

# The implementation of project EURHOBOP: the role of the EAHC

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# Overview

- The Executive Agency for Health and Consumers
- The Call for Proposals 2008
- The way forward for project EURHOBOP



# The Executive Agency for Health and Consumers

- Established on basis of Commission Decision of 15 December 2004
  - Lifetime :1/1/2005 – 31/12/2010
  - Located in Luxembourg
  - Operational since 2006 as “Public Health Executive Agency” (PHEA)
- Extension of mandate in June 2008
  - Lifetime extension until 31/12/2015
  - Extension to include consumer protection programme + training for food safety
- Staff for health programme:
  - 10 Project officers + head scientific unit + assistants
  - 8 Financial officers + head financial unit
  - Administrative unit: IT support, accountancy, internal audit

# Tasks of the EAHC

- Implement the EU Health Programme
  - carry out all the necessary operations for the management of the programme, in particular those linked to the award of contracts and grants
    - Launch Calls For Proposals/ Tenders
    - Evaluation of submissions
    - Negotiations and contracting of projects
    - Project monitoring
- Disseminate the know-how and best practices
  - Feed back projects results to DG SANCO policy officers
  - Provide logistical, scientific and technical support by organising technical meetings, preparatory studies, seminars or conferences
- Foster exchange and co-ordination between projects
- Contribute to improve the PH programme



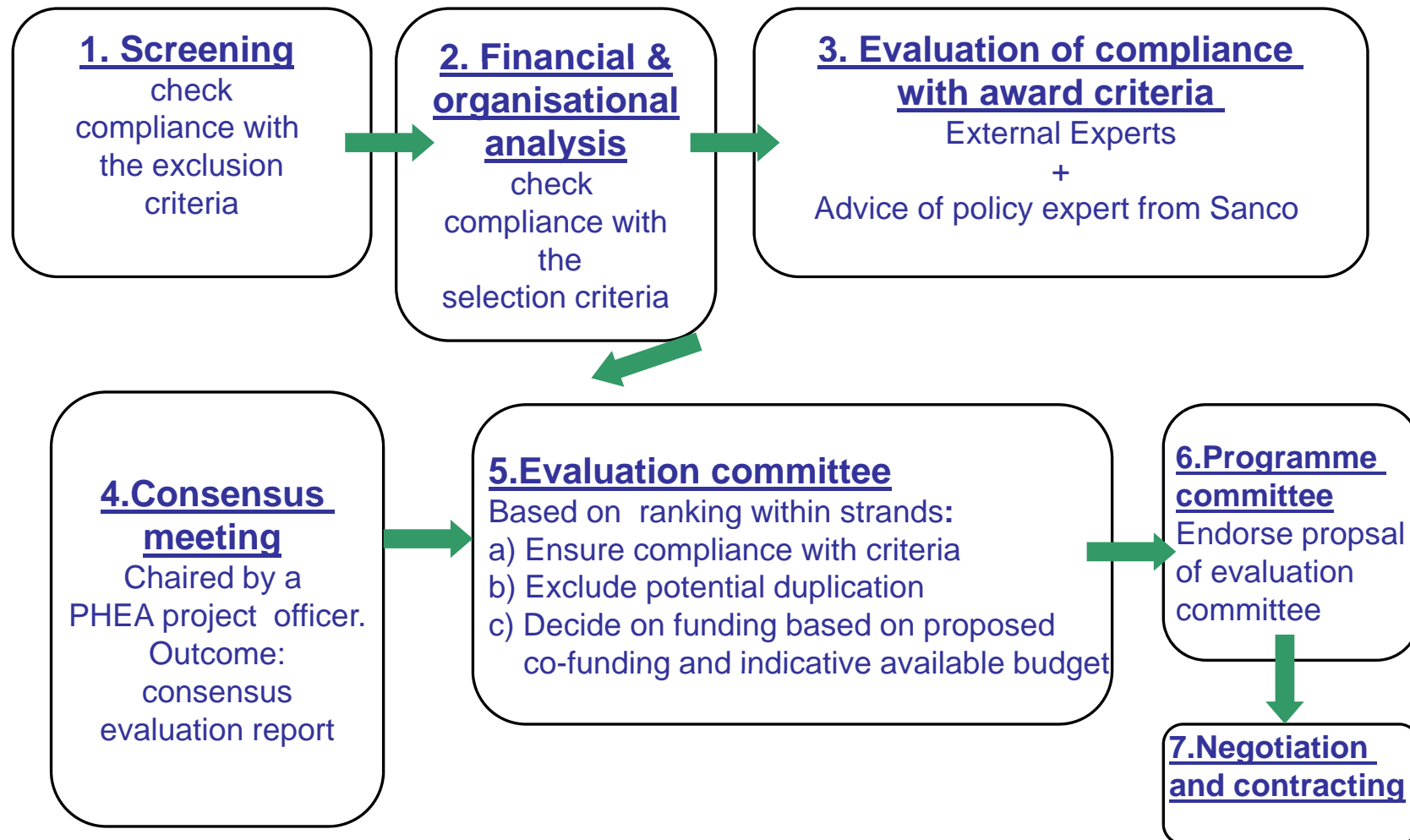
# EAHC and the Commission (SANCO)

- **Distinct Responsibilities ...**
- **Commission (DG SANCO)**
  - Set priorities in annual Public Health work programmes
  - Liaise with Member States
- **Executive Agency**
  - Launch calls for proposals and tenders
  - Manage projects
  - Improve efficiency of management and dissemination
- **... but close collaboration**
  - Steering committee meetings
  - Regular « liaison meetings »
  - Regular meetings at technical level
  - Participation in evaluation committee

# 2008 Call for Proposals

- First Call for the new Health Programme 2008-2013
- Opened in February and closed in May 2008
- Based on the content of the 2008 work plan
  - New financing mechanisms: projects, operating grants, conferences, joint actions, tenders
  - 3 strands: Health Security, Promoting Health, Health Information
- Available budget
  - 29,8 M € projects
  - 9,5 M € tenders
  - 2,5 M € operating grants
  - 2,5 M € joint actions
  - 0,7 M € conferences
- Revised application forms, guidelines and evaluation procedure

# Evaluation of Proposals



# Project monitoring

- Basis: grant agreement
  - For applications that have gone successfully through the evaluation and negotiation process (Commission decision)
  - Contains contract + technical & budgetary annexes + supporting documents
  - The initial budget as in application may have been changed to optimise and ensure eligibility of costs
- Monitoring activities
  - Evaluation of reports and deliverables
    - Interim technical and financial reports
    - Final technical and financial report (balance)
    - Cost statements
    - Annual progress report (if requested)
    - Evaluation report
  - Attendance of project meetings
  - Site visits
  - Audits



# Financial management

- EC contribution is paid in several instalments (art 1.5)
  - 30 or 40% first pre-financing
  - 30 or 40% (20% + 20%) further pre-financing payments
  - 30% final payment (balance resulting from the cost statement accepted costs)
- Eligibility of costs
  - Connected with the subject of the grant agreement
  - Necessary for the performance of the action
  - Reasonable and justifiable
  - Generated during the lifetime of the project
  - Actually incurred (& booked in the accounts)
  - Identifiable
  - Exclusive of any non-eligible costs

## Financial management (2)

- Maximum 20% change allowed within cost category (art I.4.4)
  - No change to the total budget
  - Co-ordinator informs (in writing), in advance, PHEA, in agreement with associated beneficiaries
- Above 20%, a written request for an amendment to the agreement is required.

Request to be sent in good time before the amendment is due to take effect and at least one month prior to the closing date of the action

# Interim report

- Technical and financial part
- Timing as specified in grant agreement
- Outline
  - Technical report
    - Overview of activities per WP
    - Overview of outcomes and deliverables
      - date expected, of date achievement, levels of achievement (indicators), justification, problems encountered and actions to overcome problems
    - Planned activities for the next phase
  - Cost declaration
    - Following the structure of the budget estimation (Annex II)
    - Breakdown by beneficiary + consolidated statement
    - Request for further pre-financing
    - Supporting documents (cost statements)
      - For staff costs: payroll documents/salary sheets and time-sheets
      - For other items (travel, subsistence, equipment, ...): invoices
      - All documents to be kept by beneficiaries, so **not** to be provided with interim report

# The way forward (1)

- **Basis: initial good quality application**
  - Followed up on project EUPHORIC (issue of recurrence)
  - Contained two components: Acute Coronary Syndromes and Orthopaedics
  - But several weaknesses and recommendations
- **Key (technical) improvements**
  - Include additional variables, namely severity indexation (key for meaningful conclusions)
  - Cover a significantly increased number of patient cases (with an important reduction of the cost per case)
  - Extension of scope, within single thematic area (ACS)
    - Validation / update / of the functions with real individual data of European acute coronary syndrome patients
    - Validation of the distribution of outcome rates (in-hospital case-fatality) for each procedure in Europe, using aggregated data from a significant random sample of European hospitals
  - Submission of intermediate deliverables, in order to be able to proceed to corrective action prior to the end of the project

## The way forward (2)

- Need for concrete results (context of PH programme)
  - Recent report of the Court of Auditors – negative appreciation on real impact of projects/ programme
  - 2008-2013 programme budget same level as 2003-2008, although the Commission had asked for doubling of funds
  - Trends in 2009:
    - o Decreasing budget/ role of Call for proposals
    - o Increasing budget/ role of other financial mechanisms
    - o Increasing role of MS (Joint Actions)
- Need for concrete results (project context)
  - Key field for benchmarking related to healthcare trends
  - Important sample can yield pertinent conclusions

## The way forward (3)

Risks ahead: usual suspects → Corrective action

- Complexity of the project
- Voluntary nature of collaboration
- General complacency
- The time issue
- Not communicating a problem ...
- Pro-active management
- Leadership and good communication
- Responsibility
- If you want to finish on time, start early
- Contact the Agency – we are here to help you

# Roles and responsibilities

