Quality and Organization

- Data Quality Assurance: Organize, structure, and ensure the quality of data collected during the project, including data from the dashboard. Ensure this data is suitable for further analysis and future Commission initiatives.

EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79)

- Dedicated pages on the existing website of the organisation; dedicated sessions to Commission policy priorities; etc
- Relevant online, electronic and limited printed materials during and post event
- Comprehensive and impartial event report based on contribution from a broad audience participating on-site and online to the event
- Streaming live services (at least for some parts of the event e.g. plenary sessions), recordings (in line with GDPR)
- Relevant social media activity such as Twitter, LinkedIn, and other relevant social media

In addition, the events/conferences must have a wide European Union dimension, with as many participants as possible from EU Member States and associated countries to the EU4Health Programme;

- Applicants must clearly describe the dissemination strategy;
- Applicants must clearly describe the methodology, tools, timetable and milestones, deliverables, nature and distribution of tasks;
- Applicants must clearly describe the management structure, competence of staff, responsibilities, decision-making, monitoring and supervision;
- Applicants must ensure that the budget is relevant, appropriate, balanced, and consistent in itself and in relation to the objective/s of the conference.

Form of grant, funding rate and maximum grant amount

The grant parameters *(maximum grant amount, funding rate, total eligible costs, etc)* will be fixed in the Grant Agreement *(Data Sheet, point 3 and art 5)*.

Requested budget (maximum grant amount): *see section 6 above*.

The grant will be a budget-based mixed actual cost grant (actual costs, with unit cost and flat-rate elements). This means that it will reimburse ONLY certain types of costs (eligible costs) and costs that were *actually* incurred for your project (NOT the *budgeted* costs). For unit costs and flat-rates, you can charge the amounts calculated as explained in the Grant Agreement *(see art 6 and Annex 2 and 2a)*.

The costs will be reimbursed at the funding rate fixed in the Grant Agreement (**60%**). You can apply for a higher project funding rate (**80%**) if your project is of 'exceptional utility', i.e. concerns:

- actions where at least 30 % of the budget is allocated to Member States whose GNI per inhabitant[48] is less than 90% of the EU average or

- actions with bodies from at least 14 Member States and where at least four are from Member States whose GNI per inhabitant is less than 90% of the EU average.

Grants may NOT produce a profit (i.e. surplus of revenues + EU grant over costs). For-profit organisations must declare their revenues and, if there is a profit, we will deduct it from the final grant amount *(see art 22.3)*.

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)*.

Budget categories and cost eligibility rules

The budget categories and cost eligibility rules are fixed in the Grant Agreement *(Data Sheet, point 3, art 6 and Annex 2)*.

Budget categories for this call:

- A. Personnel costs
  - A.1 Employees,
  - A.2 Natural persons under direct contract,
  - A.3 Seconded persons
  - A.4 SME owners and natural person beneficiaries
- B. Subcontracting costs
- C. Purchase costs
  - C.1 Travel and subsistence
  - C.2 Equipment
  - C.3 Other goods, works and services
- D. Indirect costs

Specific cost eligibility conditions for this call:

- personnel costs:
  - SME owner/natural person unit cost[49] : Yes
- travel and subsistence unit cost[50]: Yes
- equipment costs:

[48] https://hadea.ec.europa.eu/system/files/2024-01/table%20of%202024%20calculation%20of%20MSs%20GNI%20per%20inhabitant%20and%20EU%20average%20for%20EU4Health%20AWP.pdf

[49] Commission Decision of 20 October 2020 authorising the use of unit costs for the personnel costs of the owners of small and medium-sized enterprises and beneficiaries that are natural persons not receiving a salary for the work carried out by themselves under an action or work programme (C(2020)7115).

[50] Commission Decision of 12 January 2021 authorising the use of unit costs for travel, accommodation and subsistence costs under an action or work programme under the 2021-2027 multi-annual financial framework (C(2021)35) as amended by Commission Decision C(2023)4928.

- **EU4H-2024-PJ-03-1 - Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25):** depreciation
- **EU4H-2024-PJ-03-2 – a — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29):** depreciation
- **EU4H-2024-PJ-03-2 – b — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29):** depreciation
- **EU4H-2024-PJ-03-2 – c —Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29):** depreciation
- **EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42):** depreciation
- **EU4H-2024-PJ-03-4 — Call for proposals on Personalised Cancer Medicine - (CR-g-24-99):** full costs
- **EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96):** full costs
- **EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76):** depreciation
- **EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79):** depreciation

- other cost categories:
  - costs for financial support to third parties: not allowed
- indirect cost flat-rate: 7% of the eligible direct costs (categories A-D, except volunteers costs and exempted specific cost categories, if any)
- VAT: non-deductible VAT is eligible (but please note that since 2013 VAT paid by beneficiaries that are public bodies acting as public authority is NOT eligible)
- other:
  - in-kind contributions for free are allowed, but cost-neutral, i.e. they cannot be declared as cost
  - project websites: communication costs for presenting the project on the participants' websites or social media accounts are eligible; costs for *separate* project websites are not eligible
  - EU Synergies call: No
  - other ineligible costs: Yes, costs for infrastructure and land purchase.

Reporting and payment arrangements

The reporting and payment arrangements are fixed in the Grant Agreement *(Data Sheet, point 4 and art 21 and 22)*.

After grant signature, you will normally receive a **prefinancing** to start working on the project (float of normally **50%** of the maximum grant amount; exceptionally less or no prefinancing). The prefinancing will be paid 30 days from entry into force/10 days before starting date/financial guarantee (if required) — whichever is the latest.

For EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79): There will be no interim payment.

For the other topics: There will be one or more **interim payments** (with detailed cost reporting). However, in case the duration of some actions is less than 24 months, there will be no interim payment.

Payment of the balance: At the end of the project, we will calculate your final grant amount. If the total of earlier payments is higher than the final grant amount, we will ask you (your coordinator) to pay back the difference (recovery).

All payments will be made to the coordinator.

Please be aware that payments will be automatically lowered if one of your consortium members has outstanding debts towards the EU (granting authority or other EU bodies). Such debts will be offset by us — in line with the conditions set out in the Grant Agreement *(see art 22)*.

Please also note that you are responsible for keeping records on all the work done and the costs declared.

Prefinancing guarantees

If a prefinancing guarantee is required, it will be fixed in the Grant Agreement *(Data Sheet, point 4)*. The amount will be set during grant preparation and it will normally be equal or lower than the prefinancing for your grant.

The guarantee should be in euro and issued by an approved bank/financial institution established in an EU Member State. If you are established in a non-EU country and would like to provide a guarantee from a bank/financial institution in your country, please contact us (this may be exceptionally accepted, if it offers equivalent security).

Amounts blocked in bank accounts will NOT be accepted as financial guarantees.

Prefinancing guarantees are normally requested from the coordinator, for the consortium. They must be provided during grant preparation, in time to make the prefinancing (scanned copy via Portal AND original by post).

If agreed with us, the bank guarantee may be replaced by a guarantee from a third party.

The guarantee will be released at the end of the grant, in accordance with the conditions laid down in the Grant Agreement *(art 23)*.

Certificates

Depending on the type of action, size of grant amount and type of beneficiaries, you may be requested to submit different certificates. The types, schedules and

thresholds for each certificate are fixed in the Grant Agreement *(Data Sheet, point 4 and art 24)*.

Liability regime for recoveries

The liability regime for recoveries will be fixed in the Grant Agreement *(Data Sheet point 4.4 and art 22).*

For beneficiaries, it is one of the following:

- limited joint and several liability with individual ceilings — *each beneficiary up* to their maximum grant amount
- unconditional joint and several liability — *each beneficiary up to the maximum grant amount for the action*

or

- individual financial responsibility — *each beneficiary only for their own debts*.

In addition, the granting authority may require joint and several liability of affiliated entities (with their beneficiary).

Provisions concerning the project implementation

Ethics rules: *see Model Grant Agreement (art 14 and Annex 5)*

IPR rules: *see Model Grant Agreement (art 16 and Annex 5):*

- list of background: Yes
- rights of use on results: Yes
- access to results for policy purposes: Yes
- access rights to ensure continuity and interoperability obligations: Yes

Communication, dissemination and visibility of funding: *see Model Grant Agreement (art 17 and Annex 5):*

- communication and dissemination plan: Yes
- additional communication and dissemination activities: Yes

Specific rules for carrying out the action: *see Model Grant Agreement (art 18 and Annex 5):*

- durability: No
- **EU4H-2024-PJ-03-1 — Call for proposals to support a comprehensive, prevention-oriented approach to mental health in the Union - (DP-g-24-25):** depreciation
- **EU4H-2024-PJ-03-2 – a — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29):** depreciation
- **EU4H-2024-PJ-03-2 – b — Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29):** depreciation

- **EU4H-2024-PJ-03-2 – c —Call for proposals on health promotion and prevention of noncommunicable and communicable diseases, including vaccine-preventable and other cancers caused by infections, and on smoke- and aerosol-free environments - (DP/CR-g-24-29):** depreciation
- **EU4H-2024-PJ-03-3 — Call for proposals on radiation safety and quality of computed tomography imaging of children and young adults - (CR-g-24-42):** depreciation
- **EU4H-2024-PJ-03-6 — Call for proposals on advancing the adoption of artificial intelligence in health (DI-g-24-76):** depreciation
- **EU4H-2024-PJ-03-7 — Call for proposals: action grants to contribute to the organisations of conference and events - (OA-g-24-79):** depreciation

- durability: Yes
- **EU4H-2024-PJ-03-4 — Call for proposals on Personalised Cancer Medicine - (CR-g-24-99)** full costs
- **EU4H-2024-PJ-03-5 — Call for proposals to support the establishment of new networks of expertise on cancer and cancer conditions - (CR-g-24-96)** full costs

- specific rules for blending operations: No

Other specificities

n/a

Non-compliance and breach of contract

The Grant Agreement (chapter 5) provides for the measures we may take in case of breach of contract (and other non-compliance issues).

For more information, *see* AGA — Annotated Grant Agreement.

11. How to submit an application

All proposals must be submitted directly online via the Funding & Tenders Portal Electronic Submission System. Paper applications are NOT accepted.

Submission is a **2-step process**:

a) **create a user account and register your organisation**

To use the Submission System (the only way to apply), all participants need to create an EU Login user account.

Once you have an EULogin account, you can register your organisation in the Participant Register. When your registration is finalised, you will receive a 9-digit participant identification code (PIC).

b) **submit the proposal**

Access the Electronic Submission System via the Topic page in the Search Funding & Tenders section (or, for calls sent by invitation to submit a proposal, through the link provided in the invitation letter).

Submit your proposal in 3 parts, as follows:

- Part A includes administrative information about the applicant organisations (future coordinator, beneficiaries, affiliated entities and associated partners) and the summarised budget for the proposal. Fill it in directly online
- Part B (description of the action) covers the technical content of the proposal. Download the mandatory word template from the Submission System, fill it in and upload it as a PDF file
- Annexes (*see section 5*). Upload them as PDF file (single or multiple depending on the slots). Excel upload is sometimes possible, depending on the file type.

The proposal must keep to the **page limits** *(see section 5)*; excess pages will be disregarded.

Documents must be uploaded to the **right category** in the Submission System otherwise the proposal might be considered incomplete and thus inadmissible.

The proposal must be submitted **before the call deadline** (*see section 4*). After this deadline, the system is closed and proposals can no longer be submitted.

Once the proposal is submitted, you will receive a **confirmation e-mail** (with date and time of your application). If you do not receive this confirmation e-mail, it means your proposal has NOT been submitted. If you believe this is due to a fault in the Submission System, you should immediately file a complaint via the IT Helpdesk webform, explaining the circumstances and attaching a copy of the proposal (and, if possible, screenshots to show what happened).

Details on processes and procedures are described in the Online Manual. The Online Manual also contains the links to FAQs and detailed instructions regarding the Portal Electronic Exchange System.

12. Help

As far as possible, ***please try to find the answers you need yourself***, in this and the other documentation (we have limited resources for handling direct enquiries):

- Online Manual
- Topic Q&A on the Topic page (for call-specific questions in open calls; not applicable for actions by invitation)
- Portal FAQ (for general questions).

Please also consult the Topic page regularly, since we will use it to publish call updates. (For invitations, we will contact you directly in case of a call update).

Contact

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 *(see cover page)*.

13. Important

IMPORTANT

- **Don't wait until the end —** Complete your application sufficiently in advance of the deadline to avoid any last minute **technical problems**. Problems due to last minute submissions *(e.g. congestion, etc)* will be entirely at your risk. Call deadlines can NOT be extended.
- **Consult** the Portal Topic page regularly. We will use it to publish updates and additional information on the call (call and topic updates).
- **Funding & Tenders Portal Electronic Exchange System —** By submitting the application, all participants **accept** to use the electronic exchange system in accordance with the Portal Terms & Conditions.
- **Registration —** Before submitting the application, all beneficiaries, affiliated entities and associated partners must be registered in the Participant Register. The participant identification code (PIC) (one per participant) is mandatory for the Application Form.
- **Consortium roles —** When setting up your consortium, you should think of organisations that help you reach objectives and solve problems.

  The roles should be attributed according to the level of participation in the project. Main participants should participate as **beneficiaries** or **affiliated entities**; other entities can participate as associated partners, subcontractors, third parties giving in-kind contributions. **Associated partners** and third parties giving in-kind contributions should bear their own costs (they will not become formal recipients of EU funding). **Subcontracting** should normally constitute a limited part and must be performed by third parties (not by one of the beneficiaries/affiliated entities). Subcontracting going beyond 30% of the total eligible costs must be justified in the application.
- **Coordinator —** In multi-beneficiary grants, the beneficiaries participate as consortium (group of beneficiaries). They will have to choose a coordinator, who will take care of the project management and coordination and will represent the consortium towards the granting authority. In mono-beneficiary grants, the single beneficiary will automatically be coordinator.
- **Affiliated entities** — Applicants may participate with affiliated entities (i.e. entities linked to a beneficiary which participate in the action with similar rights and obligations as the beneficiaries, but do not sign the grant and therefore do not become beneficiaries themselves). They will get a part of the grant money and must therefore comply with all the call conditions and be validated (just like beneficiaries); but they do not count towards the minimum eligibility criteria for consortium composition (if any).
- **Associated partners** — Applicants may participate with associated partners (i.e. partner organisations which participate in the action but without the right to get grant money). They participate without funding and therefore do not need to be validated.
- **Consortium agreement** — For practical and legal reasons it is recommended to set up internal arrangements that allow you to deal with exceptional or unforeseen circumstances (in all cases, even if not mandatory under the Grant Agreement). The consortium agreement also gives you the possibility to redistribute the grant money according to your own consortium-internal principles and parameters (for instance, one beneficiary can reattribute its grant money to another beneficiary). The consortium agreement thus allows you to customise the EU grant to the needs inside your consortium and can also help to protect you in case of disputes.

- **Balanced project budget—** Grant applications must ensure a balanced project budget and sufficient other resources to implement the project successfully *(e.g. own contributions, income generated by the action, financial contributions from third parties, etc)*. You may be requested to lower your estimated costs, if they are ineligible (including excessive).

- **Completed/ongoing projects —** Proposals for projects that have already been completed will be rejected; proposals for projects that have already started will be assessed on a case-by-case basis (in this case, no costs can be reimbursed for activities that took place before the project starting date/proposal submission).

- **No-profit rule—** Grants may NOT give a profit (i.e. surplus of revenues + EU grant over costs). This will be checked by us at the end of the project.

- **No cumulation of funding/no double funding—** It is strictly prohibited to cumulate funding from the EU budget (except under 'EU Synergies actions'). Outside such Synergies actions, any given action may receive only ONE grant from the EU budget and cost items may under NO circumstances be declared under two EU grants. If you would like to nonetheless benefit from different EU funding opportunities, projects must be designed as different actions, clearly delineated and separated for each grant (without overlaps).

- **Combination with EU operating grants—** Combination with EU operating grants is possible, if the project remains outside the operating grant work programme and you make sure that cost items are clearly separated in your accounting and NOT declared twice *(see AGA — Annotated Grant Agreement, art 6.2.E).*

- **Multiple proposals —** Applicants may submit more than one proposal for *different* projects under the same call (and be awarded funding for them).

  Organisations may participate in several proposals.

  BUT: if there are several proposals for *very similar* projects, only one application will be accepted and evaluated; the applicants will be asked to withdraw the others (or they will be rejected).

- **Resubmission —** Proposals may be changed and re-submitted until the deadline for submission.

- **Rejection —** By submitting the application, all applicants accept the call conditions set out in this this Call Document (and the documents it refers to). Proposals that do not comply with all the call conditions will be **rejected**. This applies also to applicants: All applicants need to fulfil the criteria; if any one of them doesn't, they must be replaced or the entire proposal will be rejected.

- **Cancellation —** There may be circumstances which may require the cancellation of the call. In this case, you will be informed via a call or topic update. Please note that cancellations are without entitlement to compensation.

- **Language —** You can submit your proposal in any official EU language (project abstract/summary should however always be in English). For reasons of efficiency, we strongly advise you to use English for the entire application. If you need the call documentation in another official EU language, please submit a request within 10 days after call publication (for the contact information, *see section 12*).

- **Transparency —** In accordance with Article 38 of the EU Financial Regulation, information about EU grants awarded is published each year on the Europa website.

  This includes:
  - beneficiary names
  - beneficiary addresses
  - the purpose for which the grant was awarded
  - the maximum amount awarded.

  The publication can exceptionally be waived (on reasoned and duly substantiated request), if there is a risk that the disclosure could jeopardise your rights and freedoms under the EU Charter of Fundamental Rights or harm your commercial interests.

- **Data protection —** The submission of a proposal under this call involves the collection, use and processing of personal data. This data will be processed in accordance with the applicable legal framework. It will be processed solely for the purpose of evaluating your proposal, subsequent management of your grant and, if needed, programme monitoring, evaluation and communication. Details are explained in the Funding & Tenders Portal Privacy Statement.