EUROPEAN COMMISSION
Consumers, Health, Agriculture and Food Executive Agency
Director

GRANT AGREEMENT

NUMBER — 717275 — SH-CAPAC

This **Agreement** ('the Agreement') is **between** the following parties:

on the one part,

the **Consumers, Health, Agriculture and Food Executive Agency (CHAFEA)** ('the Agency'), under the power delegated by the European Commission ('the Commission'),

represented for the purposes of signature of this Agreement by Mr Luc BRIOL, Director, or his duly authorised representative,

and

on the other part,

1. 'the coordinator':

ESCUELA ANDALUZA DE SALUD PUBLICA SA (EASP) SA, 2033, established in CUESTA DEL OBSERVATORIO CAMPUS UNIVERSITARIO DE CARTUJA 4, GRANADA 18011, Spain, ESA18049635 represented for the purposes of signing the Agreement by Director, JOAN CARLES MARCH CERDÁ

and the following other beneficiaries, if they sign their 'Accession Form' (see Annex 3 and Article 40):

2. **AZIENDA UNITA SANITARIA LOCALE DI REGGIO EMILIA (AUSL RE)**, CF01598570354, established in VIA AMENDOLA 2, REGGIO EMILIA 42100, Italy, IT01598570354

3. **TRNAVSKA UNIVERZITA V TRNAVE (TU)**, 31825249, established in HORNOPOTOCNA 23, TRNAVA 918 43, Slovakia, SK2021177202

4. **UNIVERSITEIT GENT (UGent)**, 248015142, established in SINT PIETERSNIEUWSTRAAT 25, GENT 9000, Belgium, BE0248015142

5. **UNIWERSYTET JAGIELLONSKI (JUMC)**, 000001270, established in Ul. Golebia 24, KRAKOW 31007, Poland, PL6750002236

6. **KOBENHAVNS UNIVERSITET (UCPH)**, 29979812, established in NORREGADE 10, KOBENHAVN 1165, Denmark, DK29979812

7. **Academisch Medisch Centrum bij de Universiteit van Amsterdam (AMC)**, None, established in MEIBERGDREEF 9, AMSTERDAM 1105AZ, Netherlands, NL004627672B01

Unless otherwise specified, references to 'beneficiary' or 'beneficiaries' include the coordinator.

The parties referred to above have agreed to enter into the Agreement under the terms and conditions below.

By signing the Agreement or the Accession Form, the beneficiaries accept the grant and agree to implement the action under their own responsibility and in accordance with the Agreement, with all the obligations and conditions it sets out.

The Agreement is composed of:

Terms and Conditions

Annex 1 Description of the action

Annex 2 Estimated budget for the action

Annex 3 Accession Forms

Annex 4 Model for the financial statements

Annex 5 Model for the certificate on the financial statements

TERMS AND CONDITIONS

TABLE OF CONTENTS

CHAPTER 1 GENERAL

ARTICLE 1 — SUBJECT OF THE AGREEMENT

This Agreement sets out the rights and obligations and the terms and conditions applicable to the grant awarded to the beneficiaries for implementing the action set out in Chapter 2.

CHAPTER 2 ACTION

ARTICLE 2 — ACTION TO BE IMPLEMENTED

The grant is awarded for the action entitled '***Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure (SH-CAPAC) — SH-CAPAC***' **('action')**, as described in Annex 1.

ARTICLE 3 — DURATION AND STARTING DATE OF THE ACTION

The duration of the action will be ***12*** **months** as of *01/01/2016* ('**starting date of the action**').

ARTICLE 4 — ESTIMATED BUDGET AND BUDGET TRANSFERS

4.1 Estimated budget

The '**estimated budget**' for the action is set out in Annex 2.

It contains the estimated eligible costs and the forms of costs, broken down by beneficiary and budget category (see Articles 5, 6).

4.2 Budget transfers

The estimated budget breakdown indicated in Annex 2 may be adjusted by transfers of amounts between beneficiaries or between budget categories (or both). This does not require an amendment according to Article 39, if the action is implemented as described in Annex 1.

However, the beneficiaries may not add costs relating to subcontracts not provided for in Annex 1, unless such additional subcontracts are approved by an amendment or in accordance with Article 10.

CHAPTER 3 GRANT

ARTICLE 5 — GRANT AMOUNT, FORM OF GRANT, REIMBURSEMENT RATES AND FORMS OF COSTS

5.1 Maximum grant amount

The '**maximum grant amount**' is **EUR 537,044.34** (five hundred and thirty seven thousand forty four EURO and thirty four eurocents).

5.2 Form of grant, reimbursement rates and forms of costs

The grant reimburses ***80% of the action's eligible costs*** (see Article 6) ('**reimbursement of eligible costs grant**') (see Annex 2).

The estimated eligible costs of the action are EUR **671,305.43** (six hundred and seventy one thousand three hundred and five EURO and forty three eurocents).

Eligible costs (see Article 6) must be declared under the following forms ('**forms of costs**' or '**costs forms**'):

(a) for **direct personnel costs**: as actually incurred costs (**actual costs**);

(b) for **direct costs of subcontracting**: as actually incurred costs (**actual costs**);

(c) for **other direct costs**: as actually incurred costs (**actual costs**);

(d) for **indirect costs**: on the basis of a flat-rate applied as set out in Article 6.2.D ('**flat-rate costs**');

5.3 Final grant amount — Calculation

The '**final grant amount**' depends on the actual extent to which the action is implemented in accordance with the Agreement's terms and conditions.

This amount is calculated by the Agency — when the payment of the balance is made — in the following steps:

Step 1 – Application of the reimbursement rate to the eligible costs

Step 2 – Limit to the maximum grant amount

Step 3 – Reduction due to the no-profit rule

Step 4 – Reduction due to improper implementation or breach of other obligations

5.3.1 Step 1 — Application of the reimbursement rate to the eligible costs

The reimbursement rate (see Article 5.2) is applied to the eligible costs (actual costs and flat-rate costs; see Article 6) declared by the beneficiaries (see Article 15) and approved by the Agency (see Article 16).

5.3.2 Step 2 — Limit to the maximum grant amount

If the amount obtained following Step 1 is higher than the maximum grant amount set out in Article 5.1, it will be limited to the latter.

5.3.3 Step 3 — Reduction due to the no-profit rule

The grant must not produce a profit.

'**Profit**' means the surplus of the amount obtained following Steps 1 and 2 plus the action's total receipts, over the action's total eligible costs.

The '**action's total eligible costs**' are the consolidated total eligible costs approved by the Agency.

The '**action's total receipts**' are the consolidated total receipts generated during its duration (see Article 3).

The following are considered **receipts**:

(a) income generated by the action;

(b) financial contributions given by third parties to the beneficiary specifically to be used for costs that are eligible under the action.

The following are however **not** considered receipts:

(a) financial contributions by third parties, if they may be used to cover costs other than the eligible costs (see Article 6);

(b) financial contributions by third parties with no obligation to repay any amount unused at the end of the period set out in Article 3.

If there is a profit, it will be deducted in proportion to the final rate of reimbursement of the eligible actual costs approved by the Agency (as compared to the amount calculated following Steps 1 and 2).

5.3.4 Step 4 — Reduction due to improper implementation or breach of other obligations — Reduced grant amount — Calculation

If the grant is reduced (see Article 27), the Agency will calculate the reduced grant amount by deducting the amount of the reduction (calculated in proportion to the improper implementation of the action or to the seriousness of the breach of obligations in accordance with Article 27.2) from the maximum grant amount set out in Article 5.1.

The final grant amount will be the lower of the following two:

- the amount obtained following Steps 1 to 3 or

- the reduced grant amount following Step 4.

5.4 Revised final grant amount — Calculation

If — after the payment of the balance (in particular, after checks, reviews, audits or investigations; see Article 17) — the Agency rejects costs (see Article 26) or reduces the grant (see Article 27), it will calculate the '**revised final grant amount**' for the action.

This amount is calculated by the Agency on the basis of the findings, as follows:

- in case of **rejection of costs**: by applying the reimbursement rate to the revised eligible costs approved by the Agency for the action, limiting it to the maximum grant amount and making a reduction if there is a profit (see Article 5.3);

- in case of **reduction of the grant**: by deducting the amount of the reduction (calculated in proportion to the improper implementation of the action or to the seriousness of the breach of obligations in accordance with Article 27.2) from the maximum grant amount set out in Article 5.1.

In case of **rejection of costs and reduction of the grant**, the revised final grant amount for the action will be the lower of the two amounts above.

ARTICLE 6 — ELIGIBLE AND INELIGIBLE COSTS

6.1 General conditions for costs to be eligible

'**Eligible costs**' are costs that meet the following criteria:

(a) for **actual costs**:

(i) they must be actually incurred by the beneficiary;

(ii) they must be incurred in the period set out in Article 3, with the exception of costs relating to the submission of the periodic report for the last reporting period and the final report (see Article 15);

(iii) they must be indicated in the estimated budget set out in Annex 2;

(iv) they must be incurred in connection with the action as described in Annex 1 and necessary for its implementation;

(v) they must be identifiable and verifiable, in particular recorded in the beneficiary's accounts in accordance with the accounting standards applicable in the country where the beneficiary is established and with the beneficiary's usual cost accounting practices;

(vi) they must comply with the applicable national law on taxes, labour and social security, and

(vii) they must be reasonable, justified and must comply with the principle of sound financial management, in particular regarding economy and efficiency;

(b) for **flat-rate costs**:

(i) they must be calculated by applying the flat-rate set out in Annex 2, and

(ii) the costs (actual costs) to which the flat-rate is applied must comply with the conditions for eligibility set out in this Article.

6.2 Specific conditions for costs to be eligible

Costs are eligible if they comply with the general conditions (see above) and the specific conditions set out below, for each of the following budget categories:

A. direct personnel costs;

B. direct costs of subcontracting;

C. other direct costs;

D. indirect costs;

'Direct costs' are costs that are directly linked to the action implementation and can therefore be attributed to it directly. They must not include any indirect costs (see Point D below).

'Indirect costs' are costs that are not directly linked to the action implementation and therefore cannot be attributed directly to it.

A. Direct personnel costs

Types of eligible personnel costs

A.1 Personnel costs are eligible if they are related to personnel working for the beneficiary under an employment contract (or equivalent appointing act) and assigned to the action ('**costs for employees (or equivalent)**'). They must be limited to salaries (including during parental leave), social security contributions, taxes and other costs included in the **remuneration**, if they arise from national law or the employment contract (or equivalent appointing act).

They may also include **additional remuneration** for personnel assigned to the action (including payments on the basis of supplementary contracts regardless of their nature), if:

(a) it is part of the beneficiary's usual remuneration practices and is paid in a consistent manner whenever the same kind of work or expertise is required;

(b) the criteria used to calculate the supplementary payments are objective and generally applied by the beneficiary, regardless of the source of funding used.

A.2 The **costs for natural persons working under a direct contract** with the beneficiary other than an employment contract or seconded by a third party against payment are eligible personnel costs, if:

(a) the person works under the beneficiary's instructions and, unless otherwise agreed with the beneficiary, on the beneficiary's premises;

(b) the result of the work carried out belongs to the beneficiary, and

(c) the costs are not significantly different from those for personnel performing similar tasks under an employment contract with the beneficiary.

Calculation

Personnel costs must be calculated by the beneficiaries as follows:

{hourly rate

multiplied by

the number of actual hours worked on the action}.

The number of actual hours declared for a person must be identifiable and verifiable (see Article 13).

The total number of hours declared in EU or Euratom grants, for a person for a year, cannot be higher than the annual productive hours used for the calculations of the hourly rate. Therefore, the maximum number of hours that can be declared for the grant are:

{the number of annual productive hours for the year (see below)

minus

total number of hours declared by the beneficiary, for that person for that year, for other EU or Euratom grants}.

The '**hourly rate**' is the amount calculated as follows:

{actual annual personnel costs for the person

divided by

number of annual productive hours}.

The beneficiaries must use the annual personnel costs and the number of annual productive hours for each financial year covered by the reporting period. If a financial year is not closed at the end of the reporting period, the beneficiaries must use the hourly rate of the last closed financial year available.

For the 'number of annual productive hours', the beneficiaries may choose one of the following:

(i) 'fixed number of hours': 1 720 hours for persons working full time (or corresponding pro-rata for persons not working full time);

(ii) 'individual annual productive hours': the total number of hours worked by the person in the year for the beneficiary, calculated as follows:

{annual workable hours of the person (according to the employment contract, applicable collective labour agreement or national law)

plus

overtime worked

minus

absences (such as sick leave and special leave)}.

'Annual workable hours' means the period during which the personnel must be working, at the employer's disposal and carrying out his/her activity or duties under the employment contract, applicable collective labour agreement or national working time legislation.

If the contract (or applicable collective labour agreement or national working time legislation) does not allow to determine the annual workable hours, this option cannot be used;

(iii) 'standard annual productive hours': the 'standard number of annual hours' generally applied by the beneficiary for its personnel in accordance with its usual cost accounting practices. This number must be at least 90% of the 'standard annual workable hours'.

If there is no applicable reference for the standard annual workable hours, this option cannot be used.

For all options, the actual time spent on **parental leave** by a person assigned to the action may be deducted from the number of annual productive hours;

B. Direct costs of subcontracting (including related duties, taxes and charges, such as non-deductible value added tax (VAT) paid by beneficiaries that are not public bodies acting as public authority) are eligible if the conditions in Article 10.1.1 are met.

C. Other direct costs

C.1 **Travel costs and related subsistence allowances** (including related duties, taxes and charges, such as non-deductible value added tax (VAT) paid by beneficiaries that are not public bodies acting as public authority) are eligible if they are in line with the beneficiary's usual practices on travel.

C.2 The **depreciation costs of equipment, infrastructure or other assets** (new or second-hand) as recorded in the beneficiary's accounts are eligible, if they were purchased in accordance with Article 9.1.1 and written off in accordance with international accounting standards and the beneficiary's usual accounting practices.

The **costs of renting or leasing** equipment, infrastructure or other assets (including related duties, taxes and charges, such as non-deductible value added tax (VAT) paid by beneficiaries that are not public bodies acting as public authority) are also eligible, if they do not exceed the depreciation costs of similar equipment, infrastructure or assets and do not include any financing fees.

The only portion of the costs that will be taken into account is that which corresponds to the duration of the action and rate of actual use for the purposes of the action.

C.3 **Costs of other goods and services** (including related duties, taxes and charges, such as non-deductible value added tax (VAT) paid by beneficiaries that are not public bodies acting as public authority) are eligible, if they are purchased specifically for the action and in accordance with Article 9.1.1.

Such goods and services include, for instance, consumables and supplies, dissemination, protection of results, certificates on the financial statements (if they are required by the Agreement), translations and publications.

D. Indirect costs

Indirect costs are eligible if they are declared on the basis of the flat-rate of 7% of the eligible direct costs (see Article 5.2 and Points A to C above).

Beneficiaries receiving an operating grant[1] financed by the EU or Euratom budget cannot declare indirect costs for the period covered by the operating grant.

6.3 Conditions for costs of affiliated entities to be eligible

not applicable

[1] For the definition, see Article 121(1)(b) of Regulation (EU, Euratom) No 966/2012 of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the Union and repealing Council Regulation (EC, Euratom) No 1605/2002 (OJ L 218, 26.10.2012, p.1) ('**Financial Regulation No 966/2012**'): '**operating grant**' means direct financial contribution, by way of donation, from the budget in order to finance the functioning of a body which pursues an aim of general EU interest or has an objective forming part of and supporting an EU policy.

6.4 Ineligible costs

'**Ineligible costs**' are:

(a) costs that do not comply with the conditions set out above (Article 6.1 to 6.3), in particular:

(i) costs related to return on capital;

(ii) debt and debt service charges;

(iii) provisions for future losses or debts;

(iv) interest owed;

(v) doubtful debts;

(vi) currency exchange losses;

(vii) bank costs charged by the beneficiary's bank for transfers from the Agency;

(viii) excessive or reckless expenditure;

(ix) deductible VAT;

(x) costs incurred during suspension of the implementation of the action (see Article 33);

(xi) in-kind contributions provided by third parties;

(b) costs declared under another EU or Euratom grant (including grants awarded by a Member State and financed by the EU or Euratom budget and grants awarded by bodies other than the Agency for the purpose of implementing the EU or Euratom budget); in particular, indirect costs if the beneficiary is already receiving an operating grant financed by the EU or Euratom budget in the same period*;*

(c) cost for personnel (health professionals directly providing health care), cost for equipment (medical devices, tents, beds, blankets, food, clothes, shoes and cost for other humanitarian aid equipment) and other goods and services (medicinal products)..

6.5 Consequences of declaration of ineligible costs

Declared costs that are ineligible will be rejected (see Article 26).

This may also lead to any of the other measures described in Chapter 6.

CHAPTER 4 RIGHTS AND OBLIGATIONS OF THE PARTIES

SECTION 1 RIGHTS AND OBLIGATIONS RELATED TO IMPLEMENTING THE ACTION

ARTICLE 7 — GENERAL OBLIGATION TO PROPERLY IMPLEMENT THE ACTION

7.1 General obligation to properly implement the action

The beneficiaries must implement the action as described in Annex 1 and in compliance with the provisions of the Agreement and all legal obligations under applicable EU, international and national law.

7.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 27).

Such breaches may also lead to any of the other measures described in Chapter 6.

ARTICLE 8 — RESOURCES TO IMPLEMENT THE ACTION — THIRD PARTIES INVOLVED IN THE ACTION

The beneficiaries must have the appropriate resources to implement the action.

If it is necessary to implement the action, the beneficiaries may:

- purchase goods, works and services (see Article 9);
- call upon subcontractors to implement action tasks described in Annex 1 (see Article 10);
- call upon affiliated entities to implement action tasks described in Annex 1 (see Article 11).

In these cases, the beneficiaries retain sole responsibility towards the Agency and the other beneficiaries for implementing the action.

ARTICLE 9 — PURCHASE OF GOODS, WORKS OR SERVICES

9.1 Rules for purchasing goods, works or services

9.1.1 If necessary to implement the action, the beneficiaries may purchase goods, works or services.

The beneficiaries must make such purchases ensuring the best value for money or, if appropriate, the lowest price. In doing so, they must avoid any conflict of interests (see Article 20).

The beneficiaries must ensure that the Agency, the Commission, the European Court of Auditors (ECA) and the European Anti-fraud Office (OLAF) can exercise their rights under Articles 17 and 18 also towards their contractors.

9.1.2 Beneficiaries that are 'contracting authorities' within the meaning of Directive 2004/18/EC[2] or 'contracting entities' within the meaning of Directive 2004/17/EC[3] must comply with the applicable national law on public procurement.

9.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under Article 9.1.1, the costs related to the contract concerned will be ineligible (see Article 6) and will be rejected (see Article 26).

If a beneficiary breaches any of its obligations under Article 9.1.2, the grant may be reduced (see Article 27).

Such breaches may also lead to any of the other measures described in Chapter 6.

ARTICLE 10 — IMPLEMENTATION OF ACTION TASKS BY SUBCONTRACTORS

10.1 Rules for subcontracting action tasks

10.1.1 If necessary to implement the action, the beneficiaries may award subcontracts covering the implementation of certain action tasks described in Annex 1.

Subcontracting may cover only a limited part of the action.

The beneficiaries must award the subcontracts ensuring the best value for money or, if appropriate, the lowest price. In doing so, they must avoid any conflict of interests (see Article 20).

The tasks to be implemented and the estimated cost for each subcontract must be set out in Annex 1 and the total estimated costs of subcontracting per beneficiary must be set out in Annex 2. The Agency may however approve subcontracts not set out in Annex 1 and 2 without amendment (see Article 39), if:

- they are specifically justified in the periodic technical report and
- they do not entail changes to the Agreement which would call into question the decision awarding the grant or breach the principle of equal treatment of applicants.

The beneficiaries must ensure that the Agency, the Commission, the European Court of Auditors (ECA) and the European Anti-Fraud Office (OLAF) can exercise their rights under Articles 17 and 18 also towards their subcontractors.

10.1.2 The beneficiaries must ensure that their obligations under Articles 20, 21, 22 and 30 also apply to the subcontractors.

Beneficiaries that are 'contracting authorities' within the meaning of Directive 2004/18/EC or 'contracting entities' within the meaning of Directive 2004/17/EC must comply with the applicable national law on public procurement.

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[2] Directive 2004/18/EC of the European Parliament and of the Council of 31 March 2004 on the coordination of procedures for the award of public work contracts, public supply contracts and public service contracts (OJ L 134, 30.04.2004, p. 114).

[3] Directive 2004/17/EC of the European Parliament and of the Council of 31 March 2004 coordinating the procurement procedures of entities operating in the water, energy, transport and postal services sectors (OJ L 134, 30.04.2004, p. 1).

10.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under Article 10.1.1, the costs related to the subcontract concerned will be ineligible (see Article 6) and will be rejected (see Article 26).

If a beneficiary breaches any of its obligations under Article 10.1.2, the grant may be reduced (see Article 27).

Such breaches may also lead to any of the other measures described in Chapter 6.

ARTICLE 11 — IMPLEMENTATION OF ACTION TASKS BY AFFILIATED ENTITIES

Not applicable

SECTION 2 RIGHTS AND OBLIGATIONS RELATED TO THE GRANT ADMINISTRATIONFR

ARTICLE 12 — GENERAL OBLIGATION TO INFORM

12.1 General obligation to provide information upon request

The beneficiaries must provide — during implementation of the action or afterwards and in accordance with Article 25.2 — any information requested in order to verify eligibility of the costs, proper implementation of the action and compliance with any other obligation under the Agreement.

12.2 Obligation to keep information up to date and to inform about events and circumstances likely to affect the Agreement

Each beneficiary must keep information stored in the 'Beneficiary Register' (via the electronic exchange system; see Article 36) up to date, in particular, its name, address, legal representatives, legal form and organisation type.

Each beneficiary must immediately inform the coordinator — which must immediately inform the Agency and the other beneficiaries — of any of the following:

(a) **events** which are likely to affect significantly or delay the implementation of the action or the EU's financial interests, in particular:

  (i) changes in its legal, financial, technical, organisational or ownership situation

(b) **circumstances** affecting:

  (i) the decision to award the grant or

  (ii) compliance with requirements under the Agreement.

12.3 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 27).

Such breaches may also lead to any of the other measures described in Chapter 6.

ARTICLE 13 — KEEPING RECORDS — SUPPORTING DOCUMENTATION

13.1 Obligation to keep records and other supporting documentation

The beneficiaries must — for a period of *five* years after the payment of the balance — keep records and other supporting documentation, in order to prove the proper implementation of the action and the costs they declare as eligible.

They must make them available upon request (see Article 12) or in the context of checks, reviews, audits or investigations (see Article 17).

If there are on-going checks, reviews, audits, investigations, litigation or other pursuits of claims under the Agreement (including the extension of findings; see Articles 17), the beneficiaries must keep the records and other supporting documentation until the end of these procedures.

The beneficiaries must keep the original documents. Digital and digitalised documents are considered originals if they are authorised by the applicable national law. The Agency may accept non-original documents if it considers that they offer a comparable level of assurance.

13.1.1 Records and other supporting documentation on the scientific and technical implementation

The beneficiaries must keep records and other supporting documentation on the technical implementation of the action, in line with the accepted standards in the respective field.

13.1.2 Records and other documentation to support the costs declared

The beneficiaries must keep the records and documentation supporting the costs declared, in particular the following:

(a) for **actual costs**: adequate records and other supporting documentation to prove the costs declared, such as contracts, subcontracts, invoices and accounting records. In addition, the beneficiaries' usual cost accounting practices and internal control procedures must enable direct reconciliation between the amounts declared, the amounts recorded in their accounts and the amounts stated in the supporting documentation;

(b) for **flat-rate costs**: adequate records and other supporting documentation to prove the eligibility of the costs to which the flat-rate is applied. The beneficiaries do not need to identify the costs covered or provide supporting documentation (such as accounting statements) to prove the amount declared at a flat-rate.

In addition, for **personnel costs** (declared as actual costs), the beneficiaries must keep **time records** for the number of hours declared. The time records must be in writing and approved by the persons working on the action and their supervisors, at least monthly. In the absence of reliable time records

of the hours worked on the action, the *Agency* may accept alternative evidence supporting the number of hours declared, if it considers that it offers an adequate level of assurance.

As an exception, for **persons working exclusively on the action**, there is no need to keep time records, if the beneficiary signs a **declaration** confirming that the persons concerned have worked exclusively on the action.

13.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, costs insufficiently substantiated will be ineligible (see Article 6) and will be rejected (see Article 26), and the grant may be reduced (see Article 27).

Such breaches may also lead to any of the other measures described in Chapter 6.

ARTICLE 14 — SUBMISSION OF DELIVERABLES

14.1 Obligation to submit deliverables

The coordinator must submit the '**deliverables**' identified in Annex 1 (if any), in accordance with the timing and conditions set out in it.

14.2 Consequences of non-compliance

If the coordinator breaches any of its obligations under this Article, the Agency may apply any of the measures described in Chapter 6.

ARTICLE 15 — REPORTING — PAYMENT REQUESTS

15.1 Obligation to submit reports

The coordinator must submit to the Agency (see Article 36) the technical and financial reports set out in this Article. These reports include the requests for payment and must be drawn up using the forms and templates provided in the electronic exchange system (see Article 36).

15.2 Reporting periods

The action is divided into the following '**reporting periods**':

- RP1: from month 1 to month 12

15.3 Periodic reports — Requests for interim payments

The coordinator must submit a periodic report within 60 days following the end of each reporting period.

The **periodic report** must include the following:

(a) a '**periodic technical report**' containing:

(i) an **explanation of the work carried out** by the beneficiaries;

(ii) an **overview of the progress** towards the objectives of the action, including milestones and deliverables identified in Annex 1.

This report must include explanations justifying the differences between work expected to be carried out in accordance with Annex 1 and that actually carried out;

(iii) a **summary** for publication by the Agency;

(iv) *the answers to the '**questionnaire**', covering issues related to the action implementation and its impact, if required in Annex 1;*

(b) a '**periodic financial report**' containing:

(i) an '**individual financial statement**' (see Annex 4) from each beneficiary, for the reporting period concerned.

The individual financial statement must detail the eligible costs (actual costs and flat-rate costs; see Article 6) for each budget category (see Annex 2).

The beneficiaries must declare all eligible costs, even if — for actual costs and flat-rate costs — they exceed the amounts indicated in the estimated budget (see Annex 2). Amounts which are not declared in the individual financial statement will not be taken into account by the Agency.

If an individual financial statement is not submitted for a reporting period, it may be included in the periodic financial report for the next reporting period.

The individual financial statements of the last reporting period must also detail the **receipts of the action** (see Article 5.3.3).

Each beneficiary must **certify** that:

- the information provided is full, reliable and true;
- the costs declared are eligible (see Article 6);
- the costs can be substantiated by adequate records and supporting documentation (see Article 13) that will be produced upon request (see Article 12) or in the context of checks, reviews, audits and investigations (see Article 17), and
- for the last reporting period: that all the receipts have been declared (see Article 5.3.3);

(ii) an **explanation of the use of resources** and the information on subcontracting (see Article 10) from each beneficiary, for the reporting period concerned;

(iii) *not applicable;*

(iv) a '**periodic summary financial statement**' (see Annex 4), created automatically by the electronic exchange system, consolidating the individual financial statements for the reporting period concerned and including — except for the last reporting period — the **request for interim payment**.

(v) a '**certificate on the financial statements**' (drawn up in accordance with Annex 5) for each beneficiary, if:

- the (cumulative) amount of payments it requests as reimbursement of actual costs (and for which no certificate has yet been submitted) is EUR 325 000 or more and

- the maximum grant amount indicated, for that beneficiary, in the estimated budget (see Annex 2) as reimbursement of actual costs is EUR 750 000 or more.

15.4 Final report — Request for payment of the balance

In addition to the periodic report for the last reporting period, the coordinator must submit the final report within 60 days following the end of the last reporting period.

The **final report** must include the following:

(a) a '**final technical report**' with a **summary** for publication containing:

(i) an overview of the results and their dissemination;

(ii) the conclusions on the action and

(iii) *the impact of the action;*

(b) a '**final financial report**' containing:

(i) a '**final summary financial statement**' (see Annex 4), created automatically by the electronic exchange system, consolidating the individual financial statements for all reporting periods and including the **request for payment of the balance** and

(ii) a '**certificate on the financial statements**' (drawn up in accordance with Annex 5) for each beneficiary, if:

- the cumulative amount of payments it requests as reimbursement of actual costs (and for which no certificate has been submitted) is EUR 325 000 or more and

- the maximum grant amount indicated, for that beneficiary, in the estimated budget (see Annex 2) as reimbursement of actual costs is EUR 750 000 or more.

15.5 Currency for financial statements and conversion into euro

Financial statements must be drafted in euro.

Beneficiaries with accounting established in a currency other than the euro must convert the costs recorded in their accounts into euro at the average of the daily exchange rates published in the C series of the *Official Journal of the European Union*, calculated over the corresponding reporting period.

If no daily euro exchange rate is published in the *Official Journal of the European Union* for the currency in question, they must be converted at the average of the monthly accounting rates published on the Commission's website, calculated over the corresponding reporting period.

Beneficiaries with accounting established in euro must convert costs incurred in another currency into euro according to their usual accounting practices.

15.6 Language of reports

All reports (technical and financial reports, including financial statements) must be submitted in the language of the Agreement.

15.7 Consequences of non-compliance — Suspension of the payment deadline — Termination

If the reports submitted do not comply with this Article, the Agency may suspend the payment deadline (see Article 31) and apply any of the other measures described in Chapter 6.

If the coordinator breaches its obligation to submit the reports and if it fails to comply with this obligation within 30 days following a written reminder sent by the Agency, the Agreement may be terminated (see Article 34).

ARTICLE 16 — PAYMENTS AND PAYMENT ARRANGEMENTS

16.1 Payments to be made

The following payments will be made to the coordinator:

- one **pre-financing payment**;
- one or more **interim payments**, on the basis of the request(s) for interim payment (see Article 15), and
- one **payment of the balance**, on the basis of the request for payment of the balance (see Article 15).

16.2 Pre-financing payment — Amount

The aim of the pre-financing is to provide the beneficiaries with a float.

It remains the property of the EU until the payment of the balance.

The amount of the pre-financing payment will be EUR **375,931.04** (three hundred and seventy five thousand nine hundred and thirty one EURO and four eurocents).

The Agency will — except if Article 32 applies — make the pre-financing payment to the coordinator within 30 days, either from the entry into force of the Agreement (see Article 42) or from 10 days before the starting date of the action (see Article 3), whichever is the latest.

16.3 Interim payments — Amount — Calculation

Interim payments reimburse the eligible costs incurred for the implementation of the action during the corresponding reporting periods.

The Agency will pay to the coordinator the amount due as interim payment within 60 days from receiving the periodic report (see Article 15.3), except if Articles 31 or 32 apply.

Payment is subject to the approval of the periodic report. Its approval does not imply recognition of the compliance, authenticity, completeness or correctness of its content.

The **amount due as interim payment** is calculated by the Agency in the following steps:

Step 1 – Application of the reimbursement rate

Step 2 – Limit to 90% of the maximum grant amount

16.3.1 Step 1 — Application of the reimbursement rate

The reimbursement rate (see Article 5.2) is applied to the eligible costs (actual costs and flat-rate costs; see Article 6) declared by the beneficiaries (see Article 15) and approved by the Agency (see above) for the concerned reporting period.

16.3.2 Step 2 — Limit to 90% of the maximum grant amount

The total amount of pre-financing and interim payments must not exceed 90% of the maximum grant amount set out in Article 5.1. The maximum amount for the interim payment will be calculated as follows:

{90% of the maximum grant amount (see Article 5.1)

minus

{pre-financing and previous interim payments}}.

16.4 Payment of the balance — Amount — Calculation

The payment of the balance reimburses the remaining part of the eligible costs incurred by the beneficiaries for the implementation of the action.

If the total amount of earlier payments is greater than the final grant amount (see Article 5.3), the payment of the balance takes the form of a recovery (see Article 28).

If the total amount of earlier payments is lower than the final grant amount, the Agency will pay the balance within 60 days from receiving the final report (see Article 15.4), except if Articles 31 or 32 apply.

Payment is subject to the approval of the final report. Its approval does not imply recognition of the compliance, authenticity, completeness or correctness of its content.

The **amount due as the balance** is calculated by the Agency by deducting the total amount of pre-financing and interim payments (if any) already made, from the final grant amount determined in accordance with Article 5.3:

{final grant amount (see Article 5.3)

minus

{pre-financing and interim payments (if any) made}}.

If the balance is positive, it will be paid to the coordinator.

The amount to be paid may however be offset — without the beneficiary's consent — against any other amount owed by a beneficiary to the Agency, the Commission or another executive agency (under the EU or Euratom budget), up to the maximum EU contribution indicated, for that beneficiary, in the estimated budget (see Annex 2).

If the balance is negative, it will be recovered.

16.5 Notification of amounts due

When making payments, the Agency will formally notify to the coordinator the amount due, specifying whether it concerns an interim payment or the payment of the balance.

For the payment of the balance, the notification will also specify the final grant amount.

In the case of reduction of the grant or recovery of undue amounts, the notification will be preceded by the contradictory procedure set out in Articles 27 and 28.

16.6 Currency for payments

The Agency will make all payments in euro.

16.7 Payments to the coordinator — Distribution to the beneficiaries

Payments will be made to the coordinator.

Payments to the coordinator will discharge the Agency from its payment obligation.

The coordinator must distribute the payments between the beneficiaries without unjustified delay.

Pre-financing may however be distributed only:

(a) if 90% of the beneficiaries have acceded to the Agreement (see Article 40) and

(b) to beneficiaries that have acceded to the Agreement (see Article 40).

16.8 Bank account for payments

All payments will be made to the following bank account:

Name of bank:
Address of brar
Full name of th
Full account number (including bank codes):
IBAN code:

16.9 Costs of payment transfers

The cost of the payment transfers is borne as follows:

- the Agency bears the cost of transfers charged by its bank;
- the beneficiary bears the cost of transfers charged by its bank;
- the party causing a repetition of a transfer bears all costs of the repeated transfer.

16.10 Date of payment

Payments by the Agency are considered to have been carried out on the date when they are debited to its account.

16.11 Consequences of non-compliance

16.11.1 If the Agency does not pay within the payment deadlines (see above), the beneficiaries are entitled to **late-payment interest** at the rate applied by the European Central Bank (ECB) for its main refinancing operations in euros ('reference rate'), plus three and a half points. The reference rate is the rate in force on the first day of the month in which the payment deadline expires, as published in the C series of the *Official Journal of the European Union*.

If the late-payment interest is lower than or equal to EUR 200, it will be paid to the coordinator only upon request submitted within two months of receiving the late payment.

Late-payment interest is not due if all beneficiaries are EU Member States (including regional and local government authorities or other public bodies acting on behalf of a Member State for the purpose of this Agreement).

Suspension of the payment deadline or payments (see Articles 31 and 32) will not be considered as late payment.

Late-payment interest covers the period running from the day following the due date for payment (see above), up to and including the date of payment.

Late-payment interest is not considered for the purposes of calculating the final grant amount.

16.11.2 If the coordinator breaches any of its obligations under this Article, the grant may be reduced (see Article 27) and the Agreement or the participation of the coordinator may be terminated (see Article 34).

Such breaches may also lead to any of the other measures described in Chapter 6.

ARTICLE 17 — CHECKS, REVIEWS, AUDITS AND INVESTIGATIONS — EXTENSION OF FINDINGS

17.1 Checks, reviews and audits by the Agency and the Commission

17.1.1 Right to carry out checks

The Agency or the Commission will — during the implementation of the action or afterwards — check the proper implementation of the action and compliance with the obligations under the Agreement, including assessing deliverables and reports.

For this purpose, the Agency or the Commission may be assisted by external persons or bodies.

The Agency or the Commission may also request additional information in accordance with Article 12. The Agency or the Commission may request beneficiaries to provide such information to it directly.

Information provided must be accurate, precise and complete and in the format requested, including electronic format.

17.1.2 Right to carry out reviews

The Agency or the Commission may — during the implementation of the action or afterwards — carry out reviews on the proper implementation of the action (including assessment of deliverables and reports) and compliance with the obligations under the Agreement.

Reviews may be started **up to *five* years after the payment of the balance**. They will be formally notified to the coordinator or beneficiary concerned and will be considered to have started on the date of the formal notification.

If the review is carried out on a third party (see Articles 9, 10, 11), the beneficiary concerned must inform the third party.

The Agency or the Commission may carry out reviews directly (using its own staff) or indirectly (using external persons or bodies appointed to do so). It will inform the coordinator or beneficiary concerned of the identity of the external persons or bodies. They have the right to object to the appointment on grounds of commercial confidentiality.

The coordinator or beneficiary concerned must provide — within the deadline requested — any information and data in addition to deliverables and reports already submitted (including information on the use of resources). The Agency or the Commission may request beneficiaries to provide such information to it directly.

The coordinator or beneficiary concerned may be requested to participate in meetings, including with external experts.

For **on-the-spot** reviews, the beneficiaries must allow access to their sites and premises, including to external persons or bodies, and must ensure that information requested is readily available.

Information provided must be accurate, precise and complete and in the format requested, including electronic format.

On the basis of the review findings, a '**review report**' will be drawn up.

The Agency or the Commission will formally notify the review report to the coordinator or beneficiary concerned, which has 30 days to formally notify observations ('**contradictory review procedure**').

Reviews (including review reports) are in the language of the Agreement.

17.1.3 Right to carry out audits

The Agency or the Commission may — during the implementation of the action or afterwards — carry out audits on the proper implementation of the action and compliance with the obligations under the Agreement.

Audits may be started **up to *five* years after the payment of the balance**. They will be formally notified to the coordinator or beneficiary concerned and will be considered to have started on the date of the formal notification.

If the audit is carried out on a third party (see Articles 9, 10, 11), the beneficiary concerned must inform the third party.

The Agency or the Commission may carry out audits directly (using its own staff) or indirectly (using external persons or bodies appointed to do so). It will inform the coordinator or beneficiary concerned of the identity of the external persons or bodies. They have the right to object to the appointment on grounds of commercial confidentiality.

The coordinator or beneficiary concerned must provide — within the deadline requested — any information (including complete accounts, individual salary statements or other personal data) to verify compliance with the Agreement. The Agency or the Commission may request beneficiaries to provide such information to it directly.

For **on-the-spot** audits, the beneficiaries must allow access to their sites and premises, including to external persons or bodies, and must ensure that information requested is readily available.

Information provided must be accurate, precise and complete and in the format requested, including electronic format.

On the basis of the audit findings, a '**draft audit report**' will be drawn up.

The Agency or the Commission will formally notify the draft audit report to the coordinator or beneficiary concerned, which has 30 days to formally notify observations ('**contradictory audit procedure**'). This period may be extended by the Agency or the Commission in justified cases.

The '**final audit report**' will take into account observations by the coordinator or beneficiary concerned. The report will be formally notified to it.

Audits (including audit reports) are in the language of the Agreement.

The Agency or the Commission may also access the beneficiaries' statutory records for the periodical assessment of flat-rate amounts.

17.2 Investigations by the European Anti-Fraud Office (OLAF)

Under Regulations No 883/2013[5] and No 2185/96[6] (and in accordance with their provisions and procedures), the European Anti-Fraud Office (OLAF) may — at any moment during implementation

[5] Regulation (EU, Euratom) No 883/2013 of the European Parliament and of the Council of 11 September 2013 concerning investigations conducted by the European Anti-Fraud Office (OLAF) and repealing Regulation (EC)

of the action or afterwards — carry out investigations, including on-the-spot checks and inspections, to establish whether there has been fraud, corruption or any other illegal activity affecting the financial interests of the EU.

17.3 Checks and audits by the European Court of Auditors (ECA)

Under Article 287 of the Treaty on the Functioning of the European Union (TFEU) and Article 161 of the Financial Regulation No 966/2012[7], the European Court of Auditors (ECA) may — at any moment during implementation of the action or afterwards — carry out audits.

The ECA has the right of access for the purpose of checks and audits.

17.4 Checks, reviews, audits and investigations for international organisations

Not applicable

17.5 Consequences of findings in checks, reviews, audits and investigations —Extension of findings

17.5.1 Findings in this grant

Findings in checks, reviews, audits or investigations carried out in the context of this grant may lead to the rejection of ineligible costs (see Article 26), reduction of the grant (see Article 27), recovery of undue amounts (see Article 28) or to any of the other measures described in Chapter 6.

Rejection of costs or reduction of the grant after the payment of the balance will lead to a revised final grant amount (see Article 5.4).

Findings in checks, reviews, audits or investigations may lead to a request for amendment for the modification of Annex 1 (see Article 39).

Checks, reviews, audits or investigations that find systemic or recurrent errors, irregularities, fraud or breach of obligations may also lead to consequences in other EU or Euratom grants awarded under similar conditions (‘**extension of findings from this grant to other grants**’).

Moreover, findings arising from an OLAF investigation may lead to criminal prosecution under national law.

17.5.2 Findings in other grants

The Agency or the Commission may extend findings from other grants to this grant (‘**extension of findings from other grants to this grant**’), if:

No 1073/1999 of the European Parliament and of the Council and Council Regulation (Euratom) No 1074/1999 (OJ L 232, 18.09.2013, p. 1).

6 Council Regulation (Euratom, EC) No 2185/1996 of 11 November 1996 concerning on-the-spot checks and inspections carried out by the Commission in order to protect the European Communities' financial interests against fraud and other irregularities (OJ L 292, 15.11.1996, p. 2).

7 Regulation (EU, Euratom) No 966/2012 of the European Parliament and of the Council of 25 October 2012 on the financial rules applicable to the general budget of the Union and repealing Council Regulation (EC, Euratom) No 1605/2002 (‘**Financial Regulation No 966/2012**’) (OJ L 298, 26.10.2012, p. 1).

(a) the beneficiary concerned is found, in other EU or Euratom grants awarded under similar conditions, to have committed systemic or recurrent errors, irregularities, fraud or breach of obligations that have a material impact on this grant and

(b) those findings are formally notified to the beneficiary concerned — together with the list of grants affected by the findings — **no later than *five* years after the payment of the balance** of this grant.

The extension of findings may lead to the rejection of costs (see Article 26), reduction of the grant (see Article 27), recovery of undue amounts (see Article 28), suspension of payments (see Article 32), suspension of the action implementation (see Article 33) or termination (see Article 34).

17.5.3 Procedure

The Agency or the Commission will formally notify the beneficiary concerned the systemic or recurrent errors and its intention to extend these audit findings, together with the list of grants affected.

17.5.3.1 If the findings concern **eligibility of costs**: the formal notification will include:

(a) an invitation to submit observations on the list of grants affected by the findings;

(b) the request to submit **revised financial statements** for all grants affected;

(c) the **correction rate for extrapolation** established by the Agency or the Commission on the basis of the systemic or recurrent errors, to calculate the amounts to be rejected, if the beneficiary concerned:

(i) considers that the submission of revised financial statements is not possible or practicable or

(ii) does not submit revised financial statements.

The beneficiary concerned has 90 days from receiving notification to submit observations, revised financial statements or to propose a duly substantiated **alternative correction method**. This period may be extended by the Agency or the Commission in justified cases.

The Agency or the Commission may then start a rejection procedure in accordance with the procedure set out in Article 26, either on the basis of the revised financial statements or the rate announced.

17.5.3.2 If the findings concern **improper implementation** or a **breach of another obligation**: the formal notification will include:

(a) an invitation to submit observations on the list of grants affected by the findings and

(b) the flat-rate the Agency or the Commission intends to apply according to the principle of proportionality.

The beneficiary concerned has 90 days from receiving notification to submit observations or to propose a duly substantiated alternative flat-rate.

The Agency or the Commission may then start a reduction procedure in accordance with the procedure set out in Article 27, either on the basis of the alternative flat-rate or the flat-rate announced.

17.6 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, any insufficiently substantiated costs will be ineligible (see Article 6) and will be rejected (see Article 26).

Such breaches may also lead to any of the other measures described in Chapter 6.

ARTICLE 18 — EVALUATION OF THE IMPACT OF THE ACTION

18.1 Right to evaluate the impact of the action

The Agency or the Commission may carry out interim and final evaluations of the impact of the action measured against the objective of the EU programme.

Evaluations may be started during implementation of the action and **up to *five* years after the payment of the balance**. The evaluation is considered to start on the date of the formal notification to the coordinator or beneficiaries.

The Agency or the Commission may make these evaluations directly (using its own staff) or indirectly (using external bodies or persons it has authorised to do so).

The coordinator or beneficiaries must provide any information relevant to evaluate the impact of the action, including information in electronic format.

18.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the Agency may apply the measures described in Chapter 6.

SECTION 3 OTHER RIGHTS AND OBLIGATIONS

ARTICLE 19 — PRE-EXISTING RIGHTS AND OWNERSHIP OF THE RESULTS (INCLUDING INTELLECTUAL AND INDUSTRIAL PROPERTY RIGHTS)

19.1 Pre-existing rights and access rights to pre-existing rights

Where industrial and intellectual property rights (including rights of third parties) exist prior to the Agreement, the beneficiaries must establish a list of these pre-existing industrial and intellectual property rights, specifying the owner and any persons that have a right of use.

The coordinator must — before starting the action — submit this list to the Agency.

The beneficiaries must give each other (and their affiliated entities) access to any pre-existing industrial and intellectual property rights needed for the implementation of the action and compliance with the obligations under the Agreement.

19.2 Ownership of results and rights of use

The results of the action (including the reports and other documents relating to it) are owned by the beneficiaries.

The beneficiaries must give the Agency and the Commission the right to use the results for their communication activities under Article 22.

19.3 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 27).

Such a breach may also lead to any of the other measures described in Chapter 6.

ARTICLE 20 — CONFLICT OF INTERESTS

20.1 Obligation to avoid a conflict of interests

The beneficiaries must take all measures to prevent any situation where the impartial and objective implementation of the action is compromised for reasons involving economic interest, political or national affinity, family or emotional ties or any other shared interest ('**conflict of interests**').

They must formally notify to the Agency without delay any situation constituting or likely to lead to a conflict of interests and immediately take all the necessary steps to rectify this situation.

The Agency may verify that the measures taken are appropriate and may require additional measures to be taken by a specified deadline.

20.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 27) and the Agreement or participation of the beneficiary may be terminated (see Article 34).

Such breaches may also lead to any of the other measures described in Chapter 6.

ARTICLE 21 — CONFIDENTIALITY

21.1 General obligation to maintain confidentiality

During implementation of the action and for **five years after the payment of the balance**, the parties must keep confidential any data, documents or other material (in any form) that is identified as confidential at the time it is disclosed ('**confidential information**').

They may use confidential information to implement the Agreement.

The confidentiality obligations no longer apply if:

(a) the disclosing party agrees to release the other party;

(b) the information becomes generally and publicly available, without breaching any confidentiality obligation;

(c) the disclosure of the confidential information is required by EU or national law.

21.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 27).

Such breaches may also lead to any of the other measures described in Chapter 6.

ARTICLE 22 — PROMOTING THE ACTION — VISIBILITY OF EU FUNDING

22.1 Communication activities by the beneficiaries

22.1.1 General obligation to promote the action and its results

The beneficiaries must promote the action and its results.

22.1.2 Information on EU funding — Obligation and right to use of the EU emblem

Unless the Agency requests or agrees otherwise, any communication activity related to the action (including at conferences, seminars, in information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, via social media, etc.) and any infrastructure, equipment or major results funded by the grant must:

(a) display the EU emblem and

(b) include the following text:

> *"This [insert appropriate description, e.g. report, publication, conference, infrastructure, equipment, insert type of result, etc.] is part of the project / joint action '717275 / SH-CAPAC' which has received funding from the European Union's Health Programme (2014-2020)."*

When displayed in association with another logo, the EU emblem must have appropriate prominence.

For the purposes of their obligations under this Article, the beneficiaries may use the EU emblem without first obtaining approval from the Agency.

This does not, however, give them the right to exclusive use.

Moreover, they may not appropriate the EU emblem or any similar trademark or logo, either by registration or by any other means.

22.1.3 Disclaimer excluding Agency/Commission responsibility

Any communication activity related to the action must indicate the following disclaimer:

> *"The content of this [insert appropriate description, e.g. report, publication, conference, etc.] represents the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."*

22.2 Communication activities by the Agency

22.2.1 Right to use the beneficiaries' materials, documents or information

The Agency may use information relating to the action, documents notably summaries for publication and public deliverables as well as any other material, such as pictures or audio-visual material that it receives from any beneficiary (including in electronic form).

This does not change the confidentiality obligations in Article 21, which still apply.

The right to use the beneficiary's materials, documents and information includes:

(a) **use for its own purposes** (in particular, making them available to persons working for the Agency or any other EU institution, body, office or agency or body or institutions in EU Member States; and copying or reproducing them in whole or in part, in unlimited numbers);

(b) **distribution to the public** (in particular, publication as hard copies and in electronic or digital format, publication on the internet, as a downloadable or non-downloadable file, broadcasting by any channel, public display or presentation, communicating through press information services, or inclusion in widely accessible databases or indexes);

(c) **editing or redrafting** for communication and publicising activities (including shortening, summarising, inserting other elements (such as meta-data, legends, other graphic, visual, audio or text elements), extracting parts (e.g. audio or video files), dividing into parts, use in a compilation);

(d) **translation**;

(e) giving **access in response to individual requests** under Regulation No 1049/2001[8], without the right to reproduce or exploit;

(f) **storage** in paper, electronic or other form;

(g) **archiving**, in line with applicable document-management rules, and

(h) the right to authorise **third parties** to act on its behalf or sub-license the modes of use set out in Points (b),(c),(d) and (f) to third parties if needed for the communication and publicising activities of the Agency.

If the right of use is subject to rights of a third party (including personnel of the beneficiary), the beneficiary must ensure that it complies with its obligations under this Agreement (in particular, by obtaining the necessary approval from the third parties concerned).

Where applicable (and if provided by the beneficiary), the Agency will insert the following information:

> "© – [year] – [name of the copyright owner]. All rights reserved. Licensed to the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) under conditions."

[8] Regulation (EC) No 1049/2001 of the European Parliament and of the Council of 30 May 2001 regarding public access to European Parliament, Council and Commission documents, OJ L 145, 31.5.2001, p. 43.

22.3 Consequences of non-compliance

If the beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 27).

Such breaches may also lead to any of the other measures described in Chapter 6.

ARTICLE 23 — PROCESSING OF PERSONAL DATA

23.1 Processing of personal data by the Agency and the Commission

Any personal data under the Agreement will be processed by the Agency or the Commission under Regulation No 23/2001[9] and according to the 'notifications of the processing operations' to the Data Protection Officer (DPO) of the Agency or the Commission (publicly accessible in the DPO register).

Such data will be processed by the '**data controller**' of the Agency or the Commission, for the purposes of implementing, managing and monitoring the Agreement or protecting the financial interests of the EU or Euratom (including checks, reviews, audits and investigations; see Article 17).

The persons whose personal data are processed have the right to access and correct their own personal data. For this purpose, they must send any queries about the processing of their personal data to the data controller, via the contact point indicated in the privacy statement(s) on the Agency and Commission websites.

They also have the right to have recourse at any time to the European Data Protection Supervisor (EDPS).

23.2 Processing of personal data by the beneficiaries

The beneficiaries must process personal data under the Agreement in compliance with applicable EU and national law on data protection (including authorisations or notification requirements).

The beneficiaries may grant their personnel access only to data that is strictly necessary for implementing, managing and monitoring the Agreement.

The beneficiaries must inform the personnel whose personal data are collected and processed by the Agency or the Commission. For this purpose, they must provide them with the privacy statement(s) (see above), before transmitting their data to the Agency or the Commission.

23.3 Consequences of non-compliance

If a beneficiary breaches any of its obligations under Article 23.2, the Agency may apply any of the measures described in Chapter 6.

ARTICLE 24 — ASSIGNMENTS OF CLAIMS FOR PAYMENT AGAINST THE AGENCY

[9] Regulation (EC) No 45/2001 of the European Parliament and of the Council of 18 December 2000 on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data (OJ L 8, 12.01.2001, p. 1).

The beneficiaries may not assign any of their claims for payment against the Agency to any third party, except if approved by the Agency on the basis of a reasoned, written request by the coordinator (on behalf of the beneficiary concerned).

If the Agency has not accepted the assignment or the terms of it are not observed, the assignment will have no effect on it.

In no circumstances will an assignment release the beneficiaries from their obligations towards the Agency.

CHAPTER 5 DIVISION OF BENEFICIARIES' ROLES AND RESPONSIBILITIES

ARTICLE 25 — DIVISION OF BENEFICIARIES' ROLES AND RESPONSIBILITIES

25.1 Roles and responsibilities towards the Agency

The beneficiaries have full responsibility for implementing the action and complying with the Agreement.

The beneficiaries are jointly and severally liable for the **technical implementation** of the action as described in Annex 1. If a beneficiary fails to implement its part of the action, the other beneficiaries become responsible for implementing this part (without being entitled to any additional EU funding for doing so), unless the Agency expressly relieves them of this obligation.

The **financial responsibility** of each beneficiary is governed by Articles 28, 29 and 30.

25.2 Internal division of roles and responsibilities

The internal roles and responsibilities of the beneficiaries are divided as follows:

(a) Each **beneficiary** must:

(i) keep information stored in the 'Beneficiary Register' (via the electronic exchange system) up to date (see Article 12);

(ii) inform the coordinator immediately of any events or circumstances likely to affect significantly or delay the implementation of the action (see Article 12);

(iii) submit to the coordinator in good time:

- individual financial statements for itself and, if required, certificates on the financial statements (see Article 15);
- the data needed to draw up the technical reports (see Article 15);
- any other documents or information required by the Agency or the Commission under the Agreement, unless the Agreement requires the beneficiary to submit this information directly to the Agency or the Commission.

(b) The **coordinator** must:

(i) monitor that the action is implemented properly (see Article 7);

(ii) act as the intermediary for all communications between the beneficiaries and the Agency (in particular, providing the Agency with the information described in Article 12), unless the Agreement specifies otherwise;

(iii) provide a pre-financing guarantee if requested by the Agency (see Article 16.2);

(iv) request and review any documents or information required by the Agency and verify their completeness and correctness before passing them on to the Agency;

(v) submit the deliverables and reports to the Agency (see Articles 14 and 15);

(vi) ensure that all payments are made to the other beneficiaries without unjustified delay (see Article 16).

The coordinator may not delegate the above-mentioned tasks to any other beneficiary or subcontract them to any third party.

25.3 Internal arrangements between beneficiaries — Consortium agreement

The beneficiaries must have internal arrangements regarding their operation and co-ordination to ensure that the action is implemented properly. These internal arrangements must be set out in a written '**consortium agreement**' between the beneficiaries, which may cover:

- internal organisation of the consortium;
- management of access to the electronic exchange system;
- distribution of EU funding;
- additional rules on rights and obligations related to background and results (including whether access rights remain or not, if a beneficiary is in breach of its obligations) (see Section 3 of Chapter 4);
- settlement of internal disputes;
- liability, indemnification and confidentiality arrangements between the beneficiaries.

The consortium agreement must not contain any provision contrary to the Agreement.

CHAPTER 6 REJECTION OF COSTS — REDUCTION OF THE GRANT — RECOVERY — PENALTIES — DAMAGES — SUSPENSION — TERMINATION — FORCE MAJEURE

SECTION 1 REJECTION OF COSTS — REDUCTION OF THE GRANT — RECOVERY — PENALTIES

ARTICLE 26 — REJECTION OF INELIGIBLE COSTS

26.1 Conditions

26.1.1 The Agency will — at the time of an **interim payment, at the payment of the balance** or **afterwards** — reject any costs which are ineligible (see Article 6), in particular following checks, reviews, audits or investigations (see Article 17).

26.1.2 The rejection may also be based on the **extension of findings from other grants to this grant**, under the conditions set out in Article 17.5.2.

26.2 Ineligible costs to be rejected — Calculation — Procedure

Ineligible costs will be rejected in full.

If the Agency rejects costs **without reduction of the grant** (see Article 27) or **recovery of undue amounts** (see Article 28), it will formally notify the coordinator or beneficiary concerned the rejection of costs, the amounts and the reasons why (if applicable, together with the notification of amounts due; see Article 16.5). The coordinator or beneficiary concerned may — within 30 days of receiving notification — formally notify the Agency of its disagreement and the reasons why.

If the Agency rejects costs **with reduction of the grant** or **recovery of undue amounts** , it will formally notify the rejection in the '**pre-information letter**' on reduction or recovery set out in Articles 27 and 28.

26.3 Effects

If the Agency rejects costs at the time of an **interim payment** or **the payment of the balance**, it will deduct them from the total eligible costs declared, for the action, in the periodic or final summary financial statement (see Articles 15.3 and 15.4). It will then calculate the interim payment or payment of the balance as set out in Articles 16.3 or 16.4.

If the Agency — **after an interim payment but before the payment of the balance** — rejects costs declared in a periodic summary financial statement, it will deduct them from the total eligible costs declared, for the action, in the next periodic summary financial statement or in the final summary financial statement. It will then calculate the interim payment or payment of the balance as set out in Articles 16.3 or 16.4.

If the Agency rejects costs **after the payment of the balance**, it will deduct the amount rejected from the total eligible costs declared, by the beneficiary, in the final summary financial statement. It will then calculate the revised final grant amount as set out in Article 5.4.

ARTICLE 27 — REDUCTION OF THE GRANT

27.1 Conditions

27.1.1 The Agency may — **at the payment of the balance or afterward** — reduce the maximum grant amount (see Article 5.1), if the action has not been implemented properly as described in Annex 1 to the Specific Agreement concerned or another obligation under the Agreement has been breached.

27.1.2 The Agency may also reduce the maximum grant amount on the basis of the **extension of findings from other grants to this grant**, under the conditions set out in Article 17.5.2.

27.2 Amount to be reduced — Calculation — Procedure

The amount of the reduction will be proportionate to the improper implementation of the action or to the seriousness of the breach.

Before reduction of the grant, the Agency will formally notify a '**pre-information letter**' to the coordinator or beneficiary concerned:

- informing it of its intention to reduce the grant, the amount it intends to reduce and the reasons why and

- inviting it to submit observations within 30 days of receiving notification.

If the Agency does not receive any observations or decides to pursue reduction despite the observations it has received, it will formally notify **confirmation** of the reduction (if applicable, together with the notification of amounts due; see Article 16).

27.3 Effects

If the Agency reduces the grant **at the time of the payment of the balance**, it will calculate the reduced grant amount for the action and then determine the amount due as payment of the balance (see Article 5.3.4 and Article 16.4).

If the Agency reduces the grant **after the payment of the balance**, it will calculate the revised final grant amount (see Article 5.4). If the revised final grant amount is lower than the final grant amount, the Agency will recover the difference (see Article 28).

ARTICLE 28 — RECOVERY OF UNDUE AMOUNTS

28.1 Amount to be recovered — Calculation — Procedure

The Agency will — **at the payment of the balance** or **afterwards** — claim back amount that was paid but is not due under the Agreement.

The coordinator is fully liable for repaying debts of the consortium (under the Agreement) even if it has not been the final recipient of those amounts.

In addition, the beneficiaries (including the coordinator) are jointly and severally liable for repaying any unpaid debts under the Agreement (due by the consortium or any beneficiary, including late-payment interest) — up to the maximum EU contribution indicated, for each beneficiary, in the estimated budget (as last amended; see Annex 2).

28.1.1 Recovery at payment of the balance

If the payment of the balance takes the form of a recovery (see Article 16.4), the Agency will formally notify a '**pre-information letter**' to the coordinator:

- informing it of its intention to recover, the amount due as the balance and the reasons why and

- inviting the coordinator to submit observations within 30 days of receiving notification.

If no observations are submitted or the Agency decides to pursue recovery despite the observations it has received, it will **confirm** the amount to be recovered and formally notify to the coordinator a **debit note** with the terms and the date for payment (together with the notification of amounts due; see Article 16.5).

If payment is not made by the date specified in the debit note, the Agency or the Commission will **recover** the amount:

(a) by '**offsetting**' it — without the coordinator's consent — against any amounts owed to the coordinator by the Agency, Commission or another executive agency (from the EU or Euratom budget).

In exceptional circumstances, to safeguard the EU's financial interests, the Agency may offset before the payment date specified in the debit note;

(b) *not applicable;*

(c) *by holding the other beneficiaries jointly and severally liable — up to the maximum EU contribution indicated, for each beneficiary, in the estimated budget (as last amended; see Annex 2);*

(d) by **taking legal action** (see Article 41) or by **adopting an enforceable decision** under Article 299 of the Treaty on the Functioning of the EU (TFEU) and Article 79(2) of the Financial Regulation No 966/2012.

If payment is not made by the date in the debit note, the amount to be recovered (see above) will be increased by **late-payment interest** at the rate set out in Article 16.11, from the day following the payment date in the debit note, up to and including the date the Agency or the Commission receives full payment of the amount.

Partial payments will be first credited against expenses, charges and late-payment interest and then against the principal.

Bank charges incurred in the recovery process will be borne by the beneficiary, unless Directive 2007/64/EC applies.

28.1.2 Recovery of amounts after payment of the balance

If — after the payment of the balance — the Agency revised the final grant amount for the action (see Article 5.4), due to a rejection of costs or reduction of the grant, and the revised final grant amount is lower than the final grant amount (see Article 5.3), the Agency will:

- if the rejection or reduction does *not* concern a specific beneficiary (or its affiliated entities): claim back the difference from the coordinator (even if it has not been the final recipient of the amount in question)

or

- otherwise: claim back the difference from the beneficiary concerned.

The Agency will formally notify a **pre-information letter** to the coordinator or beneficiary concerned:

- informing it of its intention to recover, the amount to be repaid and the reasons why and

- inviting it to submit observations within 30 days of receiving notification.

If no observations are submitted or the Agency decides to pursue recovery despite the observations it has received, it will **confirm** the amount to be recovered and formally notify to the coordinator or beneficiary concerned a **debit note**. This note will also specify the terms and the date for payment.

If payment is not made by the date specified in the debit note, the Agency or the Commission will **recover** the amount:

(a) by '**offsetting**' it — without the coordinator's or beneficiary's consent — against any amounts owed to the coordinator or beneficiary by the Agency, Commission or another executive agency (from the EU or Euratom budget).

In exceptional circumstances, to safeguard the EU's financial interests, the Agency may offset before the payment date specified in the debit note;

(b) *by holding the other beneficiaries jointly and severally liable, up to the maximum EU contribution indicated, for each beneficiary, in the estimated budget (as last amended; see Annex 2);*

(c) by **taking legal action** (see Article 41) or by **adopting an enforceable decision** under Article 299 of the Treaty on the Functioning of the EU (TFEU) and Article 79(2) of the Financial Regulation No 966/2012.

If payment is not made by the date in the debit note, the amount to be recovered (see above) will be increased by **late-payment interest** at the rate set out in Article 16.11, from the day following the date for payment in the debit note, up to and including the date the Agency or the Commission receives full payment of the amount.

Partial payments will be first credited against expenses, charges and late-payment interest and then against the principal.

Bank charges incurred in the recovery process will be borne by the beneficiary, unless Directive 2007/64/EC applies.

ARTICLE 29 — ADMINISTRATIVE AND FINANCIAL PENALTIES

29.1 Conditions

Under Articles 109 and 131(4) of the Financial Regulation No 966/2012, the Agency may impose **administrative** and **financial penalties** if a beneficiary:

(a) has committed substantial errors, irregularities or fraud or is in serious breach of its obligations under the Agreement or

(b) has made false declarations about information required under the Agreement or for the submission of the proposal (or has not supplied such information).

Each beneficiary is responsible for paying the financial penalties imposed on it.

Under Article 109(3) of the Financial Regulation No 966/2012, the Agency or the Commission may — under certain conditions and limits — publish decisions imposing administrative or financial penalties.

29.2 Duration — Amount of penalty — Calculation

Administrative penalties exclude the beneficiary from all contracts and grants financed from the EU or Euratom budget for a maximum of five years from the date the infringement is established by the Agency.

If the beneficiary commits another infringement within five years of the date the first infringement is established, the Agency may extend the exclusion period up to 10 years.

Financial penalties will be between 2% and 10% of the maximum EU contribution indicated, for the beneficiary concerned, in the estimated budget (see Annex 2).

If the beneficiary commits another infringement within five years of the date the first infringement is established, the Agency may increase the rate of financial penalties to between 4% and 20%.

29.3 Procedure

Before applying a penalty, the Agency will formally notify the beneficiary concerned:

- informing it of its intention to impose a penalty, its duration or amount and the reasons why and

- inviting it to submit observations within 30 days.

If the Agency does not receive any observations or decides to impose the penalty despite of observations it has received, it will formally notify **confirmation** of the penalty to the beneficiary concerned and — in case of financial penalties — deduct the penalty from the payment of the balance or formally notify a **debit note**, specifying the amount to be recovered, the terms and the date for payment.

If payment is not made by the date specified in the debit note, the Agency or the Commission may **recover** the amount:

(a) by **offsetting** it — without the beneficiary's consent — against any amounts owed to the beneficiary concerned by the Agency, Commission or another executive agency (from the EU or Euratom budget).

In exceptional circumstances, to safeguard the EU's financial interests, the Agency may offset before the payment date in the debit note;

(b) by **taking legal action** (see Article 41) or by **adopting an enforceable decision** under Article 299 of the Treaty on the Functioning of the EU (TFEU) and Article 79(2) of the Financial Regulation No 966/2012.

If payment is not made by the date in the debit note, the amount to be recovered (see above) will be increased by **late-payment interest** at the rate set out in Article 16.11, from the day following the payment date in the debit note, up to and including the date the Agency or the Commission receives full payment of the amount.

Partial payments will be first credited against expenses, charges and late-payment interest and then against the principal.

Bank charges incurred in the recovery process will be borne by the beneficiary, unless Directive 2007/64/EC applies.

SECTION 2 LIABILITY FOR DAMAGES

ARTICLE 30 — LIABILITY FOR DAMAGES

30.1 Liability of the Agency

The Agency cannot be held liable for any damage caused to the beneficiaries or to third parties as a consequence of implementing the Agreement, including for gross negligence.

The Agency cannot be held liable for any damage caused by any beneficiaries or third parties involved in the action, as a consequence of implementing the Agreement.

30.2 Liability of the beneficiaries

30.2.1 Conditions

Except in case of force majeure (see Article 35), the beneficiaries must compensate the Agency for any damage it sustains as a result of the implementation of the actione or because the action was not implemented in full compliance with the Agreement.

Each beneficiary is responsible for paying the damages claimed from it.

30.2.2 Amount of damages - Calculation

The amount the Agency can claim from a beneficiary will correspond to the damage caused by that beneficiary.

30.2.3 Procedure

Before claiming damages, the Agency will formally notify the beneficiary concerned:

- informing it of its intention to claim damages, the amount and the reasons why and
- inviting it to submit observations within 30 days.

If the Agency does not receive any observations or decides to claim damages despite the observations it has received, it will formally notify **confirmation** of the claim for damages and a **debit note**, specifying the amount to be recovered, the terms and the date for payment.

If payment is not made by the date specified in the debit note, the Agency or the Commission may **recover** the amount:

(a) by **offsetting** it — without the beneficiary's consent — against any amounts owed to the beneficiary concerned by the Agency, Commission or another executive agency (from the EU or Euratom budget).

In exceptional circumstances, to safeguard the EU's financial interests, the Agency may offset before the payment date in the debit note;

(b) by **taking legal action** (see Article 41) or by **adopting an enforceable decision** under Article 79(2) of the Financial Regulation No 966/2012 and Article 299 of the Treaty on the Functioning of the EU (TFEU).

If payment is not made by the date in the debit note, the amount to be recovered (see above) will be increased by **late-payment interest** at the rate set out in Article 16.11, from the day following the payment date in the debit note, up to and including the date the Agency or the Commission receives full payment of the amount.

Partial payments will be first credited against expenses, charges and late-payment interest and then against the principal.

Bank charges incurred in the recovery process will be borne by the beneficiary, unless Directive 2007/64/EC applies.

SECTION 3 SUSPENSION AND TERMINATION

ARTICLE 31 — SUSPENSION OF PAYMENT DEADLINE

31.1 Conditions

The Agency may — at any moment — suspend the payment deadline (see Article 16.2 to 16.4) if a request for payment (see Article 15) cannot be approved because:

(a) it does not comply with the provisions of the Agreement (see Article 15);

(b) the technical reports or financial reports have not been submitted or are not complete or additional information is needed, or

(c) there is doubt about the eligibility of the costs declared in the financial statements and additional checks, reviews, audits or investigations are necessary.

31.2 Procedure

The Agency will formally notify the coordinator of the suspension and the reasons why.

The suspension will **take effect** the day notification is sent by the Agency (see Article 36).

If the conditions for suspending the payment deadline are no longer met, the suspension will be **lifted** — and the remaining period will resume.

If the suspension exceeds two months, the coordinator may request the Agency if the suspension will continue.

If the payment deadline has been suspended due to the non-compliance of the technical or financial reports (see Article 15) and the revised report or statement is not submitted or was submitted but is

also rejected, the Agency may also terminate the Agreement or the participation of the beneficiary (see Article 34.3.1).

ARTICLE 32 — SUSPENSION OF PAYMENTS

32.1 Conditions

The Agency may — at any moment — suspend, in whole or in part, the pre-financing payment and interim payments for one or more beneficiaries or the payment of the balance for all beneficiaries, if a beneficiary:

(a) has committed or is suspected of having committed substantial errors, irregularities, fraud or serious breach of obligations in the award procedure or under this Agreement or

(b) has committed — in other EU or Euratom grants awarded to it under similar conditions — systemic or recurrent errors, irregularities, fraud or serious breach of obligations that have a material impact on this grant (**extension of findings from other grants to this grant**; see Article 17.5.2).

32.2 Procedure

Before suspending payments, the Agency will formally notify the coordinator:

- informing it of its intention to suspend payments and the reasons why and
- inviting it to submit observations within 30 days of receiving notification.

If the Agency does not receive observations or decides to pursue the procedure despite the observations it has received, it will formally notify **confirmation** of the suspension. Otherwise, it will formally notify that the suspension procedure is not continued.

The suspension will **take effect** the day the confirmation notification is sent by the Agency.

If the conditions for resuming payments are met, the suspension will be lifted. The Agency will formally notify the coordinator.

During the suspension, the periodic report(s) (see Article 15.3) must not contain any individual financial statements from the beneficiary concerned. When the Agency resumes payments, the coordinator may include them in the next periodic report.

The beneficiaries may suspend implementation of the action (see Article 33.1) or terminate the Agreement or the participation of the beneficiary concerned (see Article 34.1 and 34.2).

ARTICLE 33 — SUSPENSION OF THE ACTION IMPLEMENTATION

33.1 Suspension of the action implementation, by the beneficiaries

33.1.1 Conditions

The beneficiaries may suspend implementation of the action or any part of it, if exceptional circumstances — in particular *force majeure* (see Article 35) — make implementation impossible or excessively difficult.

33.1.2 Procedure

The coordinator must immediately formally notify to the Agency the suspension (see Article 36), stating:

- the reasons why and
- the expected date of resumption.

The suspension will **take effect** the day this notification is received by the Agency.

Once circumstances allow for implementation to resume, the coordinator must immediately formally notify the Agency and request an **amendment** of the Agreement, to set the date on which the action will be resumed, extend the duration of the action and make other changes necessary to adapt the action to the new situation (see Article 39) — unless the Agreement or the participation of a beneficiary has been terminated (see Article 34).

The suspension will be **lifted** with effect from the resumption date set out in the amendment. This date may be before the date on which the amendment enters into force.

Costs incurred during suspension of the action implementation are not eligible (see Article 6).

33.2 Suspension of the action implementation, by the Agency

33.2.1 Conditions

The Agency may suspend implementation of the action or any part of it:

(a) if a beneficiary has committed or is suspected of having committed substantial errors, irregularities, fraud or serious breach of obligations in the award procedure or under this Agreement or

(b) if a beneficiary has committed — in other EU or Euratom grants awarded to it under similar conditions — systemic or recurrent errors, irregularities, fraud or serious breach of obligations that have a material impact on this grant (**extension of findings from other grants to this grant**; see Article 17.5.2).

33.2.2 Procedure

Before suspending implementation of the action, the Agency will formally notify the coordinator:

- informing it of its intention to suspend the implementation and the reasons why and
- inviting it to submit observations within 30 days of receiving notification.

If the Agency does not receive observations or decides to pursue the procedure despite the observations it has received, it will formally notify **confirmation** of the suspension. Otherwise, it will formally notify that the procedure is not continued.

The suspension will **take effect** five days after confirmation notification is received by the coordinator (or on a later date specified in the notification).

It will be **lifted** if the conditions for resuming implementation of the action are met.

The coordinator will be formally notified of the lifting and the Agreement will be **amended**, to set the date on which the action will be resumed, extend the duration of the action and make other changes necessary to adapt the action to the new situation (see Article 39) — unless the Agreement has already been terminated (see Article 34).

The suspension will be lifted with effect from the resumption date set out in the amendment. This date may be before the date on which the amendment enters into force.

Costs incurred during suspension are not eligible (see Article 6).

The beneficiaries may not claim damages due to suspension by the Agency (see Article 30).

Suspension of the action implementation does not affect the Agency's right to terminate the Agreement or participation of a beneficiary (see Article 34), reduce the grant or recover amounts unduly paid (see Articles 27 and 28).

ARTICLE 34 — TERMINATION OF THE AGREEMENT OR OF THE PARTICIPATION OF ONE OR MORE BENEFICIARIES

34.1 Termination of the Agreement, by the beneficiaries

34.1.1 Conditions and procedure

The beneficiaries may terminate the Agreement.

The coordinator must formally notify termination to the Agency (see Article 36), stating:

- the reasons why and
- the date the termination will take effect. This date must be after the notification.

If no reasons are given or if the Agency the Agreement will be considered to have been '**terminated improperly**'.

The termination will **take effect** on the day specified in the notification.

34.1.2 Effects

The coordinator must — within 60 days from when termination takes effect — submit:

(i) a periodic report (for the open reporting period until termination; see Article 15.3) and

(ii) the final report (see Article 15.4).

If the Agency does not receive the reports within the deadline (see above), only costs which are included in an approved periodic report will be taken into account.

The Agency will **calculate** the final grant amount (see Article 5.3) and the balance (see Article 16.4) on the basis of the reports submitted. Only costs incurred until termination are eligible (see Article 6). Costs relating to contracts due for execution only after termination are not eligible.

Improper termination may lead to a reduction of the grant (see Article 27).

After termination, the beneficiaries' obligations (in particular, Articles 15, 17, 18, Section 3 of Chapter 4, 21, 22 and 24) continue to apply.

34.2 Termination of the Specific Agreement, by the Agency

34.2.1 Conditions and procedure

The participation of one or more beneficiaries may be terminated by the coordinator, on request of the beneficiary concerned or on behalf of the other beneficiaries.

The coordinator must formally notify termination to the Agency (see Article 36) and inform the beneficiary concerned.

If the coordinator's participation is terminated without its agreement, the formal notification must be done by another beneficiary (acting on behalf of the other beneficiaries).

The notification must include:

- the reasons why;
- the opinion of the beneficiary concerned (or proof that this opinion has been requested in writing);
- the date the termination takes effect. This date must be after the notification, and
- a request for amendment (see Article 39), with a proposal for reallocation of the tasks and the estimated budget of the beneficiary concerned (see Annexes 1 and 2) and, if necessary, the addition of one or more new beneficiaries (see Article 40). If termination takes effect after the period set out in Article 3, no request for amendment must be included, unless the beneficiary concerned is the coordinator. In this case, the request for amendment must propose a new coordinator.

If this information is not given or if the Agency considers that the reasons do not justify termination, the participation will be considered to have been **terminated improperly**.

The termination will **take effect** on the day specified in the notification.

34.2.2 Effects

The beneficiary concerned must submit to the coordinator:

(i) a technical report and

(ii) a financial statement covering the period from the end of the last reporting period to the date when termination takes effect.

This information must be included by the coordinator in the periodic report for the next reporting period (see Article 15.3).

If the request for amendment is rejected by the Agency (because it calls into question the decision awarding the grant or breaches the principle of equal treatment of applicants), the Agreement may be terminated according to Article 34.3.1(c).

If the request for amendment is accepted by the Agency, the Agreement is amended to introduce the necessary changes (see Article 39).

Improper termination may lead to a reduction of the grant (see Article 27) or termination of the Agreement (see Article 34).

After termination, the concerned beneficiary's obligations (in particular Articles 15, 17, 18, Section 3 of Chapter 4, 21, 22 and 24) continue to apply.

34.3 Termination of the Agreement or of the participation of one or more beneficiaries, by the Agency

34.3.1 Conditions

The Agency may terminate the Agreement or the participation of one or more beneficiaries, if:

(a) one or more beneficiaries do not accede to the Agreement (see Article 40);

(b) a change to their legal, financial, technical, organisational or ownership situation is likely to substantially affect or delay the implementation of the action or calls into question the decision to award the grant;

(c) following termination of participation for one or more beneficiaries (see above), the necessary changes to the Agreement would call into question the decision awarding the grant or breach the principle of equal treatment of applicants (see Article 39);

(d) implementation of the action is prevented by force majeure (see Article 35) or suspended by the coordinator (see Article 33.1) and either:

  (i) resumption is impossible, or

  (ii) the necessary changes to the Agreement would call into question the decision awarding the grant or breach the principle of equal treatment of applicants;

(e) a beneficiary is declared bankrupt, being wound up, having its affairs administered by the courts, has entered into an arrangement with creditors, has suspended business activities, or is subject to any other similar proceedings or procedures under national law;

(f) a beneficiary (or a natural person who has the power to represent or take decisions on its behalf) has been found guilty of professional misconduct, proven by any means;

(g) a beneficiary does not comply with the applicable national law on taxes and social security;

(h) a beneficiary (or a natural person who has the power to represent or take decisions on its behalf) has committed fraud, corruption, or is involved in a criminal organisation, money laundering or any other illegal activity affecting the EU's financial interests;

(i) a beneficiary (or a natural person who has the power to represent or take decisions on its behalf) has — in the award procedure or under the Agreement — committed:

(i) substantial errors, irregularities, fraud or

(ii) serious breach of obligations, including improper implementation of the action, submission of false information, failure to provide required information, breach of ethical principles;

(j) a beneficiary has committed — in other EU or Euratom grants awarded to it under similar conditions — systemic or recurrent errors, irregularities, fraud or serious breach of obligations that have a material impact on this grant ('**extension of findings from other grants to this grant**').

34.3.2 Procedure

Before terminating the Agreement or participation of one or more beneficiaries, the Agency will formally notify the coordinator:

- informing it of its intention to terminate and the reasons why and

- inviting it, within 30 days of receiving notification, to submit observations and — in case of Point (i.ii) above — to inform the Agency of the measures to ensure compliance with the obligations under the Agreement.

If the Agency does not receive observations or decides to pursue the procedure despite the observations it has received, it will formally notify to the coordinator **confirmation** of the termination and the date it will take effect. Otherwise, it will formally notify that the procedure is not continued.

The termination will **take effect**:

- for terminations under Points (b), (c), (e), (g) and (i.ii) above: on the day specified in the notification of the confirmation (see above);

- for terminations under Points (a), (d), (f), (h), (i.i) and (j) above: on the day after the notification of the confirmation is received by the coordinator.

34.3.3 Effects

(a) for **termination of the Agreement**:

The coordinator must — within 60 days from when termination takes effect — submit:

(i) a periodic report (for the last open reporting period until termination; see Article 15.3) and

(ii) a final report (see Article 15.4).

If the Agreement is terminated for breach of the obligation to submit the reports (see Articles 15.7 and 34.3.1), the coordinator may not submit any reports after termination.

If the Agency does not receive the reports within the deadline (see above), only costs which are included in an approved periodic report will be taken into account.

The Agency will **calculate** the final grant amount (see Article 5.3) and the balance (see Article 16.4) on the basis of the reports submitted. Only costs incurred until termination takes effect are eligible (see Article 6). Costs relating to contracts due for execution only after termination are not eligible.

This does not affect the Agency's right to reduce the grant (see Article 27) or to impose administrative and financial penalties (Article 29).

The beneficiaries may not claim damages due to termination by the Agency (see Article 30).

After termination, the beneficiaries' obligations (in particular Articles 15, 17, 18, Section 3 of Chapter 4, 21, 22 and 24) continue to apply.

(b) for **termination of the participation of one or more beneficiaries**:

The coordinator must — within 60 days from when termination takes effect — submit a request for amendment (see Article 39), with a proposal for reallocation of the tasks and estimated budget of the beneficiary concerned (see Annexes 1 and 2) and, if necessary, the addition of one or more new beneficiaries (see Article 40). If termination is notified after the period set out in Article 3, no request for amendment must be submitted unless the beneficiary concerned is the coordinator. In this case the request for amendment must propose a new coordinator.

The beneficiary concerned must submit to the coordinator:

(i) a technical report and

(ii) a financial statement covering the period from the end of the last reporting period to the date when termination takes effect.

This information must be included by the coordinator in the periodic report for the next reporting period (see Article 15.3).

If the request for amendment is rejected by the Agency (because it calls into question the decision awarding the grant or breaches the principle of equal treatment of applicants), the Agreement may be terminated according to Article 34.3.1(c).

If the request for amendment is accepted by the Agency, the Agreement is **amended** to introduce the necessary changes (see Article 39).

After termination, the concerned beneficiary's obligations (in particular Articles 15, 17, 18, Section 3 of Chapter 4, 21, 22 and 24) continue to apply.

SECTION 4 FORCE MAJEURE

ARTICLE 35 — FORCE MAJEURE

'Force majeure' means any situation or event that:

- prevents either party from fulfilling their obligations under the Agreement,
- was unforeseeable, exceptional situation and beyond the parties' control,
- was not due to error or negligence on their part (or on the part of third parties involved in the action), and
- proves to be inevitable in spite of exercising all due diligence.

The following cannot be invoked as force majeure:

- any default of a service, defect in equipment or material or delays in making them available, unless they stem directly from a relevant case of force majeure,
- labour disputes or strikes, or
- financial difficulties.

Any situation constituting force majeure must be formally notified to the other party without delay, stating the nature, likely duration and foreseeable effects.

The parties must immediately take all the necessary steps to limit any damage due to force majeure and do their best to resume implementation of the action as soon as possible.

The party prevented by force majeure from fulfilling its obligations under the Agreement cannot be considered in breach of them.

CHAPTER 7 FINAL PROVISIONS

ARTICLE 36 — COMMUNICATION BETWEEN THE PARTIES

36.1 Form and means of communication

Communication under the Agreement (information, requests, submissions, 'formal notifications', etc.) must:

- be made in writing and
- bear the number of the Agreement.

Until the payment of the balance: all communication must be made through the electronic exchange system and using the forms and templates provided there.

After the payment of the balance: formal notifications must be made by registered post with proof of delivery ('formal notification on paper').

Communications in the electronic exchange system must be made by persons authorised according to the 'Terms and Conditions of Use of the electronic exchange system'. For naming the authorised persons, the partner must have designated— before the signature of the Framework Partnership

Agreement — a 'Legal Entity Appointed Representative (LEAR)'. The role and tasks of the LEAR are stipulated in his/her appointment letter (see Terms and Conditions of Use of the electronic exchange system).

If the electronic exchange system is temporarily unavailable, instructions will be given on the Agency and Commission websites.

36.2 Date of communication

Communications are considered to have been made when they are sent by the sending party (i.e. on the date and time they are sent through the electronic exchange system).

Formal notifications through the **electronic** exchange system are considered to have been made when they are received by the receiving party (i.e. on the date and time of acceptance by the receiving party, as indicated by the time stamp). A formal notification that has not been accepted within 10 days after sending is considered to have been accepted.

Formal notifications **on paper** sent by **registered post** with proof of delivery (only after the payment of the balance) are considered to have been made on either:

- the delivery date registered by the postal service or
- the deadline for collection at the post office.

If the electronic exchange system is temporarily unavailable, the sending party cannot be considered in breach of its obligation to send a communication within a specified deadline.

36.3 Addresses for communication

The **electronic** exchange system must be accessed via the following URL:

https://ec.europa.eu/research/participants/portal/desktop/en/projects/

The Agency will formally notify the coordinator and beneficiaries in advance any changes to this URL.

Formal notifications on paper (only after the payment of the balance) addressed **to the Agency** must be sent to the following address:

Consumers, Health, Agriculture and Food Executive Agency (CHAFEA)
Health Health
Drosbach Building
L-2920 Luxembourg

Formal notifications on paper (only after the payment of the balance) addressed **to the beneficiaries** must be sent to their legal address as specified in the 'Beneficiary Register'.

ARTICLE 37 — INTERPRETATION OF THE AGREEMENT

37.1 Precedence of the Terms and Conditions over the Annexes

The provisions in the Terms and Conditions of the Agreement take precedence over its Annexes.

Annex 2 takes precedence over Annex 1.

37.2 Privileges and immunities

Not applicable

ARTICLE 38 — CALCULATION OF PERIODS, DATES AND DEADLINES

In accordance with Regulation No 1182/71[10], periods expressed in days, months or years are calculated from the moment the triggering event occurs.

The day during which that event occurs is not considered as falling within the period.

ARTICLE 39 — AMENDMENTS TO THE AGREEMENT

39.1 Conditions

The Agreement may be amended, unless the amendment entails changes to the Agreement which would call into question the decision awarding the grant or breach the principle of equal treatment of applicants.

Amendments may be requested by any of the parties.

39.2 Procedure

The party requesting an amendment must submit a request for amendment signed in the electronic exchange system (see Article 36).

The coordinator submits and receives requests for amendment on behalf of the beneficiaries (see Annex 3).

If a change of coordinator is requested without its agreement, the submission must be done by another beneficiary (acting on behalf of the other beneficiaries).

The request for amendment must include:

- the reasons why;
- the appropriate supporting documents, and
- for a change of coordinator without its agreement: the opinion of the coordinator (or proof that this opinion has been requested in writing).

The Agency may request additional information.

If the party receiving the request agrees, it must sign the amendment in the electronic exchange system within 45 days of receiving notification (or any additional information the Agency has requested). If it does not agree, it must formally notify its disagreement within the same deadline. The deadline may

[10] Regulation (EEC, Euratom) No 1182/71 of the Council of 3 June 1971 determining the rules applicable to periods, dates and time-limits (OJ L 124, 8/6/1971, p. 1).

be extended, if necessary for the assessment of the request. If no notification is received within the deadline, the request is considered to have been rejected.

An amendment **enters into force** on the day of the signature of the receiving party.

An amendment **takes effect** on the date agreed by the parties or, in the absence of such an agreement, on the date on which the amendment enters into force.

ARTICLE 40 — ACCESSION TO THE AGREEMENT

40.1 Accession of the beneficiaries mentioned in the Preamble

The other beneficiaries must accede to the Agreement by signing the Accession Form (see Annex 3) in the electronic exchange system (see Article 36) within 30 days after its entry into force (see Article 42).

They will assume the rights and obligations under the Agreement with effect from the date of its entry into force (see Article 42).

If a beneficiary does not accede to the Agreement within the above deadline, the coordinator must — within 30 days — request an amendment to make any changes necessary to ensure proper implementation of the action. This does not affect the Agency's right to terminate the Agreement (see Article 34).

40.2 Addition of new beneficiaries

In justified cases, the beneficiaries may request the addition of a new beneficiary.

For this purpose, the coordinator must submit a request for amendment in accordance with Article 39. It must include an Accession Form (see Annex 3) signed by the new beneficiary in the electronic exchange system (see Article 36).

New beneficiaries must assume the rights and obligations under the Agreement with effect from the date of their accession specified in the Accession Form (see Annex 3).

ARTICLE 41 — APPLICABLE LAW AND SETTLEMENT OF DISPUTES

41.1 Applicable law

The Agreement is governed by the applicable EU law, supplemented if necessary by the law of Belgium.

41.2 Dispute settlement

If a dispute concerning the interpretation, application or validity of the Agreement cannot be settled amicably, the General Court — or, on appeal, the Court of Justice of the European Union — has sole jurisdiction. Such actions must be brought under Article 272 of the Treaty on the Functioning of the EU (TFEU).

If a dispute concerns administrative or financial penalties, offsetting or an enforceable decision under Article 79(2) of the Financial Regulation No 966/2012 and Article 299 TFEU (see Articles 28, 29 and

30), the beneficiaries must bring action before the General Court — or, on appeal, the Court of Justice of the European Union — under Article 263 TFEU. Actions against enforceable decisions must be brought against the Commission (not against the Agency).

ARTICLE 42 — ENTRY INTO FORCE OF THE AGREEMENT

The Agreement will enter into force on the day of signature by the Agency or the coordinator, depending on which is later.

SIGNATURES

For the coordinator

JOAN CARLES MARCH CERDÁ with ECAS id nmarchcj signed in the Participant Portal on 23/12/2015 at 14:12:57 (transaction id SigId-42-3USzuaEliAWvQT0PWzSMvTBYFgXmOY7kEgr6YvsRh6CnNzYp7aCXjoqzQx DIW7GvLI5C6yKOyY8HDPhdzxfl89-PHslUMVSXYCMzedAwtPTlE-7fuczK67RzM8h1aESkSztJ6BcvHNQS8LlSfT7ogFIX4W). Timestamp by third party at
Wed Dec 23 14:13:01 CET 2015

For the Agency

Signed by Luc BRIOL with ECAS id briollu as an authorised representa ive on 23-12-2015 15:23:13 (transaction id SigId-121-hnnhY8vOFzZjlkmVqQ7TLT9XhPRnX3DPWZt11tTfhK6k2CWxehLnQkVanugqvzaH8mkVpcmm4G91EcmXe9aaE3-PHslUMVSXYCMzedAwtPTlE-AK8ut1l478pF8Dm6iwEPw4vNazyenuvzToGlBxznWiGG)
Wed Dec 23 15:23:17 CET 2015

EUROPEAN COMMISSION

Consumers, Health, Agriculture and Food Executive Agency

Health

ANNEX 1 (part A)

Project

NUMBER — 717275 — SH-CAPAC

Table of Contents

1.1. The project summary

Project Number [1]	717275	Project Acronym [2]	SH-CAPAC

One form per project

General information	
Project title [3]	Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure (SH-CAPAC)
Starting date [4]	01/01/2016
Duration in months [5]	12
Call (part) identifier [6]	HP-HA-2015
Topic	HA-01-2015 Support Member States under particular migratory pressure in their response to health related challenges
Fixed EC Keywords	
Free keywords	refugees and other migrants; cross border health; health care; health assessment; health inequities; strengthening health systems; capacity building; institutional, interinstit. and INTL coordination

Abstract [7]

The general objective of the project is to support EU Member States (MS) under particular migratory pressure in their response to health related challenges. Specific objectives of the project are to support MS's coordination, assessments, planning of a public health response, fostering access to health care and capacity building efforts through training of health workers. Target countries are Bulgaria, Croatia, Greece, Hungary, Italy, Romania, Slovakia, Slovenia (first arrival and transit countries); Austria, Belgium, Denmark, France, Germany, Malta, Sweden, The Netherlands (traditional destination countries); and Portugal, Poland, Spain (new destination countries). The ultimate beneficiaries are registered and unregistered refugees asylum seekers and other migrants, while direct beneficiaries are the health systems of each EU MS and their health workers. The project will contribute to meeting the objectives and priorities of the Annual Work Programme 2015. SH-CAPAC is being submitted by 7 European health institutions, 6 of them have developed the EU-funded MEM-TP project under the same lead institution (EASP, Spain). The partners will function as a collective entity for developing the necessary instruments and tools through a division of labour; carrying out regional advocacy and capacity building activities; conducting site visits to target countries for specific technical assistance; coordination activities with national health authorities and other relevant national stakeholders as well as with relevant international organisations and the EU. The project comprises 6 WP -including different tools and instruments to be developed- which are organized as a set of processes that will be structured as complementary, intertwined and synergistic streams of work, mutually reinforcing each other. They are intended primarily to support MS to strengthen their health systems for addressing the health needs of the refugee, asylum seekers and other migrant populations.

1.2. List of Beneficiaries

Project Number [1]	717275	Project Acronym [2]	SH-CAPAC

List of Beneficiaries

No	Name	Short name	Country	Project entry month[8]	Project exit month
1	ESCUELA ANDALUZA DE SALUD PUBLICA SA	EASP	Spain	1	12
2	AZIENDA UNITA SANITARIA LOCALE DI REGGIO EMILIA	AUSL RE	Italy	1	12
3	TRNAVSKA UNIVERZITA V TRNAVE	TU	Slovakia	1	12
4	UNIVERSITEIT GENT	UGent	Belgium	1	12
5	UNIWERSYTET JAGIELLONSKI	JUMC	Poland	1	12
6	KOBENHAVNS UNIVERSITET	UCPH	Denmark	1	12
7	Academisch Medisch Centrum bij de Universiteit van Amsterdam	AMC	Netherlands	1	12

1.3. Workplan Tables - Detailed implementation

1.3.1. WT1 List of work packages

WP Number [9]	WP Title	Lead beneficiary [10]	Person-months [11]	Start month [12]	End month [13]
WP1	Health Sector Coherence and Coordination	1 - EASP	6.60	1	12
WP2	Health Situation and Health Care Assessments	6 - UCPH	14.30	1	12
WP3	Planning the Implementation of a public health Response	3 - TU	17.00	1	12
WP4	Improving Access to Health Care	2 - AUSL RE	11.90	1	12
WP5	Training activities	1 - EASP	18.70	2	12
WP6	Coordination of the project	1 - EASP	14.90	1	12
		Total	83.40		

1.3.2. WT2 list of deliverables

Deliverable Number [14]	Deliverable Title	WP number [9]	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D1.1	Report on framework for national and regional coordination and coherence	WP1	1 - EASP	Report	Public	3
D1.2	Missions' report	WP1	1 - EASP	Report	Public	7
D2.1	Report on rapid assessment framework and training workshop	WP2	6 - UCPH	Report	Public	5
D2.2	Report on seven country assessments	WP2	6 - UCPH	Report	Public	11
D3.1	Report on framework for the development of action plans to strengthen country's health systems and training workshop	WP3	3 - TU	Report	Public	5
D3.2	Report on seven country missions to support Member States in the preparation of action plans	WP3	3 - TU	Report	Public	11
D4.1	Report on resource package	WP4	2 - AUSL RE	Report	Public	4
D4.2	Report on combined WP4 and WP5 Workshop border and transit countries and adoption of measures and tools in each country	WP4	2 - AUSL RE	Report	Public	11
D5.1	Training programme for health managers and health professionals (design)	WP5	1 - EASP	Report	Public	5
D5.2	Report on Training of Trainers workshop	WP5	1 - EASP	Report	Public	7
D5.3	Report on design, development and evaluation of the training course	WP5	1 - EASP	Report	Public	11
D6.1	Work plan of the project (including design of web project and communication platform)	WP6	1 - EASP	Report	Public	2

Deliverable Number [14]	Deliverable Title	WP number [9]	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D6.2	Interim technical report	WP6	1 - EASP	Report	Public	7
D6.3	Final technical and financial report	WP6	1 - EASP	Report	Public	12

1.3.3. WT3 Work package descriptions

Work package number [9]	WP1	**Lead beneficiary** [10]	1 - EASP
Work package title	Health Sector Coherence and Coordination		
Start month	1	**End month**	12

Objectives

Support of Member States, in close collaboration with WHO, IOM, OCHA ,UNHCR and ECDC, to establish national and international health sector coordination mechanisms, (similar to the architecture of the humanitarian health cluster), for implementing a coherent and consolidated national and international response to the health needs of the refugee, asylum seeker and other migrant's population in Member States.

Description of work and role of partners

WP1 - Health Sector Coherence and Coordination [Months: 1-12]
EASP, UGent
1. Organise one regional workshop in Ghent (Belgium) with representatives from the National Governments of target countries, IOM, OCHA. UNHCR, WHO and EU to define a framework for effective health sector coordination for addressing the needs of the refugee asylum seeker and other migrant's population in target countries.
2. Carry out policy advice missions by members of the Consortium to target countries for establishing health sector coordination mechanisms.
3. Set in motion coordination platforms in target countries for implementing a coherent national and international response to meet the health needs of the refugee asylum seeker and other migrant's population.
4. Provide technical advice to Member States' coordination platforms throughout the year to help them improve their operations.

Participation per Partner

Partner number and short name	WP1 effort
1 - EASP	4.00
4 - UGent	2.60
Total	6.60

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D1.1	Report on framework for national and regional coordination and coherence	1 - EASP	Report	Public	3
D1.2	Missions' report	1 - EASP	Report	Public	7

Description of deliverables

Deliverable 1: Report on framework for national and regional coordination and coherence of health sector activities addressing the needs of the refugee asylum seeker and other migrant's population.
Deliverable 2: Report on country missions for policy advice on health sector coordination mechanisms.

D1.1 : Report on framework for national and regional coordination and coherence [3]

Framework for national and regional coordination and coherence of health sector activities addressing the needs of the refugee asylum seeker and other migrant's population.

D1.2 : Missions' report [7]

Report about missions for policy advice

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS1	Framework for national and regional coordination and coherence	1 - EASP	2	Framework for national and regional coordination and coherence of health sector activities addressing the needs of the refugee asylum seeker and other migrant's population
MS2	Regional workshop on the framework	1 - EASP	2	Regional workshop organised with relevant stakeholders.
MS3	Seven country missions to advise on health sector coordination mechanisms and functioning coordination platforms	1 - EASP	6	Technical policy advice to Member States

Work package number [9]	WP2	Lead beneficiary [10]	6 - UCPH
Work package title	Health Situation and Health Care Assessments		
Start month	1	End month	12

Objectives

Have reliable information for decision making on health needs and access to health services of the refugee, asylum seekers and other migrants population in target countries.

Description of work and role of partners

WP2 - Health Situation and Health Care Assessments [Months: 1-12]
UCPH, EASP, UGent, JUMC, AMC
Support Member States in the analysis of health challenges and unmet health needs, posed by the massive refugees, asylum seekers and other migrants flow, as well as in conducting periodic assessments of the health care response and public health interventions needed by the refugees, asylum seekers and other migrants population transiting or staying in the affected territories. The activities of
this work package will take stock of other efforts from WHO,IOM,ECDC and other EC sponsored initiatives to ensure that there is no duplication of efforts.
1.- Develop and pilot test a rapid assessment framework for diagnosing unmet health needs and gaps in access to health services.
2.- Convene a regional training workshop in Copenhagen on the rapid assessment framework, with the presence of approximately 30 relevant stakeholders operational in all target countries (Governments, Red Cross and NGOS).
Provide technical advice to the conduct of assessments of health challenges posed by the massive refugees, asylum seekers and other migrants flow, and of the health care response and public health interventions needed by the refugees, asylum seekers and other migrants' population.

Participation per Partner

Partner number and short name	WP2 effort
1 - EASP	2.00
4 - UGent	2.30
5 - JUMC	3.00
6 - UCPH	4.00
7 - AMC	3.00
Total	14.30

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D2.1	Report on rapid assessment framework and training workshop	6 - UCPH	Report	Public	5
D2.2	Report on seven country assessments	6 - UCPH	Report	Public	11

Description of deliverables

Deliverable 1: Report on rapid assessment framework for diagnosing unmet health needs and gaps in access to health services and on regional training workshop (WP2 and WP3 workshop).
Deliverable 2: Report on seven country assessments of health challenges posed by the massive refugee flow, and of the health care response and public health interventions needed for the refugee population.

D2.1 : Report on rapid assessment framework and training workshop [5]

Rapid assessment framework for diagnosing unmet health needs and gaps in access to health services and on regional training workshop (WP2 and WP3 workshop).

D2.2 : Report on seven country assessments [11]

Seven country assessments of health challenges posed by the massive refugee flow, and of the health care response and public health interventions needed for the refugee population.

Schedule of relevant Milestones

Milestone number [18]	**Milestone title**	**Lead beneficiary**	**Due Date (in months)**	**Means of verification**
MS4	Rapid assessment framework	6 - UCPH	3	Rapid assessment framework for diagnosing unmet health needs and gaps in access to health services
MS5	Regional WP2 and WP3 training workshop	6 - UCPH	6	Regional training workshop, including contents on the rapid assessment framework
MS6	Seven country assessments	6 - UCPH	11	Country assessments of health challenges posed by the massive refugee flow, and of the health care response and public health interventions needed for the refugee population

Work package number [9]	WP3	Lead beneficiary [10]	3 - TU
Work package title	Planning the Implementation of a public health Response		
Start month	1	End month	12

Objectives

Support Member States' public health response to the challenges posed by the refugees, asylum seekers and other migrants influx, and reinforce and strengthen their health systems.

Description of work and role of partners

WP3 - Planning the Implementation of a public health Response [Months: 1-12]
TU, EASP, AUSL RE
Activities in support of Member States in the the development of action plans for the implementation of a public health response and the reinforcement and strengthening of their health systems to the challenges posed by the massive refugees, asylum seekers and other migrants influx. The specific activities encompass:
1. Develop and pilot test a framework for the development of action plans to implement a public health response and to strengthen a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants influx.
2. Convene a combined WP2 and WP* regional training workshop in Copenhagen including contents on the rapid assessment framework for development of action plans, with the presence of approximately 30 relevant stakeholders operational in all affected countries (governments, Red Cross and NGOs).
3. Formulate action plans for strengthening a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants influx in target countries.

Participation per Partner

Partner number and short name	WP3 effort
1 - EASP	2.00
2 - AUSL RE	1.00
3 - TU	14.00
Total	17.00

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D3.1	Report on framework for the development of action plans to strengthen country's health systems and training workshop	3 - TU	Report	Public	5
D3.2	Report on seven country missions to support Member States in the	3 - TU	Report	Public	11

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
	preparation of action plans				

Description of deliverables

Deliverable 1: Report on framework for the development of action plans to strengthen a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants influx developed and pilot tested and on regional training workshop (WP2 and WP3 workshop).
Deliverable 2: Seven country action plans for strengthening country's health systems to address the needs posed by the refugees, asylum seekers and other migrants influx formulated.

D3.1 : Report on framework for the development of action plans to strengthen country's health systems and training workshop [5]

Framework for the development of action plans to strengthen a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants influx developed and pilot tested and on regional training workshop (WP2 and WP3 workshop).

D3.2 : Report on seven country missions to support Member States in the preparation of action plans [11]

Seven country action plans for strengthening country's health systems to address the needs posed by the refugees, asylum seekers and other migrants influx formulated.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS7	Framework for the development of action plans to strengthen country's health systems	3 - TU	3	Framework for the development of action plans to strengthen a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants influx developed and pilot tested
MS8	Regional workshop on the action plan framework	3 - TU	6	Regional training workshop
MS9	Seven country missions to support Member States in the preparation of action plans	3 - TU	11	Country action plans for strengthening country's health systems to address the needs posed by the refugees, asylum seekers and other migrants influx formulated

Work package number [9]	WP4	**Lead beneficiary** [10]	2 - AUSL RE
Work package title	Improving Access to Health Care		
Start month	1	**End month**	12

Objectives

Identify available evidence on effective measures and tools.
• Develop a resource package to address access barriers to health care for refugees, asylum seekers and other migrants.
• Improve information and communication in critical settings.
• Improve competence of interdisciplinary teams from national/regional level.
• Support the exchange and validation of country experiences.

Description of work and role of partners

WP4 - Improving Access to Health Care [Months: 1-12]
AUSL RE, EASP, TU, UGent, JUMC
Support MS to improve access to health care and continuity of care of refugees, asylum seekers and other migrants along the whole migration journey, from landing and border countries to intermediate areas of reception (hubs /hotspots), to regions/countries of destinations. This action aims to ensure emergency as well as routine treatment by facilitating access to mainstream services, to primary care services and ancillary services addressing specific refugees, asylum seekers and other migrants needs. It also aims to ensure the entitlement to health care for failed
asylum seekers. These aims will be achieved through the development of a resource package based on available evidence and expertise (e.g. Mipex; Equity standards, Health Information Assessment Tool for Asylum Seekers,) involving networks, IOs and NGOs active in the field, such as, TF MFH, ADAPT, IOM, MdM, etc. The objectives of the resource package are to:
1. Provide a framework and outline steps for improving access to health care for refugees, asylum seekers and other migrants.
2. Provide evidenced tools and measures and other resources that can support MS in the implementation of organisation, information and communication interventions.
Two areas of interventions are particularly relevant:
- Improving information and communication in critical settings of reception, by strengthening information methods and tools addressed at refugees and using interpreters and other mediation professionals, such as community health educators, link workers, and intercultural mediators.
Furthermore, it is also important to improve the flow of information between different levels of reception centres, as well as between transition countries/regions and countries /regions of destination.
- Improving the knowledge and skills of interdisciplinary teams and sectors at various level (national/regional/local) in developing integrated strategies and interventions to ensure access to health care for refugees, asylum seekers and other migrants. This goal will be achieved by implementing training workshops addressed to national/regional experts and experts of NGOs and IOs based on the MEM-TP experience so they can make use of the resource package.
Particularly important will be the module on knowledge application in order to promote coordination and the development of integrated strategies to respond to refugees' needs.

Participation per Partner

Partner number and short name	WP4 effort
1 - EASP	2.00
2 - AUSL RE	3.00
3 - TU	1.50
4 - UGent	2.40
5 - JUMC	3.00

Partner number and short name	WP4 effort
Total	11.90

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D4.1	Report on resource package	2 - AUSL RE	Report	Public	4
D4.2	Report on combined WP4 and WP5 Workshop border and transit countries and adoption of measures and tools in each country	2 - AUSL RE	Report	Public	11

Description of deliverables

Deliverable 1: Report on resource package to improve access to health care for refugees, asylum seekers and other migrants containing recommendations and action guides based on available tools and measures in order to help Member States:

• To overcome administrative and bureaucratic barriers in order to ensure entitlements to health care (acute and chronic) for refugees, asylum seekers and failed asylum seekers.
• To develop and implement a language and communication support services including the use of interpreters, intercultural mediators and/or Community Health Educators.
• To develop an information system and tools in order to ensure the effective flow of information regarding health situation, psychosocial condition and individual and family migration project between different levels of reception centres and between transition and destination countries/regions

Deliverable 2: Report on combined WP4 and WP5 Workshop to disseminate the resource package and addressing the type of targeted countries (border; transit; traditional destination; new destination) involving relevant actors (health professionals, community health centres, NGOs, local authorities, decision makers,...) at national/regional/local level and including adoption of measures and tools in each country.

D4.1 : Report on resource package [4]

Resource package to improve access to health care for refugees, asylum seekers and other migrants containing recommendations and action guides.

D4.2 : Report on combined WP4 and WP5 Workshop border and transit countries and adoption of measures and tools in each country [11]

Combined WP4 and WP5 Workshop programme to disseminate the resource package and addressing the type of targeted countries, involving relevant actors at national/regional/local level and including adoption of measures and tools in each country.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS10	Resource package	2 - AUSL RE	3	Resource package to improve access to health care for refugees,

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
				asylum seekers and other migrants containing recommendations and action guides based on available tools and measures.
MS11	Combined WP4 and WP5 Workshop border and transit countries	2 - AUSL RE	6	Workshop to disseminate the resource package and addressing the type of targeted countries, involving relevant actors at national/regional/local level
MS12	Adoption of tools and measures contained in the resource package (7 countries)	2 - AUSL RE	11	Analysis of measures and tooks adopted in each country

Work package number [9]	WP5	Lead beneficiary [10]	1 - EASP
Work package title	Training activities		
Start month	2	End month	12

Objectives

1. Develop a framework to facilitate implementation of the training strategy.
2. Adapt the materials developed through EU funded projects to the needs of Health managers and professionals including hospital directors, as well as national and regional health authorities to be trained in a refugee/migrant-sensitive health care delivery model, respecting human rights and dignity.
3. Promote coordination with other organisations already training health professionals in order to reach a wider target group of trainees.
4. Disseminate and implement training for health professionals to improve access and quality of health services for migrants, with special focus on refugees.

Description of work and role of partners

WP5 - Training activities [Months: 2-12]
EASP, AUSL RE, TU, UGent, JUMC, UCPH, AMC
Target groups:
• Health managers including hospital with a high case-load of refugees;
• Health professionals within the regular health services
• National and regional health authorities
Activities:
1. One combined WP5 and WP6 workshop to be held in Bolonia) for health managers with a high caseload of refugee population on the refugee/migrant sensitive health care delivery model
convened with the presence of relevant stakeholders in all affected countries.
2. Adapt available, relevant training materials from the MEM-TP, MigHealthnet and “Semperforte” projects, focusing on health care for refugees and Specific Health Concerns, such as sexual and reproductive health (SRH) and sexual violence (SV).
3. Reinforcing contents on SRH and SV as vital elements in the health status reports. SV is a specific reason for claiming asylum and as in international humanitarian crisis settings; they are considered priority health concerns which requires specific screenings and interventions.
4. Design a 30 hours virtually conducted training course for health managers and health professionals as well as national and regional health authorities in the target countries. Making use of virtual platforms as Moodle enables networking, share in forums and create websites containing educational resources and resources for the professionals’ own work. It will include a "resource bank" of references and links (in different countries and languages) to support the training content. Contents must be adaptable to the national / local reality and specific needs. The learning activities will be: Theoretical presentations and discussions in forum; Analysis of practical cases and role playing (exposed in video); Individual exercises and exercises in small groups; Sharing experiences, analysis of barriers and opportunities by means of forums.
5. Develop a training strategy consistent with national training plans. It will include both an
Evaluation plan and a Dissemination plan.
6. A training of trainers (ToT) workshop will be organised in English, in Granada (Spain) by
June 2016, to train national trainers who will support the piloting at a national level. The course will have a blended learning format. It will consist of 10 hours of face-to-face training and 20 hours of virtual training. Selection of the participants will be done in collaboration with the Health authorities from the participating Member States. The main learning objectives of the ToT strategy are to provide knowledge regarding specific issues on refugees and other migrants; and to develop training skills and techniques on a virtual course format. This training will be supported by the virtual platform on Moodle with all the necessary tools to provide effective training (complementary lectures, monitoring exercises, know-how exchange forums) along with teaching tools which are most used in the best evaluated teaching programs in the European context, to deliver a training session on virtual format (teaching guides, audio-visual materials, power point presentations).
7. Implement the online training course for health managers and health professionals as well as national and regional health authorities in the target countries (July to September 2016). It will include the evaluation of the training needs and the training outcomes adapting the MEM-TP assessment tools.

8. Evaluate the training development and outcomes.

Participation per Partner

Partner number and short name	WP5 effort
1 - EASP	8.00
2 - AUSL RE	1.00
3 - TU	1.50
4 - UGent	1.70
5 - JUMC	2.50
6 - UCPH	2.00
7 - AMC	2.00
Total	18.70

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D5.1	Training programme for health managers and health professionals (design)	1 - EASP	Report	Public	5
D5.2	Report on Training of Trainers workshop	1 - EASP	Report	Public	7
D5.3	Report on design, development and evaluation of the training course	1 - EASP	Report	Public	11

Description of deliverables

Deliverable 1: Training programme for Health managers and health professionals to improve access and quality of health services for migrants with special focus on refugees, asylum seekers and other migrants. It will include the training content and planning available on a virtual campus in the project website.
Deliverable 2: Report on training of Tariners workshop.
Deliverable 3: Report on design, development and evaluation of the training course.

D5.1 : Training programme for health managers and health professionals (design) [5]

Training programme, content and planning for Health managers and health professionals to improve access and quality of health services for migrants with special focus on refugees, asylum seekers and other migrants, available on the project website.

D5.2 : Report on Training of Trainers workshop [7]

Training programme and contents of the Training of Trainers Workshop.

D5.3 : Report on design, development and evaluation of the training course [11]

Report on the design, development and evaluation of the training course.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS13	Regional awareness seminar as part of the combined WP4 and WP5/workshop	1 - EASP	6	Regional awareness seminar
MS14	Training programme design for health managers and health professionals	1 - EASP	5	Training programme (includes the training content and planning available on a virtual campus in the project website)
MS15	Training of Trainers workshop	1 - EASP	6	Workshop (training programme and contents of the Training of Trainers Workshop)
MS16	Implementation of online Training course	1 - EASP	10	Training course
MS17	Evaluation of the Training course	1 - EASP	11	Evaluation report

Work package number [9]	WP6	Lead beneficiary [10]	1 - EASP
Work package title	Coordination of the project		
Start month	1	End month	12

Objectives

Ensure the correct implementation, monitoring, evaluation and reporting of the project.

Description of work and role of partners

WP6 - Coordination of the project [Months: 1-12]
EASP, AUSL RE, TU, UGent, JUMC, UCPH, AMC
Activities to manage the project, make sure that it is implemented as planned, report on progress attained and assess the attainment of the final results.

The EASP will be responsible for planning, monitoring and evaluation of the project activities in close consultation with each partner, as well as for reporting to the European Commission on progress attained and the final results obtained.

Once the project is approved, a one-day coordination meeting with all the partners will be convened in Granada, Spain. In this meeting, tentatively planned for early January 2016, the detailed planning will be completed, and the detailed timelines of each WP prepared and coordinated.

Another one-day coordination meeting, back to back with the previous one, will be held with IOM, WHO, UNHCR, OCHA and EU to identify possible synergies with their activities and other projects approved under this call.

A communication plan, both including internal and external aspects, will be elaborated within 30 days after signature of the grant agreement. This plan will include short key elements of the project (goals, strategy, expected results, etc.) as well as information regarding the actions, instruments and tools to be developed in order to meet the projects objectives and results (including visibility aspects).
A short meeting with the participation of all the partners will be convened in Slovakia in April. 2016 for sharing among the members of the Consortium all instruments developed and for ensuring, coherence and coordination

A permanent coordination platform will be put in place through periodic teleconferences, a common repository of information a project webpage. And quarterly monitoring progress and reporting. The initial kick-off and detailed planning meeting will contribute to this purpose. EASP as coordinator of the project will implement these activities and will ensure that the coordination platform is in place.

Participation per Partner

Partner number and short name	WP6 effort
1 - EASP	6.00
2 - AUSL RE	2.00
3 - TU	2.00
4 - UGent	0.40
5 - JUMC	1.50
6 - UCPH	2.00
7 - AMC	1.00
Total	14.90

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D6.1	Work plan of the project (including design of web project and communication platform)	1 - EASP	Report	Public	2
D6.2	Interim technical report	1 - EASP	Report	Public	7
D6.3	Final technical and financial report	1 - EASP	Report	Public	12

Description of deliverables

Deliverable 1: Work plan of the project (including design of web project and communication platform).
Deliverable 2: Interim technical report.
Deliverable 3: Final technical and financial report of the project implementation submitted to the European Commission.

D6.1 : Work plan of the project (including design of web project and communication platform) [2]

Detailed workplan of the project.

D6.2 : Interim technical report [7]

This report describes the project implementation and the results achieved.

D6.3 : Final technical and financial report [12]

This report describes the project implementation and the results achieved. The deliverables are annexed.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS18	Consortium 1 day meeting EASP Granada	1 - EASP	1	Coordination and planning meeting for elaboration of operational work plan and task distribution
MS19	Consortium and other institutions' 1 day meeting EASP Granada	1 - EASP	1	Coordination meeting in order to verify that institutions' strategies are adequately included into the work plan
MS20	Consortium meeting TU Slovakia	1 - EASP	4	Consortium meeting for revision of instruments and elaborated products as well as operational plan follow-up
MS21	Work plan	1 - EASP	2	Work plan
MS22	Web design	1 - EASP	2	Website designed and active

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS23	Communication plan	1 - EASP	2	Communication plan
MS24	Interim technical report	1 - EASP	7	Interim technical report
MS25	Final technical an financial report	1 - EASP	12	Final technical an financial report

1.3.4. WT4 List of milestones

Milestone number [18]	Milestone title	WP number [9]	Lead beneficiary	Due Date (in months) [17]	Means of verification
MS1	Framework for national and regional coordination and coherence	WP1	1 - EASP	2	Framework for national and regional coordination and coherence of health sector activities addressing the needs of the refugee asylum seeker and other migrant's population
MS2	Regional workshop on the framework	WP1	1 - EASP	2	Regional workshop organised with relevant stakeholders.
MS3	Seven country missions to advise on health sector coordination mechanisms and functioning coordination platforms	WP1	1 - EASP	6	Technical policy advice to Member States
MS4	Rapid assessment framework	WP2	6 - UCPH	3	Rapid assessment framework for diagnosing unmet health needs and gaps in access to health services
MS5	Regional WP2 and WP3 training workshop	WP2	6 - UCPH	6	Regional training workshop, including contents on the rapid assessment framework
MS6	Seven country assessments	WP2	6 - UCPH	11	Country assessments of health challenges posed by the massive refugee flow, and of the health care response and public health interventions needed for the refugee population
MS7	Framework for the development of action plans to strengthen country's health systems	WP3	3 - TU	3	Framework for the development of action plans to strengthen a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants influx developed and pilot tested
MS8	Regional workshop on the action plan framework	WP3	3 - TU	6	Regional training workshop
MS9	Seven country missions to support	WP3	3 - TU	11	Country action plans for strengthening country's

Milestone number [18]	Milestone title	WP number [9]	Lead beneficiary	Due Date (in months) [17]	Means of verification
	Member States in the preparation of action plans				health systems to address the needs posed by the refugees, asylum seekers and other migrants influx formulated
MS10	Resource package	WP4	2 - AUSL RE	3	Resource package to improve access to health care for refugees, asylum seekers and other migrants containing recommendations and action guides based on available tools and measures.
MS11	Combined WP4 and WP5 Workshop border and transit countries	WP4	2 - AUSL RE	6	Workshop to disseminate the resource package and addressing the type of targeted countries, involving relevant actors at national/regional/local level
MS12	Adoption of tools and measures contained in the resource package (7 countries)	WP4	2 - AUSL RE	11	Analysis of measures and tooks adopted in each country
MS13	Regional awareness seminar as part of the combined WP4 and WP5/ workshop	WP5	1 - EASP	6	Regional awareness seminar
MS14	Training programme design for health managers and health professionals	WP5	1 - EASP	5	Training programme (includes the training content and planning available on a virtual campus in the project website)
MS15	Training of Trainers workshop	WP5	1 - EASP	6	Workshop (training programme and contents of the Training of Trainers Workshop)
MS16	Implementation of online Training course	WP5	1 - EASP	10	Training course
MS17	Evaluation of the Training course	WP5	1 - EASP	11	Evaluation report
MS18	Consortium 1 day meeting EASP Granada	WP6	1 - EASP	1	Coordination and planning meeting for elaboration of operational work plan and task distribution

Milestone number [18]	Milestone title	WP number [9]	Lead beneficiary	Due Date (in months) [17]	Means of verification
MS19	Consortium and other institutions' 1 day meeting EASP Granada	WP6	1 - EASP	1	Coordination meeting in order to verify that institutions' strategies are adequately included into the work plan
MS20	Consortium meeting TU Slovakia	WP6	1 - EASP	4	Consortium meeting for revision of instruments and elaborated products as well as operational plan follow-up
MS21	Work plan	WP6	1 - EASP	2	Work plan
MS22	Web design	WP6	1 - EASP	2	Website designed and active
MS23	Communication plan	WP6	1 - EASP	2	Communication plan
MS24	Interim technical report	WP6	1 - EASP	7	Interim technical report
MS25	Final technical an financial report	WP6	1 - EASP	12	Final technical an financial report

1.3.5. WT5 Critical Implementation risks and mitigation actions

Risk number	Description of risk	WP Number	Proposed risk-mitigation measures
R1	Duplication of efforts with other national and international key stakeholders operating in the organization and implementation of the health response to refugees, asylum seekers and other migrants in the target EU countries, or with the other projects funded by the EC under this initiative. Other regional, sub-regional or national institutions may be undertaking related lines of action in support to member States and this could create duplication with the proposed work packages WP 1,2 ,3,4,and 5. This could create confusion among target Member States and reduce the effectiveness of the proposed actions	WP1, WP2, WP3, WP4, WP5	• Communicating with all relevant international stakeholders as soon as the grant agreement is signed explaining to them the scope of the project and inviting them to exchange information about their activities and to build synergies with the project activities • Concentrate dialogue efforts for building coordination and avoiding duplication with ECDC,IOM,WHO,UNHCR,OCHA;UNICE and UNFPA • Organizing a meeting in Granada , early in January, with the presence of all the key international stakeholders mentioned above and if at all possible with the other grantees of the EC being funded through this initiative to take stock of their tools and lines of action and build complementarities and synergies • Ensure that the coordination platform framework to be applied in target countries takes stock of the activities ,reports and tools available of all key national and international stakeholders • Participate in the coordination meetings convened by the EC (CHAFEA and DGSante) to ensure timely exchange of information and coordination with other related projects and initiatives
R2	Insufficient engagement from target Member States in the activities of the project. Target Member States may oy may not opt for engaging with the project consortium for participating in the different regional workshops	WP1, WP2, WP3, WP4, WP5, WP6	• Work closely with the EC (DG Sante and CHAFEA) to disseminate in a targeted manner the products available through the project and the possibility of engagement from member States in this initiative • Propose to

Risk number	Description of risk	WP Number	Proposed risk-mitigation measures
	and for requesting and hosting country missions for assessments, policy advice ,action plan development and training of health workers .This is related to WP 1,2,3,4,5 and 6. This may substantially affect the impact of the project and the effectiveness of their action		CHAFEA the engagement of key target countries of the EU at the kick off meeting of the different projects funded by this EC initiative • Write to relevant focal points at national and subnational level in the target countries to brief them about the project and deliverables and to invite them to participate in the workshops • Maintain a fluent exchange with national and regional health aouthorities of target Member States.

1.3.6. WT6 Summary of project effort in person-months

	WP1	WP2	WP3	WP4	WP5	WP6	Total Person/Months per Participant
1 - EASP	4	2	2	2	8	6	24
2 - AUSL RE	0	0	1	3	1	2	7
3 - TU	0	0	14	1.50	1.50	2	19
4 - UGent	2.60	2.30	0	2.40	1.70	0.40	9.40
5 - JUMC	0	3	0	3	2.50	1.50	10
6 - UCPH	0	4	0	0	2	2	8
7 - AMC	0	3	0	0	2	1	6
Total Person/Months	6.60	14.30	17	11.90	18.70	14.90	83.40

1.3.7. WT7 Tentative schedule of project reviews

Review number [19]	Tentative timing	Planned venue of review	Comments, if any
RV1	6	Interim report	
RV2	12	Final report	

1.4. Ethics Requirements

No ethics requirements indicated

1. Project number

The project number has been assigned by the Commission as the unique identifier for your project. It cannot be changed. The project number **should appear on each page of the grant agreement preparation documents (part A and part B)** to prevent errors during its handling.

2. Project acronym

Use the project acronym as given in the submitted proposal. It can generally not be changed. The same acronym **should appear on each page of the grant agreement preparation documents (part A and part B)** to prevent errors during its handling.

3. Project title

Use the title (preferably no longer than 200 characters) as indicated in the submitted proposal. Minor corrections are possible if agreed during the preparation of the grant agreement.

4. Starting date

Unless a specific (fixed) starting date is duly justified and agreed upon during the preparation of the Grant Agreement, the project will start on the first day of the month following the entry into force of the Grant Agreement (NB : entry into force = signature by the Commission). Please note that if a fixed starting date is used, you will be required to provide a written justification.

5. Duration

Insert the duration of the project in full months.

6. Call (part) identifier

The Call (part) identifier is the reference number given in the call or part of the call you were addressing, as indicated in the publication of the call in the Official Journal of the European Union. You have to use the identifier given by the Commission in the letter inviting to prepare the grant agreement.

7. Abstract

8. Project Entry Month

The month at which the participant joined the consortium, month 1 marking the start date of the project, and all other start dates being relative to this start date.

9. Work Package number

Work package number: WP1, WP2, WP3, ..., WPn

10. Lead beneficiary

This must be one of the beneficiaries in the grant (not a third party) - Number of the beneficiary leading the work in this work package

11. Person-months per work package

The total number of person-months allocated to each work package.

12. Start month

Relative start date for the work in the specific work packages, month 1 marking the start date of the project, and all other start dates being relative to this start date.

13. End month

Relative end date, month 1 marking the start date of the project, and all end dates being relative to this start date.

14. Deliverable number

Deliverable numbers: D1 - Dn

15. Type

Please indicate the type of the deliverable using one of the following codes:

R	Document, report
DEM	Demonstrator, pilot, prototype
DEC	Websites, patent fillings, videos, etc.
OTHER	

16. Dissemination level

Please indicate the dissemination level using one of the following codes:

PU	Public

CO	Confidential, only for members of the consortium (including the Commission Services)
EU-RES	Classified Information: RESTREINT UE (Commission Decision 2005/444/EC)
EU-CON	Classified Information: CONFIDENTIEL UE (Commission Decision 2005/444/EC)
EU-SEC	Classified Information: SECRET UE (Commission Decision 2005/444/EC)

17. Delivery date for Deliverable

Month in which the deliverables will be available, month 1 marking the start date of the project, and all delivery dates being relative to this start date.

18. Milestone number

Milestone number:MS1, MS2, ..., MSn

19. Review number

Review number: RV1, RV2, ..., RVn

20. Installation Number

Number progressively the installations of a same infrastructure. An installation is a part of an infrastructure that could be used independently from the rest.

21. Installation country

Code of the country where the installation is located or IO if the access provider (the beneficiary or linked third party) is an international organization, an ERIC or a similar legal entity.

22. Type of access

VA	if virtual access,
TA-uc	if trans-national access with access costs declared on the basis of unit cost,
TA-ac	if trans-national access with access costs declared as actual costs, and
TA-cb	if trans-national access with access costs declared as a combination of actual costs and costs on the basis of unit cost.

23. Access costs

Cost of the access provided under the project. For virtual access fill only the second column. For trans-national access fill one of the two columns or both according to the way access costs are declared. Trans-national access costs on the basis of unit cost will result from the unit cost by the quantity of access to be provided.

European Commission

Annex 1 to the Grant Agreement
(Description of the Action)

Chafea – 3rd Health Programme
Multi-beneficiary Project Grant (HP-PJ, HP-JA)

2. PART B

History of changes

Date updated	Reason for revision	Section	Revision(s) Made
16/12/2015	Request to formulate SMART (specific, measurable, achievable, realistic, time bound) indicators, including the targets (what, where, how many, by when)	2.2.	SMART indicators included.
16/12/2015	Request to provide the methods and means which will be used to implement the objectives (general and specific)	2.5.	Completion of this section providing information about methods and means.
16/12/2015	Request describe what are the changes that are expected to occur as result of the project when the objectives are reached	2.6.	Complete new drafting of this section.
17/12/2015	Request to include the deliverables and milestones in the timetable	2.7	Inclusion of deliverables and milestones in timetable.
16/12/2015	- Request to describe the organisation structure and decision making – conflict resolution procedures, which will be established to ensure the monitoring and supervision of the actions planned. - Request to include how the internal communication with the partners, etc will be ensured	2.8.	Section 2.8 describes now the organizational arrangements of the project and mechanisms of coordination of the members of the consortium. It describes as well the internal communication mechanisms that is envisioned.
16/12/2015	Evaluation report Policy and context relevance: To maximize the impact of the action it is recommended to ensure the direct involvement from the beginning of decision makers, middle managers (regional health authorities, hospital directors) at national and regional level to ensure the practical implementation.	2.3	It has been made explicit in section 2.3 that the project will seek a direct involvement of national and regional health authorities in target countries as well as hospital directors in the areas of greater migratory pressure.
16/12/2015	Evaluation report Technical quality: The project differentiates between three types of EU member states (countries of first arrival and transit countries, traditional destination countries, and new destination countries) as main target groups, so it defines its target groups on level of respective health systems. Nevertheless, it is not	2.1	The tools and frameworks that will be developed will differentiate, when appropriate, the approaches and interventions by the three types of categories. The workshops that will be organized will also ensure adequate representation of the three types of countries.

	sufficiently explained what relevance this differentiation has on level of service provision and care givers.		
16/12/2015	Evaluation report Technical quality: Clear information on evaluation of outcomes of these work in not included in the proposal, which makes it difficult to evaluate the starting point; e.g. much reference is stated to the MEM-TP project.	2.2	The smart indicators in terms of outcomes and impact that have been enriched as described above permit a much clearer evaluation in terms of results. The reference to the MEM-TP project is to show that its products and training packages will be adequately taken into account.
16/12/2015	Evaluation report Technical quality: Concerning complementarity, named actions are of high relevance. Again, it is outlined to an insufficient degree how such actions are involved, what are the lessons learnt which will be applied on this new endeavour. E.g., reference is made to ADAPT, an expert network under the COST funding framework. Main weak point can be seen in the unanswered topic of how to bring interventions on system level together with improvements on national, regional and local level. The proposal does not describe how this linkage will be done (e.g. implementation of "train the trainers"). There is no risk of duplication but good opportunity to build synergies with previous work should be more clear, needs to bring the intervention at local and regional level for the TOT and replication of the training. The link between the policy – advocacy and intervention in the field is missing.	2.2, 2.3, 2.5 and 2.6	Throughout the 4 sections clear reference is made to the especial efforts that the project will make to take stock of existing tools and developments as well as , as described in WP 1 and WP6, to systematic coordination and exchange of information with key international stakeholders and other EC funded projects.
16/12/2015	Evaluation report Technical quality: Under WP 5 health managers are included as target grow, this group should be enlarged to include as well the directors of the hospitals and regional and local health authorities. Task Force on Migrant Health and Cultural Competent Care– using standards of equity health care,	2.2, 2.3, 2.5 and 2.6	Both in the description of the specific objectives and SMART indicators as well as in the sections related to the means and methods of implementation and expected results explicit reference has been added to the targeting of hospital directors and regional and local health authorities. The revised draft now addresses this issue very clearly.

	involving hospital, could be used to ensure the practical implementation with involvement of local health managers and health providers. It is expected that the training materials will be adapted to target specially the managers of health services, with development of specific modules to ensure the uptake of structural changes.		
16/12/2015	Evaluation report Management quality: The management plan is clearly described, although given the number of activities and partners involved, further details could have been included with regards to the internal communication plan.	2.5	Reference to the internal communication among members of the consortium has been added in Section 2.5.
16/12/2015	Evaluation report Management quality: The coordination platform could be better described, particularly how it will be implemented.	2.5 and 2.8	Current section 2.5 and 2.6 describe in greater detail the coordination platform and the expected results that will derive from it The expected results give as well an indication of what the project intends to achieve in this regard.
16/12/2015	Evaluation report Management quality: The project plan is not labour intensive, as only 84,6 PMs will be used. Distribution of PMs to coordination is relatively high, representing 18% of the total PMs. Question is if enough time is dedicated to execute the implementation of the proposed activities.	Budget/staff effort	The project is labour intensive in the sense of utilizing PMs as well as outsourced consultants. However, good part of the project revolves around workshops for disseminating the tools and frameworks created as well as around country specific missions that are also labour intensive. The apparently high 18% of PM in coordination is due to the grouping of all outsourced experts for the different activities of the project under EASP.
16/12/2015	Evaluation report Management quality: A lot of direct cost should be better explained: meetings, travel, coordinator will expend a lot off expenses for the travel.	2.9.2	Since this project has an important component of advocacy and dissemination of the frameworks and tools developed reaching a large number of target countries a considerable volume of the resources are related to travelling for MS attendance of the workshops.
18/12/2015	- Request to clarify the nature of costs related to meeting logistics and experts and stakeholders and confirm that they are in line with the art 10 of the grant agreement - Subcontracting costs must be	2.9.2.	The costs of meeting logistics are related to catering, venue rental, interpreters, etc. They have been included both, under “other goods and services (C3)” as well as under “subcontracting” (interpreters, support services for seminar organizations.)

	mentioned in the technical annex		Costs are mentioned in technical annex under “justification” in section 2.9.2.
18/12/2015	Meeting logistics If the cost is related to venue rental, equipment or catering, request to correct by classifying under other goods and services (C3)	2.9.2	The costs of meeting logistics are related to catering, venue rental, interpreters, etc. They have been included, both under “other goods and services (C3)” as well as under subcontracting (interpreters, support services for seminar organizations.)
18/12/2015	Experts and stakeholders Request to include the cost related to the contracts made with external experts and stakeholders, including expert fees and travel costs. Request to explain what is the role of stakeholders and what are the expected cost. Their participation in meeting should be considered under travel cost (other goods and services (C3), here they could be mention only when you plan to pay fees based on a subcontracting made.	2.9.2	Each meeting will be attended by an average of 6 experts (we have calculated to pay max. 4 experts), whose fees for technical contribution will be around 1000 €. These costs are allocated to the coordinator, as EASP will be assuming all these costs. The costs related to travel are included in the corresponding section.
18/12/2015	Partner no 4 ICRH. Request to specify the nature of costs related to subcontracting (2000 euro and 9.565 euro) in the technical annex and providing the justification in the budget	2.9.2	Costs related to “meeting logistics” have been correctly included in section “other goods and services (C)”. The amount of 300 € is foreseen for interpreters and other support services for seminar organizations. The amount 9.565 is related to the subcontracting of the consultant Birgit Kerstens (services to perform in relation with WP 1, 2 and 4)". Correct final person-month for this partner is 9.4. ICRH removed person-month in “Staff Function” and included in “subcontracting costs” consultancy work to be performed by Birgit Kerstens. Final minor adaptations were made in order to maintain final total costs of this partner as indicated in the proposal. Costs are mentioned in technical annex under “justification” in section 2.9.2.
18/12/2015	Travel costs under EASP and other partners budget - Request to remove the comment related to the Polish partner error in the excel spread sheet, please leave the calculation. - Request to specify the number of meetings, no of person and	2.9.2	- Comment removed. - EASP costs: The average number of invitees in each meeting will be 20, with the exception of the meeting in Slovakia in WP6 where the meeting will be for coordination and therefore have fewer invitees. The detail for the rest of the meetings is as follows: 1 in Belgium (WP1 with 20

	average cost for a person		participants), 1 in Denmark (WP2/3 with 20 participants, 1 in Italy (WP4/5 with 20 participants, 2 in Granada, Spain (1 for WP5 with 20 participants and 1 for WP6 with 20 participants) and 1 I Slovakia (WP6 with 7 participants). The costs of travel and perdiem in meetings have been calculated at 900 Euros per person for a planned total of 107 participants (900 Euros x 107 = 96.300 Euros). The travel costs of 4 professionals from the EASP to other planned workshops or meetings is estimated at 4 x 900 = 3.600 Euros. We have also included in the budget the cost of 6 trips by EASP professional staff to CHAFEA (3 trips x 2 professionals), using the same estimate of 900 Euros per trip, for attending the kickoff meeting and any other project management meetings. In addition, the budget includes the travel costs of 2 professionals to undertake 14 missions of 2-3 days duration, each mission to a different target country. This cost is calculated as 3.500 Euros x 14 missions = 49.000 Euros. EASP and other Partners: Each partner assumes the costs of their staff (1 person per partner per meeting). This information is also included in technical annex under “justification” in section 2.9.2. Please see additional changes made on 22/12/2015.
21/12/2015	Request to include a detailed plan of the SH CAPAC meetings/regional workshops and trainings under the planning of the action (2.8.1)	2.8.1.	Detailed plan is included.
22/12/2015	Request to include travel costs for subcontractors in "B . Direct costs of sub-contracting”.	2.9.2	Travel costs have been correctly added to “B. Direct costs of sub-contracting”. Further information related to calculation for costs included in “B. Direct costs of subcontracting” and “C1.Travel” is included under “justification” in both mentioned sections.

Table of Contents

2.1. Problem analysis including evidence base

A. Introduction

The most recent assessment conducted by ACAPS on the refugees and other migrants entering the EU by land and sea without authorization in 2015 reveals a figure of over 800,000 people who have entered the Region by land and sea in 2015[1]. The initial route from North Africa to Italy has shifted to a route where people travel through Greece and then through the Western Balkans to reach destinations in northern and western Europe. This only concerns **unauthorized** entry into Europe.

In addition to people fleeing countries in conflict there are many other migrants not be regarded *prima facie* as refugees. In 2013 (the last year for which Eurostat has figures) approximately 1.4 million migrants entered Europe legally, and the figure for 2015 is unlikely to be very different.

As of 5 November 2015, Greece had received the highest number of unauthorized entrants in decades. Over 650,000 people have arrived by sea in 2015. More than 93% come from the world's top 10 refugee producing countries and over 60% are from Syria. In the same period, there were over 141,000 arrivals to Italy, nearly 4,000 to Spain and 102 to Malta, while at least 3,455 migrants (0,4%) are known to have died making the crossing[2]. These figures are considered an underestimate since, according to UNHCR, only one third of refugees and asylum seekers may register on arrival in transit countries.[3]

Greece lacks proper reception facilities to register asylum seekers, let alone to accommodate them and process their applications. Future plans for 'hotspots' include the possibility of transporting asylum seekers by conventional means to other destination countries. However, as long as these are not functional, migrants who are physically and financially capable of travelling further will continue to do so. Currently, the main pattern of movement is from Greece to the Former Yugoslav Republic of Macedonia, continuing to Serbia, Croatia and Slovenia towards Austria and Germany.

It is expected that the flow of people will continue, possibly aggravated by more border closures, leaving people stranded with limited accommodation and assistance. Some estimates consider that the asylum seekers flow into Europe may reach figures of over 2 million people during the next six to nine months[4].

Figure 1. European Migrant Crisis

[1] ACAPS. The Balkans. Asylum seekers, migrants and refugees in transit. Briefing note 6 November 2015.Geneva.

[2] IOM, As Migrants Continue to Arrive in Europe, Asylum Seekers Relocated. 11 November 2015. Geneva

[3] UNHCR Webpage October 2015

[4] ACAPS. European asylum-Seekers Crisis: Scenarios. Possible developments in transit countries over the next 6-9 months. Geneva 4 November 2015

The approaching winter poses particular challenges in terms of supply of adequate shelter and creates greater health vulnerabilities especially in terms of respiratory tract infections. Boat crossings during the winter form Turkey to Greece months will exacerbate cases of hypothermia and drowning.

A vast array of humanitarian needs has arisen, potentiated by "obstacles at the borders, overcrowded and expensive transportation, tensions between host communities and refugees, long waits for registration, the risk of exploitation by smugglers, as well as inadequate assistance and shelter. Local and international capacities are under strain, and the arrival of winter is expected to exacerbate needs".

The identified priorities for humanitarian interventions encompass: shelter, blankets and winter regular clothes, protection, water and basic sanitation and access to health care and psychosocial support.

The main acute health conditions observed have been respiratory problems, joint pain, exhaustion and dehydration, with pregnant women, older people and young children particularly affected. Psychosocial services are also needed to reduce health and mental health risks associated with the mass movement of people[5].

As far as the health related needs are concerned we are observing a **compounded effect of acute critical health needs that warrant humanitarian interventions as well as a burden of health needs that require access to regular comprehensive health care and public health interventions provided by the countries' health systems.** This requires an enormous coordinated effort of governments, Red Cross societies, NGOs, the European Union, UN agencies, especially UNHCR, WHO, UNICEF and OCHA, and the IOM. This will also need significant support both from Member States and from the International community.

The health needs of a vulnerable population of at least 800,000 people, which soon may amount to two million refugees, asylum seekers and other migrants, should not be ignored. Many are survivors of violence and have serious medical conditions. Hundreds of thousands of refugee, asylum seeker and other migrant's children should keep on track with their vaccination schedule. Hundreds of refugees, asylum seekers and other migrants are amputees needing prostheses and thousands of cancer patients and victims of trauma need specialized treatment. Access to care other than emergency care is limited. Gaps exist in the national health information and disease surveillance systems, which increase the risk of vaccine preventable diseases and epidemic outbreaks. The deteriorated purchasing power of the refugees and asylum seekers may, among others things, lead to rising malnutrition rates. And the profile of the displaced population indicates an increased need for reproductive and child health services, as well as geriatric care.

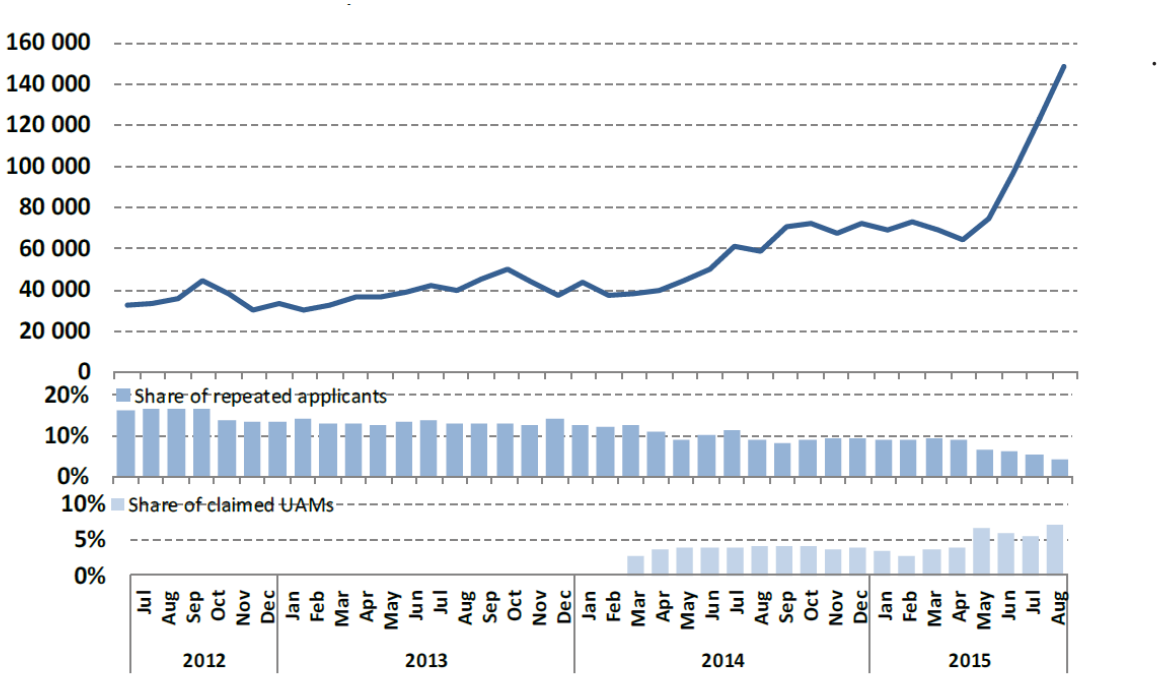
Sexual and reproductive health and sexual violence are critical elements of refugees' asylum seekers and other migrants' health. Sexual violence is now also a specific reason for claiming asylum and as in international humanitarian crisis settings they are considered priority health concerns which requires specific screenings and interventions.

In some Member States like Croatia and Slovenia the governments are providing health services at transit, reception or accommodation centres (either through community health centres or mobile health facilities run by the army). Some patients had to be hospitalized in the regional hospitals. In neighbouring non-EU Member States like Former Yugoslav Republic of Macedonia and Serbia health is being provided at reception centres or is severely lacking both at border crossing and while in transit.

Over the past months and most likely over the entire next year, the countries in the region and other neighbouring countries have been and will be challenged by this migratory pressure. The following graph contained in a recent ECDC report shows the peak experienced since mid-2015.

[5] IOM. October 5 2015

Figure 2. Number of applications for international protection in the EU-28 plus Norway and Switzerland, August 2015



Source: European Asylum Support Office. Latest Asylum Trends - August. Valetta: EASO; 2015. Available from https://easo.europa.eu/wp-content/uploads/Latest-Asylum-Trends-Snapshot-September2015.pdf

One way or the other, they will have to reinforce their public health actions and the delivery of health services directed to the refugee, asylum seekers and other migrants influx This represents a substantial effort that should be optimized through support mechanisms like the ones proposed by the project. Otherwise the burden on their health systems will become overwhelming and will require immediate and urgent support from the international community.

There is also a need for a coherent and coordinated trans-border approach for identifying the basic health needs of displaced people entering the EU, in particular in countries like Italy, Greece, Slovenia, Hungary, Slovakia and Croatia. Other EU Mediterranean countries like Spain, Portugal, Malta and France could soon be affected as well and should also be prepared. The major destination countries are under very serious strain and have been for months. The large numbers which have arrived over the past months put an enormous strain on the already overstretched public services and pose major challenges to the national and local governments, national Red Cross societies, NGOs operating in the affected Member States and even on International Organizations.

B. Different types of migratory pressure

a. EU countries of first arrival experiencing a large influx of unauthorized migrants

As we have seen, the country most affected at the moment is Greece, but changing political circumstances and seasonal variations can lead to shifts in migration routes. Greece is having to shoulder the burden of accommodating and caring for large numbers of migrants, including providing them with health care. Most migrants will travel northwards if they can, and the proposed ‘hotspots’ may facilitate this movement. Many will remain, however, so Greece faces a large increase in numbers of asylum seekers, as well as irregular migrants. The latter include those who do not register at all, those who register without applying for asylum, those who apply for asylum but decide to go underground, and those whose application is refused (either immediately or after legal consideration).

The well-known “waterbed” phenomenon leads to the expectation that if attempts to block the irregular migration route between Turkey and Greece are successful, this is likely only to divert the flow to other countries. They will then experience similar problems to those of Greece today.

b. Transit countries

These countries are characterized by a large influx, but at the same time a large outflow of migrants. (Greece therefore also belongs in this category.) The FYR Macedonia, for example, has experienced a steady flow of transit migrants. It has responded by setting up facilities to register as many of them as possible on arrival, and relaxing the legal restrictions on their use of conventional transport to reach the next destination. Transit countries can be placed under great strain, but the strain is temporary in nature. Similarly, only immediate and stopgap forms of health care – first aid – can be administered to migrants in transit, unless they are so incapacitated that they are unable to travel further. The provision of ‘health cards’ containing essential information, as well as vaccinations, can also be done in transit countries.

Other transit countries currently include Serbia, Croatia, Slovenia and Austria. The Baltic States and Poland have long been transit countries for migrants arriving via Russia. France, Germany and Denmark may be transit countries for migrants trying to reach the UK and Sweden respectively, while a route even exists via Northern Russia and Norway. From this two things are clear:

i. It is possible to be a transit country at the same time as a country of arrival and a country of destination.
ii. The migratory pressure on transit countries may change suddenly and unpredictably (as it did, for example, when Hungary erected fences along its borders).

c. Traditional destination countries

Countries of destination are at present chosen by the asylum seekers themselves, or by those transporting them. This may change when a compulsory system of redistribution is put in place. Little research has been carried out on the criteria that are most important to asylum seekers, or where they get their information from. It seems likely that the chance of obtaining international protection, the conditions of asylum, the presence of relatives and ethnic networks, the language, and likely future prospects all play a role. Therefore, the most popular countries of destination tend to be relatively wealthy countries with a history of granting asylum, such as Sweden, Germany, the UK and the Netherlands.

The migratory pressure experienced by these countries can be considerable, but it is of a different kind to those described above. In several of the destination countries listed, reception and accommodation facilities (including health services) have already reached or exceeded the limit of their capacity. These countries may be familiar with the typical health needs of asylum seekers, but unable to meet them adequately because of restrictions on entitlement, poor accessibility of services and inadequate resources for overcoming linguistic and cultural barriers.

Although the Call for Proposals is concerned with ‘immediate’ problems (those arising in countries of arrival), the other problems described above are happening now – in fact they have been getting worse for some time. In Germany, for example health care services for asylum seekers in some areas are said to be close to breaking down. In some cases, the first health assessment will indicate a need for long-term treatment. However, organizing such treatment is an immediate problem, which has to be solved in the here and now.

d. New destination countries

In the current situation, many countries with very little previous experience of providing asylum are experiencing an increase in asylum applications and numbers of irregular migrants. Most of these countries are in Eastern Europe, but Spain and Portugal also fall in this category. Such countries have in the past received extremely small numbers of asylum seekers, and may also have given little consideration to the issue of undocumented migrants. They are now faced with the problem of scaling-up provisions and acquiring new skills and resources. This problem will become even more acute if the EU’s plans for relocating asylum seekers are realized.

C. The state of preparedness in the four types of country

Comprehensive and up-to-date information already exists about the adequacy of the provisions for providing health services to asylum seekers and irregular migrants. The MIPEX health strand was jointly created by the IOM, MPG (Migration Policy Group) and COST Action IS1103 'ADAPT'. This empirical study of migrant health policies covered EU/EFTA countries (minus Liechtenstein), plus Turkey, FYR Macedonia and Bosnia-Herzegovina. Data from six non- European OECD countries are also available for comparison. The data are available at www.mipex.eu and preliminary analyses have already been carried out.

These analyses concern four dimensions of policy on migrant health: Entitlement to health services (including administrative barriers to entitlement), Policies to facilitate access, Responsive health services, and Measures to achieve change. Scores on each dimension can vary from 0 (where nothing is done to adapt health services to the needs of migrants) to 100 (where migrants have complete equity with national citizens). Many questions are answered separately for 'legal' third- country migrants, asylum seekers and irregular migrants.

To assess the likely needs in the four types of countries listed above, we have looked at the pattern of strengths and weaknesses that they show.

- Concerning entitlements, even for 'legal' migrants the average score in all countries was only 72% of the possible maximum. For irregular migrants it was a mere 35%, while asylum seekers occupied an intermediate position with 61%.
- Entitlements for asylum seekers in traditional destination countries[6] were no better than in other countries. Wealthier countries might be expected to give better entitlements, but in Germany (for example), there are severe restrictions on the types of care available to asylum seekers in the first 15 months of their stay. Some of these restrictions were relaxed on 1st November 2015, but the most serious ones remain in force. Further urgent measures will be required if Germany is to be able to provide adequate health services for up to a million newcomers by the end of 2015. In Malta, entitlements are not regulated in detail, resulting in a low score. Asylum seekers in the UK also face legal or administrative barriers.
- Entitlements for irregular migrants, on the other hand, are slightly better ($p < .05$) in the traditional destination countries – though there are considerable variations. It is above all in the countries not used to dealing with migrants at all that serious problems are bound to arise for this group. As long as services are provided by NGOs, the legal barriers to care can be circumvented, but laws only allow regular health services to provide a limited amount of help. These issues must be urgently placed on national agendas.
- Concerning accessibility, information for asylum seekers tends to be better and pathways to care easier than for other groups of migrants. This may, however, only be true for primary care (which is generally provided in the centres). The traditional destination countries showed a weakly significant superiority ($p < .03$). Very few countries of any type provide information for irregular migrants. This task is usually left to NGOs.
- Concerning the responsiveness of health services to the special needs of migrants, there is a very large difference between traditional destination countries and the others (55% versus 18%, $p < .000$). There is thus an urgent need in the latter for interpreter services, training courses on the needs of migrants, and migrant participation.
- Measures to promote change in migrant health policy (including data collection, research, stakeholder involvement and leadership by government) also showed a large difference between the two groups of countries.

To sum up, it is clear that health systems in certain traditional destination countries are currently handicapped by the restrictions they impose on the **entitlements to care** of both asylum seekers and irregular migrants. The other countries above show serious failings in their **responsiveness to the needs of migrants** (affecting all groups). Thus, training courses and interpreter services should have a high priority.

[6] Defined as AT, BE, DK, FR, DE, IT, MT, NL, NO, SE, CH, UK

D. The challenge ahead

It is important to put in perspective the natural history of asylum seekers' and refugees' flows into the EU. This is not a short term phenomenon limited to the acute influx into transit countries creating humanitarian health needs, but a more durable element of population dynamics that will translate into permanent residence in destination countries and will introduce continuous challenges into the regular national health systems. It should also be borne in mind that the current influx of unauthorized entrants is smaller than that which arises from regular migration – about 1.4 million in 2013.

One of the challenging dimension of the problem is that migratory pressure is of different kinds in different types of countries. We must also remember that a country can be in different types simultaneously. Greece, for example, is a country of first arrival, a transit country, and a (new) destination country.

The EU system of redistribution of refugees through quotas, if implemented, will make virtually each Member State a target country as the table below shows very clearly.

EC proposal for redistribution September 2015

from:	Italy	Greece	Hungary	TOTAL
Germany	4.088	13.206	14.149	**31.443**
France	3.124	10.093	10.814	**24.031**
Spain	1.941	6.271	6.719	**14.931**
Poland	1.207	3.901	4.179	**9.287**
Netherlands	938	3.030	3.246	**7.214**
Romania	604	1.951	2.091	**4.646**
Belgium	593	1.917	2.054	**4.564**
Sweden	581	1.877	2.011	**4.469**
Austria	473	1.529	1.638	**3.640**
Portugal	400	1.291	1.383	**3.074**
Czech Republic	387	1.251	1.340	**2.978**
Finland	312	1.007	1.079	**2.398**
Bulgaria	208	672	720	**1.600**
Slovakia	195	631	676	**1.502**
Croatia	138	447	479	**1.064**
Lithuania	101	328	351	**780**
Slovenia	82	265	284	**631**
Latvia	68	221	237	**526**
Luxembourg	57	185	198	**440**
Estonia	48	157	168	**373**
Cyprus	36	115	123	**274**
Malta	17	56	60	**133**
TOTAL	**15.600**	**50.400**	**54.000**	**120.000**

As the Regional Director of the WHO European Regional Office has stated recently: "The challenges of migration require migrant-sensitive health systems (…) It is therefore vital to take a long-term view and to (…) strengthen health policies and systems in a way that will help to address the health challenges of migration today and in the future., (…) The refugee and migrant crisis of today clearly demands immediate action from the health sector and many other crucial actors (…). However, the inevitable enduring impact also demands that we support health systems with policies and programmes relevant to migrant health needs in the future"[7].

2.2. Aims and objectives of the project

2.2.1. General objective of the project

The general objective of the project is to:

Support Member States under particular migratory pressure in their response to health related challenges"

2.2.2. Specific objective(s) of the project

The specific objectives of the project are to:

1. Support Member States, in close collaboration with WHO, IOM, OCHA and UNHCR, in the establishment of national and international health sector **coordination mechanisms** (similar to the architecture of the humanitarian health cluster) for implementing a coherent and consolidated national and international response to the health needs of the refugee asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast under migratory pressure,
2. Support Member States in the **analysis of health challenges and unmet health needs** that the massive refugee, asylum seekers and other migrants flow poses, as well as in conducting periodic **assessments of the health care response and public health interventions needed** (to be implemented by governments, Red Cross and NGOs) by the refugee and asylum seeker population,
3. Support Member States in developing action plans for **implementing a public health response and for reinforcing their health systems in order to respond** to the challenges of the refugee, asylum seekers and other migrants influx ,
4. Support Member States in **promoting and ensuring access** of the refugee, asylum seekers and other migrants populations to health care and public health interventions through the development and dissemination of a **resource package** to reorient local strategies and plans.
5. **Build national capacity through training of trainers** in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

[7] The challenges of migration require migrant-sensitive health systems for today and for the future .Statement by Dr Zsuszanna Jakab,WHO Regional Director for Europe. Copenhagen October 2015.

Specific Objective Number	**1**
Specific Objective	Support Member States, in close collaboration with WHO, IOM, OCHA and UNHCR, in the establishment of national and international health sector **coordination mechanisms** (similar to the architecture of the humanitarian health cluster) for implementing a coherent and consolidated national and international response to the health needs of the refugee asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast under migratory pressure.

Process Indicator(s)	**Target**
Facilitate one regional workshop in Ghent,Belgium with representatives from at least 15 National Governments of affected countries, IOM, OCHA. UNHCR, WHO and EC to define a framework for effective health sector coordination for addressing the needs of the refugees, asylum seekers and other migrant's population in affected countries.	February 2016
Output Indicator(s)	**Target**
Policy advice missions by the Consortium to at least 6 target countries for establishing health sector coordination mechanisms.	October 2016
Outcome/Impact Indicator(s)	**Target**
Coordination platforms for implementing a coherent national and international response to meet the health needs of the refugees, asylum seekers and other migrant's population in at least 6 target countries.	December 2016

Specific Objective Number	**2**
Specific Objective	Support Member States in the analysis of health challenges and unmet health needs that the massive refugee, asylum seekers and other migrants flow poses, as well as in conducting periodic assessments of the health care response and public health interventions needed (to be implemented by governments, Red Cross and NGOs) by the refugee and asylum seeker population.

Process Indicator(s)	**Target**
A rapid assessment framework for diagnosing unmet health needs and gaps in refugees, asylum seekers and other migrants' access to health services developed and pilot tested by the consortium.	March 2016
Output Indicator(s)	**Target**
Disseminate the rapid assessment framework in a regional training workshop in Copenhagen, Denmark on both WP3 and WP 4, with the presence of at least 15 relevant stakeholders operational in at least 8 target countries (governments, Red Cross and NGOs).	April 2016
Outcome/Impact Indicator(s)	**Target**
Assessments of health challenges posed by the massive refugee flow and of the health care response and public health interventions needed for the refugee refugees, asylum seekers and other migrants' population conducted in at least 8 affected countries.	December 2016

Specific Objective Number	**3**
Specific Objective	Support Member States in the development of action plans for **implementing a public health response and for reinforcing their health systems in order to respond** to the challenges of the refugee, asylum seekers and other migrants influx.

Process Indicator(s)	**Target**
Framework for the development of action plans for implementing a public health response and to strengthen a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants' influx developed and pilot tested by the consortium.	March 2016
Output Indicator(s)	**Target**
A regional training workshop in Copenhagen,Denmark on both WP3 and WP 4, for disseminating the methodology for formulating action plans to strengthen country's health systems in order to address the needs posed by the refugees, asylum seekers and other migrants' influx, with the presence of at leat 15 relevant government stakeholders and other relevant actors in at least 8affected countries convened.	May 2016
Outcome/Impact Indicator(s)	**Target**
Action plans to implement a public health response and strengthen a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants' influx formulated in at least 8 affected countries.	December 2016

Specific Objective Number	**4**
Specific Objective	Support Member States in promoting and ensuring access of the refugee, asylum seekers and other migrants populations to health care and public health interventions through the development and dissemination of a resource package to reorient local strategies and plans.

Process Indicator(s)	**Target**
Description: Development by the consortium of a resource package based on available tools and measures containing guidelines and action guides on how to overcome organisational/administrative barriers; develop and implement language and communication services; as well as channels of information and dissemination This will be measured thourgh the indicators of at least 10 organisations involved; and at leat 15 pieces best evidence collected.	March 2016
Output Indicator(s)	**Target**
Description: A regional workshop in Bolonia,Italy on WP 4 and , with the presence of representatives from at least 12 target countries for disseminating the resource package aimed at building capacity of MS to address access barriers; to effectively implement interpreting and intercultural mediation services and to improve the flow of information between different levels of reception centres and between transition countries/regions to countries /regions of destinations.	July2016
Outcome/Impact Indicator(s)	**Target**
Description: Adoption of tools and measures contained in the resource package in at least 8 countries targeted.	December 2016

Specific Objective Number	5
Specific Objective	**Build national capacity through training of trainers** in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

Process Indicator(s)	**Target**
A framework developed by the consortium for a migrant-sensitive health care delivery model to be implemented in entry, transit and destination countries.	February 2016
Output Indicator(s)	**Target**
Two regional training workshops convened with the presence of at leat 15 relevant stakeholders from target countries. 1) One workshop for WP4 and WP5 in Bolonia, Italy for health managers with a high caseload of refugees on the refugee/migrant sensitive health care delivery model, and 2) oneworkshop in Granada for training of at least 16 trainers on the MEM-TP modules.	July2016 and June 2016
Outcome/Impact Indicator(s)	**Target**
240 health workers of health districts with a high case load of refugees in at least 8 target countries trained using the MEM-TP modules	December 2016

2.3. Target groups

Even though the EU system of redistribution of refugees through quotas, if implemented, will make virtually each Member State a target country, the project is directed at supporting countries' health systems and public health infrastructures for addressing the health needs of the refugee, asylum seekers and other migrants populations in the following nineteen EU Member States:

A) Countries of first arrival and Transit Countries:
- Bulgaria
- Croatia
- Greece
- Hungary
- Italy
- Romania
- Slovakia
- Slovenia

B) Traditional Destination Countries
- Austria
- Belgium
- Denmark
- France
- Germany
- Malta
- Sweden
- The Netherlands

C) New Destination Countries
- Portugal
- Poland
- Spain

The ultimate beneficiaries are:

Registered and unregistered refugees asylum seekers and other migrants (currently 800.000 possibly rising to 2 million or more at the end of 2016) entering the European Union as a consequence of conflict, violence, or persecution in origin countries (mainly but not exclusively from Syria, Afghanistan and Iraq).as well as other migrants who are fleeing other kinds of hardship (poverty, climate change,,.) consequences of adverse life in "failed States".

The direct beneficiaries are:

1) National and regional health authorities of health systems of each EU Member State is faced with the challenge of providing a coordinated response to the current influx of refugee, asylum seekers and other migrant's population, entering the EU space temporarily or permanently.
2) The health workers of health districts, local health systems, community health centres and local hospitals in government institutions, NGOs and Red Crescent facilities, who are responsible for the provision of health services, the organisation and management of public health interventions, and the conduct of health assessments in connection with the refugee, asylum seekers and other migrants' population.

2.4. Political Relevance

2.4.1. *Contribution to meeting the objectives and priorities defined in the annual work programme*

The project will contribute to meeting the following objectives and priorities, which are defined in the amended Annex I of the Annual Work Programme 2015:

- Co-operate, coordinate and communicate effectively with the health authorities at local, regional and, as needed, at national level, with the International Organization for Migration (IOM), as well as with other actors engaged in the assistance to refugees in the same geographical setting, taking into consideration the needs expressed by the local authorities and by other organizations operational in the field.
- Take stock of the available tools and measures to support the integration of refugees in the Member States' health systems.

The project will contribute by developing coherence and coordination practices, conducting needs assessments, planning actions to strengthen local health systems, supporting Member States' actions for improving access of the migrant population to health care, and by capacity building efforts to develop health workers' competencies for delivering migrant/refugee sensitive health services. It will build upon the work done recently on situation assessments by WHO-EURO, by the IOM (in their "situational assessments" for Equi-Health), and by the MIPEX project, taking stock of the tools and available information so no duplication takes placed and adapting them to the local circumstances with an orientation geared towards decision making for the delivery of health services and public health interventions.

The project will also take stock of the work produced by ECDC in this area. On 6 August 2015 ECDC was requested by the European Commission (Directorate-General for Health and Food.

Safety) to produce scientific advice on the main health needs of certain migrant populations, and the options for addressing these, in relation to the prevention and control of communicable diseases.

The Commission asked ECDC to focus on migrants entering the EU, particularly those who may be irregular or are applying for asylum or refugee status and who originate from Africa or the Middle East. The options to address health needs of migrants should concentrate on actions which can be taken at the point of entry or after arrival. The Commission asked ECDC to include information on recent health threats addressed in ECDC Rapid Risk Assessments (diphtheria, meningococcal meningitis, louse-borne relapsing fever) as well the prevention and control of other relevant communicable diseases.

Through this contribution of technical assistance to the target countries, Member States can better focus their efforts and resource allocation in the implementation of direct health care provision to the refugee population.

2.4.2. *Added value at EU level in the field of public health*

The project fits within the larger objectives of the EU's 3rd Health Program and within other regional and global public health priorities. It also falls within the second overarching objective of EC's *Second Programme of Community Action in the Field of Health 2008-2013*, namely "to promote health and reduce health inequalities" and supports the EU policies on the reduction of such inequalities. It is also consistent with the provisions was made in the 2013 Work Plan of the EU Health programme for training and capacity building projects for professionals in ethnic and migrant health.

In several EU Directives and resolutions (e.g. 2013/32/EU, 2013/33/EU, 2012/2263) it is specified that asylum claims should take sexual victimisation into account. Also Chapter VII of the European "Istanbul Convention"- which is ratified by several of the target countries and entered into force in 2014- provides specific opportunities regarding asylum claims, residence status and non-refoulement on the basis of a.o. sexual victimisation. Finally, the 2013 recast of the Directive of Minimum Standards for reception of asylum seekers (2013/33/EU) requests EU Member States to take appropriate sexual violence prevention measures within reception centres and accommodation facilities, and to ensure access to appropriate medical and psychological treatment or care for victims of sexual violence.

A series of WHO resolutions, adopted at global and regional levels and relating to social inclusion, poverty and health, are relevant to refugees and migrants. These include the World Health Assembly resolution on reducing health inequities through action on the social determinants of health, work following up the Regional Committee Resolution EUR/RC52/R7 on poverty and health, and the resolution on the health of migrants, WHA61.17, adopted by the World Health Assembly in 2008.

The products of this project are aligned with the recommendations of a global consultation on migrant health, held in 2010 in Madrid. In this consultation, which was convened by WHO, IOM and the Government of Spain, four priority areas were identified: improving the information on refugees' and migrants' health, developing policies and strategies for improving the health of migrants and refugees, developing migrant-sensitive health systems, and strengthening partnerships in the areas of migrants' and refugees' health. Strengthening health professionals' competences heavily supports one of these priority areas, namely the development of migrant- sensitive health services. The multiplier effect of mainstreaming the training approach into the health care and health professionals' education sectors is therefore particularly important.

Health 2020 provides the agreed European health policy framework for action for health development across the European Region, offering a framework for considering migration and health needs and responses. Health 2020 aims to improve health and wellbeing overall, focusing on equity and improved governance for health. It aims to prevent and control communicable and non-communicable diseases, and ensure sustainable, universal and equitable people-centred health systems. It draws attention to essential values, such as health as a human right, dignity, solidarity and protection of the vulnerable. In this regard, addressing the health of refugees and migrants and the public health implications of migration are essential components for the implementation of Health 2020

The adoption of the Sustainable Development Goals (SDGs) and in particular SDG 3 on ensuring healthy lives and promoting well-being for all at all ages, as well as the health targets and indicators of the other SDGs, further provides a framework for action on the promotion and protection of refugee and migrant health. Moreover, SDG 10 on reducing inequalities within and among countries includes a target on safe and responsible migration policies, to which health is a crucial input and outcome.

2.4.3. *Pertinence of geographical coverage*

The proposed activities will be carried out in nineteen Member states eligible under the 3rd Health Programme. These countries are either Countries of first arrivals, Transit Countries, Traditional Destination Countries and New Destination Countries.

D) Countries of first arrival and Transit Countries:
- Bulgaria
- Croatia
- Greece
- Hungary
- Italy

- Romania
- Slovakia
- Slovenia

E) Traditional Destination Countries
- Austria
- Belgium
- Denmark
- France
- Germany
- Malta
- Sweden
- The Netherlands

F) New Destination Countries
- Portugal
- Poland
- Spain

2.4.4. *Consideration of the social, cultural and political context*

The social, cultural and political context will be critical to the proposed activities, but may in turn be affected by the impact of the activities.

Within the EU, nearly 20 million residents (or 4%) are non-EU citizens. The rate of increase of immigration has increased dramatically since 2013 because of the large numbers of refugees and asylum-seekers fleeing Syria, Iraq and Afghanistan, in particular, and is expected to continue growing within the foreseeable future. In 2014, the increase in immigration evoked negative feelings in 57% of EU residents, especially in the Baltic, Central and Southeast Europe. The support for far right political groups has been at record levels during this time and seems to be related to the increase in the actual and perceived rate of immigration.

Public perceptions are more important than the actual facts, and the perceived numbers of immigrants are usually greater than the actual numbers. The presence of large groups of refugees and asylum-seekers is generally associated with an increase in prejudice or negative feelings. This is generally associated with the perceived threat and reality of competition for jobs and resources. Fear of religious-based terrorism has also increased and will certainly be important following the recent incidents in Paris.

The connection between public opinion and public policy regarding immigrants and asylum-seekers and their integration is still not entirely clear. MIPEX analyses have so far concentrated on the connection with the overall migrant integration policy index rather than any one of the individual contributory indices. Studies suggest that public opinion has had little impact on policy development because policy change has mainly been initiated by elites representing employer associations, immigrant associations and human rights groups. The current consensus is that causality seems to flow from integration policies to public opinion rather than the other way round. The presence of more inclusive policies tends to improve attitudes towards migrants and reduce the sense of threat among the general public. Part of this is by the establishment of norms for intergroup relations. Exclusionary policies, however, tend to harden anti-immigrant sentiments.

Among our target countries, the three groups are different in their overall integration policy rankings. The transit countries of central and South-eastern Europe have indices that are less than 50% of the optimal. The high rate of negative feelings towards migrants already noted in these countries would seem to match the state of policy development. The traditional destination countries generally have slightly favourable levels of policy development. The low outliers in this group are Austria and France. Of the four new destination countries, Spain and Portugal are both in the slightly favourable group, and Poland and Malta are in the slightly unfavourable group.

The state of preparedness of health policies of each of the groups of target countries (Section 1.C) is reflective of these patterns of overall integration policies. Health workers are also reflective and representative of the social, cultural and political situation in their respective countries. In this current refugee crisis, the beliefs, attitudes and behaviours of health staff will be interacting with those of immigrant clients, moulded by social, cultural and

political factors of their own. This is why objective 5, the training of health staff in each of the transit and receiving countries, is such an important component of this proposal.

Even where there are clear entitlements to care for migrants, there are still many barriers to access and quality of care, both in the way the services are organised at district and facility level and in the way the clinical staff provides it. The training will emphasise intersectionality rather than just cultural competence, recognising the important overlap between gender, race, class, religion and age in stereotyping and prejudice. This affects both the provision of care by health staff and the seeking and access to care by the refugees. The training will therefore cover both the patterns of health needs of refugees and their determinants and also those social and cultural factors that influence health care use and barriers to access.

2.5. Methods and means

The partners that constitute the consortium for the implementation of the project SH-CAPAC, will function as a collective entity for:

a) Developing the necessary instruments and tools through a division of labour among the members of the consortium,

b) Carrying out regional advocacy and capacity building activities (seminars and workshops), organized by the members of the consortium with the participation of relevant stakeholders in each of the target countries,

c) Conducting site visits to those target countries, which are interested in receiving technical assistance from the consortium to develop country specific activities within the scope of the project,

d) Coordinate with the national health authorities in the target countries, as well as with other relevant national stakeholders (i.e. Red Cross and NGOs) involved in responding to the health needs of the refugee population,

e) Coordinate with the international organizations working to respond to health needs of refugees, asylum seekers and other migrants in the target countries, especially WHO, IOM, UNHCR, OCHA and the EU and

f) Coordinate with other grantees under this call for optimisation and coordination of resources and impact.

The project will be coordinated by the Andalusian School of Public Health (EASP). The EASP will be responsible for planning, monitoring and evaluation of the project activities in close consultation with each partner, as well as for reporting to the European Commission on progress attained and the final results obtained.

Once the project is approved, a one-day coordination meeting with all the partners will be convened in Granada, Spain. In this meeting, tentatively planned for early January 2016, the detailed planning will be completed, and the detailed timelines of each WP prepared and coordinated. Another one- day coordination meeting, back to back with the previous one, will be held with IOM, WHO, UNHCR, OCHA and EU to identify possible synergies with their activities and other projects approved under this call.

Once these two meetings take place, the Consortium, in consultation with CHAFEA, will write to all relevant stakeholders in all target countries, especially MOHs, and to relevant international organizations working in this field to inform them of the project's activities under the umbrella of a EC grant explaining them our activities and offering them the possibility of participating in the different workshops.

The EASP, in collaboration with the rest of the consortium partners, and in close dialogue with the EU, WHO and IOM, will establish a directory of key stakeholders in each target country. This will make it possible to identify the appropriate participants for the different regional workshops. The consortium will contact the national health authorities of all target countries. It will explain to them the portfolio of technical assistance options, as well as the list of regional workshops to be organized that they could attend throughout the year. This is to ensure that these authorities are aware of the services that they can obtain from the consortium, funded by the EU.

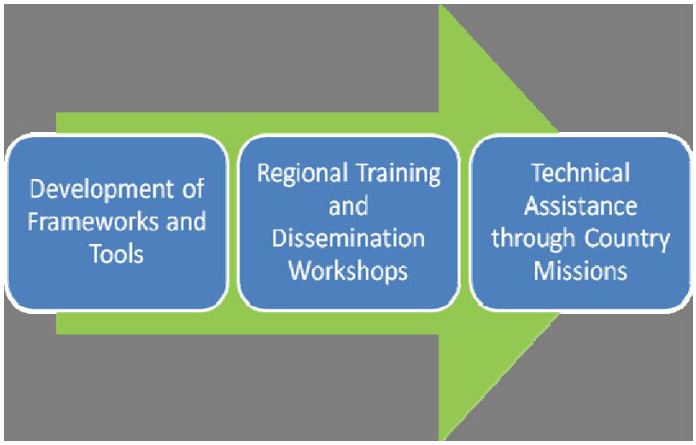
The tools and instruments that will be developed as part of the project are identified in the Work Packages (WPs). They will be completed during the first three months. Each partner will take the lead on developing one instrument, as stipulated in the WPs. A short meeting with the participation of all the partners will be convened in April 2016 for sharing among the members of the Consortium all instruments developed and for ensuring, coherence and

complementarity of all of them. This will be done before disseminating them to target countries through regional workshops and before providing assistance through country missions.

The objective will be to rationalize the knowledge management and training in different tools and frameworks developed as part of this project, and to maximise local participation. Therefore, preference in convening the regional workshops (detailed in the WPs) is to hold them in the target countries. Where this is not feasible, they will be organised in countries where partners are located, always ensuring that relevant stakeholders of target countries participate in them.

Technical assistance missions by specialised consultants, who are part of the institutions of the consortium or subcontracted by it, will be scheduled on demand from Member States. The purpose of these missions is to provide support for establishing coordination platforms, needs assessment, planning, development of strategies and action plans, and design and implementation of capacity building activities.

The generic sequence of activities of the different Work Packages will follow the logic described below.



The architecture of the Work Packages is organized, as described in the following figure, as a set of processes that will not be operating in silos or in isolation of each other, but rather will be structured as complementary, intertwined and synergistic streams of work, mutually reinforcing each other. They are intended primarily to support Member States experiencing major migratory pressure to **strengthen their health systems for addressing the health needs of the refugee, asylum seekers and other migrant populations**.

WP1 is geared towards the development of coordination platforms that can permit the optimization of the different efforts of multiple stakeholders engaged in addressing the needs of the refugee asylum seekers and other migrants influx into the EU.

WP2, WP3, WP4 and WP5 are all intended to contribute to the primary objective though different building blocks for the strengthening of country's health systems. They concentrate on the reinforcement of the diagnostic capacities of the situation, on the development of action plans for implementing a public health response to the challenges, , on promoting and improve access to healthcare and on the training of health workers for building of institutional capacity to have migrant-sensitive health services.

Finally, WP6 contains the activities needed for managing successfully the implementation of the project and the collaboration of the Members of the Consortium**.**

Each of the WPs will relate to the four types of target countries, joining up some of their activities and making a logical schedule for them.

A communication plan, both including internal and external aspects, will be elaborated within 30 days after signature of the grant agreement. This plan will include short key elements of the project (goals, strategy, expected results, etc.) as well as information regarding the actions, instruments and tools to be developed in order to meet the projects objectives and results (including visibility aspects).

2.6. Expected outcomes

The **general expected outcome** is to provide Support to Member States under particular migratory pressure in their response to health related challenges. This will be done through:

1. Supporting Member States, in close collaboration with WHO, IOM, OCHA and UNHCR, in the establishment of national and international health sector coordination mechanisms for implementing a coherent and consolidated national and international response to the health needs of the refugee asylum seekers and other migrants population especially in Member States of the Western Balkans' route and of the Mediterranean coast under migratory pressure, The **expected outcome** at the end of the project is to have coordination platforms for implementing a coherent national and international response to meet the health needs of the refugees, asylum seekers and other migrant's population in at least 6 target countries.

2. Supporting Member States in the analysis of health challenges and unmet health needs that the massive refugee, asylum seekers and other migrants flow poses, as well as in conducting periodic assessments of the health care response and public health interventions needed (to be implemented by governments, Red Cross and NGOs) by the refugee and asylum seeker population, The **expected outcome** at the end of the project is to have aassessments of health challenges posed by the massive refugee flow and of the health care response and public health interventions needed for the refugee refugees, asylum seekers and other migrants' population conducted in at least 8 affected countries

3. Supporting Member States in developing action plans for implementing a public health response and for reinforcing their health systems in order to respond to the challenges of the refugee, asylum seekers and other migrants influx , The **expected outcome** at the end of the project is to have action plans to implement a public health response and strengthen a country's health system in order to address the needs posed by the refugees, asylum seekers and other migrants' influx formulated in at least 8 affected countries.

4. Supporting Member States in promoting and ensuring access of the refugee, asylum seekers and other migrants populations to health care and public health interventions through the development and dissemination of a resource package to reorient local strategies and plans. The **expected outcome** at the end of the project is to have an adoption of tools and measures contained in the resource package in at least 8 countries targeted.

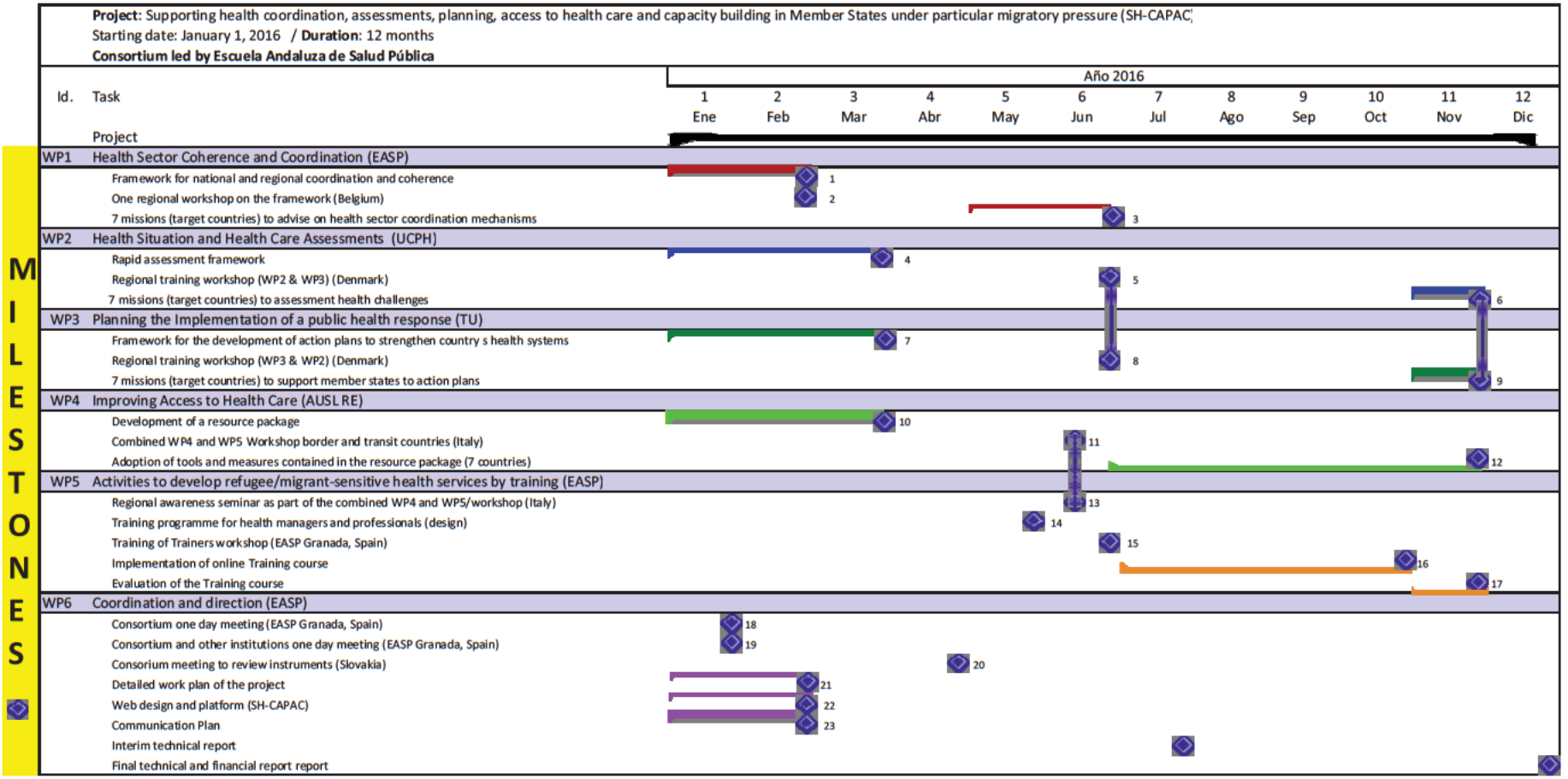
5. Building national capacity through training of trainers in affected countries who can implement training activities for health workers, so they can develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity. The **expected outcome** at the end of the project is to have a framework developed by the consortium for a migrant-sensitive health care delivery model to be implemented in entry, transit and destination countries and to have 240 health workers of health districts with a high case load of refugees in at least 8 target countries trained using the MEM-TP modules

The changes that are expected to occur as a result of the different components of the project once the objectives are reached could be summarized as follows:

- Target countries that participate in the project will have implemented a coordinated approach to organize the multistakeholder health sector response to the refugee influx in their territory
- Target countries that engage in the activities of the project will have comprehensive public health and health systems assessments of the situation of the impact of the migratory pressures and the response needed by the national health systems
- Target countries that participate in the project will have developed action plans for addressing the health needs of refugees, asylum seekers and other migrants.
- Target countries that engage in the project will have taken the necessary measures to improve access to health care and public health interventions for the refugees, asylum seekers and other migrants in their territories and health systems
- Target countries participating in the project will have developed institution capacity and workforce competence to provide migrant sensitive health services

2.7. Timetable or Gantt Chart (see next page)

Project: Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure (SH-CAPAC)
Starting date: January 1, 2016 / **Duration**: 12 months
Consortium led by Escuela Andaluza de Salud Pública



DELIVERABLES

Report on framework for national and regional coordination and coherence	1.1
Missions' report	1.2
Report on rapid assessment framework and training workshop	2.1
Report on seven country assessments	2.2
Report on framework for the development of action plans and training workshop	3.1
Report on seven country missions to support the preparation of action plans	3.2
Report on resource package	4.1
Report on combined WP4 and WP5 Workshop	4.2
Training programme for health managers and health professionals (design)	5.1
Report on Training of Trainers workshop	5.2
Report on design, development and evaluation of the training course	5.3
Work plan of the project (including design of web project and communication platform)	6.1
Interim technical report	6.2
Final technical and financial report	6.3

2.8. Project management structure

2.8.1. Quality of the partnership

This project proposal SH-CAPAC is being submitted by a consortium of European health institutions to the European Commission. This submission is within the framework of the 2015 Work Programme of the 3rd Health Programme, and in response to the EC call for proposals under the label "Support Member States under particular migratory pressure in their response to health related challenges".

The Consortium is comprised of the following seven institutions:

- Escuela Andaluza de Salud Pública (EASP) (Spain),
- Azienda Unità Sanitaria Locale di Reggio Emilia (Italy),
- Trnava University in Trnava (Slovakia),
- Jagiellonian University Medical College (Poland),
- International Centre for Reproductive Health/ University of Ghent (Belgium),
- Academic Medical Centre/ University of Amsterdam (The Netherlands),
- University of Copenhagen (Denmark).

The Consortium includes relevant centres with a long and complementary experience in migrant and ethnic minority health care as well as in the design and development of training activities directed at professionals and health care providers and oriented to improve health care quality and promote accessibility for these population groups. Three of them, the Andalusian School of Public Health (EASP), the University of Copenhagen and the Jagellonian University have previous experience of collaborative work as members of the Consortium which conduct the European Master of Public Health (EUROPUBHEALTH) and have a formal agreement of collaboration. They also were joined by the Azienda USL of Regio Emilia, Trnava University in Trnava and the Academic Medical Centre/ University of Amsterdam in the consortium that implemented the project for the EC sponsored project for development and testing of training materials for improving quality of health care for migrants and ethnic minorities (MEM-TP). The International Centre for Reproductive Health/University of Ghent, with ample experience in participating in European projects on Sexual and Reproductive Health and Sexual Violence has joined his time the Consortium presenting this proposal. The institutions involved in this project are described briefly in 8.1. Capacity of the staff.

The partners of the consortium submitting this proposal are requesting 538.756,34 Euros to carry out activities within the period spanning from January 2016 to December 2016. The activities are designed to assist transit and destination Member States affected by the massive influx of refugees, asylum seekers and other migrant's populations. The funds requested are not intended for direct provision of care. Rather, they are to support Member State's coordination, assessments, planning, fostering access to health care, and capacity building efforts, aimed at meeting the health needs of the refugee asylum seekers and other migrant's populations.

Following is a detailed plan of the SH CAPAC meetings/regional workshops and trainings:

Event	Date
Consortium 1 day meeting EASP Granada	14th January 2016
Consortium and other institutions' 1 day meeting EASP Granada	15th January 2016
Regional workshop on the framework	February 2016
Consortium meeting TU Slovakia	April 2016
Training programme design for health managers and health professionals	May 2016
Seven country missions to advise on health sector coordination mechanisms	June 2016
Combined regional WP2 and WP3 training workshop	June 2016
Regional workshop on the action plan framework	June 2016
Combined WP4 and WP5 Workshop border and transit countries	June 2016
Regional awareness seminar as part of the combined WP4 and WP5/workshop	June 2016

Training of Trainers workshop	June 2016
Online Training course	October 2016
Seven country assessments of health challenges posed by the massive refugee flow, and of the health care response and public health interventions needed for the refugee population	November 2016
Seven country missions to support Member States in the preparation of action plans	November 2016

2.8.2. *Capacity of the staff*

1. Coordinator Institution: EASP

The Andalusian School of Public Health (EASP, Escuela Andaluza de Salud Pública) is a publicly-owned entity that offers services in training, consultancy, research and international cooperation in the fields of public health and health services management. The EASP was founded on 1985 by the Andalusian Autonomous Government. Professionals of the Andalusian School of Public Health have participated since 2003 in the development of projects for training, research and consultancy related to health care for migrant population (access, use, health care needs, satisfaction of users), planning and evaluation of health and migration on a European, national and regional level, training of professionals in cultural competence and health care for migrants; professional migration, patient mobility in the EU (OSE, Observatorio de Salud en Europa), health care in border regions (OSE, Observatorio de Salud en Europa), and approaches focused on childhood and migration (OIA, Observatorio de la Infancia en Andalucía). EASP has also created and managed networks and forums of communication between professionals interested in this area, and prepared publications on these topics.

Currently, EASP is the leading institution of the Migrant and Ethnic Minorities Training Packages (MEM-TP) project, funded by the European Commission Health Programme 2008 – 2013).

The work of the EASP in migration and health is focused on:

Professional Training: Sexual and reproductive health addressed to migrants; Multiculturalism and health; Development and validation of training materials and training strategies of teachers and trainers, with the objective to acquire skills and attitudes for sensible and effective diversity awareness in the professional world; Developing WP training materials in the Project MEM-TP and collaborating with IOM (International Organisation for Migration) in project “PHBLM, Increasing Public Health Safety Alongside the New Eastern European Border Line” and “EQUI-HEALTH, Fostering health provision for Migrants, the Roma, and other vulnerable groups”.

Research: a) Policies, utilization and access to health services: Developing Public Health Work Force Health for Migrants in Europe; quantitative and qualitative analysis of the main reasons for seeking health care, as well as unmet needs in migrated population; qualitative evaluation of the Second Comprehensive Plan for Immigration in Andalusia. b) Professional Practice: “Immigration and professional practices: aspects for bringing worlds closer”. c) Gender and Health: “Gender violence against women performing sex work”.

Networking, materials production and resource management: Red ISIR (Network of Migration and Health) to improve health care for the migrant population (www.redisir.net); Internet Resource Centre to promote the health of migrants; Production of audiovisual materials for training in cultural diversity awareness. The produced materials for training are presented in several formats: Videos, content guides, handbooks, PPT presentations and practical exercises.

Professional Migration: Migration of health professionals between Latin America and Europe: analysis and generation of opportunities for shared development; Qualitative study of health professionals’ migration from Andalusia.
Patient mobility and cross-border health care: Directive proposals for the rights of patients and cross-border health care, mobility of patients and health care in the EU; “The Migrant Friendly Hospitals - A European Initiative to Promote Health and Health Literacy of Migrants and Ethnic Minorities”; “Quality in and Equality of Access to Health care Services – HealthQuest”; “III Forum OSE on health politics in the EU”, “Forum on Patient Mobility and Cross-Border Care”.

Migration and minors: “Children at risk or in disadvantage; “A gaze on childhood”; Training of migrant minor educators and children of migrants.

In addition to experience in the Health and Migration, the Andalusian School of Public Health has extensive experience in different training methodologies from purely face to face to entirely virtual formats to delivery: Training of trainers, based on adult learning methodologies, peer to peer education as well as networking.

Key staff of the EASP:

Daniel López-Acuña graduated as a Medical Doctor from the National Autonomous University of Mexico in 1978 and did both his Masters and Doctoral studies in Public Health at the Johns Hopkins University School of Hygiene and Public Health in Baltimore, Maryland, USA. Faculty member of the School of Medicine at the National Autonomous University of Mexico and at the School of Public Health of Mexico, and visiting professor at several Universities in the United States, Spain and Latin America in fields such as Epidemiology, Health Systems, Health Planning and Health Economics. He worked for the Pan American Health Organization WHO Regional Office for the Americas (1986-2005) as Director of Health Systems and Director of Program Management. Director Health Action in Crisis in the World Health Organization HQ in Geneva (2006-2011), he was responsible for coordinating the humanitarian health cluster of the IASC, for organizing the discussions on Migrants Health during the 2008 World Health Assembly and of coordinating the WHO work for implementing the resolution approved to that effect. He also coordinated the Global Consultation on Migrant’s Health (2010). He represented WHO at the Global Migration Group. Adviser to the Director General of the World Health Organization (2011), supporting the design and implementation of WHO's Reform. Director of Country Cooperation and Collaboration with the United Nations System at the World Health Organization (2013). Retired from WHO in 2014, currently he is Adjunct professor of the Andalusian School of Public Health (EASP). He has published several books and is a member of the editorial boards of several technical and periodical journals. .

Riitta-Liisa Kolehmainen-Aitken, public health physician with 35 years of experience in health and human resource policy, planning and evaluation and governance of health systems in resource-poor settings. Adjunct professor at the Andalusian School of Public Health, she directs the EC-funded project MEM-TP focused on developing and testing training packages for health professionals caring for migrants and ethnic minorities. Under a previous EC-funded project, she co-authored a background paper on the development of a public health workforce to address migrant health needs in Europe. She has worked for World Bank, USAID, and WHO as consultant in Africa, Asia, Latin America and the Caribbean. She worked for 14 years by Management Sciences for Health (MSH), a non-profit organisation working to strengthen health systems in developing countries. She has taught at various universities and authored several publications. She received her MD from the University of Helsinki in Finland and her MPH and DrPH from the Harvard School of Public Health.

Jose Ignacio Oleaga is family doctor. He also holds a diploma in emergency medicine, a master’s in public health and health management a degree in public health and diplomas in health and epidemiology. His fields of specialization are public health, health policy and analysis of health systems, management and planning strategies, management training, human resource training and management, migration and health, cooperation for health development, global health. He is professor, researcher and consultant in public health and health management at the Andalusian School of Public Health. Since 2004 he is coordinator of EASP’s global health area. He has been responsible at the EASP of the design, organisation and carrying out of training activities (diplomas, training courses and study-tours in the fields of strategic planning, primary health care and hospital management, health and migration, senior management training and design of health policies).

Ainhoa Ruiz Azarola is BA Psychology, Expert in Health Promotion in Health Care, Education and Social Contexts, PhD Candidate Health Sciences. Professional activity in research, consultancy and teaching, Andalusian School of Public Health (EASP), Social Affairs, Citizenship and Participation Department, Granada, Spain. Research areas: migration and health, access to health care for migrants, health care of vulnerable groups, training of health professionals in intercultural competences, training of trainers methodologies, civil society participation in health and qualitative research methodologies. Currently, coordinator of Red Isir: Migration and Health Network. Additionally, she is member of the EASP team leading the Migrant and Ethnic Minorities Training Packages (MEM-TP) project, funded by the European Commission Health Programme 2008 – 2013). Furthermore,

she worked as a researcher in the Project Equi-Health: “Fostering health provision for Migrants, the Roma and other vulnerable groups”, International Organization for Migration (funded by European Commission, 2013-2014).

Olga Leralta Piñán is BA in Political Sciences and Sociology, Expert in Migration Policies and Legislation, Intercultural Mediation and Health Promotion in Health Care, Education and Social Contexts. Professional activity in research, consultancy and teaching, Andalusian School of Public Health (EASP), with focus on migration and health, access to health care for migrants, health professionals training networks, training of trainers methodologies and qualitative research methodologies. Additionally, she is member of the EASP team leading the Migrant and Ethnic Minorities Training Packages (MEM-TP) project, funded by the European Commission Health Programme 2008 – 2013). Furthermore, she worked as a researcher in the Project Equi-Health: “Fostering health provision for Migrants, the Roma and other vulnerable groups”, International Organization for Migration (funded by European Commission, 2013-2014). Previously she worked as Social mediator with Asylum Seekers and Refugees at the Spanish Commission for Refugees Support (Comisión Española de Ayuda al Refugiado, CEAR) Madrid, Spain.

Amets Suess has a BA Sociology, and an MA Art Therapy. He is a PhD Candidate in social anthropology in the University of Granada, Spain. He has experience in research, consultancy and teaching, and is based in the Area of International Health at the Andalusian School of Public Health (EASP), Granada, Spain. He is a member of CIBERESP, Centre for Biomedical Network Research – Epidemiology and Public Health, Spain. His research areas include migration and health; access to health care; economic crisis and health; human rights perspectives; mental health; intercultural, body and gender diversity; citizen participation in health; qualitative research methodologies, and ethics.

Ainhoa Rodríguez García de Cortázar is a BA in Political Sciences and Sociology. She works in the Childhood Observatory (OIA), linked to the Andalusian School of Public Health, with focus on children and adolescent at risk or in social disadvantage. Since 2011, she combines her research at the OIA with teaching at the University of Granada, where she lectures on quantitative and qualitative social research methodology. She specialized in participatory research and theoretical and methodological aspects of childhood at social risk. She obtained her Advanced Studies Postgraduate Diploma in Social Anthropology, and is a PhD candidate in the programme: “Globalization, Multiculturalism and Social Exclusion: Development, Social work / Social policies, Migrations” at the University of Granada. She has published several book chapters and academic papers on the phenomenon of unaccompanied migrant children, and participated in several research and cooperation projects related to migration and childhood between Morocco and Andalusia. She has taught courses on child trafficking, and on intercultural and unaccompanied child migrants.

Noelia García Toyos is BA Psychology, Expert in Women's studies and gender, PhD Candidate Health Sciences. Professional activity in research, consultancy and teaching, Andalusian School of Public Health (EASP), social welfare and Citizenship Department, Granada, Spain. Research areas: gender and health, training of trainers workshop and methodologies, civil society participation in health and qualitative research methodologies. Currently, she participated in Yorie project (http://yorie-project.eu/) aiming the construction of European identity based on the reemergence of regional identities through intergenerational support.

Julia Bolívar-Muñoz Phd in Women´s health and gender Studies and BA Sociology from the University of Grenade-Spain. Since 2002 works at the Public Health department of the Andalusian School of Public Health in Spain. Researcher of the Program for Research on Social Determinants of Health at the National Center for Biomedical Research on Epidemiology and Public Health in Spain (CIBERESP). Participates of several research, training and consultancy projects in the area of social and gender determinants of health and health inequalities, and the impact of the current crisis in the health of populations.

Luis Andrés Gimeno Feliu is a family doctor. For the past 15 years, he has worked in health centres of large proportion of migrant population and other ethnic minorities. Researcher on migration and health-related issues, he has published numerous original articles and reviews in international and Spanish journals, as well as congress communications. He has experience as associate and senior researcher in various research projects. Teaching experience as tutor for medical residents, university professor both for undergraduate and postgraduate degrees, with extensive experience in migration and health. Member of groups regarding health and migration from the Spanish Society of Family and Community Medicine. In the last 15 years he has been director and lecturer of numerous courses on migration and health and has produced an important number of training materials, in books, journals, on-line platforms, “train the trainers” programmes and face to face courses.

Pablo Perez Solis is a family doctor at Laviada Health Centre (Asturias, Spain). He is member of the Immigration and Health Group of the Spanish Society of Family Physicians (SEMFYC) since 2005. He has actively participated in workshops focusing on Health inequalities in migrants and in the Regional Plan for migrant integration in the Region of Asturias. Teaching experience in workshops related to health care for migrant population in Primary Care, development of training contents for Red ISIR courses, teacher in courses from SEMFYC (Spanish Society of Family Physicians). He has published articles on improving intercultural communication skills and professional manuals for migrant's health care.

2. AUSL of Reggio Emilia, Italy

The Azienda USL of Reggio Emilia (AUSL RE) is the statutory provider of health and social care in the province of Reggio Emilia in the central north of Italy. The Azienda USL of Reggio Emilia has approximately 4,000 employees of which 480 are medical doctors, working in six health districts plus the "Presidio Ospedaliero", a five hospital complex. The AUSL activities are organised into departments: eight for territorial activities, nine for hospital activities.

The present proposal is submitted by a team working for the Department of Research & Innovation at AUSL-RE within the specific role of coordinating the international Task Force on Migrant Friendly & Culturally Competent Health Care. The Department of Research & Innovation plays a specific role aimed at fostering the participation of health staff and departments in regional, national and international projects. The Department is staffed with six persons, including researchers and administrative staff and been involved in:

- MFH (2002–2005) Coordinator for Italy of the EU project (DG Sanco) "Migrant-Friendly Hospitals: a European initiative to improve health and health literacy of migrants and ethnic minorities".
- TF-MFCCH (2005 – ongoing) Task force on Migrant-Friendly & Culturally Competent Health care. Since 2005 the AUSL of Reggio Emilia coordinates the TF-MFCCH, a thematic group of experts established within the international Health Promoting Hospitals (HPH) network
- COST Action HOME (2007-2011). Coordinator of the Working Group "Health care for migrants and ways of improving it" within the COST project HOME "Health and Social Care for Migrants and Ethnic Minorities in Europe".
- RACE, CRIMINAL JUSTICE & DRUGS (2007-2010). Coordinator for Italy. The project received funding from the EC under the PH Programme 2003-2008.
- ChAPAP (2007-2010). Coordinator for Italy of ChAPAP "Children affected by parental alcohol problems".
- NOWHERELAND (2008-2011). Coordinator for Italy of the EU project "NowHereland - Health Care in NowHereland – Improving Services for Undocumented Migrants in the EU". The AUSL was responsible of the WP on collecting European best practices.
- COST Action ADAPT (2012-ongoing). Coordinator of working group "Health system's issues" within the COST action ADAPT "Adapting European Health Systems to Diversity".
- PROMOVAX (2010–2013) - Promote Vaccinations Among Migrant Populations in Europe (2010-2013). External expert for the setting up of the evaluation tool aimed at selecting European Best Practices. Support to the revision of Project's outcomes.
- MEM-TP (2012-2015) Migrant and Ethnic Minorities Training Packages, funded by CHAFEA within the European Commission Health Programme 2008-2013).
- Equity standards in Health care for migrants and other vulnerable groups. (2011-2014). The project has involved 54 health care organisations in 16 countries.

Key staff of AUSL RE:

- **Antonio Chiarenza**, PhD Sociology from the University of Leicester (UK), works with the Local Health Authority of Reggio Emilia in Italy (AUSL-RE), where he is head of the Research & Innovation Department. His research interests have focused on health promotion, migrant health, and community

health. He leads, and collaborates with, several international networks focused on migrant health, as further specified in his CV. At present, he leads the international Health Promoting Hospitals' Network Task Force on Migrant-Friendly and Culturally Competent Health Care (HPH-TF MFCCH) and the Coordinating Centre of the Regional Health Promoting Hospitals Network of Emilia-Romagna.

- **Alexander Bischoff** was born in Boston, Massachusetts, and trained as a nurse in Switzerland. He was involved in primary health care in Angola, received his Masters in Community Health at the Liverpool School of Tropical Medicine, and his PhD in Epidemiology at the University of Basel. He carried out short-term assignments and consultancies in countries including Rwanda, Zanzibar, Guinea-Bissau, Angola, Bosnia-Herzegovina, Kosovo, Belarus, Tanzania, Cameroon, South Africa, Togo and Tajikistan. He is with the University of Applied Sciences Western Switzerland, Fribourg, lecturer at the Institute of Nursing Science, University of Basel. He is a member of the TF-MFCCH.

- **Hans Verrept**, philologist and social and cultural anthropologist works with the Federal Public Service for Health, Safety of the Food Chain and Environment where he is the head of the Intercultural mediation and policy support unit. His research interests have focused on the use of medication in the Moroccan community, ethnic monitoring in health care and epidemiology, intercultural mediation and medical interpreting in health care, traditional healing in the Moroccan community and the provision of culturally competent care. Since 1999 Hans Verrept is the head of the 'Intercultural mediation and policy support unit' at the Federal Public Service for Health, Safety of the Food Chain and the Environment. From 2003 – 2006, he was involved in Council of Europe on 'Health Services in a Multicultural Society'. He was also involved in the work of the Council of Europe on Intercultural Competences in Social Services and participated in the COST project HOME and is a member of the management committee of the COST-project 'ADAPT'.

- **Benedetta Riboldi**, graduated in Sociology from the University of Milano-Bicocca, works in the Research and Innovation Department of the Local Health Authority of Reggio Emilia in Italy (AUSL-RE). From 2004 to 2007 she has worked for the Health and Social Regional Agency of Emilia-Romagna. In 2005 and 2007 she has collaborated with the WHO Office in Copenhagen in the project of Benchmarking Regional Health Management. She is involved in the international project on the development of Standards for Equity in Health Care for Migrants and other Vulnerable Groups.

- **Ilaria Dall'Asta**, graduated in sciences of culture (University of Modena and Reggio Emilia) and in sociology, culture and communication address (University of Milano Bicocca). She currently works in the Research & Innovation Department of the Local Health Authority of Reggio Emilia (Italy). She is interested in qualitative and social research about health promotion, migrant health, and community health, in particular focused on health inequalities and health service access barriers. She is involved in the European project MEM-TP, and in the International Task Force on Migrant Friendly.

- **Anna Ciannameo**, joint PhD in 'Science, Technology and Humanities' at the University of Bologna (Italy) and 'Anthropology' at the University of Tarragona (Spain). She works in the Research & Innovation Department of the Local Health Authority of Reggio Emilia (AUSL-RE, Italy) and collaborates with the Centre of International Health (CSI) of the University of Bologna.

3. Trnava University in Trnava (Slovakia)

Today's Trnava University in Trnava is inextricably connected to its historical past of being the only university in the Kingdom of Hungary during its time as a functioning University (1635-1777). Trnava University in Trnava was re-established in 1992, and the Faculty of Health Care and Social Work was founded in 1994. The Department of Public Health aims in research and development focuses on multicultural aspects of health care for minorities, patients' rights, inequalities and international health care systems. The faculty has developed aid with special focus on public health, nursing and social work mainly in Africa (Kenya and Sudan). The school was involved in several European research and development projects, such as:

MEM-TP	Migrant and Ethnic Minorities Training Packages (funded by the EC Health Programme)
GENOVATE-Transforming organisational culture for gender equality in research.	2013-2016. Project FP7 - Science in the Society, SiS 2012. 2.1.1-1 Programme
FINALLY - Financial Literacy for the Roma	2012-2015. Project No: 527860-LLP-1-2012-1-SI-GRUNDTVIG-GMP. Co-funded by the Lifelong Learning.
ACTION FOR HEALTH - Reducing health inequalities: preparation for action plans	2012-2014 Co –funded by Health Programme of EC
COST Action IS1103: Adapting European health systems to diversity (ADAPT)	2011-2015. European cooperation in science and technology. COST is supported by the EU RTD
SRAP - Addiction Prevention within Roma and Sinti communities	2010-2013. Executive Agency for Health and Consumers, Health Programme
Capacity building of HR for Health in Slovakia for International Development Aid	2010-2012. LPP, LEONARDO DA VINCI Transfer of innovation
Risk assessment from policy to impact dimension – RAPID	2009-2012 EAHC of DG SANCO of EC, Grant n.2008105
Erasmus Curriculum Development Project: Health/ Social Care for Migrants/Minorities	2008-2010 EC's Erasmus Programme
Healthy Inclusion" - Development of Recommendations for Integrating Socio-Cultural Standards in Health Promoting	2008-2010 Funded by the European Commission, DG Health and Consumers, Public Health
COST Action IS0603: Health and Social Care for Migrants and Ethnic Minorities in Europe (HOME)	2007-2011. European cooperation in science and technology. COST is supported by the EU RTD Framework Programme
Health impact assessment in new member states and pre-accession countries	8/2005 – 7/2007. EU DG SANCO (HIANMAC grant No. 2004128)
The Effectiveness of Health Impact Assessment	5/2004 – 10/2007 EU DG SANCO (Grant No.2003101)
FIRCA Breast Cancer Case-Control Study in Slovakia	8/2004 – 12/2007. National Health Institute – Fogarty International Center, USA
Closing the Gap: Strategies for Action to tackle Health Inequalities in Europe	2004-2007 EU DG SANCO

Key staff of TU:

Daniela Kállayová, PhD Assistant professor, researcher and teacher who has experience in teaching: Qualitative and quantitative research in public health, Designing, planning and implementing intervention programs, Health promotion, Migrant and minority Health. She is a member of the management committee within the European cooperation in Science and Technology Action IS1103: ADAPT - Adapting European health systems to diversity (2011-2015) following the COST Action IS0603: HOME - Health and Social Care for Migrants and Ethnic Minorities (2007-2011). She has experience in the field of Scientific-residence at the University of Iowa in the U.S., where she successfully completed courses in 2007: Qualitative research in public health, Communication with community, Design and planning of health intervention programs. She coordinated the Minority Health and Health Disparities International Research Training (MHIRT) Program in cooperation with Iowa University, USA. She has been involved in many projects funded by EC.

Eva Nemčovská, PhD. Assistant professor, young science researcher, experienced as head of Public Health Department. She was a member of the many project implementation teams (Finally, SRAP, MEM-TP). She has experience and skills in teaching migrant health, minority's health, epidemiology, occupational health, data analysis, objectivity factors and occupational environments and experience in study-scientific stay at the University of Iowa USA; she published articles in the field of public health.

Marek Majdan, PhD. Assistant professor, Vice-dean for Science and Research at Faculty of Health Care and Social Work. Researcher with experience in quantitative processing of statistical data and expert specialized in statistical analysis, migrant health, minorities' health, epidemiology, biostatistics and environmental health. He has teaching experience in the field of environmental and spatial epidemiology, data management, and geographic information systems and he published many professional CC publications in the field of Public Health.

Andrej Kallay, PhD., is a Professor Assistant and Research Fellow of the Faculty of Health Care and Social Work at Trnava University in Trnava in the Slovak Republic. His research is oriented towards quantitative and qualitative methods, social service delivery systems and social policy in Slovakia and other countries. He is a member of the Local Centre of Gender Equality in Trnava, European Research Institute of Social Work and others. He is member of the editorial board for the Journal of European research Institute Social Work (ERIS). He has teaching experience in Demography and Comparative Social Work.

Peter Letanovsky, MPH is a part time lecturer at Faculty of Health Care and Social Work, he has teaching experience in the field of public health - Health Policy, Public Health legislation and organisation. He is employed at Ministry of Defense of the Slovak Republic and currently he is serving as expert consultant at Ministry of Health of the Slovak Republic. He has worked as public health professional at Ministry of Health of the Slovak Republic and at Public Health Authority of the Slovak Republic.

4. ICRH – International Centre of Reproductive Health – Ghent University

The International Centre of Reproductive Health (ICRH) is a multidisciplinary research institute operating within the faculty of Medicine and Health Sciences at Ghent University, Belgium. It is one of the largest academic units of its kind in Europe and enjoys a high-level profile both nationally and internationally. ICRH was established in 1994 by Professor Marleen Temmerman in response to the International Conference on Population and Development (ICPD, Cairo, 1994), where sexual and reproductive health and rights (SRHR) became an important focus point on the international agenda.

In the light of the ICPD recommendations, ICRH defined its vision as contributing to sexual and reproductive health and promoting it as a human right, and its mission as being an interdisciplinary academic centre of excellence for SRHR. ICRH maintains an international network of experts and partner institutions. This network includes two sister organizations in Kenya (ICRH-Kenya, founded in 2000) and Mozambique (ICRH-Mozambique, founded in 2009). Since 2004, ICRH has been designated as a World Health Organization (WHO) Collaborating Centre for Research on Sexual and Reproductive Health.

As an academic institution, the centre's activities revolve around three axes of research, capacity building and service delivery. Within these activities, the main focus is on 4 topics and 3 specific vulnerable population groups: Topics: 1) Contraception, maternal and newborn health 2) Interpersonal violence 3) Harmful cultural practices 4) Sexually transmitted infections. Specific group **Migrants:** Our objective is to improve sexual and reproductive health of migrants in an ethically sound and culturally competent way by identifying determinants of migrants' SRHR, improving their access to sexual and reproductive health care and by contributing to the development, implementation and evaluation of response. We highlight 3 specific intervention projects that resulted in the development of tools useful for this project:

1) Hidden Violence (EU Daphne, 2006-2008) researched in Belgium and the Netherlands the nature and magnitude of sexual and gender-based violence that refugees, asylum seekers and undocumented migrants experienced since their arrival in Europe as well as their framing of sexual and reproductive health.
2) The EN-HERA! Project (ERF-2007-2009) founded the "EN-HERA! Network: **the European Network for Promotion of Sexual and Reproductive Health of Refugees, Asylum Seekers and Undocumented Migrants in Europe and beyond.** In addition we developed a **"Framework for the identification of good practices in Sexual & Reproductive Health for Refugees, Asylum seekers and Undocumented Migrants".** *Academia Press, Ghent, Belgium. ISBN 978-90-75955-69-9."*
3) With the Senperforto Project (EU Daphne, 2008-2010) we researched knowledge, atttitudes and practices on sexual and gender-based violence in the asylum reception facilities in 8 European countries: Greece, Malta, Hungary, Spain, Portugal, the Netherlands, Ireland and Belgium applying community-based participatory research. For the community researchers **a 30 hour training**.

Furthermore with this participatory consortium of stakeholders and asylum seekers in those 8 countries we developed a "**The Senperforto Frame of Reference for Prevention of SGBV in the European Reception and Asylum Sector.**" *Magelaan cvba, Ghent. ISBN 978-9078128-205.* This frame of reference consists of SGBV Prevention Standard Operating Procedures, a Code of Conduct, a Sensitization Kit and the Make it Work! Training Manual. The Senperforto Frame of Reference was disseminated to all European Member States and is still promoted by UNHCR as a tool for SRH promotion and SGBV prevention in EU reception settings.

ICRH is a **WHO** Collaborating Centre on SGBV, harmful cultural practices and migrants SRH. Ines Keygnaert was asked to write the background paper on migrant sexual health for the WHO EU expert meeting on sexual and reproductive health in Spain 2010. She is now also commissioned to lead a **HEN-report for WHO on migrant maternal health** in the WHO EU region (publication due in March 2015).

Teaching: Ines Keygnaert is also co-lecturer in the course "**Mother & Child Care: intercultural aspects"** and "Medicine and Human Rights". Together with the students in medicine of the Ghent University, ICRH is organising since 2010 a **Summer School on "Health & Migration"** for master students in Medicine, in which Ines provides the courses on SGBV & SRH. Finally, ICRH is also developing a Master after Master in Global Health with a substantive part on migrant health.

ICRH is also the European leading expert on Female Genital Mutilation and other Harmful Cultural Practices as early marriages, forced marriages, honour-related violence, lead by Prof Els Leye. For FGM several prevalence studies have been conducted and many policy briefings and prevention and response tools developed from December 1997 until now

ICRH was involved in the EuroNet-FGM project on developing national action plans on FGM (Daphne project, 2009-2010) and the development of the national action plan in Belgium on violence against women (with specific part on FGM, 2008-2009). Els Leye was/is an invited expert to several expert panels on FGM organized by WHO, UN Division for Advancement of Women, UN special Rapporteur on Torture, the END FGM European Campaign, and Worldbank, among others. For the Association of European Parliamentarians with Africa (AWEPA), Els Leye wrote "Guidelines for Parliamentarians. Abandoning Female Genital Mutilation/Cutting" (2010-2011). She provided training on FGM for gynaecologists and midwives in Belgium (2013-2014). For Coventry University, she evaluated the Replace II project financed by the European Commission, that focused on behaviour change regarding FGM in migrant communities in Europe (2014-2015).

Key Staff of ICRH:

Ines Keygnaert is a postdoctoral researcher and the team leader of the "Priority Team" which heads the research line on sexual and gender-based violence (SGBV), harmful cultural practices and gender in adolescent and migrant health at ICRH-Ghent University (Faculty of Medicine–Dpt Uro-Gynaecology). Dr. Keygnaert is holding a PhD in Medicine on the topic of sexual violence and health in refugees, asylum seekers and undocumented migrants from the Ghent University. In addition she holds a Masters in Eastern Languages & Cultures (UGENT), a Third Cycle Degree in Social and Political Development (UCL) and a postgraduate in Middle Eastern Studies (NVIC). Since 2014, she is also researching migrant well-being through education (Faculty of Psychology & Pedagogy). Over the past nine years, Dr Keygnaert has been coordinating different European (multi-country) intervention research projects on prevention of and response to SGBV in the European reception and asylum sector (DG Justice & Internal Affairs- Daphne, ERF), European Neighbourhood (EU-Morocco), as well as several national projects (Public Health service) on holistic management of victims of sexual and domestic violence. Dr Keygnaert has published over 50 publications She is the founder of EN-HERA! The European Network for Sexual Health Promotion of Refugees, Asylum Seekers and Undocumented Migrants in Europe and beyond.

Luk Van Baelen holds a masters' degree in sociology from the University of Ghent and a PhD in psychology from the Manchester Metropolitan University. Between 2003 and 2011, he did several missions as a project coordinator for Doctors Without Borders (MSF) in Eastern Europe and Africa, where he was involved in programs related to mental health and sexual violence Currently he is coordinating the Daphne Project "Towards a better estimation of prevalence of female genital mutilation in the European Union (FGM-PREV)".

Kristien Michielsen is a trained social scientist (2001) with a PhD in Social Medical Sciences from Ghent University in 2012. Her field of expertise is Global Sexual and Reproductive Health, with a specific focus on Sexual and Reproductive Health Behaviour. She has been working for ICRH since 2006, and in this period her research mainly focused on sexual and reproductive health and wellbeing of adolescents and young people, in several countries in Africa, Latin America and Europe.

Birgit Kerstens is a health sector evaluator with educational background in (health) economics, mainly working in the area of health financing and health systems since 2001. Birgit Kerstens has conducted assignments on behalf of development institutions and agencies in Africa, the Caribbean, Central Asia and Europe. Just recently she was member of the UGent/UCL team that conducted a SWOT analysis of urgent medical aid for undocumented migrants in Belgium. From 2011 till 2013 she was involved in research and coordination of the MOMI project an intervention research project on maternal health funded within the 7th Framework Programme of the European Union, at the International Centre for Reproductive Health of the Ghent University.

Lotte De Schrijver holds a master in Clinical and Health Psychology (KU Leuven, 2013), a master degree in Human Sexuality Studies (KU Leuven, 2011) and a master in World Religions, Interreligious Dialogue and Religious Studies (KU Leuven, 2011). She has four years of experience as a sex therapist and 2 years as a clinical psychologist with an intercultural set of patients. The variety of her education and professional expertise have spurred her interest in improving intercultural communication on sensitive issues as sexuality, relationships and cancer further. Currently she is also specialising in Cognitive Behavioural Therapy, focussing on psychological problems such as depression, anxiety, trauma and mental stress. At ICRH-Ghent University, she is a junior researcher on female genital mutilation and prevalence in Europe.

5. Jagiellonian University Medical College (Poland)

The Institute of Public Health in the Faculty of Health Sciences, Jagiellonian University Medical College, conductes research and development activities, as well as training within the broadly understood field of public health. Is a member of the Association of Schools of Public Health in European Region (ASPHER), an associate member of NETWORK: Towards Unity for Health.

As an organisational unit of Jagiellonian University, it conducts large-scale educational activities, such as undergraduate and Master's courses in Public Health as well as postgraduate courses and specialist training. The other important activity is cooperation with several European Universities in organisation of EuroPubHealth – Erasmus Mundus Master Programme in Public Health.
Information Studies Department of the Institute participated in years 2006-2008 in the Public Health Programme –

“MIGHEALTHNET - Information network on good practice in health care for migrants and minorities in Europe”. The project was supported by the EC's Directorate-General Health and Consumer Protection (DG SANCO) and the Stavros Niarchos Foundation.

JUMC is participating (as a subcontractor) in MEM-TP project “Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma”, 2014 – 2016 (funded by the European Union, Health Programme 2008 – 2013).

Other activities related to migrants/ethnic minorities health issues are conducted in the Faculty of Health Science in years 2014-2016: “Improvement and better adaptation of health care to new demographic and epidemiological trends” and “Reducing social inequalities in health” (EEG and Norway Grants; PL07 and PL13).

Key staff of JUMC:

Ewa Dobrogowska-Schlebusch, MA. Graduated in Polish Philology and Teaching Polish as a Foreign Language at Jagiellonian University in Kraków. She has worked for 10 years in Medical Library in Kraków (Institute of Public Health Library). Current position: assistant researcher at the Department of Information Studies (Institute of Public Health, Faculty of Health Sciences, Jagiellonian University). Main teaching area: intellectual property rights, information science. She participated in two DG Sanco Projects: MIGHEALTHNET- Information Network on Good practice in Health Care for Migrants and Minorities in Europe and euFAQT (euFamilies and Adolescents Quit Tobacco).

Anna Maria Szetela, MA. Graduated in law from the Faculty of Law, Jagiellonian University, Krakow; studied also at the Faculty of Orientalistics of Jagiellonian University (Turkish language and culture). Current position: lecturer at the Institute of Public Health, Faculty of Health Sciences, Jagiellonian University Medical College. Member of the World Association of Medical Law, Polish Association of Medical Law and the Public Health Association of Poland. Interested in the relations between health and law, medical law, the law of public health, the methodology of teaching law for non-lawyers, legal and cultural aspects of migrants and minority health. Researches: Changing employment policy in hospitals resulting from employment law modifications and health care reforms, Responsibility and liability in medical professions, Regulations of medical professions. Administrative coordinator of international master programme. 20 years of teaching experience in Polish, French and English, for Universities in Poland, visiting professor in Germany, Netherlands, Australia, teaching experience for health units, NGO's and others. Leader of the JUMC team of MEM-TP project.

Barbara Niedzwiedzka, PhD, Information Science.Dipl., MA. Assistant professor and a researcher at the Institute of Public Health, Jagiellonian University Medical College. Since 1995 she is the head of the Information Studies Department. Her interests encompass: information for evidence based health care, information behaviors, information literacy, education in area of information competency, problems of scientific information dissemination and use. Teaching**:** Curricula integrated programs in health **i**nformation literacy, database and Internet searching and critical appraisal of information, EBM, health information dissemination and use. Managed international projects, among them: MIGHEALTHNET - Information network on good practice in health care for migrants and minorities in Europe (Public Health Programme) – leader EATWELL (EU 7th FP) – Interventions to Promote Healthy Eating Habits, (2009-2011) – leader of the Polish arm of the project.

Tomasz Bochenek, MD, MPH, PhD; assistant professor at the Department of Drug Management. Involved in management of public health projects and monitoring clinical trials. Senior consultant in nationwide projects aimed at restructuring Polish health care system. Pharmaceutical policy expert at the state's level. He was educated in Poland, the USA, Belgium, the UK, the Netherlands, Sweden and the Baltic states.

Roman Topór-Mądry, Physician, PhD, public health specialist, epidemiologist. Currently working in the Department of Epidemiology and Population Studies, Institute of Public Health, Faculty of Health Sciences. Member of the teaching team of Polish pilot training in MEM-TP project: "Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma", 2014 – 2016 (funded by the European Union, Health Programme 2008 – 2013).

6. Faculty of Health and Medical Sciences, University of Copenhagen

The Danish Research Centre for Migration, Ethnicity and Health (MESU) was established in January 2010 within the Department of Public Health at the Faculty of Health and Medical Sciences, University of Copenhagen. The Faculty of Health and Medical Sciences creates new knowledge and awareness through the core tasks of research, teaching, knowledge sharing and dissemination. The Faculty has more than 4,700 skilled employees, including 1,500 innovative doctoral students and more than 8,000 dedicated students. The faculty publishes more than 3700 peer-reviewed articles in leading scientific journals. The Faculty has an annual turnover of € 365 million, of which 40% in basic government funding and 60% in external funding.

MESU both initiates and conducts its own research and contributes to the development of the research of others in the field through professional guidance and advice. In addition, the centre contributes to establishing professional networks for Danish and international researchers through regular research seminars and academic meetings, exchange of information on research initiatives and information about on-going activities in Denmark. MESU's researchers also give presentations to a wide range of organisations, municipalities and government agencies on topics such as cultural competences, diversity, migration and health. MESU assists health authorities such as municipalities, regions, The National Board of Health, hospital clinics, NGO's etc. with advice regarding guidelines on migrant health and the centre is also often invited to provide contributions to publications by national authorities aimed at giving information and guidance for practitioners in the field of migrant and ethnic minority Health. MESU has experience with developing postgraduate courses with focus on diversity, migration, ethnicity and health.

The multidisciplinary team of researchers within MESU has broad experience in quantitative registry- and survey-based as well as qualitative research. The research includes local, national and international studies of health and disease among immigrants and projects on good practices and policies and new preventive interventions focusing on the needs of migrants. MESU has a close collaboration with the National Institute of Public Health, Copenhagen School of Global Health and the Migrant Health Clinics at Odense University Hospital and at Hvidovre Hospital in Copenhagen, who are represented in MESU's steering committee.

MESU have also been coordinators and partners in a wide range of national and international projects that focuses on migrant and ethnic minorities' health. MEHO, EUGATE (http://www.eugate.org.uk/), MEM-TP (http://www.mem-tp.org) and C2ME are examples of the EU financed projects that MESU have been involved in. One of the larger projects which has been coordinated by MESU is the SULIM research project. One of MESUs newest projects is CAGE: Coming of Age in Exile (http://cage.ku.dk/) - a large research project with 5 Nordic partners funded by the Nordic Research Council. By cross-country comparisons the project identifies welfare policies that may promote health and socio-economic equity in young refugees compared with the majority populations.

Key staff of UCPH:

Signe Smith Jervelund, PhD. Her main scientific expertise lies within the field of migrant health and health services research with a particular focus on social and ethnic inequality in access to and use of health care services, international comparative studies and organisation of the health care system. As associate professor and research leader in the Danish Research Centre for Migration, Ethnicity and Health (MESU), Signe Smith Nielsen has been involved in the management of various research projects on migrant health. Presently, she is deputy PI of the research project "Coming of Age in Exile" that was funded by NordForsk. She is responsible for WP 6 in MESU's research project SULIM, which is funded by the Danish Council for Strategic Research. Furthermore,

Allan Krasniks, MD (specialist in public health), MPH, Ph.D. He is Professor in the Unit of Health Services Research, Department of Public Health at the Faculty of Medical Science. University of Copenhagen and former Director of the Master of Public Health Programme. He is presently Director of the Centre for Migration, Ethnicity and Health (MESU) and also heading a research program as part of the Centre for Healthy Aging (CEHA) at the Faculty of Medical and Health Science, University of Copenhagen and PI of the large research project "Coming of Age in Exile" that was funded by NordForsk – the Nordic research Council. Allan Krasnik is presently president of the EUPHA section on Migrant and Ethnic minority Health. His main research has been focusing on evaluation of innovations and changes in health care services and the effect on the structure of the health service as to access and behaviour for different social and ethnic groups. He is presently involved in projects on integration and continuity of health care, international comparative studies on health reforms, studies on the role of preventive drugs and Danish as well as European studies on migrant health and access to health care for immigrants in Europe.

Claire Mock-Muñoz de Luna. Her main scientific expertise lies within the field of migrant health and health services research with a particular focus on migrant children and adolescents, social and ethnic inequality in access to and use of health care services, and social determinants of health. As research assistant and PhD fellow at the Danish Research Centre for Migration, Ethnicity and Health (MESU), Claire has been involved in various research projects on migrant health: generating ideas, planning and coordinating work, conducting research for and writing reports, and dissemination of results, including Nordic and EU collaborative projects. Additionally, she was lead author on WP 1 onMEM-TP project, funded by the European Commission. Furthermore, she has worked as a project coordinator at the Norwegian Centre for Minority Health Research (NAKMI) in Oslo, where she coordinated the Norwegian Network for Migrant Friendly Hospitals, as well as a number of other projects on Pakistani migrants in Norway and unaccompanied asylum seeking children.

Kathrine Vitus, PhD in Sociology. She is an associate professor at Danish Research Centre for Migration, Ethnicity and Health (MESU). Kathrine has extensive experience in studies of health and wellbeing, inclusion and exclusion, identity and belonging among ethnic minorities, immigrants and refugees, with a particular focus on children and young people. She works qualitatively and her project portfolio includes multidisciplinary collective projects with international participation (including EU-projects) and project manager experience from several projects. Project leader of WP 4 *of the* research project "Towards Sustainable Healthy Lifestyles Interventions for Migrants (SULIM, www.sulim.ku.dk

Janne Sørensen, MSc. She is senior advisor and the Centre Coordinator of the Danish Research Centre for Migration Ethnicity and Health. She has extensive experience with administration and coordination of large research projects. She also has comprehensive experience in organizing research conferences and

7. Academic Medical Center (AMC) - University of Amsterdam

The University of Amsterdam (UvA) with around 25000 students and 5000 staff ranks among the largest comprehensive universities in Europe. The faculty of medicine has around 2500 students (bachelor and master). The Academic Medical Center (AMC) is one of the foremost research institutions in the Netherlands, as well as one of its largest hospitals. Over 7000 people work here to provide integrated patient care, fundamental and clinical scientific research, and teaching. The AMC is situated in one of the most diverse regions of the Netherlands, South-East Amsterdam, where more than 90 different ethnic groups live. The AMC medical school has defined the integration of patient diversity in the curriculum as an important asset in order to prepare medical students optimally for their future work with a diverse patient population. It has a centre for evidence-based education.

Prof Dr. Karien Stronks and Dr. Jeanine Suurmond are (Phd) are connected to the AMC, Department of Public Health. Karien Stronks leads thhis department which is one of the leading research institutes in public health in the Netherlands, with an interdisciplinary staff of around 65 scientists. The department has specialized in research on ethnic and socioeconomic inequalities in health and health care. Furthermore, research projects focus on the development of cultural competence assessment in medical schools, equity in health care, health literacy and development of evidence-based interventions to improve health care outcomes of vulnerable groups. The department has previous experience in EU funded projects on health care to immigrants

Dr. Jeanine Suurmond was the coordinator of a project cofunded by EACEA ERASMUS Lifelong Learning Program (2013). This project ´Culturally Competent in Medical Education´ (C2ME) aims to develop an overarching faculty programme for faculty staff as well as educational leaders. She was also the coordinator of a project supported by the European Integration Fund (2012-2013) on improving access to colon cancer screening for elderly migrant.- Members of the department (Prof. Dr. M.L. Essink/Bot, C. Seeleman) were participant in the WHO Task Force on Migrant-friendly culturally-competent health care. In this project a self asessment tool for health care organisations was developed with others (Antonio Chiarenza and David Ingleby who are also presented in the consortium) to carry out an equity evaluation of their own services against a set of standards. With these Standards the Task Force aims to support member organisations in the process of developing policies, systems and competences for the provision and delivery of equitable and accessible health care services for migrants and other vulnerable groups.

Members of the department (Prof. Dr. K. Stronks, Dr. C. Agyemang) coordinated the EU funded (FP7) RODAM project (Diabetes and obesity among Ghanaian native & Ghanaian migrants), a project that aimed to understand changes in risk of obesity and diabetes among migrants, in relation to environmental changes, and gene-environmental interactions by comparing Ghanaian migrants, migrating to London, Amsterdam, and Berlin, with their compatriots in rural and urban Ghana (2012-2015). Recently, the project Innovative Prevention Strategies for type 2 Diabetes in South Asians Living in Europe (InPreSD-SA) (supported by CHAFEA started (2015-2018) started, leaded by Karien Stronks.

<u>Key staff of UvA:</u>

Dr. Jeanine Suurmond has over 10 years of experience in qualitative research about health care and ethnic minority patients living in the Netherlands, including refugees and asylum seekers. She wrote several peer-reviewed articles on the needs of newly arrived asylum seekers and the competencies care providers need to address them. She is supervising a PhD-trajectory on barriers to the screening on tuberculosis among asylum seekers and refugees in the Netherlands. She was coordinator of a project cofunded by EACEA ERASMUS Lifelong Learning Program (2013-2015). This project ´Culturally Competent in Medical Education´ (C2ME) aimed to develop an overarching faculty programme for faculty staff as well as educational leaders. Thirteen partners were involved from 12 different countries (11 EU and 1 US). She is involved in the MEM-TP. She is member of the European COST/ADAPT group that aims to promote the adoption and implementation of policies in European health systems responding to increased ethnic and cultural diversity. Jeanine Suurmond is connected to the AMC, Department of Public Health where she is also teaching ethnic diversity in the medical curriculum (Bachelor and Master).

Karien Stronks (PhD) is a professor of Social Medicine and Chair of the Department of Public Health Academic Medical Centre/University of Amsterdam, which is one of the leading research institutes in public health in the Netherlands with an interdisciplinary staff of around 65 scientists. The department has specialized in research on ethnic and socioeconomic inequalities in health and health care. Karien Stronks has over 200 publications, including several publications on health of asylum seekers and refugees. She has acquired grants, for example to carry the HELIUS-study,. She chaired the task group WHO commission 'European Review on Social Determinants' (2010-2012) and is member of the Dutch Health Council (Gezondheidsraad).

2.8.3. *Financial management*

The coordinator is responsible for the financial and administrative monitoring of the project. During the first meeting in Granada and with presence of all partners, a specific session for economic issues will be organized with the following agenda:

1) Discussed reading of the Grant Agreement. Consortium Agreement proposal and annexes.
2) Review of the final approved Budget and distribution among partners.
3) Elegible costs. Types and special characteristics.
4) Procedures to be followed for reports and justification.
    a. Staff Costs.
    b. Subcontracting Costs.
    c. Other Costs. Travel Costs. Carrying out travel costs in meetings and missions.
5) Official interim and final reports.
6) Other reports for quality control. Implementation forecast.
7) Procedures regarding changes of budget items.
8) Fixed deadlines.
9) Knowledge of H2020 online Tools. The Participant Portal.
10) Other financial or administrative issues.
11) Financial contacts of each partner.

Next actions are scheduled for the period of performance of the project.

First month: Distribution of pre-financing payment.
Drawing up a consortium agreement.
Inception meeting. Session for economic issues.
Third month: Quality control of financial subjects.
Seventh month: Second Quality Control of financial subjects.
Ninth month: Internal report for quality control and closing forecast.
Twelfth month: Final report. Monitoring with partners.
Thirteenth month: Delivery of final report.
Fourteenth month: Distribution of payment of the balance among partners.

2.9. Budget

2.9.1. *Content description and justification*

According to the person months that every partner has applied in each WP (approved by the coordinator) and following partners' information regarding monthly costs, the item "personnel costs" has been filled in.

Related to the item "subcontracting costs", the main amount applies to fees for experts who will be attending workshops and meetings. The number of meetings has been calculated and reduced to the minimum possible. A small amount for logistic has been allocated to each partner involved in organizing a meeting or workshop in its country.

Travel costs have been adjusted taking into account that almost 30 persons are supposed to assist to each workshop/meeting, including partners' staff, international experts and experts in the target countries. 800 Euros per person have been estimated for items including airfare, other transport costs and per diem.

2.9.2. Detailed budget

Applicant Number/ Short Name	1/EASP		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated**	**Sum Cost (€)**
	will be assuming all these costs.		
(C) Other direct costs			

(C.1) Travel	Costs (€)	Justification
(C.2) Equipment		
(C.3) Other goods and se		
Total Costs (€) of (C)		
(D) Indirect Costs		
(Max. 7% on A, B and C)		
Total estimated eligible costs	**319217,38**	

Applicant Number/ Short Name	**2/AUSL RE**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Total estimated eligible costs	**53286**		

Applicant Number/ Short Name	**3/TU**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Total estimated eligible costs	**56560,20**		

Applicant Number/ Short Name	**4/ICRH-Ghent University**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated**	**Sum Cost (€)**
Total estimated eligible costs	**91.406,09**		

Applicant Number/ Short Name	**5/JUMC**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Total estimated eligible costs	**33437,50**		

Applicant Number/ Short Name	**6/UCPH**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated**	**Sum Cost (€)**
Total estimated eligible costs	**72030,26**		

Applicant Number/ Short Name	**7/AMC-UvA**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Total estimated eligible costs	**45368**		

2.10. Collaborating stakeholders

Institution	Contact person (First name and last name)	City & Country
World Health Organization	Santino Severoni	Copenhagen, Denmark
International Organization for Migration	Roumyana Petrova-Benedict	Brussels, Belgium
UNHCR	Paul Spiegel	Geneva, Switzerland
OCHA	Rashid Khalikov	Geneva, Switzerland
Khalid Shibib	Independent Consultant	Berlin, Germany
Claude de Ville	Independent Consultant	Alicante, Spain
Hannu Vuori	Independent Consultant	Benalmádena, Spain
Iain Aitken	Independent Consultant	Granada, Spain
Alberto Infante	Independent Consultant	Madrid, Spain
Catherine Bragg	Independent Consultant	Dublin, Ireland

Javier Segura	Independent Consultant	Madrid, Spain
Richard Aldersdale	Independent Consultant	London, England
Jacqueline Gernay	Independent Consultant	Brussels. Belgium
David Ingleby	Independent Consultant	Amsterdam, The Netherlands

ESTIMATED BUDGET FOR THE ACTION (page 1 of 2)

	Estimated eligible[1] costs (per budget category)					EU contribution			Action's estimated receipts		
	A. Direct personnel costs	B. Direct costs of subcontracting	C. Other direct costs	D. Indirect costs[2]	Total costs	Reimbursement rate %	Maximum EU contribution[3]	Maximum grant amount[4]	Income generated by the action	Financial contributions given by third parties to the beneficiary	Action's total receipts
	A.1 Employees (or equivalent) A.2 Natural persons under direct contract and seconded persons		C.1 Travel C.2 Equipment C.3 Other goods and services								
Cost form[5]	Actual	Actual	Actual	Flat-rate 7%[6]							
	a	b	c	d = 0.07×(a +b+c)	e = a+b+c+d	f	g= e×f	h	k	l	m=k+l
1 EASP	115034 00	42600 00	140700 00	20883 38	319217 38			255373 90	0 00	0 00	0 00
2 AUSL RE	42300 00	300 00	7200 00	3486 00	53286 00			42628 80	0 00	0 00	0 00
3 TU	45360 00	300 00	7200 00	3700 20	56560 20			45248 16	0 00	0 00	0 00
4 UGent	69361 25	9865 00	6200 00	5979 84	91406 09			73124 87	0 00	0 00	0 00
5 JUMC	25850 00	0 00	5400 00	2187 50	33437 50			26750 00	0 00	0 00	0 00
6 UCPH	59818 00	300 00	7200 00	4712 26	72030 26			57624 21	0 00	0 00	0 00
7 AMC	37000 00	0 00	5400 00	2968 00	45368 00			36294 40	0 00	0 00	0 00
Total consortium	394723 25	53365 00	179300 00	43917 18	671305 43	80 00[7]	537044 34	537044 34	0 00	0 00	0 00

ESTIMATED BUDGET FOR THE ACTION (page 2 of 2)

(1) See Article 6 for the eligibility conditions
(2) The indirect costs claimed must be free of any amounts covered by an operating grant (received under any EU or Euratom funding programme). A beneficiary that receives an operating grant during the action's duration cannot claim any indirect costs for the year(s)/reporting period(s) covered by the operating grant
(3) This is the theoretical amount of the EU contribution that the system calculates automatically (by multiplying all the budgeted costs by the reimbursement rate). This theoretical amount is capped by the 'maximum grant amount' (that the Agency decided to grant for the action) (see Article 5.1)
(4) The 'maximum grant amount' is the maximum grant amount decided by the Agency. It normally corresponds to the requested grant, but may be lower
(5) See Article 5 for the cost forms
(6) flat rate : 7% of eligible direct costs
(7) The reimbursement rate is applied at consortium level only (i.e. to the total costs). The reimbursement rate is normally 60% (or 80% in cases of exceptional utility)

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

AZIENDA UNITA SANITARIA LOCALE DI REGGIO EMILIA (AUSL RE), CF01598570354, established in VIA AMENDOLA 2, REGGIO EMILIA 42100, Italy, IT01598570354 ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘2’)

in Grant Agreement No 717275 (‘the Agreement’)

between ESCUELA ANDALUZA DE SALUD PUBLICA SA **and** *the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) ('the Agency'), under the power delegated by the European Commission ('the Commission'),*

for the action entitled ‘Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure (SH-CAPAC) (SH-CAPAC)’.

and mandates

the coordinator to submit and sign in its name and on its behalf any **amendments** to the Agreement, in accordance with Article 39.

By signing this Accession Form, the beneficiary accepts the grant and agrees to implement the grant in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary

ANTONIO CHIARENZA with ECAS id nchiarea signed in the Participant Portal on 23/12/2015 at 15:56:34 (transaction id SigId-164-Vzho5uttCpei7nkezXcpwtMeQq03pRtwCtPF9zzYbAza3qaBEqz LTuAy BSTBAgvHPzlmDLHjtMPm12JgqsjlOVK-PHslUMVSXYCMzedAwtPTlE-vREzQ9EpQ6pTjfzzozzh5KIE6DFmCgjV1HcjrbzQcztLy). Timestamp by third party at
Wed Dec 23 15:56:38 CET 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

TRNAVSKA UNIVERZITA V TRNAVE (TU), 31825249, established in HORNOPOTOCNA 23, TRNAVA 918 43, Slovakia, SK2021177202 ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘3’)

in Grant Agreement No 717275 (‘the Agreement’)

between ESCUELA ANDALUZA DE SALUD PUBLICA SA **and** *the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) ('the Agency'), under the power delegated by the European Commission ('the Commission'),*

for the action entitled ‘Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure (SH-CAPAC) (SH-CAPAC)’.

and mandates

the coordinator to submit and sign in its name and on its behalf any **amendments** to the Agreement, in accordance with Article 39.

By signing this Accession Form, the beneficiary accepts the grant and agrees to implement the grant in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary

Marek ŠMID with ECAS id nsmimare signed in the Participant Portal on 29/12/2015 at 10:07:14 (transaction id SigId-771-zXqWYWDUDKxrlGgajG4fZLSPHMbTAEOkLMhyh0cM9xmx24TibU1Ji5Qo9xwds2BekNsScnCz 0iEQ0HUnuzzxaa-PHslUMVSXYCMzedAwtPTlE-CzOGjMpCiNvJ20GvPkvxDvazoJzKr7GUDcPgBzbcL8tc). Timestamp by third party at
Tue Dec 29 10:07:20 CET 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

UNIVERSITEIT GENT (UGent), 248015142, established in SINT PIETERSNIEUWSTRAAT 25, GENT 9000, Belgium, BE0248015142 ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘4’)

in Grant Agreement No 717275 (‘the Agreement’)

between ESCUELA ANDALUZA DE SALUD PUBLICA SA **and** *the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) ('the Agency'), under the power delegated by the European Commission ('the Commission'),*

for the action entitled ‘Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure (SH-CAPAC) (SH-CAPAC)’.

and mandates

the coordinator to submit and sign in its name and on its behalf any **amendments** to the Agreement, in accordance with Article 39.

By signing this Accession Form, the beneficiary accepts the grant and agrees to implement the grant in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary

Anne DE PAEPE with ECAS id npaeanne signed in the Participant Portal on 23/12/2015 at 15:45:58 (transaction id SigId-156-o8dnd6PKO05Bzq2OTH2ui4zd7tmeKpozknxRdvSyzTbCcawenthsynzmTRMBzzKXQmqL29zJQcH40D7BxcR9khaj-PHslUMVSXYCMzedAwtPTlE-DaArcQlN8G3Nev2ThULhcCq4EqEeVpqtNYg5TsYgL5O). Timestamp by third party at
Wed Dec 23 15:46:03 CET 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

UNIWERSYTET JAGIELLONSKI (JUMC), 000001270, established in Ul. Golebia 24, KRAKOW 31007, Poland, PL6750002236 ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘5’)

in Grant Agreement No 717275 (‘the Agreement’)

between ESCUELA ANDALUZA DE SALUD PUBLICA SA **and** *the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) ('the Agency'), under the power delegated by the European Commission ('the Commission'),*

for the action entitled ‘Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure (SH-CAPAC) (SH-CAPAC)’.

and mandates

the coordinator to submit and sign in its name and on its behalf any **amendments** to the Agreement, in accordance with Article 39.

By signing this Accession Form, the beneficiary accepts the grant and agrees to implement the grant in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary

Maciej MALECKI with ECAS id nmalecme signed in the Participant Portal on 28/12/2015 at 10:49:46 (transaction id SigId-518-21MNqPKBdXLvzgwOMLsRAzoeFgkN3GbomXFiXcZHKPFrpzWFd212lV5Z98j9O8WRUm3913qfL7CM5ipgUbbOAW0-PHslUMVSXYCMzedAwtPTlE-qDaSKG4sC4V3T8mjcIgKj8OX7JmGTfIYDRH9NjFYlzZ). Timestamp by third party at
Mon Dec 28 10:49:51 CET 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

KOBENHAVNS UNIVERSITET (UCPH), 29979812, established in NORREGADE 10, KOBENHAVN 1165, Denmark, DK29979812 ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘6’)

in Grant Agreement No 717275 (‘the Agreement’)

between ESCUELA ANDALUZA DE SALUD PUBLICA SA **and** *the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) ('the Agency'), under the power delegated by the European Commission ('the Commission'),*

for the action entitled ‘Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure (SH-CAPAC) (SH-CAPAC)’.

and mandates

the coordinator to submit and sign in its name and on its behalf any **amendments** to the Agreement, in accordance with Article 39.

By signing this Accession Form, the beneficiary accepts the grant and agrees to implement the grant in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary

Tina LEWIS with ECAS id nlewtina signed in the Participant Portal on 23/12/2015 at 16:06 51 (transaction id SigId-174-tUzd1VRohDszeoYBXsH041FF1caqSC885jZxA6YRr85qJaWeuuFA3VzZ82SBC0RtxjNKsQU3AFq6WW9dhqzLHvi-PHslUMVSXYCMzedAwtPTlE-bak9eoa9THXBO29aNsombNU2orOVJ90JUuKpzyUOwSq). Timestamp by third party at Wed Dec 23 16:06:55 CET 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

Academisch Medisch Centrum bij de Universiteit van Amsterdam (AMC), None, established in MEIBERGDREEF 9, AMSTERDAM 1105AZ, Netherlands, NL004627672B01 ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘7’)

in Grant Agreement No 717275 (‘the Agreement’)

between ESCUELA ANDALUZA DE SALUD PUBLICA SA **and** *the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) ('the Agency'), under the power delegated by the European Commission ('the Commission'),*

for the action entitled ‘Supporting health coordination, assessments, planning, access to health care and capacity building in Member States under particular migratory pressure (SH-CAPAC) (SH-CAPAC)’.

and mandates

the coordinator to submit and sign in its name and on its behalf any **amendments** to the Agreement, in accordance with Article 39.

By signing this Accession Form, the beneficiary accepts the grant and agrees to implement the grant in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary

Marcel LEVI with ECAS id nlevmarc signed in the Participant Portal on 23/12/2015 at 16:13 50 (transaction id SigId-177-4KF1MJGMSS6vZzzUhaCcvS5lpMzth97yOxP0eRMzOxdkKDRRkxWsf4izzrK6DjmfArxUSzyAFdBm81UvvGUO2zdF-PHslUMVSXYCMzedAwtPTlE-cq5e9pSYs6YP9lfzQjs0zhSV2h3WeoM5MZwraxWssW0W). Timestamp by third party at
Wed Dec 23 16:13:55 CET 2015

ⓘ print format A4 landscape

MODEL ANNEX 4 CHAFEA MGA — MULTI

FINANCIAL STATEMENT FOR *[BENEFICIARY [name]/AFFILIATED ENTITY [name]]* FOR REPORTING PERIOD [reporting period]

	Eligible [1] costs (per budget category)					Receipts			EU contribution
	A. Direct personnel costs	B. Direct costs of subcontracting	C. Other direct costs	D. Indirect costs [2]	Total costs	Income generated by the action	Financial contributions given by third parties to the beneficiaries	Total receipts	Requested EU contribution [3]
	A.1 Employees A.2 Natural persons under direct contract and seconded persons		C.1 Travel C.2 Equipment C.3 Other goods and services						
Cost form [4]	Actual	Actual	Actual	Flat-rate [5] 7%					
	a	b	c	d = 0,07 * (a + b + c)	e = a + b + c + d	f	g	h = f + g	i
[short name beneficiary/affiliated entity]									

The beneficiary/affiliated entity hereby confirms that:
The information provided is complete, reliable and true.
The costs declared are eligible (see Article 6).
The costs can be substantiated by adequate records and supporting documentation that will be produced upon request or in the context of checks, reviews, audits and investigations (see Articles 12, 13 and 17).
For the last reporting period: that all the receipts have been declared (see Article 5.3.3).

ⓘ Please declare all eligible costs, even if they exceed the amounts indicated in the estimated budget (see Annex 2). Only amounts that were declared in your individual financial statements can be taken into account lateron, in order to replace other costs that are found to be ineligible.

[1] See Article 6 for the eligibility conditions

[2] The indirect costs claimed must be free of any amounts covered by an operating grant (received under any EU or Euratom funding programme); see Article 6.2.D. If you have received an operating grant during this reporting period, you cannot claim any indirect costs

[3] You may request up to 100% of the total cost declared. The reimbursement rate mentioned in Article 5.2 applies only at consortium level (and will only be checked by the Agency at the payment of the balance)

[4] See Article 5 for the cost forms

[5] Flat rate : 7% of eligible direct costs

ⓘ print format A4 landscape

ANNEX 4 CHAFEA MGA — MULTI: Details

A. Direct personnel costs

A.1 Employees

Name/Function	No of hours worked for the project	Hourly rate	Total costs
	(a)	(b)	(c) = (a) * (b)
		Total for A.1 Employees	

A.2 Natural persons under direct contract and seconded persons

Name/Function	No of hours worked for the project	Hourly rate	Total costs
	(a)	(b)	(c) = (a) * (b)
		Total for A.2 Natural persons under direct contract and seconded persons	
		Total for A. Direct personnel costs	

B. Direct costs of subcontracting

Invoice Number	Subcontractor and Description of task	Price
	Total for B. Direct costs of subcontracting	

C. Other direct costs

C.1 Travel

Description (Name of person travelling, meeting as referenced in the technical report, place of the meeting)	Travel cost	No of days	Daily rate	Total costs
	(a)	(b)	(c)	(d) = (a) ((b) * (c))
			Total for C.1 Travel	

C.2 Equipment

Invoice Number	Description of the equipment	Purchase price	Date of purchase	Depreciation method (36 or 60 month)	Number of month of depreciation allocated to the project	% of use for the purpose of the project	Total costs
		(a)	(b)	(c)	(d)	(e)	(f) = ((d)/(c) * (e)) * (a)
						Total for C.2 Equipment	

C.3 Other goods and services

Invoice Number	Description of service or good	Purchase price
	Total for C.3 Other goods and services	
	Total for C. Other direct costs	

ANNEX 5

MODEL OF THE CERTIFICATE ON THE FINANCIAL STATEMENTS

- **For options *[in italics in square brackets]*: choose the applicable option. Options not chosen should be deleted.**
- **For fields in [grey in square brackets]: enter the appropriate data**

TABLE OF CONTENTS

Terms of Reference for an Independent Certificate on Financial Statements and Report on Findings on costs declared under a Grant Agreement financed under the Health and Consumer Programmes 2014-2020

This document sets out the '**Terms of Reference (ToR)**' under which

[insert name of the beneficiary] ('the Beneficiary')]

agrees to engage

[**insert legal name of the auditor**] ('the Auditor')

to issue an Independent Certificate on the Financial Statements' ('CFS') referred to in Articles 15.3 and 15.4 of the Agreement based on the compulsory reporting template stipulated by the Agency, and

to produce an independent Report of findings ('the Report') concerning the Financial Statement(s)[1] drawn up by the *[Beneficiary] [Affiliated Entity]* for the [Health] / [Consumer] Programme 2014-2020 grant agreement [insert number of the grant agreement, title of the action, acronym and duration from/to] ('the Agreement'),

The Agreement has been concluded under the [Health] / [Consumer] Programme 2014-2020 between the Beneficiary and *Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) ('the Agency'), under the powers delegated by the European Commission ('the Commission').*

The *Agency* is mentioned as a signatory of the Agreement with the Beneficiary only. The Agency is not a party to this engagement.

1.1 Subject of the engagement

The coordinator must submit to the Agency the final report within 60 days following the end of the each reporting period which should include, amongst other documents, a CFS for each beneficiary (and linked affiliated entity), for which the total contribution in the form of reimbursement of actual costs as referred to in Article 5.2 of the Agreement is at least EUR 750.000, and which requests a reimbursement in that form of EUR 325 000 or more, as reimbursement of actual costs calculated on the basis of its usual cost accounting practices. The CFS must cover the reporting period of the beneficiary (or linked Affiliated Entity) concerned by the payment.

The Beneficiary must submit to the coordinator the CFS for itself and for its linked Affiliated Entity, if the CFS must be included in the interim and final reports according to Articles 15.3 and 15.4 of the Agreement.

The CFS is composed of the following documents:

[1] By which costs under the Agreement are declared (see template 'Model Financial Statements' in Annex 4 to the Grant Agreement).

- The Terms of Reference ('the ToR') to be signed by the *[Beneficiary] [Affiliated Entity]* and the Auditor;
- the Auditor's Certificate on Financial Statements and Independent Report of Findings ('the Report') to be issued on the Auditor's letterhead, dated, stamped and signed by the Auditor (or the competent public officer) which includes the agreed-upon checks (laid down in the Annex I to the Report) to be performed by the Auditor, and the standard findings ('the Findings') to be confirmed by the Auditor.

If the CFS must be included in the interim and final report according to Articles 15.3 and 15.4 of the Agreement, the request for interim payment or payment of the balance to the Agreement cannot be made without the CFS. However, the payment for reimbursement of costs covered by the CFS does not preclude the Agency, the European Anti-Fraud Office and the European Court of Auditors from carrying out checks, reviews, audits and investigations in accordance with Article 17 of the Agreement.

1.2 Responsibilities

The *[Beneficiary] [Linked Affiliated Entity]:*

- must draw up the Financial Statement(s) for the action financed by the Agreement in compliance with the obligations under the Agreement. The Financial Statement(s) must be drawn up according to the *[Beneficiary's] [Linked Affiliated Entity's]* accounting and book-keeping system and the underlying accounts and records;
- must send the Financial Statement(s) to the Auditor;
- is responsible and liable for the accuracy of the Financial Statement(s);
- is responsible for the completeness and accuracy of the information provided to enable the Auditor to carry out the checks.;
- accepts that the Auditor cannot carry out the checks unless he/she is given full access to the *[Beneficiary's] [Linked Affiliated Entity's]* staff and accounting as well as any other relevant records and documentation.

The Auditor:

- *[Option 1 by default:* is qualified to carry out statutory audits of accounting documents in accordance with Directive 2006/43/EC of the European Parliament and of the Council of 17 May 2006 on statutory audits of annual accounts and consolidated accounts, amending Council Directives 78/660/EEC and 83/349/EEC and repealing Council Directive 84/253/EEC or similar national regulations*]*.
- *[Option 2 if the Beneficiary or Linked Affiliated Officer has an independent Public Officer:* is a competent and independent Public Officer for which the relevant national authorities have established the legal capacity to audit the Beneficiary*]*.

The Auditor:

- must be independent from the Beneficiary *[and the Linked Affiliated Entity]*, in particular, it must not have been involved in preparing the *[Beneficiary's] [Linked Affiliated Entity's]* Financial Statement(s);
- must plan work so that the checks may be carried out and the Findings may be assessed;
- must adhere to the checks laid down in Annex I to the Report and the compulsory report format;
- must carry out the engagement in accordance with this ToR;

- must document matters which are important to support the Report;
- must base its Report on the evidence gathered;
- must submit the Report to the *[Beneficiary] [Linked Affiliated Entity]*.

The Agency sets out the list of checks to be carried out by the Auditor which is defined in detail in the Annex I to the Report. The Auditor has to examine the Financial Statements and verify the supporting documentation in order to provide a reasonable assurance on their correctness.

1.3 Applicable Standards

The Auditor must comply with these Terms of Reference and with[2]:

- the International Standard on Related Services ('ISRS') 4400 *Engagements to perform Agreed-upon Procedures regarding Financial Information* as issued by the International Auditing and Assurance Standards Board (IAASB);
- the *Code of Ethics for Professional Accountants* issued by the International Ethics Standards Board for Accountants (IESBA). Although ISRS 4400 states that independence is not a requirement for engagements to carry out agreed-upon checks, the Agency requires that the Auditor also complies with the Code's independence requirements.

The Auditor's Report must state that there is no conflict of interests in establishing this Report between the Auditor and the Beneficiary *[and the Linked Affiliated Entity]*, and must specify - if the service is invoiced - the total fee paid to the Auditor for providing the Report.

1.4 Reporting

The Report must be written in the language of the Agreement.

Under Article 17 of the Agreement, the Agency, the European Anti-Fraud Office and the Court of Auditors have the right to audit any work that is carried out under the action and for which costs are declared from *the European Union* budget. This includes work related to this engagement. The Auditor must provide access to all working papers (e.g. recalculation of hourly rates, verification of the time declared for the action) related to this assignment if the Agency, the European Anti-Fraud Office or the European Court of Auditors requests them.

1.5 Timing

The CFS must be provided together with the request for the interim and balance payment, if required according to Articles 15.3 and 15.4 of the Agreement.

1.6 Other terms

---

[2] Supreme Audit Institutions applying INTOSAI-standards may carry out the Procedures according to the corresponding International Standards of Supreme Audit Institutions and code of ethics issued by INTOSAI instead of the International Standard on Related Services ('ISRS') 4400 and the Code of Ethics for Professional Accountants issued by the IAASB and the IESBA.

[*The [Beneficiary] [Linked Affiliated Entity] and the Auditor can use this section to agree other specific terms, such as the Auditor's fees, liability, applicable law, etc. Those specific terms must not contradict the terms specified above.*]

[legal name of the Auditor	[legal name of the *[Beneficiary] [Linked Affiliated Entity]*]
[name & function of authorised representative]	[name & function of authorised representative]
[dd Month yyyy]	[dd Month yyyy]
Signature of the Auditor	Signature of the *[Beneficiary] [Linked Affiliated Entity]*

Independent certificate on the financial statements declared under grant agreements signed under the Health and Consumer Programmes 2014-2020

(To be submitted by each beneficiary if the maximum grant amount in the form of reimbursement of 'actual costs' is at least EUR 750 000 and if it requests a reimbursement of actual costs of at least EUR 325 000 (see Articles 15.3 and 15.4)
To be drawn up and signed by an approved auditor or, in case of public bodies, by a competent and independent public officer (and printed on their letterhead).)

To
[name of contact person(s)], [Position]
[[*Beneficiary's*] [*Linked Affiliated Entity's*] name]
[Address]
[dd Month yyyy]

Dear [Name of contact person(s)],

As agreed under the terms of reference dated [dd Month yyyy]

with *[OPTION 1: [insert name of the beneficiary] ('the Beneficiary')] [OPTION 2: [insert name of the linked Affiliated Entity ('the Linked Affiliated Entity), Affiliated Entity linked to the Beneficiary [insert name of the beneficiary] ('the Beneficiary')],*

we

[name of the auditor] ('the Auditor'),

established at

[full address/city/state/province/country],

represented by

[name and function of an authorised representative],

have carried out an audit relating to the provisions of the Terms of Reference, the costs declared in the Financial Statement(s)[3] of the *[Beneficiary] [Linked Affiliated Entity],* the documents provided in their support , to which this Certificate is attached, and which is to be presented to Agency together with the request for payment under the grant agreement [insert grant agreement reference: number, title of the action and acronym] ('the Agreement'), for the following period (s) covered by Agreement [insert period(s) covered by the Financial Statements].

The audit and subsequent checks were carried out solely to assist Agency in evaluating whether the*[Beneficiary][Linked Affiliated Entity's]* costs in the accompanying Financial Statement(s) were declared in accordance with the Agreement. The Agency will draw its own conclusions from the Report and any additional information it may require.

The above mentioned Financial Statement(s) of the *[Beneficiary] [Linked Affiliated Entity],* their supporting documentation and accounting records were examined in accordance with

[3] By which the Beneficiary declares costs under the Agreement (see template 'Financial Statement' in Annex 4 to the Agreement).

the upon-agreed checks , as detailed in Annex I to the Report, in order to provide Agency with the following reasonable assurance:

- the amount of the total eligible costs (*[insert amount in number]* (*[insert amount in words*[4]*]*)) declared in the attached Financial Statement(s) of the *[Beneficiary] [Linked Affiliated Entity]* is complying with the following cumulative conditions, as defined in the Article 6.1 of the Agreement:
  - ✓ they are actual and recorded in the *[Beneficiary's] [Linked Affiliated Entity's]* accounts at the date of the establishment of this audit certificate;
  - ✓ they have been incurred during the periods covered by the Financial Statement(s) concerned by this audit certificate;

    [they also include the eligible costs incurred in drawing up the final reports referred to in Article 15 of the Agreement, which may be incurred up to two calendar months after the end of the action;]
  - ✓ they are determined in accordance with the beneficiary's accounting standards applicable in the country where the *[Beneficiary] [Linked Affiliated Entity]* is established, and with the beneficiary's usual cost accounting practices;
  - ✓ they comply with the national law on taxes, labour and social security applicable in the country where the *[Beneficiary] [Linked Affiliated Entity]* is established;
  - ✓ they are exclusive of any non-eligible costs identified below which are established in Article 6.4 of the above mentioned agreement with the Agency:
    - return on capital;
    - debt and debt service charges;
    - provisions for future losses or debts;
    - interest owed;
    - doubtful debts;
    - currency exchange losses;
    - bank costs charged by the beneficiary's bank for transfers from the Agency;
    - deductible VAT;
    - costs incurred during suspension of the implementation of the action;
    - excessive or reckless expenditure;
    - contributions in kind provided by third-parties;
    - costs declared under another EU or Euratom grant, in particular, indirect costs if beneficiary is already receiving an operating grant financed by EU or Euratom in the same period.
  - ✓ [they are claimed according to the EUR conversion rate as defined in the Article 15.5 of the Agreement;
- as declared in the Financial Statement(s) of the *[Beneficiary] [Linked Affiliated Entity*] and only for the request of payment of the balance, the total amount of receipts for the total period covered by this(those) Financial Statement(s) is equal to (*[insert amount in number]* (*[insert amount in words*[5]*]*) ;

[4] In EUR.

[5] In EUR.

- accounting procedures used in the recording of eligible costs and receipts respect the accounting rules of the State in which the beneficiary is established and permit the direct reconciliation between the costs and receipts incurred for the implementation of the project covered by the Agreement and the overall statement of accounts relating to the beneficiary's overall business activity[6];
- based on our audit, we can conclude that the financial management of the grant was carried out in an acceptable manner and in compliance with the requirements of *[grant agreement reference: title, acronym, number]*
- our company [organisation – for competent public officers] is qualified to deliver this audit certificate in full compliance with the Articles 15.3 and 15.4 of the agreement;

  [Relevant information establishing this qualification is included with this audit certificate;][7]

The list of Findings, Exceptions and Further remarks, if any, is presented in the Report annexed to this Certificate.

The Certificate on Financial Statement(s) and Report was prepared solely for the confidential use of the *[Beneficiary] [Linked Affiliated Entity]* and the Agency, and only to be submitted to the Agency in connection with the requirements set out in Articles 15.3 and 15.4 of the Agreement. The Certificate and Report may not be used by the *[Beneficiary] [Linked Affiliated Entity]* or by the Agency for any other purpose, nor may it be distributed to any other parties. The Agency may only disclose these documents to authorised parties, in particular to the European Anti-Fraud Office (OLAF) and the European Court of Auditors.

Both Certificate and Report relate only to the Financial Statement(s) submitted to the Agency by the *[Beneficiary] [Linked Affiliated Entity]* for the Agreement. Therefore, they do not extend to any other of the [*Beneficiary's*] [*Linked Affiliated Entity's*] Financial Statement(s).

There was no conflict of interest[8] between the Auditor and the Beneficiary *[and Linked Affiliated Entity]* in establishing these documents. As declared in the Financial Statement(s) the total fee paid to the Auditor for providing the Report was EUR _____ (including EUR_____ of deductible VAT).

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[legal name of the Auditor]
[name and function of an authorised representative]

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[6] Article 6.1.

[7] If the auditor is not known internationally or for a competent public officer whose competence to provide an audit certificate has not been attested to by its national authorities.

[8] A conflict of interest arises when the Auditor's objectivity to establish the certificate is compromised in fact or in appearance when the Auditor for instance:
- was involved in the preparation of the Financial Statements;
- stands to benefit directly should the certificate be accepted;
- has a close relationship with any person representing the beneficiary;
- is a director, trustee or partner of the beneficiary; or
- is in any other situation that compromises his or her independence or ability to establish the certificate impartially.

[dd Month yyyy]
Signature of the Auditor

Report of Findings on costs declared under grant agreement signed under Health and Consumer Programmes 2014-2020

Not applicable Findings

We examined the Financial Statement(s) stated above and considered the following Findings not applicable:

Explanation (to be removed from the Report):

*If a Finding was not applicable, it must be marked as '**N.A.**' ('Not applicable') in the corresponding row on the right-hand column of the table and means that the Finding did not have to be corroborated by the Auditor and the related check(s) did not have to be carried out.*

The reasons of the non-application of a certain Finding must be obvious i.e.

i) if no cost was declared under a certain category then the related Finding(s) and check(s) are not applicable;

ii) if the condition set to apply certain check(s) are not met the related Finding(s) and those check(s) are not applicable. For instance, for 'beneficiaries with accounts established in a currency other than euro' the check and Finding related to 'beneficiaries with accounts established in euro' are not applicable. Similarly, if no additional remuneration is paid, the related Finding(s) and check(s) for additional remuneration are not applicable.

List here all Findings considered not applicable for the present engagement and explain the reasons of the non-applicability.

….

Exceptions

The *[Beneficiary] [Linked Affiliated Entity]* provided the Auditor all the documentation and accounting information needed by the Auditor to carry out the requested checks and evaluate the Findings.

Explanation (to be removed from the Report):

- *If the Auditor was not able to successfully complete a procedure requested,. The reason such as the inability to reconcile key information or the unavailability of data that prevents the Auditor from carrying out the audit must be indicated below.*
- *If the Auditor cannot corroborate a standard finding after having carried out the corresponding audit, it must state, the reasons why the Finding was not fulfilled and its possible impact must be explained here below.*

List here any exceptions and add any information on the cause and possible consequences of each exception, if known. If the exception is quantifiable, include the corresponding amount.

….

Example (to be removed from the Report):

1. *The Beneficiary was unable to substantiate the Finding number 1 on … because ….*
2. *Finding number 30 was not fulfilled because the methodology used by the Beneficiary to calculate daily costs was different from the one accepted by the Agency. The differences were as follows: …*
3. *After carrying out the agreed checks to confirm the Finding number 31, the Auditor found a difference of _____ EUR. The difference can be explained by …*

Further Remarks

In addition to reporting on the results of the specific procedures carried out, the Auditor would like to make the following general remarks:

Example (to be removed from the Report):

1. *Regarding Finding number 8 the conditions for additional remuneration were considered as fulfilled because ...*
2. *In order to be able to confirm the Finding number 15 we carried out the following additional procedures: ....*

ANNEX I to the Report on Findings: Agreed-upon checks to be performed and standard findings to be confirmed by the Auditor

The Agency reserves the right to i) provide the auditor with additional guidance regarding the checks to be followed or the facts to be ascertained and the way in which to present them (this may include sample coverage and findings) or to ii) change the checks, by notifying the Beneficiary in writing. The list of checks to be carried out by the auditor in order to confirm the standard findings is laid down in the table below.

If this certificate relates to a Linked Affiliated Entity, any reference here below to 'the Beneficiary' is to be considered as a reference to 'the Linked Affiliated Entity'.

The 'result' column has three different options: 'C', 'E' and 'N.A.':

- 'C' stands for 'confirmed' and means that the auditor can confirm the 'standard finding' and, therefore, there is no exception to be reported.
- 'E' stands for 'exception' and means that the Auditor carried out the checks but cannot confirm the 'standard finding', or that the Auditor was not able to carry out a specific check (e.g. because it was impossible to reconcile key information or data were unavailable),
- 'N.A.' stands for 'not applicable' and means that the Finding did not have to be examined by the Auditor and the related check(s) did not have to be carried out. The reasons of the non-application of a certain Finding must be obvious i.e. i) if no cost was declared under a certain category then the related Finding(s) and check(s) are not applicable; ii) if the condition set to apply certain checks(s) are not met then the related Finding(s) and checks(s) are not applicable. For instance, if no additional remuneration is paid, the related Finding(s) and check(s) for additional remuneration are not applicable.

Ref	Checks	Standard finding	Result (C / E /N.A)
A	**ACTUAL PERSONNEL COSTS CALCULATED BY THE BENEFICIARY IN ACCORDANCE WITH ITS USUAL COST ACCOUNTING PRACTICE**		
	The Auditor draws the full list of persons (including *employees and natural persons working under a direct contract)* whose costs were declared in the Financial Statement(s) in order to carry out the checks indicated in the consecutive points of this section A. (The Auditor sampled _____ people out of the total of _____ people.		

Ref	Checks	Standard finding	Result (C / E /N.A)
A.1	**PERSONNEL COSTS** For the persons declared by the beneficiary or Linked Affiliated Entity in the Financial Statement, and working under an employment contract or equivalent act (general procedures for individual actual personnel costs) To confirm standard findings 1-5 listed in the next column, the Auditor reviewed following information/documents provided by the Beneficiary: ○ a list of the persons declared by Beneficiary or Linked Affiliated Entity indicating the period(s) during which they worked for the action, their position (classification or category) and type of contract; ○ the payslips of the employees; ○ reconciliation of the personnel costs declared in the Financial Statement(s) with the accounting system (project accounting and general ledger) and payroll system; ○ information concerning the employment status and employment conditions of the declared personnel, in particular their employment contracts or equivalent; ○ the Beneficiary's usual policy regarding payroll matters (e.g. salary policy, overtime policy, variable pay); ○ applicable national law on taxes, labour and social security and ○ any other document that supports the personnel costs declared.	1) The employees were i) directly hired by the Beneficiary in accordance with its national legislation, ii) under the Beneficiary's sole technical supervision and responsibility and iii) remunerated in accordance with the Beneficiary's usual practices.	
		2) Personnel costs were recorded in the Beneficiary's accounts/payroll system.	
		3) Costs were adequately supported and reconciled with the accounts and payroll records.	
		4) Personnel costs did not contain any ineligible elements.	
		5) There were no discrepancies between the personnel costs charged to the action and the costs recalculated by the Auditor.	

Ref	Checks	Standard finding	Result (C / E /N.A)
	Further procedures if 'additional remuneration' is paid To confirm standard factual findings 6-8 listed in the next column, the Auditor: ○ reviewed relevant documents provided by the Beneficiary (legal form, legal/statutory obligations, the Beneficiary's usual policy on additional remuneration, criteria used for its calculation…); ○ recalculated the amount of additional remuneration eligible for the action based on the supporting documents received (full-time or part-time work, exclusive or non-exclusive dedication to the action, etc.). *IF ANY PART OF THE REMUNERATION PAID TO THE EMPLOYEE IS NOT MANDATORY ACCORDING TO THE NATIONAL LAW OR THE EMPLOYMENT CONTRACT ("ADDITIONAL REMUNERATION") AND IS ELIGIBLE UNDER THE PROVISIONS OF ARTICLE 6.2.A., THIS CAN BE CHARGED AS ELIGIBLE COST TO THE ACTION.*	6) The Beneficiary paying "additional remuneration" was a non-profit legal entity.	
		7) The amount of additional remuneration paid corresponded to the Beneficiary's usual remuneration practices and was consistently paid whenever the same kind of work or expertise was required.	
		8) The criteria used to calculate the additional remuneration were objective and generally applied by the Beneficiary regardless of the source of funding used.	
	For natural persons included in the sample and working with the Beneficiary under a direct contract other than an employment contract, such as consultants (no subcontractors). To confirm standard factual findings 9-13 listed in the next column the Auditor reviewed following information/documents provided by the Beneficiary:	9) The natural persons reported to the Beneficiary (worked under the Beneficiary's instructions).	
		10) They worked on the Beneficiary's premises (unless otherwise agreed with the	

Ref	Checks	Standard finding	Result (C / E /N.A)
	○ the contracts, especially the cost, contract duration, work description, place of work, ownership of the results and reporting obligations to the Beneficiary; ○ the employment conditions of staff in the same category to compare costs and; ○ any other document that supports the costs declared and its registration (e.g. invoices, accounting records, etc.).	Beneficiary).	
		11) The results of work carried out belong to the Beneficiary.	
		12) Their costs were not significantly different from those for staff who performed similar tasks under an employment contract with the Beneficiary.	
		13) The costs were supported by audit evidence and registered in the accounts.	
A.2	**PRODUCTIVE HOURS** To confirm standard factual findings 14-19 listed in the next column, the Auditor reviewed relevant documents, especially national legislation, labour agreements and contracts and time records of the persons included in the sample, to verify that: ○ the annual productive hours applied were calculated in accordance with one of the methods described below, ○ the full-time equivalent (FTEs) ratios for employees not working full-time were correctly calculated.	14) The Beneficiary applied method [*choose one option and delete the others*] [**A**: 1720 hours] [**B**: the 'total number of hours worked'] [**C**: 'annual productive hours' used correspond to usual accounting practices]	
	If the Beneficiary applied method B, the auditor verified that the correctness in which the total number of hours worked was calculated and that the contracts specified the annual	15) Productive hours were calculated annually.	

Ref	Checks	Standard finding	Result (C / E /N.A)
	workable hours. If the Beneficiary applied method C, the auditor verified that the 'annual productive hours' applied when calculating the hourly rate were equivalent to at least 90 % of the 'standard annual workable hours'. The Auditor can only do this if the calculation of the standard annual workable hours can be supported by records, such as national legislation, labour agreements, and contracts. *BENEFICIARY'S PRODUCTIVE HOURS' FOR PERSONS WORKING FULL TIME SHALL BE ONE OF THE FOLLOWING METHODS:* *A. 1720 ANNUAL PRODUCTIVE HOURS (PRO-RATA FOR PERSONS NOT WORKING FULL-TIME)* *B. THE TOTAL NUMBER OF HOURS WORKED BY THE PERSON FOR THE BENEFICIARY IN THE YEAR (THIS METHOD IS ALSO REFERRED TO AS 'TOTAL NUMBER OF HOURS WORKED' IN THE NEXT COLUMN). THE CALCULATION OF THE TOTAL NUMBER OF HOURS WORKED WAS DONE AS FOLLOWS: ANNUAL WORKABLE HOURS OF THE PERSON ACCORDING TO THE EMPLOYMENT CONTRACT, APPLICABLE LABOUR AGREEMENT OR NATIONAL LAW PLUS OVERTIME WORKED MINUS ABSENCES (SUCH AS SICK LEAVE OR SPECIAL LEAVE).* *C. THE STANDARD NUMBER OF ANNUAL HOURS GENERALLY APPLIED BY THE BENEFICIARY FOR ITS PERSONNEL IN ACCORDANCE WITH ITS USUAL COST ACCOUNTING PRACTICES (THIS METHOD IS ALSO REFERRED TO AS 'TOTAL ANNUAL PRODUCTIVE HOURS' IN THE NEXT*	16) For employees not working full-time the full-time equivalent (FTE) ratio was correctly applied. *If the Beneficiary applied method B.* 17) The calculation of the number of 'annual workable hours', overtime and absences was verifiable based on the documents provided by the Beneficiary. *If the Beneficiary applied method C.* 18) The calculation of the number of 'standard annual workable hours' was verifiable based on the documents provided by the Beneficiary.	

Ref	Checks	Standard finding	Result (C / E /N.A)
	COLUMN). THIS NUMBER MUST BE AT LEAST 90% OF THE STANDARD ANNUAL WORKABLE HOURS. *'ANNUAL WORKABLE HOURS' MEANS THE PERIOD DURING WHICH THE PERSONNEL MUST BE WORKING, AT THE EMPLOYER'S DISPOSAL AND CARRYING OUT HIS/HER ACTIVITY OR DUTIES UNDER THE EMPLOYMENT CONTRACT, APPLICABLE COLLECTIVE LABOUR AGREEMENT OR NATIONAL WORKING TIME LEGISLATION.*	19) The 'annual productive hours' used for calculating the hourly rate were consistent with the usual cost accounting practices of the Beneficiary and were equivalent to at least 90 % of the 'annual workable hours'.	
A.3	**TIME RECORDING SYSTEM** To verify that the time recording system ensures the fulfilment of all minimum requirements and that the hours declared for the action were correct, accurate and properly authorised and supported by documentation, the Auditor made the following checks for the persons included in the sample that declare time as worked for the action on the basis of time records: ○ description of the time recording system provided by the Beneficiary (registration, authorisation, processing in the HR-system); ○ its actual implementation; ○ time records were signed at least monthly by the employees (on paper or electronically) and authorised by the project manager or another manager; ○ the hours declared were worked within the project period; ○ there were no hours declared as worked for the action if HR-records showed absence due to holidays or sickness (further cross-checks with travels are carried out in B.1 below) ;	20) All persons recorded their time dedicated to the action on a **daily/ weekly/ monthly** basis using a **paper/computer-based** system. (*delete the answers that are not applicable)*	
		21) Their time-records were authorised at least monthly by the project manager or other superior.	
		22) Hours declared were worked within the project period and were consistent with the presences/absences recorded in HR-records.	

Ref	Checks	Standard finding	Result (C / E /N.A)
	○ the hours charged to the action matched those in the time recording system. *ONLY THE HOURS WORKED ON THE ACTION CAN BE CHARGED. ALL WORKING TIME TO BE CHARGED SHOULD BE RECORDED THROUGHOUT THE DURATION OF THE PROJECT, ADEQUATELY SUPPORTED BY EVIDENCE OF THEIR REALITY AND RELIABILITY (SEE SPECIFIC PROVISIONS BELOW FOR PERSONS WORKING EXCLUSIVELY FOR THE ACTION WITHOUT TIME RECORDS).*	23) There were no discrepancies between the number of hours charged to the action and the number of hours recorded.	
	<u>If the persons are working exclusively for the action and without time records</u> For the persons selected that worked exclusively for the action without time records, the Auditor verified evidence available demonstrating that they were in reality exclusively dedicated to the action and that the Beneficiary signed a declaration confirming that they have worked exclusively for the action.	24) The exclusive dedication is supported by a declaration signed by the Beneficiary's and by any other evidence gathered.	
B	**COSTS OF SUBCONTRACTING**		
B.1	**The Auditor obtained the detail/breakdown of subcontracting costs and sampled _____ cost items selected randomly** (*full coverage is required if there are fewer than 10 items, otherwise the sample should have a minimum of 10 item, or 10% of the total, whichever number is highest*). To confirm standard factual findings 25-29 listed in the next column, the Auditor reviewed the following for the items included in the sample: ○ the use of subcontractors was foreseen in Annex 1of grant agreement; ○ subcontracting costs were declared in the subcontracting category of the Financial Statement;	25) The use of claimed subcontracting costs was foreseen in Annex 1 to the Agreement and costs were declared in the Financial Statements under the subcontracting category.	
		26) There were documents of requests to different providers, different offers and assessment of the offers before selection of	

Ref	Checks	Standard finding	Result (C / E /N.A)
	○ supporting documents on the selection and award procedure were followed; ○ the Beneficiary ensured best value for money (key elements to appreciate the respect of this principle are the award of the subcontract to the bid offering best price-quality ratio, under conditions of transparency and equal treatment. In case an existing framework contract was used the Beneficiary ensured it was established on the basis of the principle of best value for money under conditions of transparency and equal treatment). In particular, i. if the Beneficiary acted as a contracting authority within the meaning of Directive 2004/18/EC or of Directive 2004/17/EC, the Auditor verified that the applicable national law on public procurement was followed and that the subcontracting complied with the Terms and Conditions of the Agreement. ii. if the Beneficiary did not fall under the above-mentioned category the Auditor verified that the Beneficiary followed their usual procurement rules and respected the Terms and Conditions of the Agreement..	the provider in line with internal procedures and procurement rules. Subcontracts were awarded in accordance with the principle of best value for money. *(When different offers were not collected the Auditor explains the reasons provided by the Beneficiary under the caption "Exceptions" of the Report. The Agency will analyse this information to evaluate whether these costs might be accepted as eligible)*	
	For the items included in the sample the Auditor also verified that: ○ the subcontracts were not awarded to other Beneficiaries in the consortium;	27) The subcontracts were not awarded to other Beneficiaries of the consortium.	
	○ there were signed agreements between the Beneficiary and the subcontractor;	28) All subcontracts were supported by signed agreements between the Beneficiary and the subcontractor.	
	○ there was evidence that the services were provided by subcontractor;	29) There was evidence that the services were provided by the	

Ref	Checks	Standard finding	Result (C / E /N.A)
		subcontractors.	
C	**OTHER ACTUAL DIRECT COSTS**		
C.1	**COSTS OF TRAVEL AND RELATED SUBSISTENCE ALLOWANCES** **The Auditor sampled _____ cost items selected randomly** (*full coverage is required if there are fewer than 10 items, otherwise the sample should have a minimum of 10 item, or 10% of the total, whichever number is the highest*). The Auditor inspected the sample and verified that: ○ travel and subsistence costs were consistent with the Beneficiary's usual policy for travel. In this context, the Beneficiary provided evidence of its normal policy for travel costs (e.g. use of first class tickets, reimbursement by the Beneficiary on the basis of actual costs, a lump sum or per diem) to enable the Auditor to compare the travel costs charged with this policy; ○ travel costs are correctly identified and allocated to the action (e.g. trips are directly linked to the action) by reviewing relevant supporting documents such as minutes of meetings, workshops or conferences, their registration in the correct project account, their consistency with time records or with the dates/duration of the workshop/conference; ○ no ineligible costs or excessive or reckless expenditure was declared.	30) Costs were incurred, approved and reimbursed in line with the Beneficiary's usual policy for travels.	
		31) There was a link between the trip and the action.	
		32) The supporting documents were consistent with each other regarding subject of the trip, dates, duration and reconciled with time records and accounting.	
		33) No ineligible costs or excessive or reckless expenditure was declared.	
C.2	**DEPRECIATION COSTS FOR EQUIPMENT, INFRASTRUCTURE OR OTHER ASSETS** **The Auditor sampled _____ cost items selected randomly** (*full coverage is required*	34) Procurement rules, principles and guides were followed.	

Ref	Checks	Standard finding	Result (C / E /N.A)
	if there are fewer than 10 items, otherwise the sample should have a minimum of 10 item, or 10% of the total, whichever number is the highest). For "equipment, infrastructure or other assets" selected in the sample the Auditor verified that: o the assets were acquired in conformity with the Beneficiary's internal guidelines and procedures; o they were correctly allocated to the action (with supporting documents such as delivery note invoice or any other proof demonstrating the link to the action) o they were entered in the accounting system; o the extent to which the assets were used for the action (as a percentage) was supported by reliable documentation (e.g. usage overview table); The Auditor recalculated the depreciation costs and verified that they were in line with the applicable rules in the Beneficiary's country and with the Beneficiary's usual accounting policy (e.g. depreciation calculated on the acquisition value). The Auditor verified that no ineligible costs such as deductible VAT, exchange rate losses, excessive or reckless expenditure were declared (see Article 6.4 GA).	35) There was a link between the grant agreement and the asset charged to the action.	
		36) The asset charged to the action was traceable to the accounting records and the underlying documents.	
		37) The depreciation method used to charge the asset to the action was in line with the applicable rules of the Beneficiary's country and the Beneficiary's usual accounting policy.	
		38) The amount charged corresponded to the actual usage for the action.	
		39) No ineligible costs or excessive or reckless expenditure were declared.	
C.3	**COSTS OF OTHER GOODS AND SERVICES** **The Auditor sampled _____ cost items selected randomly** (*full coverage is required if there are fewer than 10 items, otherwise the sample should have a minimum of 10 item,*	43) Contracts for works or services did not cover tasks described in Annex 1to the Grant Agreement.	

Ref	Checks	Standard finding	Result (C / E /N.A)
	or 10% of the total, whichever number is highest). For the purchase of goods, works or services included in the sample the Auditor verified that: o the contracts did not cover tasks described in Annex 1; o they were correctly identified, allocated to the proper action, entered in the accounting system (traceable to underlying documents such as purchase orders, invoices and accounting); o the goods were not placed in the inventory of durable equipment; o the costs charged to the action were accounted in line with the Beneficiary's usual accounting practices; o no ineligible costs or excessive or reckless expenditure were declared (see Article 6.4 GA). In addition, the Auditor verified that these goods and services were acquired in conformity with the Beneficiary's internal guidelines and procedures, in particular: o if Beneficiary acted as a contracting authority within the meaning of Directive 2004/18/EC or of Directive 2004/17/EC, the Auditor verified that the applicable national law on public procurement was followed and that the procurement contract complied with the Terms and Conditions of the Agreement. o if the Beneficiary did not fall into the category above, the Auditor verified that the Beneficiary followed their usual procurement rules and respected the Terms and Conditions of the Agreement. For the items included in the sample the Auditor also verified that: o the Beneficiary ensured best value for money (key elements to appreciate the respect of this principle are the award of the contract to the bid offering best	44) Costs were allocated to the correct action and the goods were not placed in the inventory of durable equipment. 45) The costs were charged in line with the Beneficiary's accounting policy and were adequately supported. 46) No ineligible costs or excessive or reckless expenditure were declared. For internal invoices/charges only the cost element was charged, without any mark-ups. 47) Procurement rules, principles and guides were followed. There were documents of requests to different providers, different offers and assessment of the offers before selection of the provider in line with internal procedures and procurement rules. The purchases were made in accordance with the principle of best value for money.	

Ref	Checks	Standard finding	Result (C / E /N.A)
	price-quality ratio, under conditions of transparency and equal treatment. In case an existing framework contract was used the Auditor also verified that the Beneficiary ensured it was established on the basis of the principle of best value for money under conditions of transparency and equal treatment); *SUCH GOODS AND SERVICES INCLUDE, FOR INSTANCE, CONSUMABLES AND SUPPLIES, DISSEMINATION (INCLUDING OPEN ACCESS), PROTECTION OF RESULTS, SPECIFIC EVALUATION OF THE ACTION IF IT IS REQUIRED BY THE AGREEMENT, CERTIFICATES ON THE FINANCIAL STATEMENTS IF THEY ARE REQUIRED BY THE AGREEMENT AND CERTIFICATES ON THE METHODOLOGY, TRANSLATIONS, REPRODUCTION.*	*(When different offers were not collected the Auditor explains the reasons provided by the Beneficiary under the caption "Exceptions" of the Report. The Agency will analyse this information to evaluate whether these costs might be accepted as eligible)*	
D	**USE OF EXCHANGE RATES**		
D.1	a) For Beneficiaries with accounts established in a currency other than euros **The Auditor sampled _____ cost items selected randomly and verified that the exchange rates used for converting other currencies into euros were in accordance with the following rules established in the Agreement** (*full coverage is required if there are fewer than 10 items, otherwise the sample should have a minimum of 10 item, or 10% of the total, whichever number is highest)*: *COSTS INCURRED IN ANOTHER CURRENCY SHALL BE CONVERTED INTO EURO AT THE AVERAGE OF THE DAILY EXCHANGE RATES PUBLISHED IN THE C SERIES OF OFFICIAL JOURNAL OF THE EUROPEAN UNION (https://www.ecb.int/stats/exchange/eurofxref/html/index.en.html), DETERMINED OVER THE CORRESPONDING REPORTING PERIOD.* *IF NO DAILY EURO EXCHANGE RATE IS PUBLISHED IN THE OFFICIAL JOURNAL OF THE EUROPEAN UNION FOR THE CURRENCY IN QUESTION, CONVERSION SHALL BE MADE AT THE AVERAGE OF THE MONTHLY ACCOUNTING RATES ESTABLISHED BY THE COMMISSION AND*	48) The exchange rates used to convert other currencies into Euros were in accordance with the rules established of the Grant Agreement and there was no difference in the final figures.	

Ref	Checks	Standard finding	Result (C / E /N.A)
	PUBLISHED ON ITS WEBSITE (http://ec.europa.eu/budget/contracts_grants/info_contracts/inforeuro/inforeuro_en.cfm), DETERMINED OVER THE CORRESPONDING REPORTING PERIOD.		
	b) For Beneficiaries with accounts established in euros **The Auditor sampled _____ cost items selected randomly and verified that the exchange rates used for converting other currencies into euros were in accordance with the following rules established in the Agreement** (*full coverage is required if there are fewer than 10 items, otherwise the sample should have a minimum of 10 item, or 10% of the total, whichever number is highest)*: *COSTS INCURRED IN ANOTHER CURRENCY SHALL BE CONVERTED INTO EURO BY APPLYING THE BENEFICIARY'S USUAL ACCOUNTING PRACTICES.*	49) The Beneficiary applied its usual accounting practices.	

[legal name of the audit firm]
[name and function of an authorised representative]

[dd Month yyyy]
<Signature of the Auditor

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