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

GRANT AGREEMENT

NUMBER — 677102 — JAseHN

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':

BUNDESMINISTERIUM FUER GESUNDHEIT (ATNA), established in Radetzkystrasse 2, WIEN 1030, Austria, represented for the purposes of signing the Agreement by Clemens-Martin AUER

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

2. **SERVICE PUBLIC FEDERAL SANTE PUBLIQUE, SECURITE DE LA CHAINE ALIMENTAIRE ET ENVIRONNEMENT (BHTC)**, N/A, established in SQUARE VICTOR HORTA 40 BUR 1D 1G, BRUSSELS 1060, Belgium, N/A,

3. **EXECUTIVE AGENCY FOR TRANSPLANTATION (BEAT)**, 131225544, established in UL BRATYA MILADINOVI 112, SOFIA 1202, Bulgaria,

4. **HRVATSKI ZAVOD ZA ZDRAVSTVENO OSIGURANJE (HZZO)**, 080427747, established in MARGARETSKA 3, ZAGREB 10000, Croatia, HR3580261,

5. **TERVEYDEN JA HYVINVOINNIN LAITOS (THL)**, 22295006, established in MANNERHEIMINTIE 166, HELSINKI 00271, Finland, FI22295006,

6. **Ministere des Affaires Sociales et de la Sante (FRNA)**, N/A, established in AVENUE Duquesne 14, PARIS CEDEX 75350, France, N/A,

7. **GEMATIK GESELLSCHAFT FUR TELEMATIKANWENDUNGEN DER GESUNDHEITSKARTE MBH (GEMATIK)** GMBH, HRB96351B, established in FRIEDRICHSTRASSE 136, BERLIN 10117, Germany, DE241843684,

8. **DIOIKISI 3IS YGEIONOMIKIS PERIFEREIAS MAKEDONIAS (3DHHR)**, established in ARISTOTELOUS 16, THESSALONIKI 54623, Greece, EL999122114,

9. **ALLAMI EGESZSEGUGYI ELLATO KOZPONT (GYEMSZI)**, 324689, established in DIOS AROK 3, BUDAPEST 1125, Hungary, HU15324683,

10. **SEMMELWEIS EGYETEM (SE)** HU13, FI62576, established in ULLOI UTCA 26, BUDAPEST 1085, Hungary, HU15329808,

11. **DEPARTMENT OF HEALTH (DH)**, Not applicable, established in poolbeg St, Hawkins House, Dublin dn 6, Ireland,

12. **MINISTERO DELLA SALUTE (MoH-IT)**, N/A, established in Via Giorgio Ribotta 5, ROMA 00144, Italy, N/A,

13. **NACIONALAIS VESELIBAS DIENESTS (NVD)**, 90009649337, established in Cēsu iela 31, k-3, Rīga LV-1012, Latvia, 90009649337,

14. **VIESOJI ISTAIGA VILNIAUS UNIVERSITETO LIGONINES SANTARISKIU KLINIKOS (VULSK)** LT3, 124364561, established in SANTARISKIU G 2, VILNIUS 08661, Lithuania, LT243645610,

15. **VALSTYBINE LIGONIU KASA PRIE SVEIKATOS APSAUGOS MINISTERIJOS (VLK)**, 191351679, established in KALVARIJU G 147, VILNIUS 03505, Lithuania, LT100000950313,

16. **AGENCE ESANTE (AeS)** GIE, C69, established in ALLEE MARCONI - VILLA LOUVIGNY, LUXEMBOURG 2120, Luxembourg, LU25854803,

17. **Ministry for Health - Government of Malta (MFH)**, not applicable, established in Palazzo Castellania, Merchants Street 15, Valletta VLT 200, Malta, MT12979127,

18. **STICHTING NATIONAAL ICT INSTITUUT IN DE ZORG (NICTIZ)** NL6, 27246881, established in Oude Middenweg 55, Den Haag 2491AC, Netherlands, N/A,

19. **HELSEDIREKTORATE (HDIR)**, 983544622, established in UNIVERSITETSGATA 2, OSLO 0164, Norway, NO983544622 ,

20. **SPMS - SERVICOS PARTILHADOS DO MINISTERIO DA SAUDE EPE (SPMS)** EPE, 509540716 , established in AVENIDA JOAO CRISOSTOMO 9 / 3, LISBOA 1045-062 , Portugal, PT509540716,

21. **UNIVERSITATEA BABES BOLYAI (BBU)**, CF4305849, established in MIHAIL KOGALNICEANU 1, CLUJ NAPOCA 400084, Romania, RO21524920,

22. **E-HALSOMYNDIGHETEN (SEHA)**, 2021006552, established in RINGVAGEN 100, STOCKHOLM 118 60, Sweden, SE202100655201,

23. **NHS HEALTH AND SOCIAL CARE INFORMATION CENTRE (NHS IC)**, order 2005, established in BOAR LANE TREVELYAN SQUARE 1, Leeds LS1 6AE , United Kingdom, GB654434435 ,

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 '***Joint Action to support the eHealth Network — JAseHN***' **('action')**, as described in Annex 1.

ARTICLE 3 — DURATION AND STARTING DATE OF THE ACTION

The duration of the action will be ***36*** **months** as of *01/05/2015* ('**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 affiliated entity)* 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 2,400,000.00** (two million four hundred thousand EURO).

5.2 Form of grant, reimbursement rates and forms of costs

The grant reimburses ***60% 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 **4,000,017.00** (four million seventeen EURO).

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 *and affiliated entities* (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 *or to an affiliated entity* 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

Costs incurred by affiliated entities are eligible if they fulfil — mutatis mutandis — the general and specific conditions for eligibility set out in this Article (Article 6.1 and 6.2) and Article 11.1.1.

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;

[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.

(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.

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).

---

[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).

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.

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

11.1 Rules for calling upon affiliated entities to implement part of the action

*11.1.1 The following **affiliated entities**[4] may implement the action tasks attributed to them in Annex 1:*

- *GESUNDHEIT ÖSTERREICH GMBH (GÖG), affiliated or linked to ATNA*
- *AGENCE NATIONALE DES SYSTEMES D INFORMATION PARTAGES DE SANTE (ASIP SANTE), affiliated or linked to FRNA*

The affiliated entities may declare as eligible the costs they incur for implementing the action tasks in accordance with Article 6.3.

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 affiliated entities.

11.1.2 The beneficiaries must ensure that their obligations under Articles 13, 15, 20, 21 and 22 also apply to their affiliated entities.

11.2 Consequences of non-compliance

If any obligation under Article 11.1.1 is breached, the costs of the affiliated entity will be ineligible (see Article 6) and will be rejected (see Article 26).

If any obligation under Article 11.1.2 is breached, the grant may be reduced (see Article 27).

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

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.

[4] For the definition, see Article 122 of the Financial Regulation (EU, Euratom) No 966/2012: **entities** affiliated **to the beneficiary** are:
(a) entities that form a 'sole beneficiary' (i.e. where an entity is formed of several entities that satisfy the criteria for being awarded a grant, including where the entity is specifically established for the purpose of implementing an action to be financed by a grant);
(b) entities that satisfy the eligibility criteria and that do not fall within one of the situations referred to in Article 131(4) and that have a link with the beneficiary, in particular a legal or capital link, which is neither limited to the action nor established for the sole purpose of its implementation.

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 *or those of its affiliated entities and*

(ii) changes in the name, address, legal form, organisation type of its affiliated entities;

(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.

For costs declared by affiliated entities (see Article 11), it is the beneficiary that must keep the originals of the financial statements and the certificates on the financial statements of the affiliated entities.

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
- *RP2: from month 13 to month 24*
- *RP3: from month 25 to month 36*

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 *and from each affiliated entity*, 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 *and affiliated entities* 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 *and each affiliated entity* 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 *and from each affiliated entity*, 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 *and for each affiliated entity*, 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 *or affiliated entity*, 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 *and for each affiliated entity*, 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 *or affiliated entity*, 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 *and affiliated entities* 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 *and affiliated entities* 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 **720,000.00** (seven hundred and twenty thousand EURO).

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 *and the affiliated entities* (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: BAWAG P.S.K. BANK FUER ARBEIT UND WIRTSCHAFT UND OESTERREICH
Address of branch: QUELLENSTRASSE 51-55 WIEN, Austria
Full name of the account holder: BUNDESMINISTERIUM FUR GESUNDHEIT
Full account number (including bank codes):
IBAN code: AT920100000005070066

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 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.

[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) 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).

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:

(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.

[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).

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 '677102 / JAseHN' 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."

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

[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.

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

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.

[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).

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 its affiliated entities* 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).

Undue amounts paid by the Agency for costs declared by an affiliated entity will be considered as amounts unduly paid to the beneficiary.

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 *and its affiliated entities*. 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 *(or those of its affiliated entities)* 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
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 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

[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).

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).

As an exception, if such a dispute is between the Agency and 'HELSEDIREKTORATE', the competent Belgian courts have sole jurisdiction.

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

Clemens-Martin AUER with ECAS id naueracl signed in the Participant Portal on 30/07/2015 at 09:51:07 (transaction id SigId-2463-HVpKStdvrBLntZ8ZuKedunvglM9V4Y0tBahJV4GY7guv6ZHnFI4aLYb1gGe0AqgZ3YzxMTmjoWAyIkFbP9TSja-PHslUMVSXYCH3xcLZM8UuW-a9REEd7gHXpfPf638YvHwfSupNKIAwYzIoFJFms0Awp). Timestamp by third party at Thu Jul 30 10:51:16 CEST 2015

For the Agency

Luc BRIOL with ECAS id briollu signed in the Participant Portal on 06/08/2015 at 08:33:58 (transaction id SigId-5076-A1g1mNZMskK9bt29y8rZPcI2ynzJ7pivFk564Dr3zdomB5WmozmZxqCjCE7xf0ANeyQDPLQG1SuF0WIm3K5uQKm-PHslUMVSXYCH3xcLZM8UuW-Z1IHgpUOxCOn8QSwelBoxEwZXcLM78VwHKkNZIXOudq). Timestamp by third party at Thu Aug 06 09:34:01 CEST 2015

EUROPEAN COMMISSION

Consumers, Health, Agriculture and Food Executive Agency

Health

ANNEX 1 (part A)

Project

NUMBER — 677102 — JAseHN

Table of Contents

1.1. The project summary

Project Number [1]	677102	Project Acronym [2]	JAseHN

One form per project

General information	
Project title [3]	Joint Action to support the eHealth Network
Starting date [4]	01/05/2015
Duration in months [5]	36
Call (part) identifier [6]	HP-JA-2014
Topic	JA-05-2014 eHealth Joint Action
Fixed EC Keywords	
Free keywords	eHealth, Governance, Health Policy, eHealth Network, Interoperability, Standardisation

Abstract [7]

The overall ambition from EU Member States (MS) is to better include eHealth into health policy and better align eHealth investments to health needs. A central aspect is the transferability of health data across borders of MS and therefore the organizational, technical, semantic and legal interoperability. In order to ensure progress and to bridge the gaps between the governance, strategy and operational levels, a dedicated mechanism for eHealth at EU level has been established: The eHealth Network was formally established in 2011 through the Commission's Implementing Decision 2011/890/EU based on Art. 14.3 Directive 2011/24/EU and represents the highest decision-making body at EU political level. At a European level there is a strong need to maintain this mechanism and to ensure further common political leadership and ongoing integration of eHealth into health policy in order to continue developing eHealth services responding to health systems' needs and health objectives. This is the framework for the Joint Action to support the eHealth Network which is led by the MS and co-financed by the European Commission through a Joint Action.

Hence, the main objective of the Joint Action is to act as the main preparatory body for the eHealth Network. By doing so, the Joint Action aims to develop political recommendations and instruments for cooperation in the four specific priority areas that are specified in the eHealth Network's multi-annual work plan 2015-2018 and that were adopted by the eHealth Network in May 2014:

(1) Interoperability and standardisation,
(2) monitoring and assessment of implementation,
(3) exchange of knowledge and
(4) global cooperation and positioning.

Thereby, the Joint Action functions also as a platform for operational and strategic cooperation between MS on eHealth including their relationship with eHealth Stakeholder Groups and Standardization Organizations.

1.2. List of Beneficiaries

Project Number [1]	677102	Project Acronym [2]	JAseHN

List of Beneficiaries

No	Name	Short name	Country	Project entry month[8]	Project exit month
1	BUNDESMINISTERIUM FUER GESUNDHEIT	ATNA	Austria	1	36
2	SERVICE PUBLIC FEDERAL SANTE PUBLIQUE, SECURITE DE LA CHAINE ALIMENTAIRE ET ENVIRONNEMENT	BHTC	Belgium	1	36
3	EXECUTIVE AGENCY FOR TRANSPLANTATION	BEAT	Bulgaria	1	36
4	HRVATSKI ZAVOD ZA ZDRAVSTVENO OSIGURANJE	HZZO	Croatia	1	36
5	TERVEYDEN JA HYVINVOINNIN LAITOS	THL	Finland	1	36
6	Ministere des Affaires Sociales et de la Sante	FRNA	France	1	36
7	GEMATIK GESELLSCHAFT FUR TELEMATIKANWENDUNGEN DER GESUNDHEITSKARTE MBH	GEMATIK	Germany	1	36
8	DIOIKISI 3IS YGEIONOMIKIS PERIFEREIAS MAKEDONIAS	3DHHR	Greece	1	36
9	ALLAMI EGESZSEGUGYI ELLATO KOZPONT	GYEMSZI	Hungary	1	36
10	SEMMELWEIS EGYETEM	SE	Hungary	1	36
11	DEPARTMENT OF HEALTH	DH	Ireland	1	36
12	MINISTERO DELLA SALUTE	MoH-IT	Italy	1	36
13	NACIONALAIS VESELIBAS DIENESTS	NVD	Latvia	1	36
14	VIESOJI ISTAIGA VILNIAUS UNIVERSITETO LIGONINES SANTARISKIU KLINIKOS	VULSK	Lithuania	1	36
15	VALSTYBINE LIGONIU KASA PRIE SVEIKATOS APSAUGOS MINISTERIJOS	VLK	Lithuania	1	36
16	AGENCE ESANTE	AeS	Luxembourg	1	36
17	Ministry for Health - Government of Malta	MFH	Malta	1	36
18	STICHTING NATIONAAL ICT INSTITUUT IN DE ZORG	NICTIZ	Netherlands	1	36
19	HELSEDIREKTORATE	HDIR	Norway	1	36

1.2. List of Beneficiaries

No	Name	Short name	Country	Project entry month[8]	Project exit month
20	SPMS - SERVICOS PARTILHADOS DO MINISTERIO DA SAUDE EPE	SPMS	Portugal	1	36
21	UNIVERSITATEA BABES BOLYAI	BBU	Romania	1	36
22	E-HALSOMYNDIGHETEN	SEHA	Sweden	1	36
23	NHS HEALTH AND SOCIAL CARE INFORMATION CENTRE	NHS IC	United Kingdom	1	36

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	Coordination	1 - ATNA	80.00	1	36
WP2	Dissemination and Communication	10 - SE	46.80	1	36
WP3	Evaluation	21 - BBU	26.00	1	36
WP4	Stakeholder Liaison	7 - GEMATIK	4.04	1	36
WP5	Interoperability and Standardization	18 - NICTIZ	162.21	1	36
WP6	Monitoring and Assessment of Implementation	4 - HZZO	106.10	1	36
WP7	Exchange of knowledge	20 - SPMS	93.17	1	36
WP8	Global cooperation and positioning	6 - FRNA	24.10	1	36
		Total	542.42		

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	Interim report (D1.1.1)	WP1	1 - ATNA	Report	Public	12
D1.2	Interim report (D1.1.2)	WP1	1 - ATNA	Report	Public	24
D1.3	Governance Manual (D1.2)	WP1	1 - ATNA	Report	Confidential, only for members of the consortium (including the Commission Services)	6
D1.4	Final report (D1.3)	WP1	1 - ATNA	Report	Public	36
D2.1	Communication and Dissemination Strategy (D2.1)	WP2	10 - SE	Report	Confidential, only for members of the consortium (including the Commission Services)	4
D2.2	Concept for a master plan for conferences at the European level (D2.2)	WP2	10 - SE	Report	Public	7
D2.3	Project Web-site (D2.3)	WP2	10 - SE	Report	Public	7
D2.4	Leaflet (D2.4.1)	WP2	10 - SE	Report	Public	2
D2.5	Layman version of the final report (D2.4.2)	WP2	10 - SE	Report	Public	36
D3.1	Quality Management Scheme (D3.1)	WP3	21 - BBU	Report	Confidential, only for members of the consortium (including the Commission Services)	6
D3.2	Interim evaluation report (D3.2)	WP3	21 - BBU	Report	Public	18
D3.3	Final evaluation report (D3.3)	WP3	21 - BBU	Report	Public	36
D4.1	Concept and internal guidelines for stakeholder liaison (D4.1)	WP4	7 - GEMATIK	Report	Confidential, only for members of the consortium (including the Commission Services)	6
D4.2	Final report (D4.2)	WP4	7 - GEMATIK	Report	Public	36
D5.1	Organisational Framework of eHealth NCP (D5.1.1)	WP5	18 - NICTIZ	Report	Public	7

Deliverable Number [14]	Deliverable Title	WP number [9]	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D5.2	Country Guide for implementation of eHealth NCP (D5.1.2)	WP5	18 - NICTIZ	Report	Public	13
D5.3	Report on activities related to the use of CEF funding into generic services (D5.1.3)	WP5	18 - NICTIZ	Report	Public	36
D5.4	eID specific Framework for eHealth (D5.2.1)	WP5	18 - NICTIZ	Report	Public	25
D5.5	Guidelines on the interoperability of electronic professional registries (D5.2.2)	WP5	18 - NICTIZ	Report	Public	19
D5.6	Report on notification of national eID under the scope of the eIDAS Regulation (D5.2.3)	WP5	18 - NICTIZ	Report	Public	31
D5.7	Updated Guideline on PS (D5.3.1)	WP5	18 - NICTIZ	Report	Public	7
D5.8	Updated Guideline on eP (D5.3.2)	WP5	18 - NICTIZ	Report	Public	19
D5.9	Updated Guideline on Patient Registries (D5.3.3)	WP5	18 - NICTIZ	Report	Public	31
D5.10	Proposal for a platform consisting of the relevant standardisation developing organizations (D5.4.1)	WP5	18 - NICTIZ	Report	Public	7
D5.11	Policy paper proposing actions to promote the use of common standards or technical specifications in eHealth within the EU (D5.4.2)	WP5	18 - NICTIZ	Report	Public	19
D5.12	Report on standardisation developments in eHealth incl. recommendations for the rolling plan (D5.4.3.1)	WP5	18 - NICTIZ	Report	Public	19

Deliverable Number [14]	Deliverable Title	WP number [9]	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D5.13	Report on European semantic interoperability in eHealth (D5.5)	WP5	18 - NICTIZ	Report	Public	25
D5.14	Proposal how to assess MS technical readiness to provide, deploy and operate eHealth cross-border services (D5.6.1)	WP5	18 - NICTIZ	Report	Public	13
D5.15	Annual report on operational support to open NCP usage (D5.6.2.1)	WP5	18 - NICTIZ	Report	Public	7
D5.16	Annual report on operational support to open NCP usage (D5.6.2.2)	WP5	18 - NICTIZ	Report	Public	19
D5.17	Annual report on operational support to open NCP usage (D5.6.2.3)	WP5	18 - NICTIZ	Report	Public	31
D5.18	Report on standardisation developments in eHealth incl. recommendations for the rolling plan (D5.4.3.2)	WP5	18 - NICTIZ	Report	Public	31
D6.1	Report on the implementation of patient summary guideline (D6.1.1)	WP6	4 - HZZO	Report	Public	7
D6.2	Report on the implementation of ePrescription guideline (D6.1.2)	WP6	4 - HZZO	Report	Public	19
D6.3	Report on the implementation of interoperability of patient registries guidelines (D6.1.3)	WP6	4 - HZZO	Report	Public	31
D6.4	Report on challenges of legal interoperability in a cross-border context (D6.2)	WP6	4 - HZZO	Report	Public	25

Deliverable Number [14]	Deliverable Title	WP number [9]	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D7.1	Report on the establishment of a platform for the sharing of national eHealth Strategies (D7.1.1)	WP7	20 - SPMS	Report	Public	13
D7.2	Report on EU state of play on telemedicine services and uptake recommendations (D7.1.2)	WP7	20 - SPMS	Report	Public	31
D7.3	Recommendations on online training tools for health professionals concerning cross-border health care services (D7.1.3)	WP7	20 - SPMS	Report	Public	25
D7.4	Report on the use of cloud computing in health (D7.2.1)	WP7	20 - SPMS	Report	Public	7
D7.5	Code of conduct on how to handle health data for purposes other than patient care (D7.2.2)	WP7	20 - SPMS	Report	Public	13
D7.6	Report on studies concerning added value of eHealth/ mHealth services (D7.3)	WP7	20 - SPMS	Report	Public	31
D7.7	A minimum HTA inspired framework to access the value of National eHealth projects (D7.4)	WP7	20 - SPMS	Report	Public	31
D7.8	Report on EU state of play on patient access on eHealth data (D7.5.1)	WP7	20 - SPMS	Report	Public	13
D7.9	Recommendations for patient access to electronic health records (D7.5.2)	WP7	20 - SPMS	Report	Public	19
D8.1	Overview of OECD studies on eHealth and core outcome (D8.1.1)	WP8	6 - FRNA	Report	Public	13

Deliverable Number [14]	Deliverable Title	WP number [9]	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D8.2	Information materials supporting preparatory convergence meetings between eHealth Network and WHO and OECD (D8.1.2)	WP8	6 - FRNA	Report	Public	25
D8.3	Information paper on main eHealth activities outside of the EU (D8.1.3)	WP8	6 - FRNA	Report	Public	31
D8.4	Report on main eHealth activities outside of the EU (D8.1.4)	WP8	6 - FRNA	Report	Public	33
D8.5	Inventory of eHealth specifications (D8.2.1)	WP8	6 - FRNA	Report	Public	7
D8.6	Evaluation and good practice guide for eHealth specifications (D8.2.2)	WP8	6 - FRNA	Report	Public	19

1.3.3. WT3 Work package descriptions

Work package number [9]	WP1	**Lead beneficiary** [10]	1 - ATNA
Work package title	Coordination		
Start month	1	**End month**	36

Objectives

The objective of this WP is to coordinate the different parts of the work from both, administrative and content perspective as laid out in the general description of objectives of this JA. Another major objective is to ensure timely submission of the project's deliverables intended for submission to the eHN prior to their bi-annual meetings in order to enable work progress of the eHN members. In this context, WP1 also aims to closely cooperate with DG SANTE on the preparation for eHN's meeting agenda and to ensure high quality of language used in the respective documents submitted.
Also the monitoring of the overall strategy as well as the active support of the general work progress of the other WPs is to be carried out by WP1. In case administrative, financial or management issues will arise in the JA or respective in the individual WPs, WP1 shall effectively deal with their resolving in a way that the project will be implemented successfully and on schedule. Financial management, reporting and monitoring of the budget shall be carried out by this WP as well. The Coordinator also acts as the interface between representatives from the EC (DG SANTE and CHAFEA) and the project participants. Members of WP1 will also disseminate and present current results and work progress toward external environment and other projects, also in cooperation with WP2. In the beginning of the project WP1 shall focus on the elaboration of certain procedures for work delivery (incl. a production approach for different types of deliverables) and financial reporting.

Description of work and role of partners

WP1 - Coordination [Months: 1-36]
ATNA
The main tasks are:
T1.1 Participation in meetings, workshops, TCons, etc.
This task covers the participation in all committee meetings (PSC and CG) and their related TCons, video conferences, etc. as well as project internal coordination meetings and any other meetings of the Coordinator with other parties, e.g. the EC or external parties.
T1.2 Project public presence and project representation:
Activities include the general dissemination of project results and work progress to the external world and the participation in several conferences, events, meetings and workshops of other projects/institutions/etc. on demand and upon needs.
T1.3 Organisation of steering meetings and support with workshop meetings:
This task includes the organisation of meetings of the strategic and operational PSC as well as of the Coordination Group. Furthermore, WP1 will provide support to other WP leaders with broader workshop meetings, where needed.
T1.4 Project Administration and Reporting:
This task includes the following activities:
Day-to-day management: Management and coordination of tasks and activities foreseen in the description of work, management and coordination of any preparatory activities needed prior to eHN meetings as well as systematic content-related monitoring progress and issues of periodic and final management reports. Updating of the work plan where needed. Liaison with the EC services, referring particularly on all issues related to the grant agreement.
Financial administration and reporting: Activities include management and monitoring of the financial resources of the JA, taking also into account administration of external resources. Financial reporting also includes collection by the financial administration of financial data from the beneficiaries for periodic financial reports, both internally and toward the EC, considering also any interactions with operational PSC on relevant administrative and financial issues.
T1.5 General Management:
Activities include operational support of activities of the different WPs, as well as the elaboration of the governance manual, describing the roles, responsibilities and rights of different beneficiaries and the committees established, voting policy, information on procedures for transparency, elaboration of different types of deliverables, etc.
T1.6 Coordination with all WPs, other projects and initiatives and the eHealth Network

This task focuses on the strategic coordination with all other WPs of the JA, project external parties (e.g. other projects and initiatives, EC, external organisations, etc.) and to maintain a close cooperation with the eHN (including also preparations for eHN meetings).

Participation per Partner

Partner number and short name	WP1 effort
1 - ATNA	6.00
GÖG	74.00
Total	80.00

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D1.1	Interim report (D1.1.1)	1 - ATNA	Report	Public	12
D1.2	Interim report (D1.1.2)	1 - ATNA	Report	Public	24
D1.3	Governance Manual (D1.2)	1 - ATNA	Report	Confidential, only for members of the consortium (including the Commission Services)	6
D1.4	Final report (D1.3)	1 - ATNA	Report	Public	36

Description of deliverables

D1.1x Interim reports
The interim reports describe the activities carried out, milestones and results achieved after each 12 months of the JA. Deliverables produced by other WPs within the covered time period can be attached as annexes. (Month of delivery: M12, M24)
D1.2 Governance Manual
The governance manual describes the project internal governance structure and lays out certain working approaches, the roles, responsibilities and rights of the different roles, committees and beneficiaries of the JA. (Month of delivery: M6)
D1.3 Final report
This report describes the JA implementation and the results achieved. The deliverables are annexed. (Month of delivery: M36)

D1.1 : Interim report (D1.1.1) [12]

Describes the activities carried out, milestones and results achieved in 12 months intervals.

D1.2 : Interim report (D1.1.2) [24]

Describes the activities carried out, milestones and results achieved in 12 months intervals.

D1.3 : Governance Manual (D1.2) [6]

Describes the project internal governance structure and lays out the roles, responsibilities and rights.

D1.4 : Final report (D1.3) [36]

Describes the action implementation and the results achieved.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS1	Template for interim reports (M1.1)	1 - ATNA	10	Template created
MS2	Draft of project internal governance structure (M1.2)	1 - ATNA	5	Draft created.

Work package number [9]	WP2	Lead beneficiary [10]	10 - SE
Work package title	Dissemination and Communication		
Start month	1	End month	36

Objectives

The objectives of the Dissemination and Communication WP are to:
• Ensure that the results and deliverables of the JA are available in time for the defined target groups and a wider audience relevant to eHealth (coherent internal and external communication);
• Ensure integrated, efficient, clear and timely internal communication between the JA partners in order to support activities of other WPs;
• Ensure involvement in international events and delivery of targeted information packages toward defined target groups on both, international and national/regional level;
• Provide and facilitation of the general objectives of the action.

Description of work and role of partners

WP2 - Dissemination and Communication [Months: 1-36]
SE, VULSK
• This WP is not further subdivided into tasks. The implementation of the WP will guarantee:
• consistent, orderly and awareness-raising external communication activities with the aim of widely promoting the objectives, the advance of work and delivered results of the core WPs (WP5-WP8) to the defined target groups.
• the sustainability of results and outcomes of the action by activities of WP2.
It will apply specific methodologies and web-based data mining to ensure the transferability of the JA's results and optimize information flow toward defined target groups. The WP will
• perform a stakeholder analysis – that goes beyond the eHealth stakeholder groups involved through WP4 - to identify target groups (stakeholders, relevant institutions, organizations, industry, market actors, individuals, etc.).
• create a project logo and a communication and dissemination strategy and a publication guide that also includes guidelines for the drafting of different deliverables intended for submission to the eHN and that provides template(s) for project internal deliverables. Input from all WPs will be integrated.
• develop and establish a dedicated website for the JA, considering also the hosting, site administration, management of user rights, content management and any other tasks related to the technical and administrative maintenance of the JA's website.
• assemble content delivered by each WP for the JA's website. WP2 will perform the final editing, ensure coherent layout and coordinate the publication of the site and collaboration of all WP Leaders is foreseen.
• undertake external communication by planning, preparing and distributing a package of dissemination material containing essential information about the activities in the JA and interrelation with the eHN.
The communication and dissemination WP aims at disseminating information about the JA and its working progress toward defined target groups and in accordance with the dissemination strategy in order to increase the impact of the JA through participation in international and national events and conferences and other meetings relevant for the representation of the JA in the world of eHealth.
WP2 will consist of dissemination team at SE supported by experts from Lithuania (VULSK), and will cooperate closely with WP1 and WP4 in order to increase the sustainability of the JA.

Participation per Partner

Partner number and short name	WP2 effort
10 - SE	39.00
14 - VULSK	7.80
Total	46.80

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D2.1	Communication and Dissemination Strategy (D2.1)	10 - SE	Report	Confidential, only for members of the consortium (including the Commission Services)	4
D2.2	Concept for a master plan for conferences at the European level (D2.2)	10 - SE	Report	Public	7
D2.3	Project Web-site (D2.3)	10 - SE	Report	Public	7
D2.4	Leaflet (D2.4.1)	10 - SE	Report	Public	2
D2.5	Layman version of the final report (D2.4.2)	10 - SE	Report	Public	36

Description of deliverables

D2.1 Communication and Dissemination Strategy (month of delivery: M4)
D2.2 Concept for a master plan for conferences at the European level (month of delivery: M7)
D2.3 Project Website (month of delivery: M7)
D2.4.1 Leaflet (month of delivery: M2)
D2.4.2 Layman version of the final report (month of delivery: M36)

D2.1 : Communication and Dissemination Strategy (D2.1) [4]

Describes the strategy on dissemination and communication and implies development of project´s brand incl. logo, house style guide and templates and publication guide.

D2.2 : Concept for a master plan for conferences at the European level (D2.2) [7]

Describes the concept for dissemination at EU conferences.

D2.3 : Project Web-site (D2.3) [7]

Project´s public website.

D2.4 : Leaflet (D2.4.1) [2]

Creation of the project leaflet.

D2.5 : Layman version of the final report (D2.4.2) [36]

Creation of the Layman version of the final report.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS3	Project logo (M2.1.1)	10 - SE	2	Project logo developed.
MS4	House style guide and templates (M2.1.2)	10 - SE	2	Style guide for project documents and

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
				corresponding templates created.
MS5	Publication guide (M2.1.3)	10 - SE	3	Publication guide created.
MS6	Draft for D2.3 (M2.3.1)	10 - SE	3	Offline webpage implemented.
MS7	Content outline for project website (M2.3.2)	10 - SE	6	Content for project website drafted.

Work package number [9]	WP3	Lead beneficiary [10]	21 - BBU
Work package title	Evaluation		
Start month	1	End month	36

Objectives

The general objective of the Evaluation WP is to assess the degree to which the eHN JA achieved the proposed objectives. The process will focus both, on the project as a whole, as well as on individual WPs. The evaluation process will comprise three distinct components: process evaluation, output evaluation, outcome evaluation. Adequate indicators will be developed for all three levels of evaluation.

Description of work and role of partners

WP3 - Evaluation [Months: 1-36]
BBU
This WP will perform evaluation of the JA at regular intervals. The key deliverables are the interim evaluation report and the final report. The Evaluation WP will focus on setting indicators which provide an insight into the extent to which outcomes are being realised.
In order to achieve the objectives of this WP, several steps will be taken. An evaluation strategy will be developed at the beginning of the JA, in close collaboration with the WP1 leader. It will be based on process, output and outcome indicators for each WP. Data will be collected from WPs, WP leaders and meeting participants and the corresponding resources related to the delivery of input by participants to WP3 are considered through their involvement in other WPs rather than through separate resources foreseen for WP3, as well as through their involvement in JA meetings. The WP3 team will collect and analyse data and provide conclusions in the interim and final reports. Special attention will be given to deviation from work plan(s). In order to prevent WPs or reduce the effect of such deviations, risk management, including risk identification and risk assessment, will be established, together with the Coordinator and WP leaders. Possible discrepancies and measures to counteract will be proposed to and discussed with the Coordination Group. The final evaluation report will be based on the registry of milestones and deliverables achievement by each WP, including the quality of outputs. The process aspect of the JA will be assessed through the study of management, coordination and organisational structure of the project.
To ensure timeliness and consistent quality of deliverables this WP installs a Quality Management (QM) scheme. Under the leadership of a designated QM person every deliverable for the eHN and for the EC will undergo predefined revision and elaboration steps. This will not only ensure high quality of content and presentation, but also due consideration of stakeholder input. To ensure quality and e.g. legal or professional consistency this WP may in exceptional cases engage external evaluators.

Participation per Partner

Partner number and short name	WP3 effort
21 - BBU	26.00
Total	26.00

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D3.1	Quality Management Scheme (D3.1)	21 - BBU	Report	Confidential, only for members of the consortium (including the	6

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
				Commission Services)	
D3.2	Interim evaluation report (D3.2)	21 - BBU	Report	Public	18
D3.3	Final evaluation report (D3.3)	21 - BBU	Report	Public	36

Description of deliverables

D3.1 Quality Management Scheme
This is an internal report that regulates the quality management of the project. The report will become part of the project management material of the eHN-JA. (Month of delivery: M6)
D3.2 Interim evaluation report
The interim evaluation report will assess the intended outcomes, outputs and the success indicators at the project half-way. (Month of delivery: M18)
D3.3 Final evaluation report
The final evaluation report will draw on the interim evaluation reports, also containing the concluding remarks with regards to the entire JA. (Month of delivery: M36)

D3.1 : Quality Management Scheme (D3.1) [6]

This is an internal report that regulates the quality management of the project. The report will become part of the project management material of the JA.

D3.2 : Interim evaluation report (D3.2) [18]

Describes the intended outcomes, outputs and thte success indicators at the project half-way.

D3.3 : Final evaluation report (D3.3) [36]

Describes the interim evaluation reports, also containing the concluding remarks with regards to the entire JA.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS8	Availability of quality management scheme (M3.1)	21 - BBU	5	Document created.
MS9	Evaluation strategy (M3.2.1)	21 - BBU	5	Document created.
MS10	Evaluation tools (M3.2.2)	21 - BBU	9	Document created.
MS11	Draft interim evaluation report (M3.2.3)	21 - BBU	17	Document created.
MS12	Draft final evaluation report (M3.3)	21 - BBU	35	Document created.

Work package number [9]	WP4	Lead beneficiary [10]	7 - GEMATIK
Work package title	Stakeholder Liaison		
Start month	1	End month	36

Objectives

Based on the experiences gained with the eHN it became obvious that a well-managed and sustainable stakeholder liaison process must be implemented in the follow-up of the liaison activities of the eHealth Governance Initiative by the eHN-JA.
This Work Package will closely monitor the process of shaping the project deliverables and at the same time ensure that affected and interested stakeholders have a channel for communication with the WPs throughout this process. This aims at continuously aligning the concerned parties'understandig with the work done by the WPs and thus facilitating a wide acceptance of the produced deliverables.
Based on the above, the work package's objectives are to:
• Establish a communication channel between the eHN-JA and the wide range of eHealth stakeholders that are influenced by the activities and strategic decisions of the eHN
• Enable support and document a proper liaison with eHealth stakeholders including standards developing organizations which are involved in developing, building, running and therefore actively driving and influencing the deployment and use of eHealth services in Europe
• Engage various stakeholders in a consultative dialogue addressing the challenge that stakeholders often have different perspectives, vocabularies and agendas
• Provide the project coordinator and the work packages of the eHN-JA with relevant contact points and expertise for their work

Description of work and role of partners

WP4 - Stakeholder Liaison [Months: 1-36]
GEMATIK
The liaison activities between the different groups (and networks) of stakeholders and the eHN-JA will particularly connect external stakeholders to WP1 (Coordination) and the core work packages WP5, WP6, WP7 and WP8.
WP4 will facilitate adequate, specific external expertise for the work of the eHN-JA, establish and encourage a two-way communication between the eHN-JA and stakeholders. It will structure such contributions and communications by creating a secretariat in charge of organising liaison activities in alignment with the respective core work package responsible for the theme.
Secretariat activities will include
• Organisation of the stakeholder information and invitation
• Coordination of targeted stakeholder input
• Invitation and registration management of the stakeholders
• Monitoring and taking action as appropriate reflecting the stakeholder aspects of the respective core work package activity
In order to enable effective participation options and transparency in the decision making, the work package will prepare a stakeholder engagement document (D4.1 Concept and internal guidelines for stakeholder liaison) and discuss it in a workshop with the stakeholders early in the project.
Hence, the work package will provide liaison activities in two directions:
1. Collect and organise information / knowledge coming from stakeholders towards eHN-JA by:
• Collecting input on particular themes for preparing briefing/policy papers
• Establishing a range of consultation mechanisms, ranging from the invitation of a limited number of experts up to the organization of workshops, i.e. with invited experts (with up to 50 participants) from stakeholder organisations, academia, etc. to support one or more tasks according to the MWP 2015-2018
2. Undertake targeted and interactive feedback on draft results from the different work packages to experts (groups) to ensure stakeholders' information and continuous involvement:
• Organize feedback workshops limited to the consortium and stakeholder representatives (from 10 to 25 participants)
• Engage in a focused dialogue with experts and stakeholder representatives on a draft briefing/policy paper

Participation per Partner

Partner number and short name	WP4 effort
7 - GEMATIK	4.04
Total	4.04

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D4.1	Concept and internal guidelines for stakeholder liaison (D4.1)	7 - GEMATIK	Report	Confidential, only for members of the consortium (including the Commission Services)	6
D4.2	Final report (D4.2)	7 - GEMATIK	Report	Public	36

Description of deliverables

D4.1 Concept and internal guidelines for stakeholder liaison
In order to enable the dialog between the eHN-JA and the stakeholders this deliverable provides the key principles, possibilities and preparatory steps needed to interact with stakeholders and their external experts. (Month of delivery: M6)
D4.2 Final report
The final report describes the activities, experiences and results achieved as a summary. It will also contain recommendations based on the feedback provided by the core work packages and the external stakeholder groups in order to set up a proper sustainable liaison structure for the future activities of the eHN. (Month of delivery: M36)

D4.1 : Concept and internal guidelines for stakeholder liaison (D4.1) [6]

Provides the key principles, possibilities and preparatory steps needed to interact with external experts.

D4.2 : Final report (D4.2) [36]

Describes the activities, experiences and results achieved as a summary.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS13	Stakeholder workshop for discussion of concepts and internal guidelines for stakeholder liaison with the core WPs (M4.1.1)	7 - GEMATIK	4	Workshop held.
MS14	Communication of concepts and internal guidelines for stakeholder liaison with the core WPs (M4.1.2)	7 - GEMATIK	7	Communication done.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS15	Interim Report #1 (M4.2.1)	7 - GEMATIK	12	Information on activities carried out in M1-M12 drafted.
MS16	Interim Report #2 (M4.2.2)	7 - GEMATIK	24	Information on activities carried out in M13-M24 drafted.

Work package number [9]	WP5	Lead beneficiary [10]	18 - NICTIZ
Work package title	Interoperability and Standardization		
Start month	1	End month	36

Objectives

SeHA is WP co-leader.
• Propose an organizational framework to prepare, establish and govern eHealth National Contact Points in the scope of cross border care services deployed under the Connecting Europe facilities work plan.
• Propose an eID specific framework for eHealth: an agreement – primarily under the scope of the eID Regulation – on a set of common identification, authentication and authorization measures based on national solutions to allow trusted electronic transfer of patient data in cross border care and report the progress.
• Update guidelines on Patient Summary, ePrescription and Patient Registries to be adopted by the eHN and report back the progress on implementation.
• Propose a platform consisting of the relevant Standards developing organizations in order to create a single bidirectional interface between the eHN and the Standards developing parties.
• Report on standardization developments in eHealth and on the effective use of common standards or technical specifications in eHealth within the EU.
• Propose a European Strategy for semantic interoperability, based upon research project deliverables under Horizon 2020, to be adopted by the eHN.
• Support CEF on activities related with deploying and operating eHealth Cross Border Services, by providing recommendations, methodologies and possible strategies to handle with innovation management, maturity and readiness levels as well as long term sustainability of key operational technical assets.

Description of work and role of partners

WP5 - Interoperability and Standardization [Months: 1-36]
NICTIZ, ATNA, BHTC, HZZO, THL, FRNA, GEMATIK, 3DHHR, GYEMSZI, DH, MoH-IT, NVD, VULSK, VLK, AeS, HDIR, SPMS, BBU, SEHA, NHS IC
WP5 will offer a set of results that support the ambitions of the eHN with (sustainable policy) assets in the field of standardization and interoperability.
A main challenge in this field is the linkage between the policy level of thinking and deciding (eHN), and the more operational development, deployment and maintenance of assets in interoperability like standards but also guidelines and agreements. In the standards field eHealth suffers both from abundance in standards and from a lack of adoptable standards, specifications guidance and/or governance, which means that close cooperation between Standards Development Organizations (SDOs) is needed on the choices of existing standards and the agenda for developing the missing pieces. Of course, the policy level (eHN) should be on the demanding side, and should be able to take that role. This WP will assure that the complicated network of interdependencies between the different topics is well addressed, explained and effectively coordinated in order to allow better interoperability between eHealth solutions and to prepare relevant decisions of the eHN in that direction.
WP5 will furthermore build upon already achieved goals and assets from projects on the EU level as well as from national achievements.
Task 5.1: Trusted eHealth National Contact Points (leading applicant: (21) SPMS):
Activities include a proposal for an organisational framework of eHealth NCPs which states the role, task and responsibilities of the eHealth NCP and their “national architecture”. This task will deal additionally with, supporting a “localization strategy” for the elaboration of guidelines adopting the necessary legal and/or contractual arrangements between different countries’ eHealth NCP.
The task will describe a process, to be accepted by the eHN, for ensuring that trust between the eHealth NCPs can be maintained and reinforced, through describing the following activities:
a) How to check and endorse eHealth NCP legal and operational readiness for starting a certain service;
b) How to create a peer-to-peer process for auditing organizational arrangements between countries;
c) How to fulfill the eligibility criteria for CEF allocation of funds to generic services;
d) How to create regular reports on activities related to the use of CEF funding in generic services.

The overall objective of this task is to propose an organizational framework to prepare, establish and govern eHealth National Contact Points in the scope of cross border care services deployed under the Connecting Europe facilities work plan.
Task 5.2: Electronic Identification for eHealth (leading applicant: (8) GEMATIK):
Activities include the elaboration of an eID specific framework for eHealth representing an agreement primarily under the scope of the eID Regulation. This shall also include a set of common identification, authentication and authorisation measures based on national solutions to allow trusted electronic transfer of patient data in cross-border care. Further activities refer to the elaboration of guidelines on the interoperability of electronic professional registries and reports on notification of national eID under the scope of the eID Regulation.
Task 5.3: Update & revision of EU eHealth Guidelines (leading applicant: (17) AeS and (24) NHS IC):
This task will deliver updated and revised guidelines for Patient Summary, ePrescription and Patient Registries, which have been developed following former projects and been adopted by the eHN (except the Patient Registries guideline). The updating and revising process is necessary to ensure that requirements from the MS and other stakeholders (incl. the input gathered by WP6) are taken into account for the development of further revisions. The aim is to maintain and provide a set of guidelines to foster semantic interoperability for cross-border exchange and to inform about the MS' plans for national implementations.
Task 5.4: Alignment of standardization activities in eHealth (leading applicant: (19) Nictiz):
One of the barriers for the large-scale implementation and adoption of eHealth comes from the ack of clarity around the adequate standards and profiles for interoperability of eHealth solutions. There is a need to align the relevant organizations that have a role in eHealth standards and profiles, and promote the use of the standards and profiles. Task 5.4 will provide a proposal for a platform consisting of the relevant Standards developing organizations in order to:
• provide input to the eHN on actions to promote the coordination and acceptability of standards and technical specifications in eHealth;
• create a single entry point into the standards world for any questions, wishes and requirements the eHN might have.
Furthermore, report(s) will be produced focusing on standardization developments in eHealth and on the effective use of common standards or technical specifications in eHealth within the EU.
The first focus will be on the standards and profiles that are in use at the application- and semantic levels of the Antilope refined European Interoperability Framework. The WP will closely work together with WP 4 Stakeholder coordination and other relevant projects such as eStandards.
Task 5.5: Semantic Interoperability (leading applicant: (3) BHTC):
This task will analyse the proposals elaborated by dedicated EU funded projects such as SemanticHealthNet whose objective is to provide a semantic referral point for all key stakeholders in Europe. It will also organize – in close cooperation with WP7 (Exchange of knowledge) – a review of existing MS strategies in relationship to semantic interoperability. It will furthermore analyse choices proposed by more specific projects due to start in 2015 (openMedicine, ASSESS CT, VALUeHEALT etc.) on previous related work within epSOS and currently within EXPAND. It will make sure that use cases and supporting EU guidelines can be updated accordingly. The overall objective of this task is thus to provide the eHN with a consolidated analysis of proposals made by national and EU projects which can provide significant inputs in this domain. It will also make sure that objectives are aligned with task 5.3, 5.4 and 5.6.
A report will be produced at the end of the JA but intermediary papers will be produced, pending the availability of sufficiently documented material originating from relevant projects.
Task 5.6: CEF operational support (leading applicant: (21) SPMS):
This task will work (seamlessly with EXPAND) as an innovation bus to capture value from past and ongoing EU projects (e.g. epSOS, eSENS, Antilope, PARENT, openMedicine, ASSESS CT, VALUeHEALT, etc.) and incorporate them into the eHealth Cross Border Services enhancement roadmap. It will also propose a methodology for assessing MS readiness to start operation of eHealth cross border services as well as support monitoring and assessment of the real usage and impact of eHealth cross border services deployed under CEF. It will work as technical support on technical efforts to handover Central Services to CEF and technical efforts in further enhancing OpenNCP moving towards a long term sustainability strategy.
The overall objective of this task is to support CEF on activities related with deploying and operating eHealth Cross Border Services, by providing recommendations, methodologies and possible strategies to handle with innovation management, maturity and readiness levels as well as long term sustainability of key operational technical assets.

Participation per Partner

Partner number and short name	WP5 effort
1 - ATNA	0.60
2 - BHTC	3.90
4 - HZZO	5.10
5 - THL	5.50
6 - FRNA	2.40
ASIP SANTE	16.96
7 - GEMATIK	20.50
8 - 3DHHR	6.50
9 - GYEMSZI	16.00
11 - DH	3.00
12 - MoH-IT	4.50
13 - NVD	1.00
14 - VULSK	12.00
15 - VLK	8.00
16 - AeS	2.70
18 - NICTIZ	9.00
19 - HDIR	1.05
20 - SPMS	24.50
21 - BBU	8.00
22 - SEHA	8.00
23 - NHS IC	3.00
Total	162.21

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D5.1	Organisational Framework of eHealth NCP (D5.1.1)	18 - NICTIZ	Report	Public	7
D5.2	Country Guide for implementation of eHealth NCP (D5.1.2)	18 - NICTIZ	Report	Public	13
D5.3	Report on activities related to the use of CEF funding into generic services (D5.1.3)	18 - NICTIZ	Report	Public	36

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D5.4	eID specific Framework for eHealth (D5.2.1)	18 - NICTIZ	Report	Public	25
D5.5	Guidelines on the interoperability of electronic professional registries (D5.2.2)	18 - NICTIZ	Report	Public	19
D5.6	Report on notification of national eID under the scope of the eIDAS Regulation (D5.2.3)	18 - NICTIZ	Report	Public	31
D5.7	Updated Guideline on PS (D5.3.1)	18 - NICTIZ	Report	Public	7
D5.8	Updated Guideline on eP (D5.3.2)	18 - NICTIZ	Report	Public	19
D5.9	Updated Guideline on Patient Registries (D5.3.3)	18 - NICTIZ	Report	Public	31
D5.10	Proposal for a platform consisting of the relevant standardisation developing organizations (D5.4.1)	18 - NICTIZ	Report	Public	7
D5.11	Policy paper proposing actions to promote the use of common standards or technical specifications in eHealth within the EU (D5.4.2)	18 - NICTIZ	Report	Public	19
D5.12	Report on standardisation developments in eHealth incl. recommendations for the rolling plan (D5.4.3.1)	18 - NICTIZ	Report	Public	19
D5.13	Report on European semantic interoperability in eHealth (D5.5)	18 - NICTIZ	Report	Public	25

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D5.14	Proposal how to assess MS technical readiness to provide, deploy and operate eHealth cross-border services (D5.6.1)	18 - NICTIZ	Report	Public	13
D5.15	Annual report on operational support to open NCP usage (D5.6.2.1)	18 - NICTIZ	Report	Public	7
D5.16	Annual report on operational support to open NCP usage (D5.6.2.2)	18 - NICTIZ	Report	Public	19
D5.17	Annual report on operational support to open NCP usage (D5.6.2.3)	18 - NICTIZ	Report	Public	31
D5.18	Report on standardisation developments in eHealth incl. recommendations for the rolling plan (D5.4.3.2)	18 - NICTIZ	Report	Public	31

Description of deliverables

D5.1.1 Organisational Framework of eHealth NCP
• Month of delivery: M7
D5.1.2 Country Guide for implementation of eHealth NCP
• Month of delivery: M13
D5.1.3 Report on activities related to the use of CEF funding into generic services
• Month of delivery: M36 (Not intended for submission to the eHN; for project internal purpose only)
D5.2.1 eID specific Framework for eHealth
• Month of delivery: M25
D5.2.2 Guidelines on the interoperability of electronic professional registries
• Month of delivery: M19
D5.2.3 Report on notification of national eID under the scope of the eIDAS Regulation
• Month of delivery: M31
D5.3.1 Updated Guideline on PS
• Month of delivery: M7
D5.3.2 Updated Guideline on eP
• Month of delivery: M19
D5.3.3 Updated Guideline on Patient Registries
• Month of delivery: M31
D5.4.1 Proposal for a platform consisting of the relevant standardisation developing organizations
• Month of delivery: M7

D5.4.2 Policy paper proposing actions to promote the use of common standards or technical specifications in eHealth within the EU
• Month of delivery: M19
D5.4.3.1, D5.4.3.2 Report on standardisation developments in eHealth incl. recommendations for the rolling plan
• Month of delivery: M19, M31
D5.5 Report on European semantic interoperability in eHealth
• Month of delivery: M25
D5.6.1 Proposal how to assess MS technical readiness to provide, deploy and operate eHealth cross-border services
• Month of delivery: M13
D5.6.2.1, D5.6.2.2, D5.6.2.3 Annual report on operational support to open NCP usage
• Month of delivery: M7, M19, M31

D5.1 : Organisational Framework of eHealth NCP (D5.1.1) [7]

SeHA is co-leader. Describes the framework of eHealth NCP.

D5.2 : Country Guide for implementation of eHealth NCP (D5.1.2) [13]

SeHA is co-leader. Describes the implementation of eHealth NCP for countries.

D5.3 : Report on activities related to the use of CEF funding into generic services (D5.1.3) [36]

SeHA is co-leader. Describes the actions related to CEF funding.

D5.4 : eID specific Framework for eHealth (D5.2.1) [25]

SeHA is co-leader. Describes the framework of eID.

D5.5 : Guidelines on the interoperability of electronic professional registries (D5.2.2) [19]

SeHA is co-leader. Describes the interoperability of electronic professional registries.

D5.6 : Report on notification of national eID under the scope of the eIDAS Regulation (D5.2.3) [31]

SeHA is co-leader. Describes the notification of national eIDs.

D5.7 : Updated Guideline on PS (D5.3.1) [7]

Updates the Guideline on PS.

D5.8 : Updated Guideline on eP (D5.3.2) [19]

SeHA is co-leader. Updates the Guideline on eP.

D5.9 : Updated Guideline on Patient Registries (D5.3.3) [31]

SeHA is co-leader. Updates the Guideline on PR.

D5.10 : Proposal for a platform consisting of the relevant standardisation developing organizations (D5.4.1) [7]

SeHA is co-leader. Describes a platform consisting of relevant SDOs.

D5.11 : Policy paper proposing actions to promote the use of common standards or technical specifications in eHealth within the EU (D5.4.2) [19]

SeHA is co-leader. Describes the actions to promote the use of standards and specifications in the field of eHealth.

D5.12 : Report on standardisation developments in eHealth incl. recommendations for the rolling plan (D5.4.3.1) [19]

SeHA is co-leader. Describes the standardisation developments in the field of eHealth.

D5.13 : Report on European semantic interoperability in eHealth (D5.5) [25]

Describes the European semantic interoperability in the field of eHealth.

D5.14 : Proposal how to assess MS technical readiness to provide, deploy and operate eHealth cross-border services (D5.6.1) [13]

SeHA is co-leader. Describes the assessment of MS technical readiness for eHealth cross-border services.

D5.15 : Annual report on operational support to open NCP usage (D5.6.2.1) [7]

SeHA is co-leader. Summarise annually the main activities and outputs.

D5.16 : Annual report on operational support to open NCP usage (D5.6.2.2) [19]

SeHA is co-leader. Summarise annually the main activities and outputs.

D5.17 : Annual report on operational support to open NCP usage (D5.6.2.3) [31]

SeHA is co-leader. Summarise annually the main activities and outputs.

D5.18 : Report on standardisation developments in eHealth incl. recommendations for the rolling plan (D5.4.3.2) [31]
SeHA is co-leader. Describes the standardisation developments in the field of eHealth.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS17	Draft of D5.1.1 (M5.1.1)	18 - NICTIZ	1	SeHA is co-leader. Draft created.
MS18	Draft of D5.1.2 (M5.1.2)	18 - NICTIZ	7	SeHA is co-leader. Draft created.
MS19	Interim report #1 of D5.1.3 (M5.1.3.1)	18 - NICTIZ	12	SeHA is co-leader. Interim report created.
MS20	Interim report #2 of D5.1.3 (M5.1.3.2)	18 - NICTIZ	24	SeHA is co-leader. Interim report created.
MS21	1st draft of D5.2.1 (M5.2.1.1)	18 - NICTIZ	7	SeHA is co-leader. Draft created.
MS22	2nd draft of D5.2.1 (M5.2.1.2)	18 - NICTIZ	13	SeHA is co-leader. Draft created.
MS23	3rd draft of D5.2.1 (M5.2.1.3)	18 - NICTIZ	19	SeHA is co-leader.Draft created.
MS24	1st draft of D5.2.2 (M5.2.2.1)	18 - NICTIZ	7	SeHA is co-leader. Draft created.
MS25	2nd draft of D5.2.2 (M5.2.2.2)	18 - NICTIZ	13	SeHA is co-leader. Draft created.
MS26	Draft of D5.4.1 (M5.4.1)	18 - NICTIZ	1	SeHA is co-leader. Draft created.
MS27	Draft of D5.4.2 (M5.4.2)	18 - NICTIZ	13	SeHA is co-leader. Draft created.
MS28	Interim report of D5.4.3 (M5.4.3)	18 - NICTIZ	7	SeHA is co-leader. Interim report created.
MS29	1st draft of D5.5 (M5.5.1)	18 - NICTIZ	13	SeHA is co-leader. Draft created.
MS30	2nd draft of D5.5 (M5.5.2)	18 - NICTIZ	19	SeHA is co-leader. Draft created.
MS31	Draft of D5.6.1 (M5.6.1)	18 - NICTIZ	7	SeHA is co-leader. Draft created.

Work package number [9]	WP6	Lead beneficiary [10]	4 - HZZO
Work package title	Monitoring and Assessment of Implementation		
Start month	1	End month	36

Objectives

The main objective of this WP is the monitoring and assessment of the implementation of specific eHealth guidelines, policy papers etc. and to analyse which recommendations have resulted in a positive effect on the interoperability of eHealth systems. It will also identify gaps and legal obstacles to be further addressed.
The specific objectives of WP6 are:
1) To monitor, analyse and evaluate the implementation of existing eHealth guidelines.
2) To provide detailed reports and recommendations on the implementation effectiveness on various levels of interoperability, i.e. legal, organizational, semantic and technical, in accordance with the European Interoperability Framework.
3) To assess aspects of legal interoperability in the cross-border context and to provide recommendations on how to fill the identified gaps.

Description of work and role of partners

WP6 - Monitoring and Assessment of Implementation [Months: 1-36]
HZZO, ATNA, BHTC, BEAT, FRNA, GEMATIK, 3DHHR, GYEMSZI, DH, NVD, VULSK, VLK, MFH, HDIR, SPMS, BBU
The main tasks are:
T6.1 Implementation of eHealth guidelines (leading applicant: (5) HZZO):
The implementation of eHN guidelines should focus on the needs of both the Member States and the impact on EU-wide policies concerning eHealth initiatives. Guidelines' implementation should be measured by their effectiveness and overall impact on Member States' eHealth initiatives. The implementation analysis itself will reflect various conditions in the Member States concerning the eHealth infrastructure in terms of legal, organizational and technical prerequisites for full guidelines adoption. The report about the implementation of guidelines previously adopted by the eHN will be based on information collected and knowledge exchanged about policy, legal and technical prerequisites.

T6.2 Development of legal interoperability in a cross-border context (leading applicant: (38) SENA):
Legal challenges of cross-border data exchange are due to previous focus of systems on technical interoperability, thus reducing the complexity of their implementation to technical and organizational aspects only. However a successful cross-border exchange of sensitive personal data can only be brought about in a secure legal environment. This task will therefore change the focus for the work from technical into legal matters by creating a stable and secure legal environment based on EU legislation with due consideration for the needs of involved national legislations. This task carries on the work done by the legal sub-group established by the eHealth network in November 2014 and concentrates on the creation of a sustainable legal basis for cross-border exchange of personal health data.

Participation per Partner

Partner number and short name	WP6 effort
1 - ATNA	4.00
2 - BHTC	0.50
3 - BEAT	4.00
4 - HZZO	41.00
6 - FRNA	0.50
ASIP SANTE	2.00
7 - GEMATIK	4.00

Partner number and short name	WP6 effort
8 - 3DHHR	2.00
9 - GYEMSZI	23.00
11 - DH	2.00
13 - NVD	1.00
14 - VULSK	6.00
15 - VLK	8.00
17 - MFH	1.00
19 - HDIR	0.10
20 - SPMS	4.00
21 - BBU	3.00
Total	106.10

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D6.1	Report on the implementation of patient summary guideline (D6.1.1)	4 - HZZO	Report	Public	7
D6.2	Report on the implementation of ePrescription guideline (D6.1.2)	4 - HZZO	Report	Public	19
D6.3	Report on the implementation of interoperability of patient registries guidelines (D6.1.3)	4 - HZZO	Report	Public	31
D6.4	Report on challenges of legal interoperability in a cross-border context (D6.2)	4 - HZZO	Report	Public	25

Description of deliverables

The reports D6.1.1, D6.1.2 and D6.1.3 will cover the implementation steps taken during the implementation process, any needs for additional support, consider all involved professional groups and the overall stakeholder involvement during all process stages. It will also contain a list of methods, components, tools and resources used, earmark barriers and facilitators encountered during the implementation process and detect the overall technical maturity and financial sustainability of MS at national and EU level.
D6.1.1 Report on the implementation of patient summary guideline
This report will be submitted once, before updating guidelines. (Month of delivery: M7)
D6.1.2 Report on the implementation of ePrescription guideline
This report will be submitted once. (Month of delivery: M19)
D6.1.3 Report on the implementation of interoperability of patient registries guidelines

This report will be submitted once. (Month of delivery: M31)
D6.2 Proposal for a sustainable legal basis for cross-border exchange of personal health data
This deliverable aims to provide a proposal to the MS for a sustainable legal basis enabling the exchange of personal health data across borders. The final proposal will be submitted to the eHealth Network for adoption. (Month of delivery: M25)

D6.1 : Report on the implementation of patient summary guideline (D6.1.1) [7]

Describes the implementation of PS guideline.

D6.2 : Report on the implementation of ePrescription guideline (D6.1.2) [19]

Describes the implementation of eP guideline.

D6.3 : Report on the implementation of interoperability of patient registries guidelines (D6.1.3) [31]

Describes the implementation of PR guideline.

D6.4 : Report on challenges of legal interoperability in a cross-border context (D6.2) [25]

Summarise the main activities and outputs.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS32	Draft of D6.1.1 (M6.1.1)	4 - HZZO	5	Draft created
MS33	Draft of D6.1.2 (M6.1.2)	4 - HZZO	17	Draft created.
MS34	Draft of D6.1.3 (M6.1.3)	4 - HZZO	29	Draft created.
MS35	1st draft of D6.2 (M6.2.1)	4 - HZZO	17	Draft created.
MS36	2nd draft of D6.2 for discussion with eHN (M6.2.2)	4 - HZZO	19	Draft created.

Work package number [9]	WP7	Lead beneficiary [10]	20 - SPMS
Work package title	Exchange of knowledge		
Start month	1	End month	36

Objectives

• To provide the eHN with information that exists within the MS, National Strategies, benefit from benchmarking and comparison as well as being shared within the eHN.
• To look at how will we handled common topics like cloud computing and healthcare data, secondary use of data, as well as, assessment of eHealth projects value, patient access related issues, and other common questions that while national could benefit from a common understanding and common approaches.
• To focus on patients, defining data portability roadmap as well as guidelines to interoperable patient-maintained records.

Description of work and role of partners

WP7 - Exchange of knowledge [Months: 1-36]
SPMS, ATNA, BHTC, HZZO, THL, FRNA, GEMATIK, 3DHHR, GYEMSZI, SE, DH, NVD, VULSK, AeS, MFH, NICTIZ, HDIR, BBU, NHS IC
All MS are working on eHealth and the majority has an eHealth Strategy. However, different countries have moved more or less in different areas. Therefore cross-fertilization of knowledge and national experiences can boost adoption and help solve issues at local level without a need to reinvent the wheel. Adoption of Standards for interoperability and EHR is also a necessity to achieve market harmonisation, certification of solutions and quality of healthcare data for secondary use.
Exchanging knowledge, documents and questions in all areas mentioned below is thus essential to a sustainable European eHealth strategy that is rooted on "compatible and compliant" national eHealth Strategies.
The main tasks are:
T7.1 Sharing of National eHealth Strategies and Action plans (leading applicant: (21) SPMS):
The sharing of National Strategies is key to compatible speeds in implementation that guarantee as much as possible, that different constituencies are ready to exchange similarly prepared health data. This should be done with an annual workshop on NATIONAL eHEALTH STRATEGIES - eHealthStrats.
Likewise the usage of a structured online platform (to be created and maintained by the EC) for sharing countries' strategies as well as some use stories is critical for this work. This work will build on the results of the "national eHealth strategies" project led by Empirica.
The reporting on the implementation levels and eventual creation of a National Score for eHealth is very important to build and maintain momentum, especially in face of political turns and changes.
Telemedicine is not different from any eHealth service at a distance, therefore its reporting and strategy should be made part of National eHealth Strategies and reported progressively in an incorporated manner.
Finally and more specifically these national strategies will be analysed in as much as they favour two aspects increasingly considered critical for the best value extraction out of eHealth projects:
• Learn from each other and exchange the best mechanisms to increase eHealth literacy of the healthcare IT workforce
• Increase awareness and knowledge of health professionals concerning cross-border health care activities – perhaps using an online tool.
Subtask T7.1.1 – Content authoring for an online platform (provided by EC) informing on and reporting on National eHealth Strategies following from the concepts discussed above and in interrelation with subtask 7.1.2 and 7.1.3.
Subtask T7.1.2 – Prepare deliverable report on EU telemedicine
This task will focus on the broad and discussed preparation of a report on EU state of play on telemedicine services and uptake recommendations (month of delivery: M31)
Subtask T7.1.3 – Training and literacy of healthcare workforce on eHealth
This sub-task will deal with recommendation on content for online training and literacy improvement tools including outlining skills development capacity for health professionals concerning cross border health care services.
The objective is to develop a comprehensive and unified eHealth skills matrix, by
• reviewing current research to identify roles and functions across the main healthcare settings and determining eHealth competency gaps
• creating a plan to structure and categorise roles and competences as per the European eCompetence Framework

• using the framework descriptions to determine skill level for each job role.

T7.2 Secondary use of Health Data (leading applicant: (24) NHS IC):
This task will address the following subjects:
• The pros and cons of the use of cloud computing in health,
• Publication of a code of conduct on how to handle secondary use of health data.
• Recommendation on de-identification of data for secondary use.

T7.3 Research on added value of eHealth Tools (leading applicant: (9) 3DHHR):
This task will explore and report on the most up-to-date studies on the added value of eHealth services to health services in particular and European society in general. It will also attempt to contribute on the sharing of good practices between MS on how eHealth tools are used in health promotion and disease management, aiming to provide contribution to health promotion and protection from health threats policies. This task is broken down into the following subtasks and activities to provide the deliverables mentioned in the next section of this document.
Report on studies concerning added value of eHealth/mHealth services, as a follow-up measure of the green paper on mHealth:
• collect information on mHealth/eHealth services inserted or proposed by MS or from H2020 projects and work programme (M1-M6)
• analysis of current trends and bibliography for value added services in eHealth/mHealth (M1-M6)
• evaluate various existing approaches for value added eHealth/mHealth services by using a business modeling model (i.e. Canvas model or similar) (M6-M10)
• establish a list of potential value added services performing a risk analysis for each (M6-M18) mMaturity and feasibility analysis for each services (M11-M18)

T7.4 Agreements with HTA-network about eHealth assessments cooperation within the EU (leading applicant: (9) 3D Hhr):
Cooperation with the HTA-Network to bring together experience on eHealth assessments and to devise a minimum HTA-inspired framework to access the value of National eHealth projects. Activities may include:
• collect information on HTA assessment and methodologies by Member states (M1-M6)
• joint work on common analysis of current trends and bibliography for HTA and eHealth (M1-M8)
• establish an eHealth HTA network with participants from MS, JA participants and stakeholders groups (M6-M12)
• Analysis of proposed prospects from H2020 projects and work programme (M1-M6)
• establish a proposed methodology and agreements for HTA in eHealth within the EU (M6 - M18)
• Maturity and feasibility analysis for HTA based services (M18-M24)

T7.5 Patient access to Electronic Health Records and health data portability (leading applicant: (19) Nictiz and (3) BHTC):
Activities include the elaboration of reports concerning the state of play in the EU on patient access and portability of health data as well as the state of play of patient digital literacy and effective ways to increase patient digital literacy. Also, recommendations on best practices to provide patient access to health data and health data portability shall be worked out.
On the base of the information paper submitted to the eHN in May 2014, the task will update the paper thanks to inputs originating from reference European pilots such as SUSTAINS, PALANTE and other national and European projects with a strong patient empowerment dimension (Smartcare, Carewell etc.).
The recommendation will also consider specific constraints associated with EU use cases. Aside from the question of access to data per se, it will also cover architectural questions (patient portals) and data input by the citizen himself. Specific semantic requirements will be discussed in close liaison with WP5 Main Task 5 – Semantic Interoperability.
The analysis of the state of play will be produced in close collaboration with task 7.1.
The objective is to prepare a formal recommendation to be adopted by the eHN in 2016.

Participation per Partner

Partner number and short name	WP7 effort
1 - ATNA	1.00
2 - BHTC	1.90
4 - HZZO	1.00

Partner number and short name	WP7 effort
5 - THL	4.50
6 - FRNA	0.50
ASIP SANTE	6.42
7 - GEMATIK	2.50
8 - 3DHHR	3.00
9 - GYEMSZI	10.00
10 - SE	5.00
11 - DH	9.00
13 - NVD	1.00
14 - VULSK	10.00
16 - AeS	3.00
17 - MFH	1.00
18 - NICTIZ	4.00
19 - HDIR	1.35
20 - SPMS	16.00
21 - BBU	9.00
23 - NHS IC	3.00
Total	93.17

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D7.1	Report on the establishment of a platform for the sharing of national eHealth Strategies (D7.1.1)	20 - SPMS	Report	Public	13
D7.2	Report on EU state of play on telemedicine services and uptake recommendations (D7.1.2)	20 - SPMS	Report	Public	31
D7.3	Recommendations on online training tools for health professionals concerning cross-border health care services (D7.1.3)	20 - SPMS	Report	Public	25

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D7.4	Report on the use of cloud computing in health (D7.2.1)	20 - SPMS	Report	Public	7
D7.5	Code of conduct on how to handle health data for purposes other than patient care (D7.2.2)	20 - SPMS	Report	Public	13
D7.6	Report on studies concerning added value of eHealth/ mHealth services (D7.3)	20 - SPMS	Report	Public	31
D7.7	A minimum HTA inspired framework to access the value of National eHealth projects (D7.4)	20 - SPMS	Report	Public	31
D7.8	Report on EU state of play on patient access on eHealth data (D7.5.1)	20 - SPMS	Report	Public	13
D7.9	Recommendations for patient access to electronic health records (D7.5.2)	20 - SPMS	Report	Public	19

Description of deliverables

D7.1.1 Report on the establishment of a platform for the sharing of national eHealth Strategies (month of delivery: M13)
D7.1.2 Report on EU state of play on telemedicine services and uptake recommendations (month of delivery: M31)
D7.1.3 Recommendations on online training tools for health professionals concerning cross- border health care services (month of delivery: M25)
D7.2.1 Report on the use of cloud computing in health (month of delivery: M7)
D7.2.2 Code of conduct on how to handle health data for purposes other than patient care (month of delivery: M13)
D7.3 Report on studies concerning added value of eHealth/mHealth services (month of delivery: M31)
D7.4 A minimum HTA inspired framework to access the value of National eHealth projects (Month of delivery: M31)
D7.5.1 Report on EU state of play on patient access on eHealth data (month of delivery: M13)
D7.5.2 Recommendations for patient access to electronic health records (month of delivery: M19)

D7.1 : Report on the establishment of a platform for the sharing of national eHealth Strategies (D7.1.1) [13]

Describes the establishment of a sharing platform for eHealth strategies.

D7.2 : Report on EU state of play on telemedicine services and uptake recommendations (D7.1.2) [31]

Describes the EU state of play on telemedicine services.

D7.3 : Recommendations on online training tools for health professionals concerning cross-border health care services (D7.1.3) [25]

Describes Recommendations on online training tools for health professionals in the cross-border context.

D7.4 : Report on the use of cloud computing in health (D7.2.1) [7]
Describes the use of cloud computing.

D7.5 : Code of conduct on how to handle health data for purposes other than patient care (D7.2.2) [13]
Describes the code of conduct on secondary use of health data.

D7.6 : Report on studies concerning added value of eHealth/mHealth services (D7.3) [31]
Describes the added value of eHealth and mHealth services via studies.

D7.7 : A minimum HTA inspired framework to access the value of National eHealth projects (D7.4) [31]
Describes a proposal for the establishment of an eHealth HTA framework.

D7.8 : Report on EU state of play on patient access on eHealth data (D7.5.1) [13]
Describes the EU state of play on patient access on her/his eHealth data.

D7.9 : Recommendations for patient access to electronic health records (D7.5.2) [19]
Describes the recommendations for patient access on his/her eHealth record.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS37	Draft of D7.1.3 for discussion (M7.1.3)	20 - SPMS	19	Draft created.
MS38	Draft of D7.2.2 for discussion (M7.2.2)	20 - SPMS	7	Draft created

Work package number [9]	WP8	**Lead beneficiary** [10]	6 - FRNA
Work package title	Global cooperation and positioning		
Start month	1	**End month**	36

Objectives

eHealth is not only a topic which is addressed at national or EU level, it is a topic addressed worldwide. The cooperation at EU level should also ensure the alignment with ongoing developments outside the EU, so that the agreements made within the eHN are compatible with global developments and standards. Also, the eHN could benefit from studies and research done by global organizations on eHealth developments, such as the WHO and the OECD and try to influence the global eHealth.

Description of work and role of partners

WP8 - Global cooperation and positioning [Months: 1-36]
FRNA, ATNA, BHTC, THL, GEMATIK, 3DHHR, SE, HDIR, SPMS, BBU, NHS IC
These are the main tasks:
T8.1 Participation, Liaison and Influence in global eHealth (leading applicant: (7) FRNA):
This task is divided into the following sub-tasks:
• T8.1.1 Overview of OECD studies on eHealth and core outcome (leading applicant: (3) BHTC & (7) FRNA)
• T8.1.2 Prepare for preparatory convergence meetings to coordinate input before WHO and OECD meetings on eHealth (leading applicant: (3) BHTC & (7) FRNA)
• T8.1.3 Information paper on main eHealth activities outside of the EU (leading applicant: (6) THL)
Activities of T8.1 include reporting on the main global eHealth activities based on an analysis of studies on eHealth and their core outcomes (subtask 8.1.1) as well as initiatives outside of the EU (subtask 8.1.3). In order to support convergence meeting activities on eHealth between the eHN representative(s) and representative(s) from the WHO and OECD (subtask 8.1.2), relevant information material shall be worked out aiming at coordinating input before such meetings will take place. In order to optimize the global impact, exchanges between institutional organizations will be complemented by interactions with other relevant initiatives and conferences where possible. This is in order to increase awareness and knowledge regarding eHealth in Europe and to try to enhance and “influence” global eHealth.
T8.2 Evaluation of global eHealth specifications (leading applicant: (24) NHS IC):
Many countries are engaged in eHealth projects, and there is much to be gained from awareness of different approaches to specifying the requirements, and how to enable MS in Europe to benefit from the experience of others. This task will source eHealth specifications from across the world, with a view to understanding developments and priorities in different countries, identifying lessons learned and examples of good practice.

Participation per Partner

Partner number and short name	WP8 effort
1 - ATNA	0.60
2 - BHTC	1.70
5 - THL	1.00
6 - FRNA	5.00
7 - GEMATIK	1.00
8 - 3DHHR	1.00
10 - SE	5.00
19 - HDIR	0.30
20 - SPMS	3.50
21 - BBU	2.00

Partner number and short name	WP8 effort
23 - NHS IC	3.00
Total	24.10

List of deliverables

Deliverable Number [14]	Deliverable Title	Lead beneficiary	Type [15]	Dissemination level [16]	Due Date (in months) [17]
D8.1	Overview of OECD studies on eHealth and core outcome (D8.1.1)	6 - FRNA	Report	Public	13
D8.2	Information materials supporting preparatory convergence meetings between eHealth Network and WHO and OECD (D8.1.2)	6 - FRNA	Report	Public	25
D8.3	Information paper on main eHealth activities outside of the EU (D8.1.3)	6 - FRNA	Report	Public	31
D8.4	Report on main eHealth activities outside of the EU (D8.1.4)	6 - FRNA	Report	Public	33
D8.5	Inventory of eHealth specifications (D8.2.1)	6 - FRNA	Report	Public	7
D8.6	Evaluation and good practice guide for eHealth specifications (D8.2.2)	6 - FRNA	Report	Public	19

Description of deliverables

D8.1.1 Overview of OECD studies on eHealth and core outcome (month of delivery: M13)
This deliverable is linked to the sub-task 8.1.1.
D8.1.2 Information materials supporting preparatory convergence meetings between eHealth Network and WHO and OECD (month of delivery: M25)
This deliverable is linked to the subtasks 8.1.2 and 8.1.3.
D8.1.3 Information paper on main eHealth activities outside of the EU
(month of delivery: M31)
This deliverable (and corresponding Milestones) will be based as much as possible on the knowledge and feedback of each of the partners in order to minimize the resources needed.
D8.1.4 Report on main eHealth activities outside of the EU
(month of delivery: M33)

This deliverable will summarize the work made in all the (sub)tasks of the WP8 during the duration of the project.
D8.2.1 Inventory of eHealth specifications
(month of delivery: M7)
D8.2.2 Evaluation and good practice guide for eHealth specifications
(month of delivery: M19)

D8.1 : Overview of OECD studies on eHealth and core outcome (D8.1.1) [13]

Describes an overview on OECD studies on eHealth and their core outcome.

D8.2 : Information materials supporting preparatory convergence meetings between eHealth Network and WHO and OECD (D8.1.2) [25]

Provides information materials in preparation of the upcoming meetings between eHN, WHO and OECD.

D8.3 : Information paper on main eHealth activities outside of the EU (D8.1.3) [31]

Describes the main eHealth activities outside of the EU.

D8.4 : Report on main eHealth activities outside of the EU (D8.1.4) [33]

Summarise the main activities and outputs.

D8.5 : Inventory of eHealth specifications (D8.2.1) [7]

Provides an inventory of eHealth specifications.

D8.6 : Evaluation and good practice guide for eHealth specifications (D8.2.2) [19]

Provides an evaluation and good practice guide for specifications in the field of eHealth.

Schedule of relevant Milestones

Milestone number [18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS39	1st draft for D8.1.3 (M8.1.3.1)	6 - FRNA	7	Draft created
MS40	2nd draft for D8.1.3 (M8.1.3.2)	6 - FRNA	19	Draft created.

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	Template for interim reports (M1.1)	WP1	1 - ATNA	10	Template created
MS2	Draft of project internal governance structure (M1.2)	WP1	1 - ATNA	5	Draft created.
MS3	Project logo (M2.1.1)	WP2	10 - SE	2	Project logo developed.
MS4	House style guide and templates (M2.1.2)	WP2	10 - SE	2	Style guide for project documents and corresponding templates created.
MS5	Publication guide (M2.1.3)	WP2	10 - SE	3	Publication guide created.
MS6	Draft for D2.3 (M2.3.1)	WP2	10 - SE	3	Offline webpage implemented.
MS7	Content outline for project website (M2.3.2)	WP2	10 - SE	6	Content for project website drafted.
MS8	Availability of quality management scheme (M3.1)	WP3	21 - BBU	5	Document created.
MS9	Evaluation strategy (M3.2.1)	WP3	21 - BBU	5	Document created.
MS10	Evaluation tools (M3.2.2)	WP3	21 - BBU	9	Document created.
MS11	Draft interim evaluation report (M3.2.3)	WP3	21 - BBU	17	Document created.
MS12	Draft final evaluation report (M3.3)	WP3	21 - BBU	35	Document created.
MS13	Stakeholder workshop for discussion of concepts and internal guidelines for stakeholder liaison with the core WPs (M4.1.1)	WP4	7 - GEMATIK	4	Workshop held.
MS14	Communication of concepts and internal guidelines for stakeholder	WP4	7 - GEMATIK	7	Communication done.

Milestone number [18]	Milestone title	WP number [9]	Lead beneficiary	Due Date (in months) [17]	Means of verification
	liaison with the core WPs (M4.1.2)				
MS15	Interim Report #1 (M4.2.1)	WP4	7 - GEMATIK	12	Information on activities carried out in M1-M12 drafted.
MS16	Interim Report #2 (M4.2.2)	WP4	7 - GEMATIK	24	Information on activities carried out in M13-M24 drafted.
MS17	Draft of D5.1.1 (M5.1.1)	WP5	18 - NICTIZ	1	SeHA is co-leader. Draft created.
MS18	Draft of D5.1.2 (M5.1.2)	WP5	18 - NICTIZ	7	SeHA is co-leader. Draft created.
MS19	Interim report #1 of D5.1.3 (M5.1.3.1)	WP5	18 - NICTIZ	12	SeHA is co-leader. Interim report created.
MS20	Interim report #2 of D5.1.3 (M5.1.3.2)	WP5	18 - NICTIZ	24	SeHA is co-leader. Interim report created.
MS21	1st draft of D5.2.1 (M5.2.1.1)	WP5	18 - NICTIZ	7	SeHA is co-leader. Draft created.
MS22	2nd draft of D5.2.1 (M5.2.1.2)	WP5	18 - NICTIZ	13	SeHA is co-leader. Draft created.
MS23	3rd draft of D5.2.1 (M5.2.1.3)	WP5	18 - NICTIZ	19	SeHA is co-leader.Draft created.
MS24	1st draft of D5.2.2 (M5.2.2.1)	WP5	18 - NICTIZ	7	SeHA is co-leader. Draft created.
MS25	2nd draft of D5.2.2 (M5.2.2.2)	WP5	18 - NICTIZ	13	SeHA is co-leader. Draft created.
MS26	Draft of D5.4.1 (M5.4.1)	WP5	18 - NICTIZ	1	SeHA is co-leader. Draft created.
MS27	Draft of D5.4.2 (M5.4.2)	WP5	18 - NICTIZ	13	SeHA is co-leader. Draft created.
MS28	Interim report of D5.4.3 (M5.4.3)	WP5	18 - NICTIZ	7	SeHA is co-leader. Interim report created.
MS29	1st draft of D5.5 (M5.5.1)	WP5	18 - NICTIZ	13	SeHA is co-leader. Draft created.
MS30	2nd draft of D5.5 (M5.5.2)	WP5	18 - NICTIZ	19	SeHA is co-leader. Draft created.
MS31	Draft of D5.6.1 (M5.6.1)	WP5	18 - NICTIZ	7	SeHA is co-leader. Draft created.
MS32	Draft of D6.1.1 (M6.1.1)	WP6	4 - HZZO	5	Draft created
MS33	Draft of D6.1.2 (M6.1.2)	WP6	4 - HZZO	17	Draft created.

Milestone number [18]	Milestone title	WP number [9]	Lead beneficiary	Due Date (in months) [17]	Means of verification
MS34	Draft of D6.1.3 (M6.1.3)	WP6	4 - HZZO	29	Draft created.
MS35	1st draft of D6.2 (M6.2.1)	WP6	4 - HZZO	17	Draft created.
MS36	2nd draft of D6.2 for discussion with eHN (M6.2.2)	WP6	4 - HZZO	19	Draft created.
MS37	Draft of D7.1.3 for discussion (M7.1.3)	WP7	20 - SPMS	19	Draft created.
MS38	Draft of D7.2.2 for discussion (M7.2.2)	WP7	20 - SPMS	7	Draft created
MS39	1st draft for D8.1.3 (M8.1.3.1)	WP8	6 - FRNA	7	Draft created
MS40	2nd draft for D8.1.3 (M8.1.3.2)	WP8	6 - FRNA	19	Draft created.

1.3.5. WT5 Critical Implementation risks and mitigation actions

Risk number	Description of risk	WP Number	Proposed risk-mitigation measures
R1	Delays in providing deliverables by WPs		Preliminary reporting; detailed responsibilities; clear process, output and outcome indicators; link reimbursement to delivery
R2	Low response rates for evaluation surveys		Establishing a Working Group to facilitate communication
R3	Changes in JA key personnel		Existence of Standard Operating Procedures (SOPs); procedure in case of withdrawal of a partner prior to the start of the JA
R4	Unclear authoring or intellectual property rights		Clear decisions on those rights before the start of JA
R5	Deliverables not used by MSs (not attractive nor appropriate)		Should be taken into consideration within the dissemination strategy.

1.3.6. WT6 Summary of project effort in person-months

	WP1	WP2	WP3	WP4	WP5	WP6	WP7	WP8	Total Person/Months per Participant
1 - ATNA	6	0	0	0	0.60	4	1	0.60	12.20
· GÖG	74	0	0	0	0	0	0	0	74
2 - BHTC	0	0	0	0	3.90	0.50	1.90	1.70	8
3 - BEAT	0	0	0	0	0	4	0	0	4
4 - HZZO	0	0	0	0	5.10	41	1	0	47.10
5 - THL	0	0	0	0	5.50	0	4.50	1	11
6 - FRNA	0	0	0	0	2.40	0.50	0.50	5	8.40
· ASIP SANTE	0	0	0	0	16.96	2	6.42	0	25.38
7 - GEMATIK	0	0	0	4.04	20.50	4	2.50	1	32.04
8 - 3DHHR	0	0	0	0	6.50	2	3	1	12.50
9 - GYEMSZI	0	0	0	0	16	23	10	0	49
10 - SE	0	39	0	0	0	0	5	5	49
11 - DH	0	0	0	0	3	2	9	0	14
12 - MoH-IT	0	0	0	0	4.50	0	0	0	4.50
13 - NVD	0	0	0	0	1	1	1	0	3
14 - VULSK	0	7.80	0	0	12	6	10	0	35.80
15 - VLK	0	0	0	0	8	8	0	0	16
16 - AeS	0	0	0	0	2.70	0	3	0	5.70
17 - MFH	0	0	0	0	0	1	1	0	2
18 - NICTIZ	0	0	0	0	9	0	4	0	13
19 - HDIR	0	0	0	0	1.05	0.10	1.35	0.30	2.80
20 - SPMS	0	0	0	0	24.50	4	16	3.50	48
21 - BBU	0	0	26	0	8	3	9	2	48

	WP1	WP2	WP3	WP4	WP5	WP6	WP7	WP8	Total Person/Months per Participant
22 - SEHA	0	0	0	0	8	0	0	0	8
23 - NHS IC	0	0	0	0	3	0	3	3	9
Total Person/Months	80	46.80	26	4.04	162.21	106.10	93.17	24.10	542.42

1.3.7. WT7 Tentative schedule of project reviews

No project reviews indicated

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
CONSUMERS, HEALTH AND FOOD EXECUTIVE AGENCY

Health Unit

Proposal V8

GRANTS FOR ACTIONS CO-FINANCED WITH MEMBER STATE AUTHORITIES (JOINT ACTIONS) (HP-JA)

3rd EU Health Programme

HISTORY OF CHANGES

Answers to the evaluators:

Again we are grateful to the evaluators for constructive comments and criticism allowing for further improvement of our proposal. Below, we summarize all modifications included in the proposal V8, being related to the evaluator's comments:

- The Coordinator reformulated the JA objectives in order to better meet the criteria of "SMART" objectives as described in the guide for applicants.
- Initial WP4 (IT support) was deleted and tasks were reallocated between WP1 and WP2 to avoid overlap.
- The description of WP4 was amended in order to better explain the coherence between this WP and the different stakeholder organisations. In addition, the link with MS level dissemination was also clarified and all MS ministries were invited as collaborating stakeholders so as to enhance cooperation with policy makers at MS level.
- The content of several WPs was amended to reflect comments by the evaluators on specific tasks.
- Resources were re-allocated to reflect comments by the evaluators and ensure adequate funding of specific tasks (eg. initial WP9 leader, WP6).
- Costs for subcontracting an external evaluator were included and the description of WP3 was amended to reflect evaluators' comments. This concerns specific comment on perceived confusion between evaluation work and Coordinators tasks in monitoring implementation of the action.
- Deliverable D1.2. Governance manual, due M6 will detail the "production pipeline" process and relevant parties' involvement, so as to ensure an efficient quality assessment of outputs intended for the eHN.
- WP4 will provide D4.1 concept and internal guidelines for stakeholder liaison by M6 that will specify the role of WP4 (and stakeholder involvement) in the process pipeline. In addition a clear distinction between the main stakeholder groups (involved in specific tasks through WP4) and the "broad public interested in eHealth" as another stakeholder group has been made. Also dissemination activities linked to these stakeholder groups have been reflected accordingly in the tasks of WP1, WP2 and WP4.
- Partner 2 (GO FP) has provided a financial senior expert as key contributor to reduce risk related to financial management.
- Other costs have been detailed to reflect key expense items which were not visible (website, maintenance, printing, etc).
- Costs intended for subcontracting as support for all core and horizontal WPs have been regrouped under the budget line of the Coordinato. The governance and rules for spending of these resources are to be detailed in the consortium agreement, decided and implemented by the operational PSC. This includes the detailed costs foreseen for stakeholder engagement.
- The description of the organizations were partly amended to better demonstrate that the respective know how can be provided.
- The "strategic fund reserve" was renamed to "subcontracting fund".
- The budget foreseen for travel costs for collaborating partners was shifted from "other costs" to cost item "travel costs" in the budget of the Coordinator.
- The personnel costs were justified for all associated partners and affiliated entities.
- It was agreed that CNAMTS will not participate in this JA.
- GO FP was replaced by GÖG.
- The legal name of GYEMSZI changed to ÁEEK.

COVER PAGE

TITLE OF PROPOSAL

Joint Action to support the eHealth Network ("JAseHN")

LIST OF APPLICANTS

Applicant No*	Applicant organisation name	Country
1	Bundesministerium für Gesundheit (ATNA)	AT
2 (affiliated to #1-ATNA)	Gesundheit Österreich GmbH (GÖG)	AT
3	Service Public Federal Sante Publique, Securite de la Chaine Alimentaire et env (BHTC)	BE
4	Bulgarian Executive Agency of Transplantation (BEAT)	BG
5	Hrvatski Zavod za Zdravstveno Osiguranje (HZZO)	HR
6	Terveyden ja Hyvinvoinnin Laitos (THL)	FI
7	Ministere des Affairs Sociales et de la Sante (FRNA)	FR
8 (affiliated to #7-FRNA)	ASIP Santè (ASIP)	FR
9	Gematik Gesellschaft für Telematikanwendungen der Gesundheitskarte mbH (GEMATIK)	DE
10	Dioikisi 3is Ygeionomikis Perifereias Makedonias (3D HHR)	EL
11	Állami Egészségügyi Ellátó Központ (ÁEEK)	HU
12	Semmelweis Egyetem (SE)	HU
13	Department of Health (DH)	IE
14	Ministero della Salute (MoH IT)	IT
15	National Health Service (NVD)	LV
16	Viesoji istaiga Vilniaus Universiteto ligonines Santariskiu Klinikos (VULSK)	LT
17	National Health Insurance Fund (VLK)	LT
18	Agence eSantè (AeS)	LU
19	Ministry for Health – Government of Malta (MFH)	MT
20	Stichting Nationaal ICT Instituut in de Zorg (Nictiz)	NL
21	The Norwegian Directorate of Health (HDIR)	NO
22	SPMS – Servicos Partilhados do ministerio da Saude Epe (SPMS)	PT
23	Universitatea Babes Bolyai (BBU)	RO
24	Swedish eHealth Agency (SEHA)	SE
25	NHS Health and Social care Information Centre (NHS IC)	UK

* Please use the same applicant numbering as that used in the administrative proposal forms.

PROPOSAL PART B

1. PROBLEM ANALYSIS INCLUDING EVIDENCE BASE

Health is a value in itself. It has a cost, but it is also an investment. Only a healthy population can achieve its full economic potential. The health sector is driven by innovation and a highly qualified workforce. It is one of the largest economic sectors in the EU and accounts for around 10% of the EU's Gross Domestic Product. The health care sector employs one in 10 workers. Health therefore plays an important role in the Europe 2020 agenda. The new health programme emphasizes the potential of the health sector as a driver for economic growth and a generator of jobs. It will foster innovation in health to support more efficient and sustainable health systems, as well as more sustainable and inclusive growth.

eHealth, meaning integrating ICT in health services, is a major supporting factor to enhance the quality, the efficiency and effectivity of health care services. All Member States (MS) are today in the process of initiating or rolling out large-scale eHealth investments and implementation programs. Some MS have been granted financial support from European Structural or Regional Funds in order to reform or respectively develop their national/regional healthcare systems, for example by investments in modern eHealth services. Proofing concepts can be found in already existing results delivered from projects such as epSOS, CALLIOPE, EXPAND and others. Since citizens in MS are crossing borders all the time as labor migrants, tourists or very specific as patients with a rare disease, the transferability of health data across borders is a major aspect to guarantee coordination and continuity of health services provided by different health care providers in different MS. Aspects of organizational, technical, semantic and legal interoperability of ICT in health is a prerequisite that this cross border transactions of health data can actually happen.

On the EU level the eHealth Network (eHN) is the central political platform to coordinate and prepare the respective actions needed. The political relevance of this Joint Action (JA) is therefore directly linked to political relevance of the eHN. Recent eHealth policy in the European Union is gradually shifting from high hopes and promises to concrete reality, with the eHN beginning to tackle the real issues on the long road toward cross border interoperability in the exchange of health data. A major step forward was November's 2013 adoption of "Guidelines on a Minimum Patient Summary Dataset for Electronic Exchange". This guideline goes far beyond an agreement on a minimum dataset. It exhaustively identifies the organizational, technical and legal prerequisites which have to be met before a single set of health data will actually be able to cross a border. Since this list of prerequisites has received resounding political endorsement, the new guideline provides a viable roadmap for the many steps toward cross border interoperability. The next major step was the adoption of "Guidelines supporting Member States in developing the interoperability of ePrescription" and to put in place Connecting Europe Facility (CEF) funding for shared eHealth services. There is positive spirit in the eHN for finding concrete solutions to make the cross border exchange of health data a reality. This new JA will do its best to ensure that necessary decisions are made in proper time. This can only happen, when the competent authorities in the Member States join forces and cooperate closely.

Hence, to create an interoperable eHealth space for Europe means also global positioning of invested interest of MS. This global positioning and cooperation is more successful when done jointly by MS. The eHN reflect this within its multi-annual work plan 2015-2018 (MWP).

2. AIMS AND OBJECTIVES OF THE ACTION

2.1. General objective of the action

The overall ambition from MS is to better include eHealth into health policy and better align eHealth investments to health needs. A central aspect is the transferability of health data across borders of MS and therefore the organizational, technical, semantic and legal interoperability of eHealth. In order to ensure progress and to bridge the gaps between the governance, strategy and operational levels, a dedicated mechanism for eHealth at EU level has been established: The eHN was formally established in 2011 through the Commission's Implementing Decision 2011/890/EU based on Art. 14.3 Directive 2011/24/EU and represents the highest decision-making body at EU political level. At a European level, there is a strong need to maintain this mechanism and to ensure further common political leadership and ongoing integration of eHealth into health policy in order to continue developing eHealth services responding to health systems' needs and health objectives. This is the framework for the eHN JA, which is led by the EU MS and co-financed by the European Commission (EC).

Hence, the general objective of the action is to act as the main preparatory body for the eHN. By doing so, the JA aims to develop political recommendations and instruments for cooperation in the four specific priority areas that are specified in the eHN's MWP and that were adopted by the eHN in May 2014: (1) interoperability and standardisation, (2) monitoring and assessment of implementation, (3) exchange of knowledge and (4) global cooperation and positioning. The content-related work packages (WP) of this JA have been articulated in a way that they can address the majority of the needs linked to these four priority areas.

Thereby, the JA functions also as a platform for operational and strategic cooperation between MS on eHealth including their relationship with numerous eHealth stakeholder groups and standardization organizations. Within this framework, the eHN, the EC and the MSs will discuss and agree on political and strategic issues related to eHealth, in accordance with Art. 14 Directive 2011/24/EU, including political prioritization. To ensure coordination, coherence and consistency between the political level (the eHN) and the operational level (experts working in the WPs of the JA), the eHN shall provide guidance as well as feedback for the work of the JA as appropriate.

The overall work that will be done by the JA shall lead to quality securing and shall result in the continuity, safety and efficiency of healthcare provided with the support of ICT.

2.2. Specific objective(s) of the action

Specific Objective Number	1
Specific Objective	Preparation of eHealth Network meetings
Process Indicator(s)	**Target**
1.1 Structured involvement of strategic experts	Strategic PSC
1.2 Coordination of overlapping tasks between the JA and the eHN secretariat	WP1, eHN secretariat
Output Indicator(s)	**Target**
1.1 Preparation of relevant meetings	WP1
1.2 Collaboration between the MS's co-chair and the EC's co-chair of the eHN	WP1, EC
Outcome/Impact Indicator(s)	**Target**
1.1 Increased awareness of content to be presented at the eHN meetings and contribution of strategic experts in meetings	Strategic PSC
1.2 Adopted documents by the eHN	eHN

Specific Objective Number	2
Specific Objective	Dissemination of content produced within MS and Stakeholder Groups
Process Indicator(s)	**Target**
Planning of actions related to a dissemination strategy at EU level	WP2
Output Indicator(s)	**Target**
Establishment of specific dissemination communication tools within 4 months after the beginning of the JA	WP2
Outcome/Impact Indicator(s)	**Target**
Increased awareness of the JA and related eHN activities through dissemination actions	Broad eHealth community

Specific Objective Number	3
Specific Objective	Dialogue with relevant EU eHealth stakeholder groups and standardisation organizations
Process Indicator(s)	**Target**
3.1 Selection of relevant EU eHealth stakeholder groups and standardisation organizations for each defined priority area (1)-(4)	WP4
3.2 Involvement of relevant stakeholders (EU eHealth stakeholder groups and standardisation organizations) in the consortium in a structured way	WP4
Output Indicator(s)	**Target**
3.1 Contribution of relevant eHealth stakeholder groups and standardisation organizations to each defined priority area (1)-(4) in time	Consortium
3.2 Transparent mechanism of eHealth stakeholder involvement of all interested groups operating at EU level within 3 months after the beginning of the JA	eHealth stakeholder groups
Outcome/Impact Indicator(s)	**Target**
3.1 Awareness and Contribution of relevant EU eHealth stakeholder groups and standardisation organizations to the JA	All involved eHealth stakeholder groups
3.2 Suitable and transparent involvement process for relevant EU eHealth stakeholder groups and standardisation organizations to the JA	All involved eHealth stakeholder groups

Specific Objective Number	4
Specific Objective	Translation of defined priority area (1) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN)
Process Indicator(s)	**Target**
Planning of actions related to the defined priority area on interoperability and standardization	WP5
Output Indicator(s)	**Target**
Preparation of reports, guidelines and frameworks in the field of interoperability and standardization in time for the eHN meetings	eHN, MS
Outcome/Impact Indicator(s)	**Target**
Consolidated alignment in the field of interoperability and standardization as basis for actions in the defined priority area (1)	eHN

Specific Objective Number	5
Specific Objective	Translation of defined priority area (2) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN)
Process Indicator(s)	**Target**
Planning of actions related to the defined priority area on monitoring and assessment of implementation	WP6
Output Indicator(s)	**Target**
Preparation of implementation reports in the field of eHealth in time for the eHN meetings	eHN, MS
Outcome/Impact Indicator(s)	**Target**
Up-to-date information on the current state of play as basis for actions in the defined priority area (2)	eHN

Specific Objective Number	6
Specific Objective	Translation of defined priority area (3) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN)
Process Indicator(s)	**Target**
Planning of actions related to the defined priority area on exchange of knowledge	WP7
Output Indicator(s)	**Target**
Preparation of reports on information sharing in the field of eHealth in time for the eHN meetings	eHN, MS
Outcome/Impact Indicator(s)	**Target**
Improved awareness and disseminated knowledge in the field of eHealth as basis for actions in the defined priority area (3)	MS, eHealth Stakeholder Groups

Specific Objective Number	7
Specific Objective	Translation of defined priority area (4) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN)
Process Indicator(s)	**Target**
Planning of actions related to the defined priority area on global cooperation and positioning	WP8
Output Indicator(s)	**Target**
Preparation of recommendations on global cooperation and positioning in the field of eHealth in time for the eHN meetings	eHN, MS
Outcome/Impact Indicator(s)	**Target**
Consolidated opinion on global cooperation and positioning as basis for actions in the defined priority area (4)	eHN

3. TARGET GROUPS

The primary target is the eHN and therefore the MS of the EU. This group of high level national representatives, policy-makers and decision-makers of governments, with the responsibility for

designing and implementing health and eHealth policies will use deliverables elaborated by the JA in their formulation of EU wide policies and decisions. The majority of activities of the JA arise from the premise that its output will be used to inform and support discussion and decision-making, but not mandate the content of institutional/regional/national eHealth reports.

The secondary target group comprises the eHealth stakeholder and professional groups and standardization organizations. These groups and organizations will be involved in the governance process with variable level of responsibility via coordination and liaison activities whereas experts and representatives of projects and initiatives will be exposed to transparent, reliable information via liaison activities and expert's workshops.

The last but not least target group is the general public interested in eHealth. They will be informed e.g. by the JA's website and conferences.

4. POLITICAL RELEVANCE

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

The third Programme of EU action in the field of health (2014-2020) is about fostering health in Europe by encouraging cooperation between MS to improve the health policies that benefit their citizens. The programme builds on the two previous health programmes 2003-2007 and 2008-2013 with the objective of complementing the health policies of EU MS to promote health, reduce health inequalities, protect people from serious cross-border health threats, encourage innovation in health and increase the sustainability of their health systems. The programme aims to support and complement MS' efforts to achieve four objectives:

Objective 1: **Promote health**, prevent diseases, and foster supportive environments for healthy lifestyles. In practice: identify, disseminate and promote the up-take of evidence-based and good practices for cost-effective disease prevention and health promotion measures by addressing in particular the key lifestyle related risk factors with a focus on the Union added value.

Objective 2: **Protect citizens from serious cross-border health threats** by identifying and developing coherent approaches and promoting their implementation for better preparedness and coordination in health emergencies.

Objective 3: Support public health capacity building and contribute to innovative, efficient and **sustainable health systems**. In practice: identify and develop tools and mechanisms at Union level to address shortages of resources, both human and financial, and facilitate the voluntary up-take of innovation in public health intervention and prevention strategies.

Objective 4: Facilitate access to **better and safer healthcare** for Union citizens. This would be achieved through increasing access to medical expertise and information for specific conditions, also beyond national borders. It would also entail helping to apply research results and developing tools for the improvement of healthcare quality and patient safety through, inter alia, actions contributing to improve health literacy.

The vision of eHealth Action Plan 2012-2020 is to utilise and develop eHealth to address several of the most pressing health and health system challenges of the first half of the 21th century:

- to improve chronic diseases and multi-morbidity (multiple concurrent disease) management and to strengthen effective prevention and health promotion practices;
- to increase sustainability and efficiency of health systems by unlocking innovation, enhancing patient/citizen-centric care and citizen empowerment and encouraging organizational changes;
- to foster cross-border healthcare, health security, solidarity, universality und equity and
- to improve legal and market conditions for developing eHealth products and services.

The Action Plan addresses the barriers and the following operational objectives:

- achieving wider interoperability of eHealth services;
- supporting research, development and innovation in eHealth and wellbeing to address the lack of availability of user-friendly tools and services;
- facilitating uptake and ensuring wider development and
- promoting policy dialogue and international cooperation on eHealth at global level.

Directive 2011/24/EU provides rules for facilitating access to safe and high-quality cross-border healthcare and promotes co-operation on healthcare between MS, in full respect of national competencies in organising and delivering healthcare. In particular, Article 14 of Directive 2011/24/EU states:

"1. The Union shall support and facilitate cooperation and the exchange of information among Member States working within a voluntary network connecting national authorities responsible for eHealth designated by the Member States.

2. The objectives of the eHealth network shall be to:

(a) work towards delivering sustainable economic and social benefits of European eHealth systems and services and interoperable applications, with a view to achieving a high level of trust and security, enhancing continuity of care and ensuring access to safe and high-quality healthcare;

(b) […]

(c) support Member States in developing common identification and authentication measures to facilitate transferability of data in cross-border healthcare. […]"

The main reasons for accelerating the introduction of interoperable eHealth solutions in a collaborative and coordinated way in Europe are increasing mobility of European citizens, expectations and needs, improving patient safety and addressing Common Challenges. More specifically, interoperability of electronic health record systems claimed to be an appropriate means to:

- bring about better quality of treatment because of better information about the patient
- improve cost efficiency of medical treatments and thus prevent further rapid growth of health care deficits
- furnish the necessary data for quality control, statistics and planning in the public health care sector which should also have a positive effect on public health care budgets.

Thus the work of the eHN is vital in enabling and supporting the health objectives above.

4.2. Added value at EU level in the field of public health

The eHN had previously agreed a MWP 2012–2014 that builds on the strategic aims above, reflects MS' priorities and takes into account European and national projects and initiatives.

A revised MWP covering 2015–2018 was adopted by the eHN at the meeting on 13 May 2014. Four main areas of work were agreed:

- *Interoperability and standardisation*

  Interoperability of eHealth systems has been the core focus of the EU eHealth policy agenda for the last few years. Even though good steps were taken, the eHealth market remains fragmented. As a result, the ICT (Information and Communication Technology) solutions provided are tailored only for a specific location or service provider and thus risk being more expensive, closed, non-reliable and non-interoperable elsewhere. For patient and professionals receiving or providing cross-border care, or cross-regional care, still this remains a challenge.

  An EU eHealth interoperability framework should integrate four dimensions: technical, semantic, organisational and legal. On the technical dimension the last years several actions

have resulted in increased interoperability assets, for example the patient summary data set, as mentioned in the guidelines. Work on the other three dimensions has so far not resulted in sustainable policy assets which were adopted by the eHN.

- *Exchange of Knowledge*

The vast majority of MS prefer a better way of exchanging information about national eHealth Plans, lessons learnt, effectiveness studies, et cetera. The next MWP should focus more on this learning through sharing, with a specific emphasis on the use of the yearly eHealth conferences, and digital tools to share the information. Exchange of knowledge and experiences should however not only be about reporting. The MWP should create room for further cooperation between MS by exchange experience and expertise on the choices made at national level.

- *Assessment of implementation*

The eHN has adopted (and is expected to adopt) several guidelines on eHealth topics. These include the guidelines on patient summary, ePrescription and patient registries. Also the eHN adopted several recommendations and policy papers on interoperability issues, mainly on eID, semantic and legal issues. It should be assessed what the state of play of the implementation of the guidelines is, and which recommendation and policy papers have resulted in a positive effect on the interoperability of eHealth systems.

- *Global cooperation and positioning*

eHealth is not only a topic which is addressed at national- or EU-level, it is a topic addressed worldwide. The cooperation at EU level should also ensure the alignment with ongoing developments outside the EU, so that the agreements made within the eHN are compatible with global standards. Also, the eHN could benefit from studies and research done by global organisations on eHealth developments, such as the WHO and the OECD.

The work items in this proposal deliver against these objectives over the new three years, and will establish platforms for sustainability and for contribution to Connecting Europe Facility (CEF) activities. In particular, these deliverables will

1. Coordinate eHealth initiatives across Europe,
2. Provide support and guidance for implementation, deployment and use of eHealth services throughout national health care systems,
3. Increase patient safety and continuity and quality of care through an integrated use of eHealth services and
4. Enable better use of health care resources.

4.3. Pertinence of geographical coverage

The geographical coverage rests on the MS decision during the preparation phase of the JA. Participating Authorities represent 27[1] MS plus Norway, and hence the consortium represents nearly all parts of Europe. The eHN has representatives from all 28 MS with participation also from Norway as observer. Almost all deliverables from the JA will be submitted to the eHN, thus ensuring comprehensive ownership of the resulting proposals.

4.4. Consideration of the social, cultural and political context

The JA reflects both the diversity of the European health systems and the aim to overcome existing hurdles in interoperable cross-border eHealth systems. It thus fully works in the context of the social, cultural and political contexts of the European Union as pursued by the eHN for which the JA is a support activity. To that end the JA addresses legal, ethical and regulatory issue when formulating proposals for the eHN which in turn provides guidelines and legislative and

[1] All 28 EU MS, except Slovakia.

regulatory interventions that should be taken by MS and the European Union as deemed necessary by the MWP 2015-2018. The work does not include studies involving human beings.

5. METHODS AND MEANS

The JA is not a classical technical IT project, but it intends to continually support a politically driven mechanism primarily established by the eHealth Governance Initiative JA and Thematic Network on governance development to coordinate ongoing and future activities in eHealth in the European space. In order to inform and support discussion and decision-making of the eHN it is foreseen to follow-up the eHealth Governance Initiative Model based on MS cooperation with the organization and management suited to attain its ambitious objectives.

The conceptual and operational components already established are organized at three levels and shall be maintained as such by the JA:

1. Decision Makers' and Political Governance level;
2. Strategy level and
3. Operational level.

The Governance level should be understood as high level national representatives with the responsibility to design and implement health and eHealth policies. This refers to the eHN acc. Art. 14, Directive 2011/24/EU only.

The Strategy level should be understood as advisors and/or senior officials who have a key role in developing national strategies for eHealth. National representatives of the Strategy level shall be directly appointed by the governance level. The following specific objects of the JA refer to this level as a support for the Governance level:

- Specific Objective #1: Preparation of eHealth Network meetings (WP1) and
- Specific Objective #2: Dissemination of content produced within MS and Stakeholder Groups (WP2)

The Operational level should be understood as experts and representatives of national, regional and/or EU wide projects and/or pilots which are deploying eHealth services. The following specific objects of the JA refer to this level as a support for the Strategy and Governance level:

- Specific Objective #3: Dialog with relevant EU eHealth stakeholder groups and standardization organizations (WP4)
- Specific Objective #4: Translation of defined priority area (1) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN) (WP5)
- Specific Objective #5: Translation of defined priority area (2) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN) (WP6)
- Specific Objective #6: Translation of defined priority area (3) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN) (WP7)
- Specific Objective #7: Translation of defined priority area (4) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN) (WP8)

While the Governance and the Strategy levels are often linked, the gap between the Operational and the Governance level remain a common challenge both at national as well as European level. Often the outcome of the work done at the Operational level is not adequately communicated and therefore not fully reflected in the strategy and/or policy decisions.

The ambition of the JA is to bridge these gaps and enable evidence based eHealth. This would provide further added value by enabling healthcare systems to fully benefit from the opportunities offered by ICT and thus contribute to fulfilling their political goals. When shifting focus to deployment of eHealth services, there is also a strong need for including all relevant stakeholders, both users (e.g. patient, healthcare staff) and industry, in the governance process.

6. EXPECTED OUTCOMES

Two groups of expected outcomes derived from the seven specific objectives of the action. The specific objectives

- #1: Preparation of eHealth Network meetings (WP1)
- #4: Translation of defined priority area (1) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN) (WP5) and
- #7: Translation of defined priority area (4) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN) (WP8)

foster a **long-term political commitment** in the field of eHealth. Additionally this would identify and propose **future objectives**, which could be considered in follow-up activities.

An increased awareness and willingness, as well as an **increased knowledge** in the field of eHealth will arouse by the specific objectives

- #2: Dissemination of content produced within MS and Stakeholder Groups (WP2)
- #3: Dialog with relevant EU eHealth stakeholder groups and standardization organizations (WP4)
- #5: Translation of defined priority area (2) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN) (WP6) and
- #6: Translation of defined priority area (3) of the MWP 2015-2018 into actions (incl. related specific requests made by the eHN) (WP7).

This will especially affect the secondary and tertiary target group of the JA.

7. WORK PACKAGES

7.1. Overview on work packages

A WP is a major sub-division of the proposed action and contains a set of coherent tasks grouped together in order to facilitate the JA management.

There are two types of WPs: horizontal and core (content-related). The horizontal WPs are mandatory and include three groups of tasks: Coordination (WP1), Dissemination and Communication (WP2) and Evaluation (WP3) and are linked to deliverables. There is one additional horizontal WP: Stakeholder Liaison (WP4). Each core or content-related WP is linked with one or several specific objectives of the action and produces one or several deliverables.

WP no.	Title	Description
1	Coordination	Actions undertaken to manage the JA and to make sure that it is implemented as planned
2	Dissemination and Communication	Actions undertaken to ensure that the results and deliverables of the JA will be made available to the defined target groups
3	Evaluation	Actions undertaken to verify if the JA is being implemented as planned and reaches the objectives. It will focus on ensuring that high quality deliverables that are fit for purpose are produced by the JA
4	Stakeholder Liaison	Actions undertaken to involve stakeholders both for providing information required by the core WPs and to conduct targeted information exchange between the JA and stakeholders
5	Interoperability and Standardization	Actions undertaken to address a host of Interoperability and Standardization related topics with the intention to foster both specific interoperability items and the larger perspective with a view

		to CEF and Horizon 2020
6	Monitoring and Assessment of Implementation	Actions undertaken to report on the implementation of the eHealth guidelines and on challenges of legal interoperability in cross-border context
7	Exchange of Knowledge	Actions undertaken to analyse and enhance the eHealth related communication between MS
8	Global Cooperation and Positioning	Actions undertaken to identify, describe and foster eHealth services beyond the sphere of the European Union

7.2. Work package description

Work package number	1							
Work package title	Coordination							
Starting month	1		**Ending month**		36			
Leading applicant (Nr and Acronym)	(1) ATNA							
Participating applicants Nr	1	2						
Participating applicants Acronym	ATNA	GÖG						
Person months per applicant	6,0	74,0						

Objectives

The objective of this WP is to coordinate the different parts of the work from both, administrative and content perspective as laid out in the general description of objectives of this JA. Another major objective is to ensure timely submission of the project's deliverables intended for submission to the eHN prior to their bi-annual meetings in order to enable work progress of the eHN members. In this context, WP1 also aims to closely cooperate with DG SANTE on the preparation for eHN's meeting agenda and to ensure high quality of language used in the respective documents submitted.

Also the monitoring of the overall strategy as well as the active support of the general work progress of the other WPs is to be carried out by WP1. In case administrative, financial or management issues will arise in the JA or respective in the individual WPs, WP1 shall effectively deal with their resolving in a way that the project will be implemented successfully and on schedule. Financial management, reporting and monitoring of the budget shall be carried out by this WP as well. The Coordinator also acts as the interface between representatives from the EC (DG SANTE and CHAFEA) and the project participants. Members of WP1 will also disseminate and present current results and work progress toward external environment and other projects, also in cooperation with WP2. In the beginning of the project WP1 shall focus on the elaboration of certain procedures for work delivery (incl. a production approach for different types of deliverables) and financial reporting.

Description of the work

The main tasks are:

T1.1 Participation in meetings, workshops, TCons, etc.

This task covers the participation in all committee meetings (PSC and CG) and their related TCons, video conferences, etc. as well as project internal coordination meetings and any other meetings of the Coordinator with other parties, e.g. the EC or external parties.

T1.2 Project public presence and project representation:

Activities include the general dissemination of project results and work progress to the external world and the participation in several conferences, events, meetings and workshops of other projects/institutions/etc. on demand and upon needs.

T1.3 Organisation of steering meetings and support with workshop meetings:

This task includes the organisation of meetings of the strategic and operational PSC as well as of the Coordination Group. Furthermore, WP1 will provide support to other WP leaders with broader workshop meetings, where needed.

T1.4 Project Administration and Reporting:

This task includes the following activities:

Day-to-day management: Management and coordination of tasks and activities foreseen in the description of work, management and coordination of any preparatory activities needed prior to eHN meetings as well as systematic content-related monitoring progress and issues of periodic and final management reports. Updating of the work plan where needed. Liaison with the EC services, referring particularly on all issues related to the grant agreement.

Financial administration and reporting: Activities include management and monitoring of the financial resources of the JA, taking also into account administration of external resources. Financial reporting also includes collection by the financial administration of financial data from the beneficiaries for periodic financial reports, both internally and toward the EC, considering also any interactions with operational PSC on relevant administrative and financial issues.

T1.5 General Management:

Activities include operational support of activities of the different WPs, as well as the elaboration of the governance manual, describing the roles, responsibilities and rights of different beneficiaries and the committees established, voting policy, information on procedures for transparency, elaboration of different types of deliverables, etc.

T1.6 Coordination with all WPs, other projects and initiatives and the eHealth Network

This task focuses on the strategic coordination with all other WPs of the JA, project external parties (e.g. other projects and initiatives, EC, external organisations, etc.) and to maintain a close cooperation with the eHN (including also preparations for eHN meetings).

Deliverables linked to this work package

D1.1x Interim reports

The interim reports describe the activities carried out, milestones and results achieved after each 12 months of the JA. Deliverables produced by other WPs within the covered time period can be attached as annexes. (Month of delivery: M12, M24)

D1.2 Governance Manual

The governance manual describes the project internal governance structure and lays out certain working approaches, the roles, responsibilities and rights of the different roles, committees and beneficiaries of the JA. (Month of delivery: M6)

D1.3 Final report

This report describes the JA implementation and the results achieved. The deliverables are annexed. (Month of delivery: M36)

Milestones to be reached by this WP

M1.1 - Template for interim reports (M10)

M1.2 - Draft of project internal governance structure (M5)

Work package number	2		
Work package title	Dissemination and Communication		
Starting month	1	**Ending month**	36
Leading applicant	(12) SE		

(Nr and Acronym)								
Participating applicants Nr	12	16						
Participating applicants Acronym	SE	VUL SK						
Person months per applicant	39,00	7,8						

Objectives

The objectives of the Dissemination and Communication WP are to:

- Ensure that the results and deliverables of the JA are available in time for the defined target groups and a wider audience relevant to eHealth (coherent internal and external communication);
- Ensure integrated, efficient, clear and timely internal communication between the JA partners in order to support activities of other WPs;
- Ensure involvement in international events and delivery of targeted information packages toward defined target groups on both, international and national/regional level;
- Provide and facilitation of the general objectives of the action.

Description of the work

This WP is not further subdivided into tasks. The implementation of the WP will guarantee:

- consistent, orderly and awareness-raising external communication activities with the aim of widely promoting the objectives, the advance of work and delivered results of the core WPs (WP5-WP8) to the defined target groups.
- the sustainability of results and outcomes of the action by activities of WP2.

It will apply specific methodologies and web-based data mining to ensure the transferability of the JA's results and optimize information flow toward defined target groups. The WP will

- perform a stakeholder analysis – that goes beyond the eHealth stakeholder groups involved through WP4 - to identify target groups (stakeholders, relevant institutions, organizations, industry, market actors, individuals, etc.).
- create a project logo and a communication and dissemination strategy and a publication guide that also includes guidelines for the drafting of different deliverables intended for submission to the eHN and that provides template(s) for project internal deliverables. Input from all WPs will be integrated.
- develop and establish a dedicated website for the JA, considering also the hosting, site administration, management of user rights, content management and any other tasks related to the technical and administrative maintenance of the JA's website.
- assemble content delivered by each WP for the JA's website. WP2 will perform the final editing, ensure coherent layout and coordinate the publication of the site and collaboration of all WP Leaders is foreseen.
- undertake external communication by planning, preparing and distributing a package of dissemination material containing essential information about the activities in the JA and interrelation with the eHN.

The communication and dissemination WP aims at disseminating information about the JA and its working progress toward defined target groups and in accordance with the dissemination strategy in order to increase the impact of the JA through participation in international and national events and conferences and other meetings relevant for the representation of the JA in the world of eHealth.

WP2 will consist of dissemination team at SE supported by experts from Lithuania (VULSK), and will cooperate closely with WP1 and WP4 in order to increase the sustainability of the JA.

Deliverables linked to this work package

D2.1 Communication and Dissemination Strategy (month of delivery: M4)
D2.2 Concept for a master plan for conferences at the European level (month of delivery: M7)
D2.3 Project Website (month of delivery: M7)
D2.4.1 Leaflet (month of delivery: M2)
D2.4.2 Layman version of the final report (month of delivery: M36)

Milestones to be reached by this WP

M2.1.1 – Project logo (M2)
M2.1.2 – House style guide and templates (M2)
M2.1.3 – Publication guide (M3)
M2.3.1 - Draft for D2.3 (M3)
M2.3.2 – Content outline for project Website (M6)

Work package number	3							
Work package title	Evaluation							
Starting month	1		**Ending month**		36			
Leading applicant (Nr and Acronym)	(23) BBU							
Participating applicants Nr	23							
Participating applicants Acronym	BBU							
Person months per applicant	26,0							

Objectives

The general objective of the Evaluation WP is to assess the degree to which the eHN JA achieved the proposed objectives. The process will focus both, on the project as a whole, as well as on individual WPs. The evaluation process will comprise three distinct components: process evaluation, output evaluation, outcome evaluation. Adequate indicators will be developed for all three levels of evaluation.

Description of the work

This WP will perform evaluation of the JA at regular intervals. The key deliverables are the interim evaluation report and the final report. The Evaluation WP will focus on setting indicators which provide an insight into the extent to which outcomes are being realised.

In order to achieve the objectives of this WP, several steps will be taken. An evaluation strategy will be developed at the beginning of the JA, in close collaboration with the WP1 leader. It will be based on process, output and outcome indicators for each WP. Data will be collected from WPs, WP leaders and meeting participants and the corresponding resources related to the delivery of input by participants to WP3 are considered through their involvement in other WPs rather than through separate resources foreseen for WP3, as well as through their involvement in JA meetings. The WP3 team will collect and analyse data and provide conclusions in the interim and final reports. Special attention will be given to deviation from work plan(s). In order to prevent WPs or reduce the effect of such deviations, risk management, including risk identification and risk assessment, will be established, together with the Coordinator and WP leaders. Possible discrepancies and measures to counteract will be proposed to and discussed with the Coordination Group. The final evaluation report will be based on the registry of milestones and deliverables achievement by each WP, including the quality of outputs. The process aspect of the JA will be assessed through the study of management, coordination and organisational structure of the project.

To ensure timeliness and consistent quality of deliverables this WP installs a Quality

Management (QM) scheme. Under the leadership of a designated QM person every deliverable for the eHN and for the EC will undergo predefined revision and elaboration steps. This will not only ensure high quality of content and presentation, but also due consideration of stakeholder input. To ensure quality and e.g. legal or professional consistency this WP may in exceptional cases engage external evaluators.

Deliverables linked to this work package

D3.1 Quality Management Scheme

This is an internal report that regulates the quality management of the project. The report will become part of the project management material of the JA. (Month of delivery: M6)

D3.2 Interim evaluation report

The interim evaluation report will assess the intended outcomes, outputs and the success indicators at the project half-way. (Month of delivery: M18)

D3.3 Final evaluation report

The final evaluation report will draw on the interim evaluation reports, also containing the concluding remarks with regards to the entire JA. (Month of delivery: M36)

Milestones to be reached by this WP

M3.1 Availability of quality management scheme (M5)

M3.2.1 Evaluation strategy (M5)

M3.2.2 Evaluation tools (M9)

M3.2.3 Draft interim evaluation report (M17)

M3.3 Draft final evaluation report (M35)

Work package number	4							
Work package title	Stakeholder Liaison							
Starting month	1		**Ending month**		36			
Leading applicant (Nr and Acronym)	(9) GEMATIK and EHTEL (external)							
Participating applicants Nr	9							
Participating applicants Acronym	GEMATIK							
Person months per applicant	4,04							

Objectives

Based on the experiences gained with the eHN it became obvious that a well-managed and sustainable stakeholder liaison process must be implemented in the follow-up of the liaison activities of the eHealth Governance Initiative by the JA.

This Work Package will closely monitor the process of shaping the project deliverables and at the same time ensure that affected and interested stakeholders have a channel for communication with the WPs throughout this process. This aims at continuously aligning the concerned parties' understandig with the work done by the WPs and thus facilitating a wide acceptance of the produced deliverables.

Based on the above, the work package's objectives are to:

- Establish a communication channel between the JA and the wide range of eHealth stakeholders that are influenced by the activities and strategic decisions of the eHN
- Enable support and document a proper liaison with eHealth stakeholders including standards developing organizations which are involved in developing, building, running and therefore actively driving and influencing the deployment and use of eHealth services in Europe
- Engage various stakeholders in a consultative dialogue addressing the challenge that stakeholders often have different perspectives, vocabularies and agendas

- Provide the project coordinator and the work packages of the JA with relevant contact points and expertise for their work

Description of the work

The liaison activities between the different groups (and networks) of stakeholders and the JA will particularly connect external stakeholders to WP1 (Coordination) and the core work packages WP5, WP6, WP7 and WP8.
WP4 will facilitate adequate, specific external expertise for the work of the JA, establish and encourage a two-way communication between the JA and stakeholders. It will structure such contributions and communications by creating a secretariat in charge of organising liaison activities in alignment with the respective core work package responsible for the theme.
Secretariat activities will include

- Organisation of the stakeholder information and invitation
- Coordination of targeted stakeholder input
- Invitation and registration management of the stakeholders
- Monitoring and taking action as appropriate reflecting the stakeholder aspects of the respective core work package activity

In order to enable effective participation options and transparency in the decision making, the work package will prepare a stakeholder engagement document (D4.1 Concept and internal guidelines for stakeholder liaison) and discuss it in a workshop with the stakeholders early in the project.
Hence, the work package will provide liaison activities in two directions:

1. Collect and organise information / knowledge coming from stakeholders towards JA by:
    - Collecting input on particular themes for preparing briefing/policy papers
    - Establishing a range of consultation mechanisms, ranging from the invitation of a limited number of experts up to the organization of workshops, i.e. with invited experts (with up to 50 participants) from stakeholder organisations, academia, etc. to support one or more tasks according to the MWP 2015-2018
2. Undertake targeted and interactive feedback on draft results from the different work packages to experts (groups) to ensure stakeholders' information and continuous involvement:
    - Organize feedback workshops limited to the consortium and stakeholder representatives (from 10 to 25 participants)
    - Engage in a focused dialogue with experts and stakeholder representatives on a draft briefing/policy paper

Deliverables linked to this work package

D4.1 Concept and internal guidelines for stakeholder liaison

In order to enable the dialog between the JA and the stakeholders this deliverable provides the key principles, possibilities and preparatory steps needed to interact with stakeholders and their external experts. (Month of delivery: M6)

D4.2 Final report

The final report describes the activities, experiences and results achieved as a summary. It will also contain recommendations based on the feedback provided by the core work packages and the external stakeholder groups in order to set up a proper sustainable liaison structure for the future activities of the eHN. (Month of delivery: M36)

Milestones to be reached by this WP

M4.1.1 - Stakeholder workshop for discussion of concepts and internal guidelines for stakeholder liaison with the core work packages (M4)

M4.1.2 - Communication of concepts and internal guidelines for stakeholder liaison with the core work packages (M7)

M4.2.1 Interim Report #1 (M12)

M4.2.2 Interim Report #2 (M24)

Work package number	5							
Work package title	Interoperability and Standardization							
Starting month	1		**Ending month**		36			
Leading applicant (Nr and Acronym)	(20) Nictiz & (24) SeHA							
Participating applicants Nr	1	3	5	6	7	8	9	10
Participating applicants Acronym	ATNA	BHTC	HZZO	THL	FRNA	ASIP	GEMATIK	3D HHR
Person months per applicant	0,6	3,9	5,1	5,5	2,4	16,96	20,5	6,5
Participating applicants Nr	11	13	14	15	16	17	18	20
Participating applicants Acronym	ÁEEK	DH	MoHIT	NVD	VULSK	VLK	AeS	Nictiz
Person months per applicant	16,0	3,0	4,5	1,0	12,0	8,0	2,7	9,0
Participating applicants Nr	21	22	23	24	25			
Participating applicants Acronym	HDIR	SPMS	BBU	SEHA	NHSIC			
Person months per applicant	1,05	24,5	8,0	8,0	3,0			

Objectives

- Propose an organizational framework to prepare, establish and govern eHealth National Contact Points in the scope of cross border care services deployed under the Connecting Europe facilities work plan.
- Propose an eID specific framework for eHealth: an agreement – primarily under the scope of the eID Regulation – on a set of common identification, authentication and authorization measures based on national solutions to allow trusted electronic transfer of patient data in cross border care and report the progress.
- Update guidelines on Patient Summary, ePrescription and Patient Registries to be adopted by the eHN and report back the progress on implementation.
- Propose a platform consisting of the relevant Standards developing organizations in order to create a single bidirectional interface between the eHN and the Standards developing parties.
- Report on standardization developments in eHealth and on the effective use of common standards or technical specifications in eHealth within the EU.
- Propose a European Strategy for semantic interoperability, based upon research project deliverables under Horizon 2020, to be adopted by the eHN.
- Support CEF on activities related with deploying and operating eHealth Cross Border Services, by providing recommendations, methodologies and possible strategies to handle with innovation management, maturity and readiness levels as well as long term sustainability of key operational technical assets.

Description of the work

WP5 will offer a set of results that support the ambitions of the eHN with (sustainable policy) assets in the field of standardization and interoperability.

A main challenge in this field is the linkage between the policy level of thinking and deciding (eHN), and the more operational development, deployment and maintenance of assets in interoperability like standards but also guidelines and agreements. In the standards field eHealth suffers both from abundance in standards and from a lack of adoptable standards, specifications guidance and/or governance, which means that close cooperation between Standards Development Organizations (SDOs) is needed on the choices of existing standards and the agenda for developing the missing pieces. Of course, the policy level (eHN) should be on the

demanding side, and should be able to take that role. This WP will assure that the complicated network of interdependencies between the different topics is well addressed, explained and effectively coordinated in order to allow better interoperability between eHealth solutions and to prepare relevant decisions of the eHN in that direction.

WP5 will furthermore build upon already achieved goals and assets from projects on the EU level as well as from national achievements.

Task 5.1: Trusted eHealth National Contact Points (leading applicant: (22) SPMS):

Activities include a proposal for an organisational framework of eHealth NCPs which states the role, task and responsibilities of the eHealth NCP and their "national architecture". This task will deal additionally with, supporting a "localization strategy" for the elaboration of guidelines adopting the necessary legal and/or contractual arrangements between different countries' eHealth NCP.

The task will describe a process, to be accepted by the eHN, for ensuring that trust between the eHealth NCPs can be maintained and reinforced, through describing the following activities:

a) How to check and endorse eHealth NCP legal and operational readiness for starting a certain service;
b) How to create a peer-to-peer process for auditing organizational arrangements between countries;
c) How to fulfill the eligibility criteria for CEF allocation of funds to generic services;
d) How to create regular reports on activities related to the use of CEF funding in generic services.

The overall objective of this task is to propose an organizational framework to prepare, establish and govern eHealth National Contact Points in the scope of cross border care services deployed under the Connecting Europe facilities work plan.

Task 5.2: Electronic Identification for eHealth (leading applicant: (9) GEMATIK):

Activities include the elaboration of an eID specific framework for eHealth representing an agreement primarily under the scope of the eID Regulation. This shall also include a set of common identification, authentication and authorisation measures based on national solutions to allow trusted electronic transfer of patient data in cross-border care. Further activities refer to the elaboration of guidelines on the interoperability of electronic professional registries and reports on notification of national eID under the scope of the eID Regulation.

Task 5.3: Update & revision of EU eHealth Guidelines (leading applicant: (18) AeS and (25) NHS IC):

This task will deliver updated and revised guidelines for Patient Summary, ePrescription and Patient Registries, which have been developed following former projects and been adopted by the eHN (except the Patient Registries guideline).

The updating and revising process is necessary to ensure that requirements from the MS and other stakeholders (incl. the input gathered by WP6) are taken into account for the development of further revisions. The aim is to maintain and provide a set of guidelines to foster semantic interoperability for cross-border exchange and to inform about the MS' plans for national implementations.

Task 5.4: Alignment of standardization activities in eHealth (leading applicant: (20) Nictiz):

One of the barriers for the large-scale implementation and adoption of eHealth comes from the lack of clarity around the adequate standards and profiles for interoperability of eHealth solutions. There is a need to align the relevant organizations that have a role in eHealth standards and profiles, and promote the use of the standards and profiles. Task 5.4 will provide a proposal for a platform consisting of the relevant Standards developing organizations in order to:

• provide input to the eHN on actions to promote the coordination and acceptability of standards and technical specifications in eHealth;

• create a single entry point into the standards world for any questions, wishes and requirements

the eHN might have.

Furthermore, report(s) will be produced focusing on standardization developments in eHealth and on the effective use of common standards or technical specifications in eHealth within the EU.

The first focus will be on the standards and profiles that are in use at the application- and semantic levels of the Antilope refined European Interoperability Framework. The WP will closely work together with WP 4 Stakeholder coordination and other relevant projects such as eStandards.

Task 5.5: Semantic Interoperability (leading applicant: (3) BHTC):

This task will analyse the proposals elaborated by dedicated EU funded projects such as SemanticHealthNet whose objective is to provide a semantic referral point for all key stakeholders in Europe. It will also organize – in close cooperation with WP7 (Exchange of knowledge) – a review of existing MS strategies in relationship to semantic interoperability. It will furthermore analyse choices proposed by more specific projects due to start in 2015 (openMedicine, ASSESS CT, VALUeHEALT etc.) on previous related work within epSOS and currently within EXPAND. It will make sure that use cases and supporting EU guidelines can be updated accordingly. The overall objective of this task is thus to provide the eHN with a consolidated analysis of proposals made by national and EU projects which can provide significant inputs in this domain. It will also make sure that objectives are aligned with task 5.3, 5.4 and 5.6.

A report will be produced at the end of the JA but intermediary papers will be produced, pending the availability of sufficiently documented material originating from relevant projects.

Task 5.6: CEF operational support (leading applicant: (22) SPMS):

This task will work (seamlessly with EXPAND) as an innovation bus to capture value from past and ongoing EU projects (e.g. epSOS, eSENS, Antilope, PARENT, openMedicine, ASSESS CT, VALUeHEALT, etc.) and incorporate them into the eHealth Cross Border Services enhancement roadmap. It will also propose a methodology for assessing MS readiness to start operation of eHealth cross border services as well as support monitoring and assessment of the real usage and impact of eHealth cross border services deployed under CEF. It will work as technical support on technical efforts to handover Central Services to CEF and technical efforts in further enhancing OpenNCP moving towards a long term sustainability strategy.

The overall objective of this task is to support CEF on activities related with deploying and operating eHealth Cross Border Services, by providing recommendations, methodologies and possible strategies to handle with innovation management, maturity and readiness levels as well as long term sustainability of key operational technical assets.

D5.1.1 Organisational Framework of eHealth NCP

- Month of delivery: M7

D5.1.2 Country Guide for implementation of eHealth NCP

- Month of delivery: M13

D5.1.3 Report on activities related to the use of CEF funding into generic services

- Month of delivery: M36 (*Not intended for submission to the eHN; for project internal purpose only)*

D5.2.1 eID specific Framework for eHealth

- Month of delivery: M25

D5.2.2 Guidelines on the interoperability of electronic professional registries

- Month of delivery: M19

D5.2.3 Report on notification of national eID under the scope of the eIDAS Regulation

- Month of delivery: M31

D5.3.1 Updated Guideline on PS

- Month of delivery: M7

D5.3.2 Updated Guideline on eP

- Month of delivery: M19

D5.3.3 Updated Guideline on Patient Registries

- Month of delivery: M31

D5.4.1 Proposal for a platform consisting of the relevant standardisation developing organizations

- Month of delivery: M7

D5.4.2 Policy paper proposing actions to promote the use of common standards or technical specifications in eHealth within the EU

- Month of delivery: M19

D5.4.3.1, D5.4.3.2 Report on standardisation developments in eHealth incl. recommendations for the rolling plan

- Month of delivery: M19, M31

D5.5 Report on European semantic interoperability in eHealth

- Month of delivery: M25

D5.6.1 Proposal how to assess MS technical readiness to provide, deploy and operate eHealth cross-border services

- Month of delivery: M13

D5.6.2.1, D5.6.2.2, D5.6.2.3 Annual report on operational support to open NCP usage

- Month of delivery: M7, M19, M31

Milestones to be reached by this WP

M5.1.1 - Draft of D5.1.1 (M1)
M5.1.2 - Draft of D5.1.2 (M7)
M5.1.3.1 - Interim report #1 of D5.1.3 (M12)
M5.1.3.2 - Interim report #2 of D5.1.3 (M24)
M5.2.1.1 - 1st draft of D5.2.1 (M7)
M5.2.1.2 - 2nd draft of D5.2.1 (M13)
M5.2.1.3 - 3rd draft of D5.2.1 (M19)
M5.2.2.1 - 1st draft of D5.2.2 (M7)
M5.2.2.2 - 2nd draft of D5.2.2 (M13)
M5.4.1 - Draft of D5.4.1 (M1)
M5.4.2 - Draft of D5.4.2 (M13)
M5.4.3 - Interim report of D5.4.3 (M7)
M5.5.1 - 1st draft of D5.5 (M13)
M5.5.2 - 2nd draft of D5.5 (M19)
M5.6.1 - Draft of D5.6.1 (M7)

Work package number	6							
Work package title	Monitoring and Assessment of Implementation							
Starting month	1		**Ending month**		36			
Leading applicant (Nr and Acronym)	(5) HZZO							
Participating applicants Nr	1	3	4	5	7	8	9	10
Participating applicants Acronym	ATNA	BHTC	BEAT	HZZO	FRNA	ASIP	GEMATIK	3DHHR

Person months per applicant	4,0	0,5	4,0	41,0	0,5	2,00	4,00	2,0
Participating applicants Nr	11	13	15	16	17	19	21	22
Participating applicants Acronym	ÁEEK	DH	NVD	VUL SK	VLK	MFH	HDIR	SPMS
Person months per applicant	23,0	2,0	1,0	6,0	8,0	1,0	0,10	4,0
Participating applicants Nr	23							
Participating applicants Acronym	BBU							
Person months per applicant	3,0							

Objectives

The main objective of this WP is the monitoring and assessment of the implementation of specific eHealth guidelines, policy papers etc. and to analyse which recommendations have resulted in a positive effect on the interoperability of eHealth systems. It will also identify gaps and legal obstacles to be further addressed.

The specific objectives of WP6 are:

1) To monitor, analyse and evaluate the implementation of existing eHealth guidelines.

2) To provide detailed reports and recommendations on the implementation effectiveness on various levels of interoperability, i.e. legal, organizational, semantic and technical, in accordance with the European Interoperability Framework.

3) To assess aspects of legal interoperability in the cross-border context and to provide recommendations on how to fill the identified gaps.

Description of the work

The main tasks are:

T6.1 Implementation of eHealth guidelines (leading applicant: (5) HZZO):

The implementation of eHN guidelines should focus on the needs of both the Member States and the impact on EU-wide policies concerning eHealth initiatives. Guidelines' implementation should be measured by their effectiveness and overall impact on Member States' eHealth initiatives. The implementation analysis itself will reflect various conditions in the Member States concerning the eHealth infrastructure in terms of legal, organizational and technical prerequisites for full guidelines adoption. The report about the implementation of guidelines previously adopted by the eHN will be based on information collected and knowledge exchanged about policy, legal and technical prerequisites.

T6.2 Development of legal interoperability in a cross-border context (leading applicant: (38) SENA:

Legal challenges of cross-border data exchange are due to previous focus of systems on technical interoperability, thus reducing the complexity of their implementation to technical and organizational aspects only. However a successful cross-border exchange of sensitive personal data can only be brought about in a secure legal environment. This task will therefore change the focus for the work from technical into legal matters by creating a stable and secure legal environment based on EU legislation with due consideration for the needs of involved national legislations. This task carries on the work done by the legal sub-group established by the eHealth network in November 2014 and concentrates on the creation of a sustainable legal basis for cross-border exchange of personal health data.

Deliverables linked to this work package

The reports D6.1.1, D6.1.2 and D6.1.3 will cover the implementation steps taken during the implementation process, any needs for additional support, consider all involved professional groups and the overall stakeholder involvement during all process stages. It will also contain a list of methods, components, tools and resources used, earmark barriers and facilitators encountered during the implementation process and detect the overall technical maturity and

financial sustainability of MS at national and EU level.

D6.1.1 Report on the implementation of patient summary guideline

This report will be submitted once, before updating guidelines. (Month of delivery: M7)

D6.1.2 Report on the implementation of ePrescription guideline

This report will be submitted once. (Month of delivery: M19)

D6.1.3 Report on the implementation of interoperability of patient registries guidelines

This report will be submitted once. (Month of delivery: M31)

D6.2 Proposal for a sustainable legal basis for cross-border exchange of personal health data

This deliverable aims to provide a proposal to the MS for a sustainable legal basis enabling the exchange of personal health data across borders. The final proposal will be submitted to the eHealth Network for adoption. (Month of delivery: M25)

Milestones to be reached by this WP

M6.1.1 - Draft of D6.1.1 (M5)

M6.1.2 - Draft of D6.1.2 (M17)

M6.1.3 - Draft of D6.1.3 (M29)

M6.2.1 - 1st draft of D6.2 (M17)

M6.2.2 - 2nd draft of D6.2 for discussion with eHN (M19)

Work package number	7							
Work package title	Exchange of knowledge							
Starting month	1		**Ending month**		36			
Leading applicant (Nr and Acronym)	(22) SPMS							
Participating applicants Nr	1	3	5	6	7	8	9	10
Participating applicants Acronym	ATNA	BHTC	HZZO	THL	FRNA	ASIP	GEMATIK	3DHHR
Person months per applicant	1,0	1,9	1,0	4,5	0,5	6,42	2,5	3,0
Participating applicants Nr	11	12	14	15	16	18	19	20
Participating applicants Acronym	ÁEEK	SE	DH	NVD	VULSK	AeS	MFH	Nictiz
Person months per applicant	10,0	5,0	9,0	1,0	10,0	3,0	1,0	4,0
Participating applicants Nr	21	22	23	25				
Participating applicants Acronym	HDIR	SPMS	BBU	NHSIC				
Person months per applicant	1,35	16,0	9,0	3,0				

Objectives

- To provide the eHN with information that exists within the MS, National Strategies, benefit from benchmarking and comparison as well as being shared within the eHN.
- To look at how will we handled common topics like cloud computing and healthcare data, secondary use of data, as well as, assessment of eHealth projects value, patient access related issues, and other common questions that while national could benefit from a common understanding and common approaches.
- To focus on patients, defining data portability roadmap as well as guidelines to interoperable patient-maintained records.

Description of the work

All MS are working on eHealth and the majority has an eHealth Strategy. However, different countries have moved more or less in different areas. Therefore cross-fertilization of knowledge and national experiences can boost adoption and help solve issues at local level without a need to reinvent the wheel. Adoption of Standards for interoperability and EHR is also a necessity to achieve market harmonisation, certification of solutions and quality of healthcare data for secondary use.

Exchanging knowledge, documents and questions in all areas mentioned below is thus essential to a sustainable European eHealth strategy that is rooted on "compatible and compliant" national eHealth Strategies.

The main tasks are:

T7.1 Sharing of National eHealth Strategies and Action plans (leading applicant: (22) SPMS):

The sharing of National Strategies is key to compatible speeds in implementation that guarantee as much as possible, that different constituencies are ready to exchange similarly prepared health data. This should be done with an annual workshop on NATIONAL eHEALTH STRATEGIES - eHealthStrats.

Likewise the usage of a structured online platform (to be created and maintained by the EC) for sharing countries' strategies as well as some use stories is critical for this work. This work will build on the results of the "national eHealth strategies" project led by Empirica.

The reporting on the implementation levels and eventual creation of a National Score for eHealth is very important to build and maintain momentum, especially in face of political turns and changes.

Telemedicine is not different from any eHealth service at a distance, therefore its reporting and strategy should be made part of National eHealth Strategies and reported progressively in an incorporated manner.

Finally and more specifically these national strategies will be analysed in as much as they favour two aspects increasingly considered critical for the best value extraction out of eHealth projects:

- Learn from each other and exchange the best mechanisms to increase eHealth literacy of the healthcare IT workforce
- Increase awareness and knowledge of health professionals concerning cross-border health care activities – perhaps using an online tool.

Subtask T7.1.1 – Content authoring for an online platform (provided by EC) informing on and reporting on National eHealth Strategies following from the concepts discussed above and in interrelation with subtask 7.1.2 and 7.1.3.

Subtask T7.1.2 – Prepare deliverable report on EU telemedicine

This task will focus on the broad and discussed preparation of a report on EU state of play on telemedicine services and uptake recommendations (month of delivery: M31)

Subtask T7.1.3 – Training and literacy of healthcare workforce on eHealth

This sub-task will deal with recommendation on content for online training and literacy improvement tools including outlining skills development capacity for health professionals concerning cross border health care services.
The objective is to develop a comprehensive and unified eHealth skills matrix, by

- reviewing current research to identify roles and functions across the main healthcare settings and determining eHealth competency gaps
- creating a plan to structure and categorise roles and competences as per the European eCompetence Framework
- using the framework descriptions to determine skill level for each job role.

T7.2 Secondary use of Health Data (leading applicant: (25) NHS IC):

This task will address the following subjects:

- The pros and cons of the use of cloud computing in health,
- Publication of a code of conduct on how to handle secondary use of health data.
- Recommendation on de-identification of data for secondary use.

T7.3 Research on added value of eHealth Tools (leading applicant: (10) 3D HHR): This task will explore and report on the most up-to-date studies on the added value of eHealth services to health services in particular and European society in general. It will also attempt to contribute on the sharing of good practices between MS on how eHealth tools are used in health promotion and disease management, aiming to provide contribution to health promotion and protection from health threats policies. This task is broken down into the following subtasks and activities to provide the deliverables mentioned in the next section of this document.

Report on studies concerning added value of eHealth/mHealth services, as a follow-up measure of the green paper on mHealth:

- collect information on mHealth/eHealth services inserted or proposed by MS or from H2020 projects and work programme (M1-M6)
- analysis of current trends and bibliography for value added services in eHealth/mHealth (M1-M6)
- evaluate various existing approaches for value added eHealth/mHealth services by using a business modeling model (i.e. Canvas model or similar) (M6-M10)
- establish a list of potential value added services performing a risk analysis for each (M6-M18) mMaturity and feasibility analysis for each services (M11-M18)

T7.4 Agreements with HTA-network about eHealth assessments cooperation within the EU (leading applicant: (10) 3D HHR):

Cooperation with the HTA-Network to bring together experience on eHealth assessments and to devise a minimum HTA-inspired framework to access the value of National eHealth projects. Activities may include:

- collect information on HTA assessment and methodologies by Member states (M1-M6)
- joint work on common analysis of current trends and bibliography for HTA and eHealth (M1-M8)
- establish an eHealth HTA network with participants from MS, JA participants and stakeholders groups (M6-M12)
- Analysis of proposed prospects from H2020 projects and work programme (M1-M6)
- establish a proposed methodology and agreements for HTA in eHealth within the EU (M6 - M18)
- Maturity and feasibility analysis for HTA based services (M18-M24)

T7.5 Patient access to Electronic Health Records and health data portability (leading applicant: (20) Nictiz and (3) BHTC):

Activities include the elaboration of reports concerning the state of play in the EU on patient access and portability of health data as well as the state of play of patient digital literacy and effective ways to increase patient digital literacy. Also, recommendations on best practices to provide patient access to health data and health data portability shall be worked out.

On the base of the information paper submitted to the eHN in May 2014, the task will update the paper thanks to inputs originating from reference European pilots such as SUSTAINS, PALANTE and other national and European projects with a strong patient empowerment dimension (Smartcare, Carewell etc.).

The recommendation will also consider specific constraints associated with EU use cases. Aside from the question of access to data per se, it will also cover architectural questions (patient portals) and data input by the citizen himself. Specific semantic requirements will be discussed in close liaison with WP5 Main Task 5 – Semantic Interoperability.

The analysis of the state of play will be produced in close collaboration with task 7.1.

The objective is to prepare a formal recommendation to be adopted by the eHN in 2016.

Deliverables linked to this work package

D7.1.1 Report on the establishment of a platform for the sharing of national eHealth Strategies (month of delivery: M13)

D7.1.2 Report on EU state of play on telemedicine services and uptake recommendations (month of delivery: M31)

D7.1.3 Recommendations on online training tools for health professionals concerning cross-border health care services (month of delivery: M25)

D7.2.1 Report on the use of cloud computing in health (month of delivery: M7)

D7.2.2 Code of conduct on how to handle health data for purposes other than patient care (month of delivery: M13)

D7.3 Report on studies concerning added value of eHealth/mHealth services (month of delivery: M31)

D7.4 A minimum HTA inspired framework to access the value of National eHealth projects (Month of delivery: M31)

D7.5.1 Report on EU state of play on patient access on eHealth data (month of delivery: M13)

D7.5.2 Recommendations for patient access to electronic health records (month of delivery: M19)

Milestones to be reached by this WP

M7.1.3 - Draft of D7.1.3 for discussion (M19)
M7.2.2 - Draft of D7.2.2 for discussion (M7)

Work package number	8							
Work package title	Global cooperation and positioning							
Starting month	1		**Ending month**		36			
Leading applicant (Nr and Acronym)	(7) FRNA							
Participating applicants Nr	1	3	6	7	9	10	12	21
Participating applicants Acronym	ATNA	BHTC	THL	FRNA	GEMATIK	3DHHR	SE	HDIR
Person months per applicant	0,6	1,7	1,0	5,0	1,0	1,0	5,0	0,3
Participating applicants Nr	22	23	25					
Participating applicants Acronym	SPMS	BBU	NHSIC					
Person months per applicant	3,5	2,0	3,0					

Objectives

eHealth is not only a topic which is addressed at national or EU level, it is a topic addressed worldwide. The cooperation at EU level should also ensure the alignment with ongoing developments outside the EU, so that the agreements made within the eHN are compatible with global developments and standards. Also, the eHN could benefit from studies and research done by global organizations on eHealth developments, such as the WHO and the OECD and try to influence the global eHealth.

Description of the work

These are the main tasks:

T8.1 Participation, Liaison and Influence in global eHealth (leading applicant: (7) FRNA): This task is divided into the following sub-tasks:

- T8.1.1 Overview of OECD studies on eHealth and core outcome (leading applicant: (3) BHTC & (7) FRNA)

- T8.1.2 Prepare for preparatory convergence meetings to coordinate input before WHO and OECD meetings on eHealth (leading applicant: (3) BHTC & (7) FRNA)
- T8.1.3 Information paper on main eHealth activities outside of the EU (leading applicant: (6) THL)

Activities of T8.1 include reporting on the main global eHealth activities based on an analysis of studies on eHealth and their core outcomes (subtask 8.1.1) as well as initiatives outside of the EU (subtask 8.1.3). In order to support convergence meeting activities on eHealth between the eHN representative(s) and representative(s) from the WHO and OECD (subtask 8.1.2), relevant information material shall be worked out aiming at coordinating input before such meetings will take place. In order to optimize the global impact, exchanges between institutional organizations will be complemented by interactions with other relevant initiatives and conferences where possible. This is in order to increase awareness and knowledge regarding eHealth in Europe and to try to enhance and "influence" global eHealth.

T8.2 Evaluation of global eHealth specifications (leading applicant: (25) NHS IC): Many countries are engaged in eHealth projects, and there is much to be gained from awareness of different approaches to specifying the requirements, and how to enable MS in Europe to benefit from the experience of others. This task will source eHealth specifications from across the world, with a view to understanding developments and priorities in different countries, identifying lessons learned and examples of good practice.

Deliverables linked to this work package

D8.1.1 Overview of OECD studies on eHealth and core outcome (month of delivery: M13)

This deliverable is linked to the sub-task 8.1.1.

D8.1.2 Information materials supporting preparatory convergence meetings between eHealth Network and WHO and OECD (month of delivery: M25)

This deliverable is linked to the subtasks 8.1.2 and 8.1.3.

D8.1.3 Information paper on main eHealth activities outside of the EU
(month of delivery: M31)

This deliverable (and corresponding Milestones) will be based as much as possible on the knowledge and feedback of each of the partners in order to minimize the resources needed.

D8.1.4 Report on main eHealth activities outside of the EU
(month of delivery: M33)

This deliverable will summarize the work made in all the (sub)tasks of the WP8 during the duration of the project.

D8.2.1 Inventory of eHealth specifications
(month of delivery: M7)

D8.2.2 Evaluation and good practice guide for eHealth specifications
(month of delivery: M19)

Milestones to be reached by this WP

M8.1.3.1 - 1st draft for D8.1.3 (M7)

M8.1.3.2 - 2nd draft for D8.1.3 (M19)

7.3. Timetable or Gantt Chart

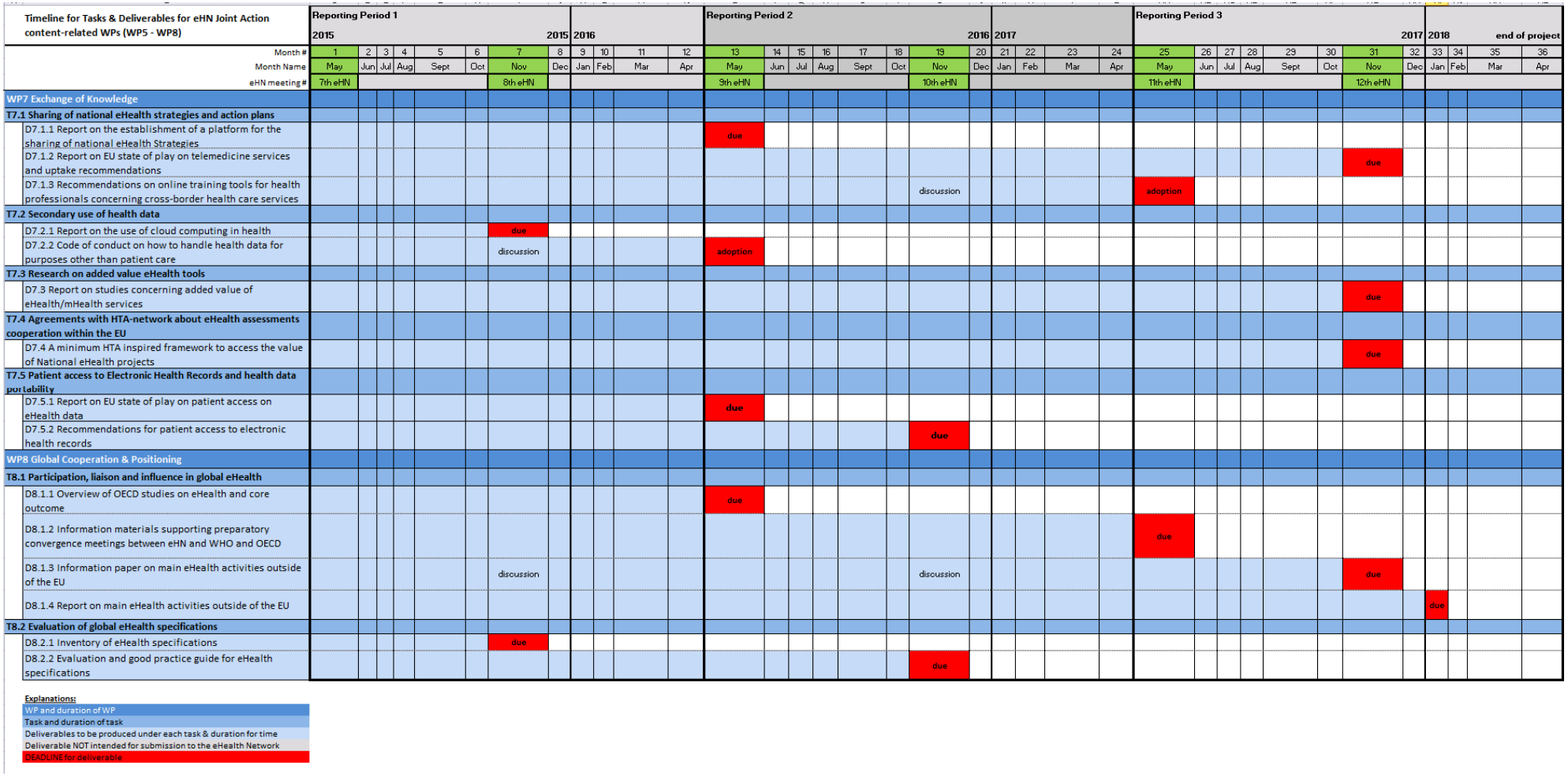
Timeline for Tasks & Deliverables for eHN Joint Action horizontal WPs (WP1 - WP4)	Reporting Period 1												Reporting Period 2												Reporting Period 3											
								2015	2016											2016	2017											2017	2018			end of project
Month #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
Month Name	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
WP1 Coordination and Management																																				
D1.1x Interim reports										M1.1		X												X												
D1.2 Governance Manual					M1.2	X																														
D1.3 Final report																																				X
WP2 Dissemination and Communication																																				
D2.1 Communication and Dissemination Strategy		M2.1.1 M2.1.2	M2.1.3	X																																
D2.2 Concept for a master plan for conferences at the European level							X																													
D2.3 Project Website			M2.3.1			M2.3.2	X																													
D2.4.1 Leaflet		X																																		
D2.4.2 Layman version of the final report																																				X
WP3 Evaluation																																				
D3.1 Quality Management Scheme					M3.1	X																														
D3.2 Interim evaluation report					M3.2.1				M3.2.2								M3.2.3	X																		
D3.3 Final evaluation report																																			M3.3	X
WP4 Stakeholder Liaison																																				
D4.1 Concept and internal guidelines for stakeholder liaison				M4.1.1		X	M4.1.2																													
D4.2 Final report												M4.2.1												M4.2.2											X

Explanations:

WP and duration of WP

Taks and duration of task

Timeline for Tasks & Deliverables for eHN Joint Action content-related WPs (WP5 - WP8)	Reporting Period 1												Reporting Period 2												Reporting Period 3											
	2015							2015	2016				2016								2017				2017							2018			end of project
Month #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
Month Name	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
eHN meeting #	7th eHN						8th eHN						9th eHN						10th eHN						11th eHN						12th eHN					
WP5 Interoperability & Standardization																																				
T5.1 Trusted eHealth National Contact Points																																				
D5.1.1 Organisational Framework of eHealth NCP	discussion						adoption																													
D5.1.2 Country Guide for implementation of eHealth NCP							discussion						adoption																							
D5.1.3 Report on activities related to the use of CEF funding into generic services (INTERNAL; not for submission to eHN!)												inter. report												inter. report											due
T5.2 Electronic Identification for eHealth																																				
D5.2.1 eID specific Framework for eHealth							discussion						discussion						discussion						adoption											
D5.2.2 Guidelines on the interoperability of electronic professional registries							discussion						discussion						adoption																	
D5.2.3 Report on notification of national eID under the scope of the eIDAS Regulation																															due					
T5.3 Update & revision of EU eHealth Guidelines																																				
D5.3.1 Update Guideline on PS							adoption																													
D5.3.2 Update Guideline on eP																			adoption																	
D5.3.3 Update Guideline on PR																															discussion					
T5.4 Alignment of standardization activities in eHealth																																				
D5.4.1 Proposal for a platform consisting of the relevant standards developing organizations	discussion						adoption																													
D5.4.2 Policy paper proposing actions to promote the use of common standards or technical specifications in eHealth within the EU													discussion						adoption																	
D5.4.3x Report on standardisation developments in eHealth incl. recommendations for the rolling plan							discussion												due												due					
T5.5 Semantic Interoperability																																				
D5.5 Report on European semantic interoperability in eHealth													discussion						discussion						adoption											
T5.6 CEF operational support																																				
D5.6.1 Proposal how to assess MS technical readiness to provide, deploy and operate eHealth cross-border services							discussion						adoption																							
D5.6.2x Annual report on operational support to open NCP usage							due												due												due					
WP6 Monitoring & Assessment of Implementation																																				
T6.1 Implementation of eHealth guidelines																																				
D6.1.1 Report on the implementation of PS Guideline					draft		due																													
D6.1.2 Report on the implementation of eP Guideline																	draft		due																	
D6.1.3 Report on the implementation of PR Guideline																													draft		due					
T6.2 Challenges of legal interoperability in a cross-border context																																				
D6.2 Proposal for a sustainable legal basis for cross-border exchange of personal health data																	draft		discussion						due											



Timeline for Tasks & Deliverables for eHN Joint Action content-related WPs (WP5 - WP8)	Reporting Period 1												Reporting Period 2												Reporting Period 3											
	2015							2015	2016				2016								2017				2017							2018		end of project	
Month #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
Month Name	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
eHN meeting #	7th eHN						8th eHN						9th eHN						10th eHN						11th eHN						12th eHN					
WP7 Exchange of Knowledge																																				
T7.1 Sharing of national eHealth strategies and action plans																																				
D7.1.1 Report on the establishment of a platform for the sharing of national eHealth Strategies													due																							
D7.1.2 Report on EU state of play on telemedicine services and uptake recommendations																															due					
D7.1.3 Recommendations on online training tools for health professionals concerning cross-border health care services																			discussion						adoption											
T7.2 Secondary use of health data																																				
D7.2.1 Report on the use of cloud computing in health							due																													
D7.2.2 Code of conduct on how to handle health data for purposes other than patient care							discussion						adoption																							
T7.3 Research on added value eHealth tools																																				
D7.3 Report on studies concerning added value of eHealth/mHealth services																															due					
T7.4 Agreements with HTA-network about eHealth assessments cooperation within the EU																																				
D7.4 A minimum HTA inspired framework to access the value of National eHealth projects																															due					
T7.5 Patient access to Electronic Health Records and health data portability																																				
D7.5.1 Report on EU state of play on patient access on eHealth data													due																							
D7.5.2 Recommendations for patient access to electronic health records																			due																	
WP8 Global Cooperation & Positioning																																				
T8.1 Participation, liaison and influence in global eHealth																																				
D8.1.1 Overview of OECD studies on eHealth and core outcome													due																							
D8.1.2 Information materials supporting preparatory convergence meetings between eHN and WHO and OECD																									due											
D8.1.3 Information paper on main eHealth activities outside of the EU							discussion												discussion												due					
D8.1.4 Report on main eHealth activities outside of the EU																																	due			
T8.2 Evaluation of global eHealth specifications																																				
D8.2.1 Inventory of eHealth specifications							due																													
D8.2.2 Evaluation and good practice guide for eHealth specifications																			due																	

Explanations:

- WP and duration of WP
- Task and duration of task
- Deliverables to be produced under each task & duration for time
- Deliverable NOT intended for submission to the eHealth Network
- DEADLINE for deliverable

8. MILESTONES AND DELIVERABLES

The JA differs from a classical research project in that it exclusively supports another activity, the eHN. Its main "customer" is thus the eHN for which it provides deliverables in the form of reports, recommendations, policy papers etc. These "products" of the core WPs of the JA are called "eHN-deliverables" and follow the usual nomenclature and they may be related to milestones.

The commissioner of the JA, i.e. the European Union's DG SANTE receives copies of these deliverables, where applicable and with the intention for further submission to the eHN. However, these are not quality controlled by reviewers (from CHAFEA), as this is effectively and efficiently done in interaction with the main addressee, the eHN. The eHN may also request different instalments of one and the same deliverable during the life-cycle of the project or it may request additional or alternative deliverables. These anticipated requirements of the eHN ask for a high degree of flexibility which do not necessarily fit in the familiar project schemes.

In order to provide full control and visibility of the project for CHAFEA it will receive, where necessary, a couple of other outputs which are coined reports. These reports inform about the activities and the progress of the work. Regular reporting will include the status and progress of the deliverables in a concise yet comprehensive unified format. Reports will be also provided about the managerial aspects of the project.

The horizontal WP will produce classical deliverables (e.g. half-term or end of project), which will inform about the activities. These deliverables are called "regular deliverables". The concrete production process (incl. elaboration of drafts, coordinated input from MS and stakeholders, different review phases, etc.) of both, "eHN-deliverables" as well as "regular deliverables" will be referred to and defined in D1.2 Governance Manual.

Deliverable Number	Deliverable Name	Work package	Leading applicant acronym	Content specification	For submission to eHN	Dissemination level	Delivery month
D1.1.1	Interim report	1	ATNA	Describes the activities carried out, milestones and results achieved in 12 months intervals.	No	PU	M12
D1.1.2	Interim report	1	ATNA	Describes the activities carried out, milestones and results achieved in 12 months intervals.	No	PU	M24
D1.2	Governance Manual	1	ATNA	Describes the project internal governance structure and lays out the roles, responsibilities and rights.	No	CO	M6
D1.3	Final report	1	ATNA	Describes the action implementation and the results achieved.	No	PU	M36
D2.1	Communication and	2	SE	Describes the strategy on dissemination and	No	CO	M4

	Dissemination Strategy			communication and implies development of the project's brand incl. logo, house style guide and templates and publication guide.			
D2.2	Concept for a master plan for conferences at the European level	2	SE	Describes the concept for dissemination at EU conferences	No	PU	M7
D2.3	Project Website	2	SE	Project's public website	No	PU	M7
D2.4.1	Leaflet	2	SE	Creation of the project leaflet	No	PU	M2
D2.4.2	Layman version of the final report	2	SE	Creation of the Layman version of the final report	No	PU	M36
D3.1	Quality Management Scheme	3	BBU	This is an internal report that regulates the quality management of the project. The report will become part of the project management material of the JA.	No	CO	M6
D3.2	Interim evaluation report	3	BBU	Describes the intended outcomes, outputs and the success indicators at the project half-way.	No	PU	M18
D3.3	Final evaluation report	3	BBU	Describes the interim evaluation reports, also containing the concluding remarks with regards to the entire JA.	No	PU	36
D4.1	Concept and internal guidelines for stakeholder liaison	4	GEMA TIK	Provides the key principles, possibilities and preparatory steps needed to interact with external experts.	No	CO	M6
D4.2	Final report	4	GEMA TIK	Describes the activities, experiences and results achieved as a summary.	No	PU	M36
D5.1.1	Organisational Framework of eHealth NCP	5	Nictiz & SeHA	Describes the framework of eHealth NCP.	Yes	PU	M7
D5.1.2	Country Guide for implementation of eHealth NCP	5	Nictiz & SeHA	Describes the implementation of eHealth NCP for countries.	Yes	PU	M13
D5.1.3	Report on activities related to the use of CEF	5	Nictiz & SeHA	Describes the actions related to CEF funding.	No	PU	M36

	funding into generic services						
D5.2.1	eID specific Framework for eHealth	5	Nictiz & SeHA	Describes the framework of eID.	Yes	PU	M25
D5.2.2	Guidelines on the interoperability of electronic professional registries	5	Nictiz & SeHA	Describes the interoperability of electronic professional registries.	Yes	PU	M19
D5.2.3	Report on notification of national eID under the scope of the eIDAS Regulation	5	Nictiz & SeHA	Describes the notification of national eIDs.	Yes	PU	M31
D5.3.1	Updated Guideline on PS	5	Nictiz & SeHA	Updates the Guideline on PS.	Yes	PU	M7
D5.3.2	Updated Guideline on eP	5	Nictiz & SeHA	Updates the Guideline on eP.	Yes	PU	M19
D5.3.3	Updated Guideline on Patient Registries	5	Nictiz & SeHA	Updates the Guideline on PR.	Yes	PU	M31
D5.4.1	Proposal for a platform consisting of the relevant standardisation developing organizations	5	Nictiz & SeHA	Describes a platform consisting of relevant SDOs.	Yes	PU	M7
D5.4.2	Policy paper proposing actions to promote the use of common standards or technical specifications in eHealth within the EU	5	Nictiz & SeHA	Describes the actions to promote the use of standards and specifications in the field of eHealth.	Yes	PU	M19
D5.4.3.1	Report on standardisation developments in eHealth incl. recommendations for the rolling plan	5	Nictiz & SeHA	Describes the standardisation developments in the field of eHealth.	Yes	PU	M19
D5.4.3.2	Report on	5	Nictiz &	Describes the standardisation	Yes	PU	M31

	standardisation developments in eHealth incl. recommendations for the rolling plan		SeHA	developments in the field of eHealth.			
D5.5	Report on European semantic interoperability in eHealth	5	Nictiz & SeHA	Describes the European semantic interoperability in the field of eHealth.	Yes	PU	M25
D5.6.1	Proposal how to assess MS technical readiness to provide, deploy and operate eHealth cross-border services	5	Nictiz & SeHA	Describes the assessment of MS technical readiness for eHealth cross-border services.	Yes	PU	M13
D5.6.2.1	Annual report on operational support to open NCP usage	5	Nictiz & SeHA	Summarise annually the main activities and outputs.	Yes	PU	M7
D5.6.2.2	Annual report on operational support to open NCP usage	5	Nictiz & SeHA	Summarise annually the main activities and outputs.	Yes	PU	M19
D5.6.2.3	Annual report on operational support to open NCP usage	5	Nictiz & SeHA	Summarise annually the main activities and outputs.	Yes	PU	M31
D6.1.1	Report on the implementation of patient summary guideline	6	HZZO	Describes the implementation of PS guideline.	Yes	PU	M7
D6.1.2	Report on the implementation of ePrescription guideline	6	HZZO	Describes the implementation of eP guideline.	Yes	PU	M19
D6.1.3	Report on the implementation of interoperability of patient registries guidelines	6	HZZO	Describes the implementation of PR guideline.	Yes	PU	M31
D6.2	Report on challenges of legal interoperability in	6	HZZO	Summarise the main activities and outputs.	Yes	PU	M25

	a cross-border context						
D7.1.1	Report on the establishment of a platform for the sharing of national eHealth Strategies	7	SPMS	Describes the establishment of a sharing platform for eHealth strategies.	Yes	PU	M13
D7.1.2	Report on EU state of play on telemedicine services and uptake recommendations	7	SPMS	Describes the EU state of play on telemedicine services.	Yes	PU	M31
D7.1.3	Recommendations on online training tools for health professionals concerning cross-border health care services	7	SPMS	Describes Recommendations on online training tools for health professionals in the cross-border context.	Yes	PU	M25
D7.2.1	Report on the use of cloud computing in health	7	SPMS	Describes the use of cloud computing.	Yes	PU	M7
D7.2.2	Code of conduct on how to handle health data for purposes other than patient care	7	SPMS	Describes the code of conduct on secondary use of health data.	Yes	PU	M13
D7.3	Report on studies concerning added value of eHealth/mHealth services	7	SPMS	Describes the added value of eHealth and mHealth services via studies.	Yes	PU	M31
D7.4	A minimum HTA inspired framework to access the value of National eHealth projects	7	SPMS	Describes a proposal for the establishment of an eHealth HTA framework.	Yes	PU	M31
D7.5.1	Report on EU state of play on patient access on eHealth data	7	SPMS	Describes the EU state of play on patient access on her/his eHealth data.	Yes	PU	M13
D7.5.2	Recommendations for patient	7	SPMS	Describes the recommendations for patient	Yes	PU	M19

	access to electronic health records			access on his/her eHealth record.			
D8.1.1	Overview of OECD studies on eHealth and core outcome	8	FRNA	Describes an overview on OECD studies on eHealth and their core outcome.	Yes	PU	M13
D8.1.2	Information materials supporting preparatory convergence meetings between eHealth Network and WHO and OECD	8	FRNA	Provides information materials in preparation of the upcoming meetings between eHN, WHO and OECD.	Yes	PU	M25
D8.1.3	Information paper on main eHealth activities outside of the EU	8	FRNA	Describes the main eHealth activities outside of the EU.	Yes	PU	M31
D8.1.4	Report on main eHealth activities outside of the EU	8	FRNA	Summarise the main activities and outputs.	Yes	PU	M33
D8.2.1	Inventory of eHealth specifications	8	FRNA	Provides an inventory of eHealth specifications.	Yes	PU	M7
D8.2.2	Evaluation and good practice guide for eHealth specifications	8	FRNA	Provides an evaluation and good practice guide for specifications in the field of eHealth.	Yes	PU	M19

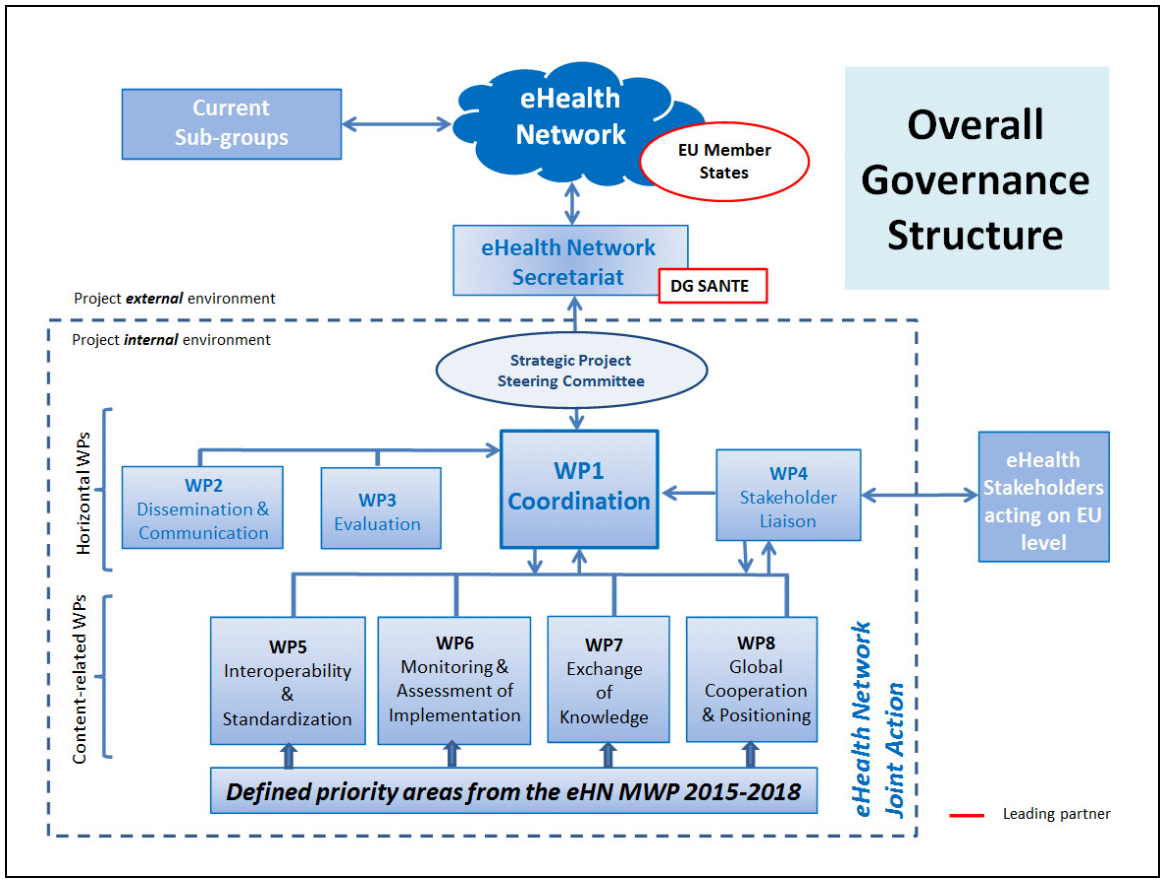
Milestone Number	**Milestone Name**	**Work package number**	**Leading applicant acronym**	**Content specification**	**Dissemination level**	**Delivery month**
M1.1	Template for interim reports	1	ATNA	Template created	CO	M10
M1.2	Draft of project internal governance structure	1	ATNA	Draft created	CO	M5
M2.1.1	Project logo	2	SE	project logo developed	PU	M2
M2.1.2	House style guide and templates	2	SE	Style guide for project documents and corresponding	CO	M2

				templates created		
M2.1.3	Publication guide	2	SE	Publication guide created	CO	M3
M2.3.1	Draft for D2.3	2	SE	Offline webpage implemented	CO	M3
M2.3.2	Content outline for project website	2	SE	Content for project website drafted	CO	M6
M3.1	Availability of quality management scheme	3	BBU	Document created	CO	M5
M3.2.1	Evaluation strategy	3	BBU	Document created	CO	M5
M3.2.2	Evaluation tools	3	BBU	Document created	CO	M9
M3.2.3	Draft interim evaluation report	3	BBU	Document created	CO	M17
M3.3	Draft final evaluation report	3	BBU	Document created	CO	M35
M4.1.1	Stakeholder workshop for discussion of concepts and internal guidelines for stakeholder liaison with the core WPs	4	GEMA TIK	Workshop held	CO	M4
M4.1.2	Communication of concepts and internal guidelines for stakeholder liaison with the core WPs	4	GEMA TIK	Communication done	CO	M7
M4.2.1	Interim Report #1	4	GEMA TIK	Information on activities carried out in M1-M12 drafted	CO	M12
M4.2.2	Interim Report #2	4	GEMA TIK	Information on activities carried out in M13-M24 drafted	CO	M24
M5.1.1	Draft of D5.1.1	5	Nictiz & SeHA	Draft created	PU	M1
M5.1.2	Draft of D5.1.2	5	Nictiz & SeHA	Draft created	PU	M7
M5.1.3.1	Interim report #1 of D5.1.3	5	Nictiz & SeHA	Interim report created	PU	M12
M5.1.3.2	Interim report #2 of D5.1.3	5	Nictiz & SeHA	Interim report created	PU	M24
M5.2.1.1	1st draft of D5.2.1	5	Nictiz &	Draft created	PU	M7

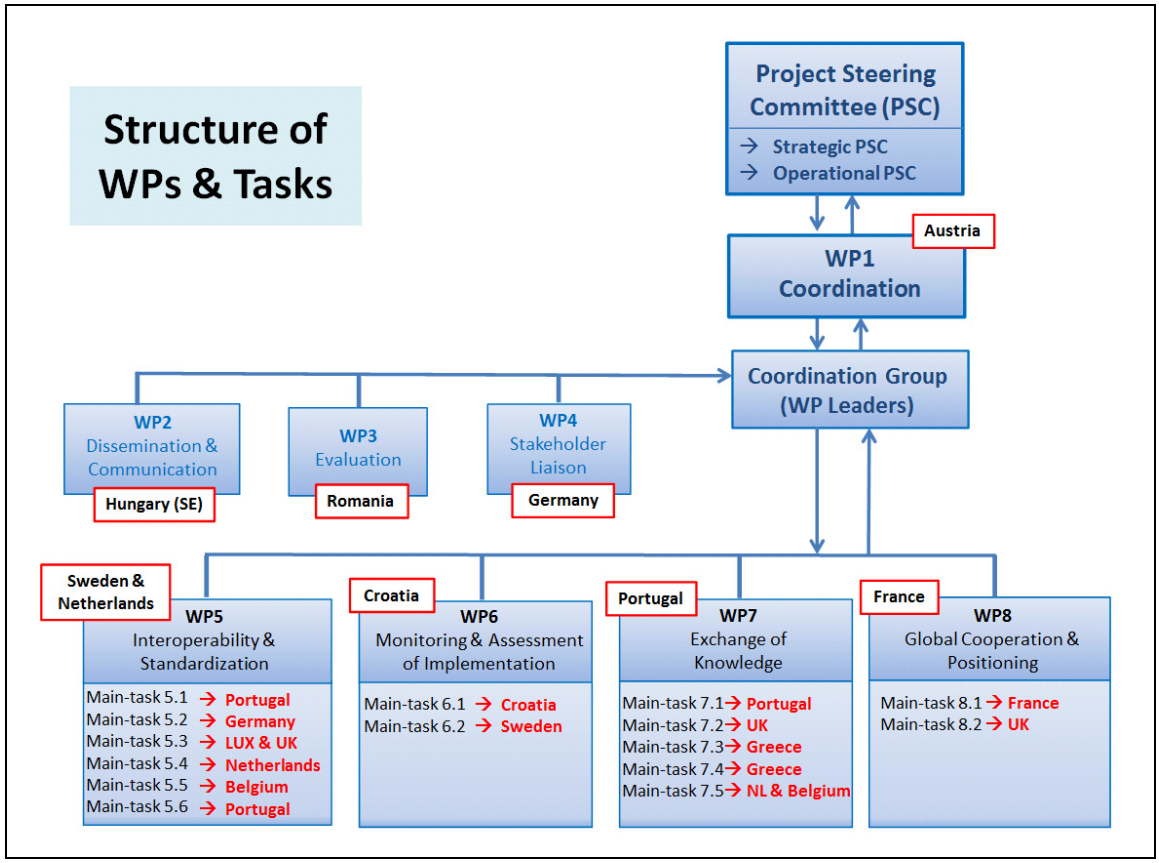
			SeHA			
M5.2.1.2	2nd draft of D5.2.1	5	Nictiz & SeHA	Draft created	PU	M13
M5.2.1.3	3rd draft of D5.2.1	5	Nictiz & SeHA	Draft created	PU	M19
M5.2.2.1	1st draft of D5.2.2	5	Nictiz & SeHA	Draft created	PU	M7
M5.2.2.2	2nd draft of D5.2.2	5	Nictiz & SeHA	Draft created	PU	M13
M5.4.1	Draft of D5.4.1	5	Nictiz & SeHA	Draft created	PU	M1
M5.4.2	Draft of D5.4.2	5	Nictiz & SeHA	Draft created	PU	M13
M5.4.3	Interim report of D5.4.3	5	Nictiz & SeHA	Interim report created	PU	M7
M5.5.1	1st draft of D5.5	5	Nictiz & SeHA	Draft created	PU	M13
M5.5.2	2nd draft of D5.5	5	Nictiz & SeHA	Draft created	PU	M19
M5.6.1	Draft of D5.6.1	5	Nictiz & SeHA	Draft created	PU	M7
M6.1.1	Draft of D6.1.1	6	HZZO	Draft created	PU	M5
M6.1.2	Draft of D6.1.2	6	HZZO	Draft created	PU	M17
M6.1.3	Draft of D6.1.3	6	HZZO	Draft created	PU	M29
M6.2.1	1st draft of D6.2	6	HZZO	Draft created	PU	M17
M6.2.2	2nd draft of D6.2 for discussion with eHN	6	HZZO	Draft created	PU	M19
M7.1.3	Draft of D7.1.3 for discussion	7	SPMS	Draft created	PU	M19
M7.2.2	Draft of D7.2.2 for discussion	7	SPMS	Draft created	PU	M7
M8.1.3.1	1st draft for D8.1.3	8	FRNA	Draft created	PU	M7
M8.1.3.2	2nd draft for D8.1.3	8	FRNA	Draft created	PU	M19

9. ACTION MANAGEMENT STRUCTURE

The overall governance structure is depicted below as follows:



The eHN was formally established in 2011 through the Commission's Implementing Decision 2011/890/EU based on Art. 14.3 Directive 2011/24/EU and represents the highest decision-making body at EU political level. The eHN is substantially influencing the work on both levels of the JA, the strategic and operational level. On the one hand, "eHN-deliverables" are elaborated by the content-related WPs according to the eHN's MWP 2015-2018, while on the other hand feedback given by the eHN shall be incorporated in the ongoing work of the JA. The eHN is composed of the secretaries of states, director generals or CEOs of competent authorities of the MS and is co-chaired by EC and a MS representative, elected by its members on a regular basis. Concerning the mandate valid between 2014 and 2016 the MS co-chair, Clemens-Martin Auer, Director General Federal Ministry of Health Austria, is also representing the coordinator of the JA which ensures close cooperation between the JA and the eHN as well as efficient guidance to reach the overall goals. The eHN meets twice per year. The meeting in the first half of the year is arranged in cooperation with the respective EU presidencies and takes place during the annual eHealth conference which is organised by the EU presidency. These bi-annual meetings are prepared by the secretariat of the eHN that is provided by DG SANTE. The current sub-groups of the eHN are established on demand and in a flexible way by the network's members and their work, depending on the content, may be linked to the operational work of the JA. The project's principal working structure follows the guidelines for JAs. It is based on a number of core ("content-related") and administrative ("horizontal") WPs as depicted below:



The horizontal WPs include the following; they run throughout the duration of the project and they contribute to the overall objectives by supporting and managing the technical or core WPs.

- WP1: Coordination
- WP2: Dissemination & Communication
- WP3: Evaluation
- WP4: Stakeholder Liaison

WP1 provides the project manager and the overall management structure, designed to meet the project goals on time and with good quality. The project manager is heading the Operational and the Strategic Project Steering Committee (see further down) and facilitates the permanent link toward the eHN.

The dissemination work package WP2 covers all actions undertaken to ensure that the results and deliverables of the project will be made available to the target groups which are primarily the eHN, but also different health stakeholder groups, and the interested public. As the JA is primarily a support activity for the eHN the dissemination activities are not such oriented towards the general public than this is the case for classical scientific projects.

The evaluation work package WP3 is a continuous activity which primarily works as a quality control for the project output. It comprises two important roles and related persons: Quality management and risk management. Both these functions are designed to ensure frictionless interaction with the eHN. The WP provides vital support functions for the project management. The WP also collates and issues the progress reports of the vertical WPs.

In order assure proper communication with all relevant groups of stakeholders WP4 will in addition to WP2 directly involve relevant stakeholder groups to allow a direct and reliable dialog between the different working groups (tasks) in the core working packages and the stakeholder groups, especially to include relevant experts if needed. WP4 will therefore establish a permanent stakeholder liaison platform with the help of EHTEL as an independent multi-stakeholder association.

The core WPs represent the "content-related" WPs and focus on the elaboration of deliverables intended for the submission to the eHN. The activities foreseen in these WPs are based on the content defined in the eHN's MWP 2015-2018 and aim to support the eHN's discussions and activities at policy level. The core WPs are equal to the four main chapters defined in the eHN's work programme which was adopted by its members in May 2014:

- WP5: Interoperability & Standardization
- WP6: Monitoring & Assessment of Implementation
- WP7: Exchange of Knowledge
- WP8: Global cooperation & positioning

WP5 aims to further work on open issues identified and related to interoperability and standardisation. By doing so, the WP will focus on the three dimensions (semantic, organisational and legal) of an EU eHealth interoperability framework in order to propose sustainable policy assets that can be adopted by the eHN.

WP6 foresees tasks that shall enable the assessment of the state of play of the implementation of specific guidelines, policy papers, etc., that were previously adopted by the eHN, and identify which recommendations have resulted in a positive effect on the interoperability of eHealth systems.

WP7 focus on two aspects: 1) the exchanging of information about national eHealth plans, lessons learnt, effectiveness studies, etc. through reporting activities and 2) the creating of room for further cooperation between MS by exchanging experience and expertise on the choices made at national level.

WP8 will deal with the cooperation on eHealth beyond the borders of Europe with its main objective to align ongoing developments in this field also outside the EU, so that the agreements made within the eHN are compatible with global standards.

All WPs report via their leaders to the project coordinator and they are members of the Coordination Group.

The **Coordination Group (CG)** comprises all horizontal and vertical WP leaders; it is governed by the project coordinator. The group will meet regularly (partly using remote conferencing facilities). Its tasks are to monitor and where necessary adjust the day-to-day work and to coordinate the activities. Three dimensions will be managed:

- The work of the core WPs and their mutual information
- The interaction with the horizontal WPs both with respect to their internal support functions and because they are input and output channels to the European Commission, stakeholders etc,
- Progress control with the two tools quality management and risk management to ensure timely delivery and in order to detect challenges to the project early on and to devise necessary counteractions

The decision power of the Coordination Group is limited to activities defined in D1.2 governance manual. The highest project internal decision making body is the Project Steering Committee.

While the Coordination Group is dedicated to steer and control the day-to-day work of the project an Operational Project Steering Committee overlooks the work on a more general, long term and strategic level focusing on decisions at operational level that need to be taken collectively by the whole consortium. The granularity of the work of this body is thus lower; the board meets less frequently than the Coordination Group and also on demand. The Operational PSC is headed by the project coordinator. This Committee can make decisions which are not bound to be made by the Strategic PSC.

The **Operational PSC (OPSC)** is chaired by the project coordinator and staffed with the experts working at operational level by each beneficiary. The OPSC deals with and decides on financial issues, any possible amendments of the grant agreement, changes in the working structure and work plan as well as any other issues related to the operational level of the JA.

The **Strategic PSC (SPSC)** comprises of the project coordinator and a representative acting at strategic level of each associated and collaborating partner. It meets bi-annually, usually one or two months prior to eHN meetings and it addresses the final preparation and approval of "eHN-deliverables" before their submission to the eHN, as well as principal and strategic matters of the JA. The SPSC does not deal with any operational matters of the JA.

Representatives from the European Commission (DG SANTE) are usually also always involved in committee meetings. The committee's concrete procedures for decision-making, further responsibilities and operating rules are described in D1.2 Governance Manual.

9.1. Quality of the partnership

The JA consortium is composed of organisations competent in the field of eHealth nominated by the participating EU MS and associated countries as required by the procedure for JAs under the Third Programme for the Union's action in the field of health (2014-2020). It includes 15 ministries, 19 national competent authorities or national executive agencies, three universities and three health insurance funds. The JA whole consortium has 23 associated partners, two affiliated entities and 15 collaborating partners. Hence, a total number of 40 partners from 27 EU countries plus Norway together with numerous stakeholder groups and standardization organizations are involved in this JA. The consortium contains broad and diverse expertise relevant to carry out the JA with success as the partners are all key actors in the European and national field for the development and deployment of eHealth. To ensure the success and efficiency of the JA, close collaboration with high-level policy makers will be maintained through the direct communication with the eHN co-chairs.

9.2. Capacity of the staff

(1) Bundesministerium für Gesundheit (ATNA)

Description of organization

The Federal Ministry of Health is the national authority in health related policy areas in Austria. Beside others the ministry is responsible for health system legislation and financing, health insurance, eHealth, communicable and non-communicable diseases, medical products, public health but also for animal health and food safety. The Ministry of Health has taken over the lead of the Austrian e-health initiative and is engaged in several national and international eHealth projects. The most important national eHealth project in Austria is the development and implementation of a national Electronic Health Record system (ELGA), which will be introduced stepwise from 2016 on. ELGA will introduce an unique communication platform for all Austrian the in- and outpatient health care providers and will increase quality of services and patient safety.

Key contributors

Dr. *Clemens-Martin Auer* is the Director General of the Federal Ministry of Health. He is responsible for financing and planning issues of the Austrian Health System, for hospitals, eHealth, ministry infrastructure and European as well as international relations.

Leonhard Kamper, LL.M., has studied law and has been working as a legal expert for the Federal Ministry of Health since 2011. He is involved in national activities related to telemedicine but also in various international agendas related to eHealth.

Dr. *Peter Brosch* studied Science of Communication, is Head of the Unit "Hospital Financing, DRG, Semantics" at the Austrian Ministry of Health. He worked in several information projects, Austria's EU-integration and several working groups at the European level, among others on eHealth. Main areas of work are the Austrian DRG-system and the improvement of medical documentation primarily in the ambulatory care sector, aiming at a better integration of inpatient and outpatient care services. By now work on European level focuses on Semantic Interoperability.

Robert Scharinger, Deputy Chief Information Officer of the Austrian Federal Ministry of Health; delegate to e.g. the European Medicines Agency (EMA), to the European Center of Communicable Diseases (ECDC), and to the OECD eHealth Working Group; member of the national ICT coordination platform; experience in eHealth coordination; experience in project management, system planning, implementation and operation as well as in quality assurance, especially in eHealth projects on a national and on an international level.

(2) Gesundheit Österreich GmbH (GÖG)

Description of organization

The Gesundheit Österreich GmbH was established by federal law in August 2006 to act as the national institution for research and planning for the healthcare sector and as the appropriate institution for funding and competence for health promotion. The sole owner of the Gesundheit Österreich GmbH is the Austrian Federal State, represented by the Federal Minister of Health. Main activities are related to the coordination of structural planning, health promotion, quality assurance and further development of the health care system. GÖG – together with its 3 business units ÖBIG, BIQG and FGÖ - has been involved in a number of EU initiatives, grants and joint actions since its beginning.

Key contributors

PhDr. *Isabella Weber*, M.A., is employed by the Gesundheit Österreich GmbH but works for the Federal Ministry of Health since 2010. She studied European Economics and entrepreneurship and holds a PhDr for health administration. She was responsible operational project coordinator in the eHealth Governance Initiative.

Mag. *Barbara Schmeissl*, is employed by the Gesundheit Österreich GmbH but works for the Federal Ministry of Health since 2015. Prior to 2015 she was working for the Federal Ministry of Health as a legal trainee for medical law, especially in the fields of pharmaceutical law and patient rights, after finishing her studies in law.

Mrs. Sonja Pichler-Kurzweil is the main aide of the Chief Financial officer of Gesundheit Österreich GmbH and will be supporting with any internal arrangements related to the participation of the GÖG in this JA and taking care of project controlling.

Mrs. Manuela Hauptmann is an experienced Project Assistant at GÖG with a sound working knowledge in English language to aide with reporting, documentation and preparation of documents.

Mag. Claudia Habl, who is Health Economist by education, is the Head of Business Development and Deputy Head of Health Economics Department of Gesundheit Österreich GmbH and has experience with the management and accomplishment of EU projects for almost 20 years. She is author of a number of publications and papers in the field of health sciences, e.g. Health Technology Assessment, Economic Evaluation, Pharmaceuticals (and e-prescribing), Medical Devices, Gender Health and Equal Access to Treatments and has been consultant on these topics for a number of countries, EU services, World Bank and the World Health Organization.

(3) Service Public Federal Sante Publique, Securite de la Chaine Alimentaire et env (BHTC)

Description of organization

The PFS Public Health (www.health.fgov.be/telematics) has been supporting the development of the Belgian E-Health info and infra-structure through the funding and supervision of both fundamental and operational ehealth related projects since more than 15 years. It has been heavily involved in the development of regional telematics networks and in the definition of a technical and semantical framework. Now that global architecture, essential universal services and key reference sources have been deployed, together with other Belgian public institutions such as the E-Health platform (www.ehealth.fgov.be) and the National Institute for sickness and

Disability (www.inami.be), it focuses on the development of innovative services and on the enlargement of the interoperability framework.

Key contributors

Luc Nicolas has been working in the Unit "Health telematics "since 2005 on and has been directly involved in all e-health related key projects in Belgium. He is graduated in politics and economics and has been working in coordination positions in close contact with health professionals since 20 years. He is also representing Belgium in European and other e-health related official working groups such as the I2010 subgroup on Ehealth, the OCDE etc. He has a significant experience in dealing with stakeholders (users/industry) through the implementation of the certification process of Electronic Health records. Pending on the topic at stake, other key staff responsible for e-health related issues from the PFS PH and other Public Institutions such as the E-Health Platform, NISDI (National Institute for sickness and Disability Institute), regional administrations and the Belgium Privacy Protection Commission will also be involved in the initiative.

(4) Bulgarian Executive Agency of Transplantation (BEAT)

Description of organization

Bulgarian Executive Agency of transplantation is the competent authority for management, coordination and control of the transplantations of organs, tissues and cells in Bulgaria. Agency's responsibilities are set in its Statutory Rules. The organization is maintaining public and official registers about the donors and potential recipients of organs tissues and cells and is providing the necessary traceability on the territory of Republic of Bulgaria. The Agency is keeping records on people who express their unwillingness to donate organ tissues and cells and it is responsible for the organization of the transplantation activities in accordance with the existing European and national legislation. BEAT is collecting, processing, managing, analyzing and storing patients' data from 46 healthcare organizations, from 18 tissue banks and 34 reproductive centers. The organization is controlling the healthcare services in the area of transplantation provision and thus the organization has impact on the implementation of the e-healthcare in the country.

As member of Eurotranplans and other European organ exchange systems BEAT is responsible for the transferability of health data across borders of MS and therefore for its organizational, technical, semantic and legal interoperability.

Key contributors

Dr. *Maryana Doitchinova* – Executive Director of the BEAT and responsible for the management, organization and control of the transplantation activities in Bulgaria. She has expertise in anesthesiology and management of the overall transplantation process.

Daniela Staneva-Petkova is the Deputy Executive Director of the Executive Agency of Transplantation and has expertise in European project management and doctorate in European project monitoring and assessment. Within the agency she is responsible for the overall administrative management.

Valery Georgiev – IT expert in the BEAT, responsible for the maintenance of the public and official registries of the agency and for the registries' data analysis.

(5) Hrvatski Zavod za Zdravstveno Osiguranje (HZZO)

Description of organization

Croatian Health Insurance Fund, CHIF, is a key stakeholder in the national health care system. CHIF is the single purchaser of health care services provided within the MHI (mandatory health insurance) scheme. It may also offer supplemental VHI (voluntary health insurance) to persons insured under the MHI scheme. Under the supervision of CHIF, large scale health care projects have been implemented using national and foreign resources. CHIF also operates the central information system with the registry of patients, health resources registry including portal of messaging system for communication between health providers and CHIF. CHIF was involved in

few cross-european projects such as the epSOS, EXPAND, ENJECT, INCA, AdriHealthMob and project for the upcoming period within HORIZON 2020-ASSESS CT.

CHIF has a main role in implementation and deployment of eHealth in Croatia and together with Ministry of Health a significant role as policy maker concerning health in general.

Key contributors

Tatjana Prenđa Trupec, M CS graduated from the University of Zagreb, Faculty of Electrical Engineering and Computing, where she majored in Computing Science, finished Academy for Political Development of the Council of Europe and EMBA. Within 13 years of her carrier she was working as IT manager, project manager and consultant for the Ministry of Health, Ministry of Justice, Ministry of Crafts, Cap Gemini, World Bank and the Delegation of the European Union in the Republic of Croatia. Today, she is leading development of the e-Health in Croatia. After working as Assistant Director for IT from 2012 and Managing Director Deputy from 2013, in 2014 she became Director at HZZO. She was a member of negotiation team during Croatian accession to EU for Ch. 23: Judiciary and Human Rights.

Vesna Kronstein Kufrin, Bsc Math graduated from the University of Zagreb, Faculty of Science, Department of Mathematics. She has 30 years experience in Information technologies and project management. In last two years, she was a project manager for the BI project financed by the World Bank and some other projects of Software development and implementation in CHIF. She has successfully finished internal workshop on project lifecycle. She was the Project Manager on the project 'Development and implementation of the new information solution for national screening programs'. Project activities included coordination among several institution and their experts - Ministry of Health, HZZO, Croatian Institute of Public Health, hospitals, gynecologists and GPs. All users of the newly developed solution uses ePrescription and eRefferal on a daily basis. She was responsible for monitoring the implementation in all healthcare institution involved in providing national screening programs.

Ana Vrančić-Mikić BSc Math, graduated from the University of Zagreb, Faculty of Science, Department of Mathematics. She has 15+ years of working experience in software maintenance for health insurance information system and software development of new applications in HZZO. She is also experienced HP-UX administrator. In 2012 she has successfully finished a workshop on project lifecycle management. She was working on the integration of all registries necessary for healthcare system in Croatia with Croatian Institute of Public Health. It is very important for future interoperability among institutions in Croatia and wider too. She was also working on epSOS project.

Hrvoje Belani, MSc EE, graduated from the University of Zagreb, Faculty of Electrical Engineering and Computing in 2003 where he majored in telecommunications and informatics. He is an experienced software engineer and architect, with advanced knowledge in software methods and processes, requirements engineering and business process modelling, as well as EU project management. From 2010 he works as a senior inspector for informatics in IT division of HZZO and as information security officer there. He was the project manager for Croatia in epSOS project in period 2012-2014, and from the end of 2014 he is the management committee substitute in COST TD1405 on „European Network for the Joint Evaluation of Connected Health Technologies (ENJECT)“. He was also active in preparing proposals for IN3CA (CIP ICT PSP) and ASSESS CT (H2020) projects cofinanced by the European Commission. He is also part of the OpenNCP community and organizational member representative in HL7 Croatia. He has finished Academy for Political Development of the Council of Europe, as well as UN Academy. He is an adjunct lecturer in information systems development and computer architecture at VERN' University of Applied Sciences. He is also a PhD student at University of Zagreb, Faculty of Electrical Engineering and Computing, Croatia.

Igor Ljubi, MSc EE (born on April 23rd, 1974, Zagreb, Croatia) graduated from the University of Zagreb, Faculty of Electrical Engineering and Computing in 1999 where he majored in Telecommunications and Informatics. He is an experienced IT engineer, with advanced knowledge of computer networks and Windows administration. From 2010 he works as a senior

inspector for informatics in IT division of HZZO, and since 2012 he is Department Manager responsible for IT support and communications. He is an adjunct lecturer in information systems development at VERN' University of Applied Sciences. He is also a PhD student at University of Zagreb, Faculty of Electrical Engineering and Computing, Croatia. He was working on epSoS and now he continues to work on Expand project as a key contributor. He is also included into Connected Health workshops among the ENJECT (European Network for the Joint Evaluation of Connected Health Technologies).

Vanja Pajić, MBA, MPH, MAA, PHM, PHEM (born 1983, in Zagreb, Croatia) graduated from the University of Zagreb and from the COTRUGLI Business School. He also received his certificate in EU project management from ALGEBRA Open University. He is currently enrolled in the Master in Healthcare Management Programme at University of Zagreb, Faculty of Medicine, and the Project Management Institute's (PMI) certification process for the Project Management Professional (PMP) title. Within the 5 years of his professional career, he worked as a project manager in numerous national and EU projects, mostly in the field of eHealth and IT systems interoperability. From 2011-2012 he participated on various national healthcare projects for the School of Public Health „Andrija Stampar“. In 2012 he acted as the project coordinator for the preparation of the National Healthcare Strategy Plan 2012-2020 for the Croatian Ministry of Health. From 2012-2015 he worked for the Croatian Institute of Public Health (HZJZ) as a project manager on the Patient Registries Initiative (PARENT) Joint Action. During most of this period he was acting as the Assisstant to Project Management Office Lead and in 2013 was charged with the role of the National Focal Point for the European Commission's Consumers, Health and Food Executive Agency (CHAFEA), responsible for the Third Community Programmes in the Field of Health.

(6) Terveyden ja Hyvinvoinnin Laitos (THL)

Description of organization

Terveyden ja hyvinvoinnin laitos THL (National Institute for Health and Welfare) is a research and development institute under the Finnish Ministry of Social Affairs and Health. THL is the national competence centre and competent authority for eHealth infrastructure, i.e. responsible for the planning, management and monitoring of the electronic processing of client data in health care and social welfare as well as for the management of related information structures and terminologies. As the statistical authority THL is responsible for the maintenance and development of statistical and register resources in its domain and focal point for international health statistics for EU, OECD and WHO.

Key contributors

Persephone Doupi (MD, Ph.D. in Medical Informatics), Senior Researcher at the Department of Information Services, THL. Her work has concerned the monitoring, evaluation and analysis of national eHealth policies and implementation strategies in Europe and internationally, the relation of health-ICT and patient safety, and e-enabled cross-border healthcare services. Key investigator in a number of EU-funded projects and author of several scientific publications in medical informatics, eHealth and patient safety. Currently acting as WPL in JA PARENT.

Hannele Hyppönen (Ph.D., M.Ed. Spec physical therapist), Research Manager at the Department of Information Services, THL since 2009, with a long career as researcher. Her expertise encompasses Health and eWelfare systems and services, public health, indicator development, intervention studies, as well as formative and summative evaluation. Presently she is i.e. involved in research on the impacts of structuring the patient record, evaluation of the impacts of electronic social and health care services for citizens, and national level monitoring of eHealth and eWelfare in Finland. She is leading the development of Nordic, OECD-compatible eHealth indicators. Member of editorial board of International Journal of Medical Informatics.

Päivi Hämäläinen (Ph.D., MD, MA, Specialist in Public Health and General Medicine), Leading Senior Expert at the Department of Information Services at THL. She has both a clinical background and extensive experience in research and development at all levels of health care

administration. She has been involved in several major national developments on eHealth. Internationally, she is for the time being involved in the European developments in EXPAND, PARENT, as well as in the OECD Health Care Quality Indicator and eHealth expert group activities. Board member of EHTEL.

Juha Mykkänen (Ph.D.) is Development Manager for certification, interoperability and standards at the Department of Information Services, THL. He has lead several national standardization groups and projects, and participated in various international health information systems standardization committees. He has published more than 150 papers, reports or specifications in relation to interoperability, standards and architecture of health information systems. His main interests include the evaluation of interoperability standards, management and support of standard portfolios and governance of large-scale eHealth initiatives using enterprise architecture frameworks.

(7) Ministere des Affairs Sociales et de la Sante (FRNA)

Description of organization

The ministry of social affairs, health and women rights is responsible for laws, regulations and national policies within the fields of health, public health, medical and social care, patient safety & security and social services. In the eHealth area, the MoH is coordinating, through a dedicated permanent structure, national policies and follow up of the National Strategy for eHealth.

Key contributors

Ms *Michèle Thonnet*, French, neuropharmacologist, PhD. Michèle Thonnet is also graduate in applied mathematics and medical informatics, political sciences and public law and from the industrial strategies institute. She is a health, information systems and security specialist, with more than 25 years experience and over 190 publications. She used to hold different positions in the pharmaceutical industry as well as the IT one (international standardization), moving from the research area to the industry and then to the health domain at AP-HP Paris hospital, followed by different positions in public agencies before joining the ministry of health. As official representative of the French ministry of Health, she is actively involved in diverse EU projects (CALLIOPE, epSOS, ehealth innovation, SemanticHealthNet, EXPAND) and member of the eHN. She is also board member in several global organizations and involved as expert on international cooperation and initiatives with the USA as well as in developing countries through cooperation programmes (South America, Middle-East, Asia). She will be the focus contact point for France and head of the French team. Colleagues of her will also be involved in specialized areas related to the content oriented WPs. The work will be conducted in close cooperation with the French associated entity: ASIP Santé.

(8) Gematik Gesellschaft für Telematikanwendungen der Gesundheitskarte mbH (GEMATIK)

Description of organization

gematik was founded 2005 by the 15 top organizations of the German Health System. gematik's assignment is the introduction, maintenance and future development of the electronic health card (eGK) and its corresponding infrastructure which forms the basis for telematics applications within the healthcare sector. gematik develops the overall national specifications to implement and operate the common communications infrastructure connecting all parties within the healthcare system ensuring simple and goal-oriented data exchange. The electronic health card forms the key for this data exchange. gematik is working closely with the Federal Ministry of Health, the Federal Office for Information Security (BSI) and the Federal Commissioner for Data Protection and Freedom of Information (BfDI).

Key contributors

Andreas Grode, Head of Section “Innovation & Technology” at gematik, Expert in the working group “Interoperability”, “Cards” and “Security” and Vice-Chair of section “Medical Informatics” at DIN, Member of the technical committee of HL7 Germany, former Rapporteur

(Chairman) of the last AdHoc Group "eEHIC" of CA.SS.TM (EU DG EMPL); former Project Manager in epSOS Technical Project Management.

Beatrice Streit holds a master's degree in medical information technology. At gematik she works in the section "Innovation & Technology" on a number of future applications related to the electronic health card and the national infrastructure. In that capacity she is frequently involved with the stakeholders of the German health system and the reconciliation of diverse interests in the various bodies and project groups of gematik.

Jürgen Wehnert, section "Innovation & Technology", holds degrees in information technology and education. He has a 25 year track record in both commercial and research projects. He has contributed as a delegate, task force expert, secretary and chairman to national, European and global standardization and stakeholder activities in UN-EDIFACT, DIN, CEN, CEN ISSS and ISO. For gematik he was project manager in epSOS Technical Project Management and he is WP leader and member of the Executive Committee of EXPAND.

Anna Wolfe, PhD: In the telecommunications sector Anna worked as a senior project manager in technical development bringing together the business interests of the two partners in a German-Japanese Joint Venture or securing product delivery by large multinational teams across borders. For gematik she joined the epSOS project as a technical project manager in the years 2008 - 2012. In 2013 she joined the project management of the national project facilitating the exchange of medical case records via the German telematics platform. The project, like any executed by gematik, involves the balancing out of input and requirements of the numerous affected stakeholders in the German health care sector.

(9) Dioikisi 3is Ygeionomikis Perifereias Makedonias (3D HHR)

Description of organization

The 3rd Regional Health Authority belongs to a network of seven (7) Regional Health Authorities established by the Greek state in the year of 2001, in order to meet the healthcare needs of the country, to advance primary and secondary healthcare, to ensure the effectiveness and proper organization of healthcare Institutions, to coordinate actions and promote policies concerning health services at regional level.

The 3rd RHA is committed to meet the healthcare needs of its region and to implement health care policies designed by the Ministry of Health for Public Hospitals and a wide primary care network of health centers and units. It is important to notice that it is responsible to monitor the implementation of regional health policies set by the Ministry of Health. Moreover, is responsible to submit to the Minister of Health recommendations, proposals and plans aimed at comprehensive and effective delivery of health services to the Region.

Key contributors

Dr. Mrs Stergiani Spyrou (Stella) is head of Directorate of Information Technology of 3d Regional Healthcare Authority. She has many years of experience in IT departments and more specifically in designing and implementing Hospital Information Systems. She has much experience in policy issues regarding information systems in health care and especially in eHealth in regional systems. She has participating in many r&d programs, in conferences and also she is a writer of several papers within the area of eHealth. She has also worked as a lecturer, teacher, tutor in educational departments (universities etc) in the thematic area of eHealth.

Mr Dimitris Savvarikas is software developer and system administrator in the Directorate of Information Technology of 3d Regional Healthcare Authority. He has been working as software developer in research project management applications adopted by most universities in Hellas.

(10) Állami Egészségügyi Ellátó Központ (ÁEEK)

Description of organization

The Hungarian National Healthcare Service Center (formerly: The National Institute for Quality- and Organizational Development in Healthcare and Medicines (GYEMSZI)) is a public

institution established by the ministry responsible for health (MoH) to govern more than 100 public hospitals and integrated outpatient centers owned by Hungarian State and to support the implementation of health care reform in Hungary. Hospitals maintained by ÁEEK cover the majority (ca 80%) of Hungarian inpatient capacities. ÁEEK has been taking part in preparing and monitoring more than 100 ESIF and Swiss Contribution Fund projects within the health sector (exceeding 1 billion EUR total) and as lead partner implementing 15 projects (exceeding 110 million EURO total). ÁEEK's mission is to ensure the construction of well focused methodological and development policy strategy for the healthcare sector. The institution is the main methodological centre for organizational and system development, quality management and e-Health. The IT Directorate is responsible for coordinating health sector IT strategy, ensuring the multi-purpose use of sectorial data assets accumulated in the health sector, as well as – together with the EU Project Management Directorate – acting as project manager, coordinator and consultant in numerous Hungarian and EU health informatics projects.

Key contributors

György SURJÁN MD PhD is a senior eHealth expert, former director of the Institute for Strategic Health Reseach. György Surján is the representative of Hungary in the e-Health Network and is a member of a number of professional bodies and board member of european and national medical informatic associactions. (EFMI, and Beiomedical Section of John von Neumann Society) His professional interest is medical terminologies, ontologies and coding systems. He participated formerly in several EU e-Health projects (epSOS, eHGI, PARENT).

Dóra HORVÁTH JD and *Sára MARTON* JD, work at the EU Project Management Directorate of ÁEEK. They have been involved in project management of several EU projects. They are both legal professionals. Dóra Horváth was formerly the member of the legal working group (PSB LEG) in epSOS project. Sára Marton is the Hungarian delegate of the e-Health Network legal subgroup.

Szilvia TÓTH-CSUZI is a system analyst expert at National Healthcare Service Center, working at the IT Directorate, Department of IT Development. In the field of e-Health she participated in the implementation of two international projects: epSOS and PARENT.

Arnold KOVÁCS JD former privacy officer at National Health Insurance Fund now works at the EU Project Management Directorate of ÁEEK in several projects. As legal counselor his fields of interest are privacy law and data protection. He has working experience in e-Health themes - both planning and implementation - from previous jobs e.g. rapporteur of the ministry responsible for health's e-Health Program Office.

(11) Semmelweis Egyetem (SE)

Description of organization

SE has over 240 years of tradition of medical treatment, education, and clinical & preclinical research, supported by its 5 faculties, 27 clinics and theoretical institutions. The development of research activities (basic and applied research, experimental development, technological innovation) has received increasing attention over the past decade, this experience and expertise serves as the basis for innovation and the application of modern technologies. With a total staff number of 7500 - many of whom are young talents, ca 1000 academic employees - SE is a leading academic medical institution of Central Europe. SE continuously expands the participation in exchange of knowledge, professional international collaborations, policy development, and representation of academic sphere in decision making processes, thus allowing to successfully fulfil its mission in education, research and healthcare. Health Services Management Training Centre (HSMTC) is one of its youngest, dynamic developing departments with substantial project and knowledge management experience, assisting the development of health services by generating better management knowledge and practice.

Key contributors

Dr. Miklós Szócska is the director of Semmelweis University, Health Services Management Training Centre. He holds a Master of Public Administration degree from John F. Kennedy School of Government at Harvard University, and a Ph.D. from the Semmelweis University in the field of change management. Between 2010-14 Dr. Szócska served a full electoral term as Minister of State for Health of the Hungarian Government.

Dr. Peter Gaál is an associate professor of health policy at the Health Services Management Training Centre, Faculty of Health and Public Administration, Semmelweis University, Budapest. Since June 2010 he is the dean of the Faculty of Health and Public Administration. Dr. Gaál graduated as a medical doctor in 1993 at Semmelweis Medical University, and he also holds a M.Sc. degree in health services management, and Ph.D. in health policy, both from the University of London. With one of his publications on informal payment for health care, he won the joint Karolinska award of the European Health Management Association and the Karolinska Medical Management Centre in 2005, which is awarded annually for the best publication prepared from PhD thesis. He was the director of the Centre's own masters program in health services management between 1996 and 2000, during which period the program was established and gained widespread recognition in Hungary, and was the director of HSMTC between 2010-2014. He is the course organizer of Health Policy module in the frame of the masters program, and has been working on several national and international education research and consultancy projects since 1995. His areas of expertise include various health policy topics in particular health financing health care reforms and system management development.

Márton Kis is originally a financial economist, and gathered his experience in the field of banking, telecommunication, IT, media, trade and healthcare, in the management of different Hungarian and international companies. Since joining HSMTC in the fall of 2014 he is coordinating a number of Hungarian and international projects (including Ecoquip and Hungarian National level healthcare reorganization), and an active member of the eHealth team of HSMTC.

Zoltán Aszalós holds an Executive MBA degree from the U.S. Federal Department of Education Central European University and MPhil in Law degree from Open University of London UK. He has been the work package leader of the EU Joint Action on European Health Work Force Planning and Forecasting as Human Resources Monitoring Chief Advisor from 2012. Organising the work of more than 90 health professionals across Europe in charge of data related to health services. He had been Senior expert of the Hungarian National project establishing a new database for health workforce in Hungary between 2012-2014. He has been managing director of Metaforum Centre Ltd. which is management of international research project especially in the area of higher educations and labour market analysis. Between 2004 and 2008, the company was one of the largest healthcare recruitment agencies in Hungary promoting job in UK and Ireland.

Edmond Girasek sociologist, Ph.D. in health sciences. Edmond took part in several national and international health policy, health workforce related research and advisory projects. His professional focus are health workforce, eHealth, big data, quantitative data analysis and modelling. He is currently participating in a Joint Action project, with oversight on the dissemination process.

Péter Dombai graduated at Semmelweis University in 2009 as a Health Information Manager. After 5 years of SME experience in the field of IT at the pharmaceutical regulatory affairs area he joined the National eHealth System project portfolio preparation and coordination team. He is holding his position half-time at the implementation of National eHealth Systems at the Institue of Quality- and Organisational Development in Healthcare and Medicines and recently joined Semmelweis University's Institute for Health Informatics Development, where he is primarily responsible for a reorganisation project and shares his expertise in various eHealth and/or ICT projects.

(12) Department of Health (DH)

Description of organization

The role and function of the Department of Health is to provide strategic leadership for the health service and to ensure that Government policies for the sector are translated into actions and implemented effectively. It supports the Minister and Ministers of State in their implementation of Government policy. Key functions of the Department include the preparation of national health policy based on identified need, the preparation of legislation, planning and monitoring of financial and manpower resource and monitoring the performance of the health services.

Key contributors

Mr *Kevin Conlon* has worked in health ICT for more than 25 years and is currently head of ICT policy for the Irish public health service. His recent achievements include the publication of the *eHealth Strategy for Ireland* and the organization of the EU eHealth Conference in Dublin in 2013.

Mr *Aidan Clancy* has a background in software and ICT / information strategy development and worked in health ICT for more than 20 years at policy an operational level. He holds and an MSc in Health Informatics.

(13) Ministero della Salute (MoH IT)

Description of organization

The Italian Ministry of Health is the central body of the National Health Services, it is on charge of health care policies definition, health planning and provision to all citizens across the country to ensure fundamental levels of assistance, in terms of universal access and high quality of health services. Within the scope and purpose of protection and integrated management of health and social services and the protection of constitutional rights to human dignity and health, the Ministry of Health performs the functions due to the State in the following subjects: Protection of human health, coordination of the national health system, veterinary health, protection of health in the workplace and hygiene and food safety.

Key contributors

Dr. *Massimo Casciello* is the Director General of Directorate General of Digitization, Health Information System and Statistic of the Ministry of Health. He is responsible for identification and assessment of information needs of National Health Service, coordination of New National Health Information System, which supports planning health policies, governing health system and allows measuring quality, appropriateness, efficiency and costs of health services; definition of eHealth strategy and deployment roadmap.

Dr. *Lidia di Minco* is Head of New National Health Information System (NSIS) Unit within Directorate General of Digitization, Health Information System and Statistic of the Ministry of Health. She is responsible for implementation of NSIS's strategic program; project leader for design and development of healthcare information systems aimed to appropriateness and expenditure monitoring, datawarehouse and decision support systems for clinical investigation and epidemiologic analysis; implementation of telemedicine services in the NHS; health information data management, semantic interoperability and eHealth solutions design.

Dr. *Valeria Proietti* works in the New National Health Information System (NSIS) Unit of the Directorate General of Digitization, Health Information System and Statistic of the Ministry of Health. Work experience: implementation of e-health solutions; project manager for design and development of healthcare information systems; expert in exchange data relating patients international mobility.

(14) National Health Service (NVD)

Description of organization

The National Health Service (hereinafter - NHS) is the operating direct administrative institution subordinate to the Ministry of Health of the Republic of Latvia. The aim of the NHS is to implement State policy for availability of health care services; administrate the State budgetary funds prescribed for health care; implement State policy in the planning of health care services;

ensure rational and the most effective use of State budget; implement the e-Health programme according to the policy decided by the State.

Key contributors

Mr. *Mārtiņš Smilga* is the Director of the E-Health and International Cooperation Department. He has been working in the e-governance sector for more than six years and has gained more than ten years of experience in the ICT field. During these ten years he has been working with large scale IT projects, their supervision and implementation. The main launched project is the State Interoperability Platform that includes state and municipal e-services portal and is based on Service oriented architecture (SOA). The main tasks of this platform are to provide secure access to e-services for Latvian citizens and entrepreneurs and to support data exchange based on open standards among more than ten major state registries. Furthermore, Mr. Smilga has also been involved in development of legislations regarding e-governance central information systems.

Ms. *Astra Cīrule* is the Head of the E-Health and Standards Division of the E-Health and International Cooperation Department. She has a bachelor's degree in natural sciences, a master's degree in public administration and a master's degree in educational sciences. Ms. Cīrule has previously worked in the Ministry of Education and Science of the Republic of Latvia, the State Employment Agency, and the State Regional Development Agency. Her duties have mostly been related to development of information systems, data analysis and management of different IT projects.

(15) Viesoji istaiga Vilniaus Universiteto ligonines Santariskiu Klinikos (VULSK)

Description of organization

Vilnius University Hospital Santariskiu Klinikos is one of the major hospitals in Lithuania encompassing the provision of medical care in almost all key areas covering practical and scientific medicine, education of students, residents and physicians. The Hospital is a leader in health ICT and medical informatics.

Staff of Santariskiu klinikos Centre of Informatics and Development together with private partners, various Lithuanian IT companies, have a great experience in the field and thanks to it develop and implement information systems themselves. In this way, institution has developed hospital information system, which integrates electronic health record, laboratory, images and signals archives, staff and resource management, document management, and many other systems that are necessary for effective health care services.

Santariskiu klinikos is actively involved in the development of a national electronic health system. It has successfully completed project "Patient Appointment Reservation System" (currently used by over 60 health care institutions), "Eastern Lithuania Cardiology Project" connected 57 points of health care (small and large institutions) to a shared cardiology network, which already counts more than a million transferred cardiograms.

Key contributors

Romualdas Jonas Kizlaitis is the Director of Informatics and Development Centre at Vilnius University Hospital Santariskiu Klinikos – leading hospital in Lithuania, where amongst else he is responsible for the development of the Hospital Information System. Also, he is Vice President of Lithuanian Telemedicine Association and member of the eHealth Strategic Board at the Ministry of Health of Lithuania, advisory body for preparing and implementing the National eHealth System. He has participated as a key person in several EU funded and international projects such as the Eastern Lithuania Cardiology project, Electronic Patient Appointment Reservation System, Baltic eHealth, R-Bay, eHealth for Regions, ICT for Health, PrimCareIT, CARRE, MIDAS (Open Access Science Data Archive). He is promoter of filmless radiology and paperless health care in Lithuania, successful EPR – PACS integrator, telemedicine activist, and the Vice President of Lithuanian Telemedicine Association.

Dr. *Justas Trinkunas* is information systems project manager in Informatics and Development Centre at Vilnius University Hospital Santariskiu Klinikos. He is responsible for the development

of the Hospital Information System. Also he works in Vilnius Gediminas university as associated professor and researcher. Main scientific interests are information systems development using ontologies, business process modelling and simulation using business rules.

Elena Jureviciene is director for management at Vilnius University Hospital Santariskiu Klinikos. She is responsible for management of all healthcare processes in the hospital, as practising physician knows IT needs in routine medical work, has experience in international projects.

Jurgita Sajeviciene is project coordinator at Vilnius university Hospital Santariškių klinikos, Centre of Informatics and Development. Responsible for Administration and coordination of e-health projects ("Patient Appointment Reservation System", "National Open Access Scientific Data Archive Information System (MIDAS)), cooperation with Ministry of Health of the republic of Lithuania, Information Society Development Committee under the Ministry of Transport and Communications, National Health Insurance Fund under the Ministry of Health, organization of project partners' meetings, promotion of the project.

Rolandas Berontas is head of information systems department in Informatics and Development Centre at Vilnius University Hospital Santariskiu Klinikos.

(16) National Health Insurance Fund (VLK)

Description of organization

National Health Insurance Fund under the Ministry of Health information systems SVEIDRA covers National Health System health care institutions, pharmacies. SVEIDRA is the biggest solid distributed information management system in Lithuania, covering the entire territory of the country and having over 10000 users working with the system at the moment. SVEIDRA is used for the management, storing, exchanging, analyzing and reporting of all the services provided by healthcare institutions and medicines prescriptions prescripted to citizens financed (reimbursed) from the National Health Insurance Fund. ALL data is entered in local healthcare institutions and chemist's and transferred to National Health Insurance Fund under the Ministry of Health for verification and approval. Local healthcare institutions and chemist's are paid for the real services performed or dispensed medicines and only when approved by the Regional Health Insurance Fund office. SVEIDRA is used also for the the management licences of the health care institutions and Chemist's (mandatory) and licences of the health professionals and pharmacists (mandatory) and to collect information about medical professionals and pharmacists (attended conferences, coures, lectures, articles and etc.). SVEIDRA also provides data to Health Information Centre, Institute of Hygiene for health statistics and other institutions. Health Information Centre provides data on health status of Lithuania and the activities of health care institutions. All the data at the national level is stored in the Lithuanian National Health Insurance Fund and used for analysis and reporting to other governmental institutions. Currently, data interchange between SVEIDRA, healthcare institutions and chemisfs information systems and other institucions informatiuon systems is done mostly via webservices.

Key contributors

Saulius Starolis, Head of Information System developing Division, Information Technology department, National Health Insurance Fund under the Ministry of Health. He is responsible for developing of Information System in the National Health Insurance Fund under the Ministry of Health.

(17) Agence eSantè (AeS)

Description of organization

Agence eSanté is the Luxembourg national agency for the exchange and sharing of medical data, whose main mission it is to

- develop and implement a common interoperability platform to support such data sharing and exchange and

- define a national strategy to promote and enhance interoperability between healthcare information management systems.

The services offered through the national eHealth platform include amongst others secure mail between healthcare professionals, a collaborative space and a healthcare provider directory. The eHealth platform's principal tool to facilitate the sharing of medical information is the so-called "Dossier de Soins Partagé" (DSP), a patient's secure electronic health record allowing authorised healthcare providers to have easy access to his relevant health related information.

Key contributors

Heiko Zimmermann worked as a software architect and developer in the IT sector for several years, before joining CRP Henri Tudor in Luxembourg in 2009. There he worked on different eHealth related projects for the Ministry of Health in Luxembourg. In 2012 he joined Agence eSanté, Luxembourg's national agency for the exchange and sharing of data in the healthcare sector, where he is responsible for interoperability. He is involved in the specification and implementation of the national eHealth platform. He was working as the national project coordinator for the epSOS project in Luxembourg and represents the Agence eSanté as member of the Luxembourg consortium for eSens.

Hervé Barge joined Agence eSanté in July 2012 as General Director. He graduated in 1986 from IFG-Dauphine with an M.B.A. in ICG - Top management business. After having been an IT teacher for 12 years he joined the Franche-Comté ARH Agency in 2000, where he was responsible for information system projects and telemedicine. In 2006, Le Monde informatique awarded the Prix special du Jury, an annual IT award, to the Franche-Comté ARH highlighting the quality of its project steering and the technological innovation used when working on the DMP in Franche-Comté. In 2010 he joined the senior management of the Franche-Comté ARS.

Dr. *Jean-Claude Karasi* joined Agence eSanté in May 2013 as the project manager and expert for medical domain to implement the Luxembourg national e-health platform. He started his professional career at the Ministry of Health in Rwanda. As a civil servant he served as a health care provider at the referral hospital (Centre Hospitalier Universitaire de Kigali - CHUK) in Rwanda from 1999-2004.

Pascale Lucas joined Agence eSanté in September 2012 as Head of Project Management. Holder of a Master degree in management, she has 25 years' experience evolving back and forward from Sales, Product Marketing and Project Management for international groups (Konica, INTEL, Clearstream, SopraGroup) and national entities in France and Luxembourg (Public Research Centre Henri Tudor, SMEs and eHealth national Agency in Luxembourg).

Daisy Smet joined Agence eSanté in March 2012 where she is head of the administrative and communication pool. She holds a Master degree in translation English-French-Dutch, and is a certified marketing officer. She started her professional career in the communication department of (former) Paribas Bank's head office in Brussels. She then moved to Luxembourg where she worked for more than 16 years in the financial sector, in the administrative and communication/marketing area, before joining the healthcare sector.

(18) Ministry for Health – Government of Malta (MFH)

Description of organization

The Parliamentary Secretariat for Health within the Ministry for Energy & Health of the Government of Malta is responsible for the planning, delivery and evaluation of health care services in Malta. The Information Management Unit (Health) within MoH MT is responsible for the formulation of national eHealth strategy and for the implementation of national eHealth projects and of Health IT systems in the Government health services.

Key contributors

Dr *Hugo Agius Muscat* is a consultant public health physician with over 25 years experience in the field of health informatics. He currently works on national eHealth projects in the Information

Management Unit. For five years he was Director for Information Management & Technology at Mater Dei Hospital, and for ten years he directed the Department of Health Information & Research.

Mr *Alan Dimech* is an ICT Applications Officer in the Ministry of Health who works on eHealth Projects. He was highly involved in projects such as the design and implementation of the Electronic Case Summary (at the National Government Hospitals) and also in the piloting of the National Patient Summary.

(19) Stichting Nationaal ICT Instituut in de Zorg (Nictiz)

Description of organization

Nictiz is the Dutch national competence centre for eHealth, interoperability and standardization. It is an independent, not for profit, organization and has an intermediary position between healthcare, industry, and government. In the past years Nictiz has managed the national EHR programs and supported the development of national interoperability standards and profiles. To this end Nictiz has close cooperation with the international Standardization Organizations: IHE, HL7, IHTSDO, Continua Health Alliance, ISO. Nictiz is the National Release Center for SNOMED CT. Nictiz has designed and developed the National Infrastructure for health information exchange. This is complemented with a qualification process. Nictiz is an active beneficiary and participant in the EC projects (epSOS, Antilope, eStandards, eSENS, ASSES CT and Expand). Nictiz is an adviser for the Ministry of Health of the Netherlands, on national and international affairs, such as the eHN. Nictiz is a member of EHTEL and participates in the network for European competence centers (EHTEL/ELO).

Key contributors

Merik Seven, senior projectmanager / advisor: Merik Seven has held various management and programme positions in the field of healthcare and/or IT management at Healthcare Providers since 1997. He has a background as a healthcare professional (radiotherapy) and a Master degree in Healthcare Administration (MHA). Since April 2013 he is active in the position of senior project manager and advisor at NICTIZ. He is responsible for programme management / coordination of the international projects at NICTIZ and chair of the Regional Architecture Boards in the Netherlands.

Michiel Sprenger, senior advisor: Michiel Sprenger holds a PhD in Physics, and has been active in Physics, Medical technology, Informatics and IT from 1986 to 2008 in an Academic Medical Center. He joined Nictiz in 2008, being active in strategic advice to all parties involved in the development of IT in Healthcare. He was the coordinator of the program that brings regional organisations together and in cooperation with Nictiz for the achievement of national transparency in information exchange for the Netherlands. He is the chairman of the platform of the Dutch branches of SDOs in the Netherlands. He is one of the leaders of the joint UMC program “registration at the source”. He is a member of the subgroup of the eHN on CEF proposals.

(20) The Norwegian Directorate of Health (HDIR)

Description of organization

The Norwegian Directorate of Health is an executive agency and competent authority subordinate to the Norwegian Ministry of Health and Care Services. The political frameworks to which the Directorate is subject are the political platform of the government in office at any time and resolutions of the government and of Parliament. The political values conveyed by the annual national budget and the instructions in the annual letter of allocation from the Ministry of Health and Care Services are determinative. The Division of eHealth is responsible for national standards, development and management of key components and services in the national infrastructure such as ePrescription, Summary Care Record and the National Health portal.

Key contributors

Irene Olaussen is responsible for European cooperation on eHealth in the Directorate of Health. She is responsible for international references in the current Norwegian Commission "One Patient – One record", exploring the future of ICT in the health care system. Olaussen holds a PhD in Social studies of Science and Technology and worked as a university researcher, before taking a position in the Directorate in 2012.

(21) SPMS – Servicos Partilhados do ministerio da Saude Epe (SPMS)

Description of organization

SPMS is the Health Ministry Central Purchasing and IT authority. It is a public enterprise created in 2010 functioning under the guardianship of the Ministries of Health and Finance. Its aim is to provide shared services – in the areas of purchasing and logistics, financial services, human resources and ICT – to organizations operating specifically in the area of health, in order to "centralize, optimize and rationalize" the procurement of goods and services within the NHS. SPMS has a dedicated budget to EU projects, which has been using to assure its participation, as well as allocating staff from the department for international cooperation, namely by an experienced "cross-border eHealth team" that aims to articulate and create a seamless integration between national and EU projects. Currently, SPMS is involved in the following EU projects: EXPAND as coordinator, e-SENS, Trillium Bridge, and new to come: VALUeHEALTH and eStandards. Regarding semantic interoperability and EU convergence on standards, SPMS is governing and leading the operation of the PT - Clinical Terminologies Center, as well as inspiring and supporting the establishment of national bodies for eHealth Standards and Profiles (e.g. HL7 PT, IHE PT). Portugal - through SPMS - is member of IHTSDO since 1st January 2014.

Key contributors

Henrique Martins, MD, PhD. Studied Medicine and is an Internal Medicine Specialist. He obtained his PhD degree in Management from the Judge Business School, University of Cambridge. He has several publications in the area of management and informatics in healthcare. He currently works at SPMS as Chairman of the Board. SPMS is the Health Ministry Central Purchasing and IT authority. He was formerly the Chief Medical Information Officer (CMIO) of the Hospital Prof Dr Fernando Fonseca and later Adjunct for Health IT to the Health Secretary of State. He is responsible for nationwide efforts on complete electronic prescription and new Health Information Platform Sharing for Electronic Health Records.

Licínio Kustra Mano, MEng. Academic background consists on user experience design (Bachelor's), ICT Engineering (Masters in Science) and eHealth ICT (PhD in progress). Participation in several eHealth projects (epSOS, EXPAND, Trillium Bridge, eSENS, ANTILOPE, PARENT) focused on promoting eHealth Services and Interoperability (semantic and technical), he has been able to learn from field experience how important is to engage professionals and patients in order to achieve measurable impact and healthcare improvements. Currently he works at SPMS and is responsible for the eHealth International Cooperation as well as Semantic Interoperability.

Lília Marques, graduated in Engineering of Informatics Systems (University of Minho – Portugal), currently works at Information Systems department of SPMS in EU projects. She was the Portuguese epSOS project coordinator deputy and project manager of EXPAND, participating also in e-SENS and Trillium Bridge EU projects.

Cristiano Marques, MEng. Has a Master Degree in Information Systems and Computer Engineering from Instituto Superior Técnico (Portugal), with specialization in Intelligent Systems and Software Engineering. Worked in the text mining field at INESC-ID, a research institute dedicated to advanced research and development in the areas of Electronics, Communications, and Information Technologies. Between 2011 and 2012 worked as a technical manager at the bank Millenium BCP (www.millenniumbcp.pt) and currently works as a project manager in SPMS.

(22) Universitatea Babes Bolyai (BBU)

Description of organization

Babes-Bolyai University (BBU) has extensive experience in the field of research management and is familiar with all the judicial, financial, administrative contractual aspects and management of industrial and intellectual properties specific to research projects financed by national and international agencies. Center for Health Policy and Public Health, within BBU has developed more than 30 research and capacity building projects in the field of public health, assuring thus the good implementation of the current project proposal.

Key contributors

Dr. *Chereches* has an extensive experience in the field of public health with a focus on eHealth. He coordinated 18 national and international funded projects as PI or national coordinator, among which we mention: Research into Policy to Enhance Physical Activity (FP7- REPOPA) 2011 – 2016, PROYOUTH – Promotion of young people's mental health through technology-enhanced personalization of care 2011-2014. He also has previous experience in coordinating Joint Actions measures as national coordinator of the Joint Actions on Monitoring Injuries in Europe 2011-2014 and Tools to Address Childhood Trauma, Injury and Children's Safety (TACTICS) 2011-2014.

Prof. *Catalin O. Baba* DVM, PhD is a former dean of the College of Political, Administrative and Communication Sciences, BBU and former Minister of Education and Research. Prof. Baba coordinated the Evaluation of the Reform of Public Services in Romania, and is currently involved in multiple research projects and programs on health policy and health management. Prof. Baba is also a member of the European Consortium for Political Research.

Dr. *Marius Ungureanu* MD, MHA is a researcher within the Center for Health Policy and Public Health, BBU. He has an experience of five years in designing and implementing research projects. Dr. Ungureanu's main research interest is in health workforce management, health workforce mobility, health systems and health reform. Dr. Ungureanu is a member of the European Health Management Association since 2012, and is currently involved in two other Joint Actions – JA on Health Workforce Planning and Forecasting and Joint Action on Cancer Control (CanCon).

(23) Swedish eHealth Agency (SEHA)

Description of organization

The Swedish eHealth Agency (eHälsomyndigheten) is a national competence center for eHealth and aims to contribute to improved health care, social care and the nation's health by pursuing development of a national e-health infrastructure. Their activities focus on promoting public involvement and providing support for professionals and decision-makers. SEHA support and coordinate the government's efforts on eHealth and have a responsibility to follow the overall development on e-health. Currently SEHA is responsible for:

- the national infrastructure to store and transfer electronic prescriptions issued in Sweden. Today, 90 per cent of all prescriptions are e-prescriptions.

- Sweden's national drug statistics. SEHA compiles, processes and publishes statistics on pharmaceutical sales in Sweden.

- developing the HälsaFörMig service. This is a personal health account where private individuals can view, save and manage details about their health.

- transferring e-prescriptions to other countries and is appointed as a national contact point for Sweden.

Related EU projects and like where we have been involved are epSOS and update of the guidelines for e-prescription for the eHealth Network. The eHealth Agency was formed on 1 January 2014 and is still in its start-up phase.

Key contributors

Mr *Emanuel Andersson*, MSc Computer Science and Electrical Engineering, holds a position as an eHealth strategist and enterprise architect. He has been responsible for setting up the architecture for national e-prescription infrastructure in Sweden and is currently involved in collaboration with various national governmental and other organizations, including standards development organizations with respect to e-health and interoperability.

Dr. *Enock Ongwae*, MScPharm, PhD Pharm, Licensed Pharmacist, holds a position as a e-prescription system manager. Primary responsibility for the administration, management, quality assurance and development of the national e-prescription repository. The responsibility includes e-prescriptions quality assurance, concretizing service platform requirements and user case specifications, composing user case scenarios for the development of e-services, writing effective test cases, procedures and definitions for the improvement of e-services, participating in the approval of e-prescribing and e-dispensing systems and collaborating externally with pharmaceutical and healthcare providers and system developers.

Collaboration with various governmental agencies that regulate e-prescribing and conduct relevant studies on strategy development and implementation the national e-prescription repository and its development. Participation in epSOS and other on-going nationwide and European projects, contribute to improved health care and pursuing development of a national e-health infrastructure with focus on promoting public involvement and providing support for professionals and decision-makers.

(24) NHS Health and Social care Information Centre (NHS IC)

Description of organization

The Health and Social Care Information Centre (HSCIC) was established as an Executive Non Departmental Public Body (ENDPB) in April 2013. The Health and Social Care Act 2012 sets out the HSCIC's responsibilities, which include: collecting, analyzing and presenting national health and social care data; setting up and managing national IT systems for transferring, collecting and analyzing information. T he HSCIC is the national competence center for eHealth in England

Key contributors

Jeremy Thorp is Director of Business Architecture at HSCIC and his experience as co-Chair of the epSOS Project Steering Board and author of the Patient Summary and e-Prescription guidelines he is well placed to co-lead the guidelines refresh and to contribute to the international specification assessment and the appraisal of secondary uses

(25) ASIP Santé (ASIP)

Description of organization

ASIP Santé is the public operator responsible for rolling out e-health in France. The agency supports the development of information systems in the health and welfare sectors, to raise healthcare standards. ASIP Santé is especially entrusted in:

• Defining, promoting and ratifying frames of reference, standards, products and services which contribute to the interoperability, security and usage of health information systems and telehealth, as well as monitoring them to ensure that they are being used properly;

• Certifying, producing, managing and rolling out the devices which perform identification, authentication and signature functions for recognizing healthcare professionals' identities and professional qualifications via the electronic information and exchange systems that they use under the required security and confidentiality conditions;

• Managing and taking ownership, as part of the mandates assigned to it, of national directories and frames of reference that group together the identities of and related information on healthcare professionals, along with services and institutions in the healthcare and medico-social sectors;

• Supporting and supervising public and private initiatives connected with its aims;

• Contributing to the preparation and application of international agreements or projects regarding health information sharing and exchange systems, at the request of the relevant minister(s).

Key contributors

Manuel Metz: As a security and interoperability senior engineer at ASIP Santé since 2007, Manuel Metz is in charge of defining French security and interoperability frameworks for Health Information Systems. As such, he is co-author of all transport and service layer documents in the Health Information Systems Interoperability Framework and many documents of the General Security Policy for Health Information Systems on various topics including non-repudiation, identification and authentication. Actively involved in the IT Infrastructure domain of IHE since 2007, he has been co-chair of the ITI technical committee from 2008 to 2010 and is participating to North American and European connectathons where he is a reference monitor on XD* profiles as well as a trainer for new monitors.

François Macary: Since 2008, François Macary is Project Manager of Health IT semantic interoperability, at ASIP Santé. He was previously Head of Laboratory Information Systems R&D at AGFA Healthcare. From 2004 to 2006, he was Project leader of the creation of the HL7 affiliate for France, and first chair of HL7 France. Since 2004, he is cochair of the IHE Laboratory Committee, and contributor to other domains of IHE: ITI, Pharmacy, anatomic Pathology. Since 2010, he is also project Manager of the French translation of the LOINC terminology.

Elie Lobel is Director of the eHealth projects department at ASIP Santé since 2009. This department is in charge of the management of the projects leaded by ASIP Santé. He has studied engineering in France and in the US, and also holds a PhD in neuroimaging. He has been working in eHealth for fifteen years, initially taking part in the development of eHealth start-ups; he has been involved in several regional electronic health records projects.

Alain Périé is Project Manager in the eHealth projects department at ASIP Santé since 2006. Among other activities dedicated to eHealth, he has been in charge of managing the epSOS project at ASIP. He participated in several works packages and was the risk manager of the epSOS project. He was also in charge of the deployment of the national pilots of the epSOS project performed in several French Universities, in coordination with the ERASMUS program.

Chantal Coru is Study manager at ASIP Santé since 2008. PhD of Biomedical technologies, she was previously senior consultant in design and conception of Health IT solutions, and then worked for a global provider for B2B solutions for secure health-critical data flow. She has a various experience in IT development projects, including integration of telemedicine services in legacy systems. She has been involved since 1995 in several research and technological development projects of FP IV et V (Prestige, Star, Wise, ECRH SupA, Intercare). Among other missions, she is currently IT expert of a telemedicine initiatives survey for the French MoH.

Pascale Sauvage is Director of Strategy at ASIP Santé. She has over 20 years experience in the field of public information systems. She is a graduate of Sciences Po Paris and holds a Business Administration degree from the IAE of Aix-en-Provence in France. After ten years as a consultant specialized in public informatics systems organization, she worked from 2002 to 2006 for the French Ministry of Finances.

9.3. External and internal risk analysis and contingency planning

Identified Risk	Likelihood	Impact	Contingency planning
Delays in providing deliverables by WPs	Medium	Low	Preliminary reporting; detailed responsibilities; clear process, output and outcome indicators; link reimbursement to delivery
Low response rates for evaluation surveys	Medium	Medium	Establishing a Steering Committee/Core Working Group, to facilitate communication

Changes in JA key personnel	Low	High	Existence of Standard Operating Procedures (SOPs); procedure in case of withdrawal of a partner prior to the start of the JA (in the consortium agreement)
Unclear authoring or intellectual property rights	Low	Medium	Clear decision on those rights before the start of JA (in the consortium agreement)
MS and stakeholders not sufficiently engaged *	Medium	Medium	Nomination of in-country knowledge brokers; establishment of a Stakeholder Forum
Deliverables not used by MSs (not attractive nor appropriate) *	Medium	Medium	Content provided by core WPs formatted and edited centrally by WP2 taking into account stakeholder analysis and input from in-country knowledge brokers.

* external risks

9.4. Financial management

The Coordinator is responsible for the financial management of the JA and shall ensure the transmission of funds to the associated partners, the collection of regular cost statements and audit certificates (if needed). The Coordinator provides an administrative & financial project officer and a supervisor with 4,5 years experience in the coordination of European projects and actions funded by the EU Health Programme 2008-2013 and ICT Policy Support Programme. While the project officer ensures ongoing financial management and reporting, the supervisor focuses on the financial budget monitoring and problem solving in case financial issues among associated partners will arise or deviations from the budget estimations will occur. To enable financial management and monitoring a continuous financial reporting mechanism needs to be established by the Coordinator to ensure regular follow-up of the associated partners' overall budget according to WP, RP and the associated partner's individual budget. Financial reporting templates and procedures will be established and included in the Governance Manual (D1.2) to help associated partners to meet the CHAFEA requirements in terms of financial management. On a regular basis the Coordinator will check financial reports submitted by the associated partners and, in case of deviations, will implement appropriate solutions with the support of the operational PSC and according to the rules set out in the GA and CA.
The EU financial contribution to the JA will be distributed by the Coordinator according to:
- the consortium budget as included in the JA proposal,
- the approval of reports by CHAFEA and
- the payment strategy stated in the CA to be signed by all associated partners and their affiliated entities in the beginning of the JA.

10. BUDGET

10.1. Content description and justification

The JA consists of 1 coordinator (supported in its tasks by 1 affiliated entity), 22 associated partners (thereof 1 associated partner supported in its tasks by 1 affiliated entity) and 15 collaborating partners. This made it a challenge to get all partners involved from the content-perspective in the respective tasks and WPs and to set up a corresponding budget per WP and per partner in parallel. After horizontal and core WPs and their corresponding tasks were defined and agreed, all partners indicated their abilities for active and passive contribution to the separate tasks and WPs together with their available amount of PMs they can allocate to the JA over the entire duration. In a next step, the total budget was calculated the following:

100%	4.000.017,00 €	Total Budget
7%	261.670,00 €	Total Indirect Costs
8%	338.000,00 €	Total Subcontracting Costs
2%	80.000,00 €	Total Other Costs
15%	615.300,00 €	Total Travel Costs (excl. Travel Costs for Project Coordination)
51%	2.032.447,00 €	Total Personnel Costs
17%	672.600,00 €	Total Costs for Project Coordination (incl. Travel Costs)

Based on financial rules defined by CHAFEA total indirect costs are to be calculated automatically with a flat-rate of 7% and thus amount to **261.670 EUR**.

The total costs identified for subcontracting amount to **338.000 EUR** and represent 8% of the total budget and are made up of the following amounts:

100%	338.000,00 €	Total Subcontracting Costs
82%	276.000,00 €	Subcontracting Fund
4%	12.000,00 €	Subcontracting by ATNA
15%	50.000,00 €	Subcontracting by 3DHHR

With regards to the Subcontracting Fund it was decided by the consortium to establish a fund intended to cover costs for subcontracting with the aim to ensure integration of specific expert knowledge and expert availability (not available within the project) for the following activities:

- Expert support for creation of deliverables for WP2&3 and WP5-8: 100.000 EUR
- Expert support for analysis, review and evaluation of documents and deliverables for WP2&3 and WP5-8: 30.000 EUR
- Expert support for collecting feedback from involved parties for WP2&3 and WP5-8: 20.000 EUR
- Expert opinion and consultation services for WP2&3 and WP5-8: 30.000 EUR
- WP4 support and active stakeholder liaison provided by EHTEL: 50.000 EUR

The amount foreseen for all activities is 276.000 EUR incl. 20% VAT. The governance and rules for spending of these resources will be made jointly by the OPSC.

In addition to this fund (which is managed jointly by the OPSC and administered by the Coordinator) two partners (ATNA and 3DHHR) also have budgeted separate subcontracting costs for the following activities:

- Expert opinion in WP5-8: 12.000 EUR
- Contribution/provide input to WP5: 22.500 EUR
- Contribution/provide input to WP6: 7.500 EUR
- Contribution/provide input to WP7: 20.000 EUR

The total other costs (i.e. costs for other goods and services) identified amount to **80.000 EUR** thus representing 2% of the total budget and are comprised of the following categories:

100%	80.000,00 €	Total Other Costs
16%	13.000,00 €	Costs for dissemination materials, folders, etc.
38%	30.000,00 €	Costs for project website, logo development, etc.
36%	29.000,00 €	Organisation costs for meetings (food, fees, other services, etc.)
10%	8.000,00 €	Language service for deliverables

While costs for dissemination materials, folders, project website, logo development etc. are linked to WP2, the other costs intended for organisation for meetings and language service for deliverables are linked to WP1.

The total costs considered for travelling represent 15% of the total budget and amount to **615.300 EUR** (not including travel costs by the Project Coordinator). The calculation was based

on the experiences gained from the forerunner project eHealth Governance Initiative Joint Action and are made up of the following amounts:

100%	615.300,00 €	Total Travel Costs
76%	465.300,00 €	Travel Costs for 22AP+1AE
16%	100.000,00 €	Travel Costs for collaborating partners
8%	50.000,00 €	Travel Costs for other external experts (excl. Subcontracting fund)

Travel costs for 22AP+1AE are based on the average amount of 620 EUR per business trip and are calculated the following:

- For each WP leader and/or task leader: Participation in 12 PSC meetings, 18 meetings of the CG, 6 WP (or workshop) meetings and 6 other project related meetings (can be open workshops, working group meetings, conferences, events, etc.). This leads to an average travel budget per each WP or task leader of 26.040 EUR.
- For each "regular contributor": Participation in 12 PSC meetings, 6 WP (or workshop) meetings and 6 other project related meetings (can be open workshops, working group meetings, conferences, events, etc.)
- The following partners show different amount of travel costs due to different reasons:
    - THL: 18.660 EUR (identified as sub-task leader and identified a larger need for travel budget)
    - BHTC: 10.000 EUR (located in Brussels where most of the PSC and CG will take place; budget considered for the participation in 3 PSC, 6 WP (or workshop) meetings and 6 other project related meetings as described above)
    - NVD: 10.000 EUR (identified as passive contributor; budget considered for the participation in 12 PSC and 3 other project related meetings as described above)
    - MFH: 10.000 EUR (identified as passive contributor; budget considered for the participation in 12 PSC and 3 other project related meetings as described above)

Collaborating Partners shall be invited to join PSC, WP (or workshop) meetings and any other project related meetings where their know-how is needed. For their participation a travel budget amounting to 100.000 EUR is considered, whereof only 50% shall get reimbursed.

A budget of 50.000 EUR is considered for the participation of any (national) external experts when specific know-how will be needed during WP (or workshop) meetings and other project related meetings which cannot be delivered from project internal experts.

The largest cost category represents 51% of the total budget and is identified as personnel efforts amounting to **3.032.447 EUR** and comprised of the following two categories:

100%	2.032.447,00 €	Total Personnel Costs
98%	1.984.447,00 €	Personnel Costs 22AP+1AE
2%	48.000,00 €	AT Personnel Costs not linked to Projet Coordination activities

The calculated costs for the coordination of the JA amount to 672.600 EUR representing 17% of the total budget. These costs are made up of the following categories:

100%	672.600,00 €	Total Costs for Project Coordination (incl. Travel Costs)
78%	522.600,00 €	Personnel Costs for Project Coordination
22%	150.000,00 €	Travel Costs for Project Coordination

This budget was identified being necessary for Austria in order to cover minimum level of staff involvement in order to ensure efficient and effective coordination of the WPs and of a large consortium as well as to carry out the administration work of project and the coordination with the eHN. From 672.600 EUR the amount of 149.100 EUR represents staff costs linked to project coordination activities and covered from ATNA's national budget.

Budget per WP

Taking into account resources for project coordination, subcontracting, personnel efforts by all APs and AEs as well as other costs identified, the following budget per WP (excluding any travel costs) is estimated:

		TOTAL RESOURCES: P. Coordinator & subc. fund & other costs:		
		Total PM	Total EUR	in %
WP1	*Coordination*	80,00	559.600 €	19%
WP2	*Communication & Dissemination*	49,80	175.378 €	6%
WP3	*Evaluation*	29,00	121.247 €	4%
WP4	*Stakeholder Liaison*	9,04	84.240 €	3%
Sub-total WP1-WP4		***167,84***	***940.465 €***	***32%***
WP5	*Interoperability & Standardization*	176,02	976.151 €	33%
T5.1	Trusted eHealth National Contact Points	23,55	124.274 €	4%
T5.2	Electronic Identification for eHealth	28,76	163.395 €	5%
T5.3	Update & revision of EU eHealth Guidelines	35,75	162.528 €	5%
T5.4	Alignment of standardization activities in eHealth	31,81	222.995 €	8%
T5.5	Semantic Interoperability	31,80	182.611 €	6%
T5.6	CEF operational support	24,35	120.349 €	4%
WP6	*Monitoring & Assessment of Implementation*	112,10	348.601 €	12%
T6.1	Implementation of eHealth guidelines	63,00	158.021 €	5%
T6.2	Legal challenges of EHR systems in the MS in the cross-b. context	49,10	190.580 €	6%
WP7	*Exchange of Knowledge*	104,17	532.067 €	18%
T7.1	Sharing of national eHealth strategies and action plans	41,51	219.580 €	7%
T7.2	Secondary use of health data	19,25	95.307 €	3%
T7.3	Research on added value eHealth tools	10,31	48.908 €	2%
T7.4	Agreements with HTA-network about eHealth assessments	7,55	28.857 €	1%
T7.5	Patient access to electronic health records	25,55	139.417 €	5%
WP8	*Global Positioning & Cooperation*	27,10	175.763 €	6%
T8.1	Participation, liaison and influence in global eHealth	18,85	108.549 €	4%
T8.2	Evaluation of global eHealth specifications	8,25	67.213 €	2%
Sub-total WP5-WP8		***419,39***	***2.032.582 €***	***68%***
Total all WPs (WP1-WP8)		587,23	2.973.048 €	100%

Subcontracting PM was calculated on the following basis:
- 500 EUR per day and 10.000 EUR per month

Subcontracting budget was considered for the following WPs and incl. 20%VAT:
- WP4: EHTEL support directly linked with 50.000 EUR (+20%VAT) and 5 PM
- WP2, WP3, WP5, WP6, WP7, WP8 were equally provided with 30.000 EUR (+20%VAT) and corresponding 3 PM

10.2. Summary of staff effort

	WP 1	WP 2	WP 3	WP 4	WP 5	WP 6	WP 7	WP 8	Total PM p.p.
(1) ATNA	**6,0**	0,0	0,0	0,0	0,6	4,0	1,0	0,6	12,20
(2) GÖG	**74,0**	0,0	0,0	0,0	0,0	0,0	0,0	0,0	74,00
(3) BHTC	0,0	0,0	0,0	0,0	3,9	0,5	1,9	1,7	8,00
(4) BEAT	0,0	0,0	0,0	0,0	0,0	4,0	0,0	0,0	4,00
(5) HZZO	0,0	0,0	0,0	0,0	5,1	**41,0**	1,0	0,0	47,10
(6) THL	0,0	0,0	0,0	0,0	5,5	0,0	4,5	1,0	11,00
(7) FRNA	0,0	0,0	0,0	0,0	2,4	0,5	0,5	**5,00**	8,40
(8) ASIP	0,0	0,0	0,0	0,0	16,96	2,0	6,42	0,0	25,38
(9) GEMATIK	0,0	0,0	0,0	**4,04**	20,5	4,0	2,5	1,0	32,04
(10) 3D HHR	0,0	0,0	0,0	0,0	6,5	2,0	3,0	1,0	12,50
(11) ÁEEK	0,0	0,0	0,0	0,0	16,0	23,0	10,0	0,0	49,00
(12) SE	0,0	**39,0**	0,0	0,0	0,0	0,0	5,0	5,0	49,00
(13) DH	0,0	0,0	0,0	0,0	3,0	2,0	9,0	0,0	14,00
(14) MoH IT	0,0	0,0	0,0	0,0	4,5	0,0	0,0	0,0	4,50

(15) NVD	0,0	0,0	0,0	0,0	1,0	1,0	1,0	0,0	3,00
(16) VULSK	0,0	7,8	0,0	0,0	12,0	6,0	10,0	0,0	35,80
(17) VLK	0,0	0,0	0,0	0,0	8,0	8,0	0,0	0,0	16,00
(18) AeS	0,0	0,0	0,0	0,0	2,7	0,0	3,0	0,0	5,70
(19) MFH	0,0	0,0	0,0	0,0	0,0	1,0	1,0	0,0	2,00
(20) Nictiz	0,0	0,0	0,0	0,0	**9,0**	0,0	4,0	0,0	13,00
(21) HDIR	0,0	0,0	0,0	0,0	1,05	0,1	1,35	0,3	2,80
(22) SPMS	0,0	0,0	0,0	0,0	24,5	4,0	**16,0**	3,5	48,00
(23) BBU	0,0	0,0	**26,0**	0,0	8,0	3,0	9,0	2,0	48,00
(24) SEHA	0,0	0,0	0,0	0,0	**8,0**	0,0	0,0	0,0	8,00
(25) NHS IC	0,0	0,0	0,0	0,0	3,0	0,0	3,0	3,0	9,00
Total PM	80,0	46,8	26,0	4,04	162,21	106,10	93,17	24,10	542,42

10.3. Detailed budget table

Applicant Number/ Short Name	**(1) ATNA**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	5	**12,20**	**123.600,00**
	Justification		
	1 high level policy expert (monthly cost: 12.600) 2 head of department (monthly cost: 6.500) 1 senior expert (monthly cost: 6.200) 1 admin support (monthly cost: 2.500)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
	120.000,00	**Expert support with creation of deliverables for WP2, WP3, WP5, WP6, WP7, WP8 (VAT incl.)**	
	36.000,00	**Expert support with analysis, review and evaluation of documents and deliverables for WP2, WP3, WP5, WP6, WP7, WP8 (VAT incl.)**	
	24.000,00	**Expert support with collecting feedback from involved parties for WP2, WP3, WP5, WP6, WP7, WP8 (VAT incl.)**	
	36.000,00	**Expert opinion and consultation services for WP2, WP3, WP5, WP6, WP7, WP8 (VAT incl.)**	
	60.000,00	**EHTEL support and active stakeholder liaison for WP4 (VAT incl.)**	
	12.000,00	**1,81 PM expert opinion from AT in WP5, WP6, WP7, WP8 (VAT incl.)**	
Total Costs (€) of (B)	**288.000,00**		
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	60.000,00	**For the participation in/lead of 12 PSC, 18 CG, 6 WP/works., 6 other project related meetings and 18 meetings relevant for Coordinator**	
	100.000,00	**For the participation of collaborating**	

		partners in 12 PSC, 6 WP/works. and 6 other project related meetings
	50.000,00	**For the participation of external experts (not included as subcontractors) in 6 WP/works. and 6 other project related meetings**
(C.2) Equipment	**Costs (€)**	**Justification**
(C.3) Other goods and services	**Costs (€)**	**Justification**
	29.000,00	**Organisation costs for meetings (food, fees, meeting equipment, other services, etc.) (WP1)**
	8.000,00	**Language service for deliverables (WP1)**
Total Costs (€) of (C)	**247.000,00**	
(D) Indirect Costs	**Total Costs (€)**	
(Max. 7% on A, B and C)	**46.102,00**	
Total estimated eligible costs	**704.702,00**	

Applicant Number/ Short Name	**(2) GÖG**		
Affiliated to:	**(1) ATNA**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	5	**74,00**	**447.000,00**
	Justification		
	1 head of department (monthly cost: 10.400 EUR) 1 senior project manager (monthly cost: 7.240 EUR) 1 chief financial officer (monthly cost: 6.440 EUR) 1 junior project manager (monthly cost: 5.400 EUR) 1 project assistant (monthly costs: 5.640 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	90.000,00	**For the participation in 12 PSC, 18 CG, 6 WP/works., 6 other project related meetings and 18 meetings relevant for the Coordinator**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**90.000,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**37.590,00**		
Total estimated eligible costs	**574.590,00**		

Applicant Number/ Short Name	**(3) BHTC**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	1	**8,0**	**50.540,00**
	Justification		
	1 senior expert (monthly cost: 6.318 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	10.000,00	**For the participation in 3 PSC, 6 WP/works. and 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**10.000,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**4.237,00**		
Total estimated eligible costs	**64.777,00**		

Applicant Number/ Short Name	**(4) BEAT**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	5	**4,0**	**3.960,00**
	Justification		
	1 head of unit (monthly cost: 855 EUR) **1 project manager (monthly cost: 733 EUR)** **1 senior expert (monthly cost: 511 EUR)** **1 junior expert (monthly cost: 409 EUR)** **1 admin support (monthly cost: 536 EUR)**		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	14.880,00	**For the participation in 12 PSC, 6 WP/works. and 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	

(C.3) Other goods and services	**Costs (€)**	**Justification**
Total Costs (€) of (C)	**14.880,00**	
(D) Indirect Costs	**Total Costs (€)**	
(Max. 7% on A, B and C)	**1.318,00**	
Total estimated eligible costs	**20.158,00**	

Applicant Number/ Short Name	**(5) HZZO**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	3	**47,10**	**93.688,00**
	Justification		
	1 head of HZZO (monthly costs 3.677 EUR) 2 Head of department (monthly costs 2.220 EUR) 2 expert (monthly costs 1.881 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	26.040,00	**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**26.040,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**8.380,00**		
Total estimated eligible costs	**128.108,00**		

Applicant Number/ Short Name	**(6) THL**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	8	**11,00**	**73.403,00**
	Justification		
	1 Chief advisor (monthly cost: 9.330 EUR) 3 Senior experts (monthly cost: 7.739 EUR) 4 experts/advisors (monthly cost: 5.921 EUR)		

(B) Direct costs of sub-contracting	Costs (€)	Task(s)/Justification
Total Costs (€) of (B)		
	Justification	
(C) Other direct costs		
(C.1) Travel	Costs (€)	Justification
	18.660,00	For the participation in 12 PSC, 6 WP/works. and 6 other project related meetings
(C.2) Equipment	Costs (€)	Justification
(C.3) Other goods and services	Costs (€)	Justification
Total Costs (€) of (C)	18.660,00	
(D) Indirect Costs	Total Costs (€)	
(Max. 7% on A, B and C)	6.444,00	
Total estimated eligible costs	98.507,00	

Applicant Number/ Short Name	(7) FRNA		
(A) Direct personnel costs	Persons	Total Person-month	Total Costs (€) of (A)
	1	8,40	75.600,00
	Justification		
	1 senior expert (monthly cost: 9.000 EUR)		
(B) Direct costs of sub-contracting	Costs (€)	Task(s)/Justification	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	Costs (€)	Justification	
	26.040,00	For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings	
(C.2) Equipment	Costs (€)	Justification	
(C.3) Other goods and services	Costs (€)	Justification	
Total Costs (€) of (C)	26.040,00		
(D) Indirect Costs	Total Costs (€)		
(Max. 7% on A, B and C)	7.114,00		
Total estimated eligible costs	108.754,00		

Applicant Number/ Short Name	**(8) ASIP**		
Affiliated to:	**(7) FRNA**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	5	**25,38**	**203.040,00**
	Justification		
	5 senior experts (monthly cost: 8.000 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	14.880,00	**For the participation in 12 PSC, 6 WP/works. and 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**14.880,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**15.254,00**		
Total estimated eligible costs	**233.174,00**		

Applicant Number/ Short Name	**(9) GEMATIK**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	3	**32,04**	**192.240,00**
	Justification		
	1 head of department (monthly cost: 8.125 EUR) **1 senior project manager (monthly cost: 6.050 EUR)** **1 junior project manager (monthly cost: 3.900 EUR)**		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	26.040,00	**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	

(C.3) Other goods and services	Costs (€)	Justification
Total Costs (€) of (C)	**26.040,00**	
(D) Indirect Costs	**Total Costs (€)**	
(Max. 7% on A, B and C)	**15.279,00**	
Total estimated eligible costs	**233.559,00**	

Applicant Number/ Short Name	**(10) 3D HHR**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	6	**12,50**	**31.250,00**
	Justification		
	1 head of unit (monthly costs: 3.500 EUR) 2 head of department (project) manager (monthly costs: 2.300 EUR) 2 experts (monthly costs: 1.400 EUR) 1 admin support (monthly costs: 1.500 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
	22.500,00	**9 PM Contribution/Provide Input to WP5**	
	7.500,00	**3 PM Contribution/Provide Input to WP6**	
	20.000,00	**8 PM Contribution/Provide Input to WP7**	
Total Costs (€) of (B)	**50.000,00**		
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	26.040,00	**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**26.040,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**7.510,00**		
Total estimated eligible costs	**114.800,00**		

Applicant Number/ Short Name	**(11) ÁEEK**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	8	**49,00**	**132.300,00**
	Justification		
	1 head of directorate (monthly cost: 5.000 EUR) 2 senior experts (monthly cost: 4.500 EUR)		

	1 IT expert (monthly cost: 4.000 EUR) 3 legal expert (monthly cost: 3.000 EUR) 1 junior expert (monthly cost: 2.500 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	26.040,00	**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**26.040,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**11.083,00**		
Total estimated eligible costs	**169.423,00**		

Applicant Number/ Short Name	**(12) SE**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	4	**49,00**	**100.450,00**
	Justification		
	1 senior expert (monthly cost: 3150 EUR) 1 junior expert (monthly cost: 1780 EUR) 1 senior project manager (monthly cost: 2350 EUR) 1 web designer (monthly cost: 920 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	26.040,00	**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
	13.000,00	**Costs for dissemination materials, folders, etc. (WP2)**	
	30.000,00	**Costs for project website, logo development, etc. (WP2)**	

Total Costs (€) of (C)	**69.040,00**	
(D) Indirect Costs	**Total Costs (€)**	
(Max. 7% on A, B and C)	**11.864,00**	
Total estimated eligible costs	**181.354,00**	

Applicant Number/ Short Name	**(13) DH**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	6	**14,00**	**88.200,00**
	Justification		
	1 Head of Department (monthly cost: 7.149 EUR) 4 Experts at Assistant Principal or equivalent grade (monthly cost: 6.144 EUR) 1 Senior Admin Support at higher executive officer level (monthly cost: 4.218 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	14.880,00	**For the participation in 12 PSC, 6 WP/works. and 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**14.880,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**7.215,00**		
Total estimated eligible costs	**110.295,00**		

Applicant Number/ Short Name	**(14) MoH IT**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	3	**4,50**	**36.788,00**
	Justification		
	1 Director General (monthly cost: 19.350 EUR) 1 Head of Unit (monthly cost: 8.597 EUR) 1 Expert information system (monthly cost: 4.345 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	

Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	14.880,00	**For the participation in 12 PSC, 6 WP/works. and 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**14.880,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**3.616,00**		
Total estimated eligible costs	**55.284,00**		

Applicant Number/ Short Name	**(15) NVD**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	2	**3,00**	**4.821,00**
	Justification		
	1 director of department (monthly costs 2.287 EUR) 1 head of unit (monthly costs 1.708 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	10.000,00	**For the participation in 12 PSC and 3 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**10.000,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**1.037,00**		
Total estimated eligible costs	**15.858,00**		

Applicant Number/ Short Name	(16) VULSK		
(A) Direct personnel costs	Persons	Total Person-month	Total Costs (€) of (A)
	6	35,80	75.400,00
	Justification		
	1 director (monthly cost: 3.363 EUR) 2 head of department (monthly cost: 2.215 EUR) 2 senior project managers (monthly cost: 1.998 EUR) 1 admin support (financier) (monthly cost: 1.405 EUR)		
(B) Direct costs of sub-contracting	Costs (€)	Task(s)/Justification	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	Costs (€)	Justification	
	14.880,00	For the participation in 12 PSC, 6 WP/works. and 6 other project related meetings	
(C.2) Equipment	Costs (€)	Justification	
(C.3) Other goods and services	Costs (€)	Justification	
Total Costs (€) of (C)	14.880,00		
(D) Indirect Costs	Total Costs (€)		
(Max. 7% on A, B and C)	6.319,00		
Total estimated eligible costs	96.599,00		

Applicant Number/ Short Name	(17) VLK		
(A) Direct personnel costs	Persons	Total Person-month	Total Costs (€) of (A)
	4	16,00	21.472,00
	Justification		
	4 senior expert (monthly cost: 1.342 EUR)		
(B) Direct costs of sub-contracting	Costs (€)	Task(s)/Justification	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	Costs (€)	Justification	
	14.880,00	For the participation in 12 PSC, 6 WP/works. and 6 other project related meetings	
(C.2) Equipment	Costs (€)	Justification	

(C.3) Other goods and services	**Costs (€)**	**Justification**
Total Costs (€) of (C)	**14.880,00**	
(D) Indirect Costs	**Total Costs (€)**	
(Max. 7% on A, B and C)	**2.544,00**	
Total estimated eligible costs	**38.896,00**	

Applicant Number/ Short Name	**(18) AeS**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	5	**5,70**	**51.300,00**
	Justification		
	1 director (monthly cost: 12.600 EUR) 3 heads of unit (medical, project, technical) (monthly cost: 8.200 EUR) 1 head of administrative unit (monthly cost: 6.150 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	26.040,00	**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**26.040,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**5.413,00**		
Total estimated eligible costs	**82.753,00**		

Applicant Number/ Short Name	**(19) MFH**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	2	**2,00**	**9.422,00**
	Justification		
	1 ICT Applications Officer (monthly cost: 2.865 EUR) 1 Consultant Public Health (monthly cost: 6.557 EUR)		
(B) Direct costs of sub-	**Costs (€)**	**Task(s)/Justification**	

contracting			
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**		**Justification**
	10.000,00		**For the participation in 12 PSC and 3 other project related meetings**
(C.2) Equipment	**Costs (€)**		**Justification**
(C.3) Other goods and services	**Costs (€)**		**Justification**
Total Costs (€) of (C)	**10.000,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**1.359,00**		
Total estimated eligible costs	**20.781,00**		

Applicant Number/ Short Name	**(20) Nictiz**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	2	**13,00**	**156.000,00**
	Justification		
	5 senior project manager (monthly cost: 12.000 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**		**Justification**
	26.040,00		**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**
(C.2) Equipment	**Costs (€)**		**Justification**
(C.3) Other goods and services	**Costs (€)**		**Justification**
Total Costs (€) of (C)	**26.040,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**12.742,00**		
Total estimated eligible costs	**194.782,00**		

Applicant Number/ Short Name	**(21) HDIR**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	8	**2,80**	**18.200,00**
	Justification		
	8 senior advisors (monthly cost: 6.500 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	14.880,00	**For the participation in 12 PSC, 6 WP/works. and 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**14.880,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**2.315,00**		
Total estimated eligible costs	**35.395,00**		

Applicant Number/ Short Name	**(22) SPMS**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	4	**48,00**	**252.994,00**
	Justification		
	1 CEO (av. monthly cost: 6.089 EUR) **1 head of department (monthly cost: 3.450 EUR)** **2 senior project manager (monthly cost: 2.186 EUR)**		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	26.040,00	**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	

(C.3) Other goods and services	Costs (€)	Justification
Total Costs (€) of (C)	**26.040,00**	
(D) Indirect Costs	**Total Costs (€)**	
(Max. 7% on A, B and C)	**19.532,00**	
Total estimated eligible costs	**298.566,00**	

Applicant Number/ Short Name	**(23) BBU**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	10	**48,00**	**157.379,00**
	Justification		
	1 project director (monthly cost: 5.270 EUR) 1 senior researcher (monthly cost: 5.270 EUR) 7 researchers (monthly cost: 2.328 EUR) 1 admin. support (monthly cost: 2.328 EUR)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	26.040,00	**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**26.040,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**12.839,00**		
Total estimated eligible costs	**196.258,00**		

Applicant Number/ Short Name	**(24) SEHA**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	2	**8,00**	**75.000,00**
	Justification		
	1 Senior eHealth expert and project manager (monthly cost: 9.800 EUR) 1 Senior eHealth expert (monthly cost: 7.700 EUR)		
(B) Direct costs of sub-	**Costs (€)**	**Task(s)/Justification**	

contracting			
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	26.040,00	**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**26.040,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**7.072,00**		
Total estimated eligible costs	**108.112,00**		

Applicant Number/ Short Name	**(25) NHS IC**		
(A) Direct personnel costs	**Persons**	**Total Person-month**	**Total Costs (€) of (A)**
	3	**9,00**	**81.000,00**
	Justification		
	1 director (band 9) (monthly cost: EUR 10.800) 1 programme director (monthly cost: EUR 8.900) 1 programme manager (monthly cost: EUR 7.400)		
(B) Direct costs of sub-contracting	**Costs (€)**	**Task(s)/Justification**	
Total Costs (€) of (B)			
	Justification		
(C) Other direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	26.040,00	**For the participation in 12 PSC, 18 CG, 6 WP/works. + 6 other project related meetings**	
(C.2) Equipment	**Costs (€)**	**Justification**	
(C.3) Other goods and services	**Costs (€)**	**Justification**	
Total Costs (€) of (C)	**26.040,00**		
(D) Indirect Costs	**Total Costs (€)**		
(Max. 7% on A, B and C)	**7.492,00**		
Total estimated eligible costs	**114.532,00**		

11. PREVIOUS AND CURRENT GRANTS RELEVANT TO THE PROGRAMME (LIMITED TO THE LAST 3 YEARS)

Previous and current grants relevant to the EU Health Programme 2008-2013:

- eHealth Governance Initiative Joint Action coordinated by the Federal Ministry of Health with 42 beneficiaries. Starting date: 01/02/2011. Duration: 46 months.

Current grants relevant to the EU Health Programme 2014-2020:

- Joint Action on nutrition and physical activity (JANPA)

12. CURRENT APPLICATIONS RELEVANT TO THE PROGRAMME

Current applications relevant to the EU Health Programme 2014-2020 refers to the Joint Action on nutrition and physical activity (JANPA), where ATNA is participating as associated partner (in cooperation with the Austrian Agency for Health and Food Safety (AGES) as affiliated entity).

13. EXCEPTIONAL UTILITY

Not relevant as the JA will not request a higher co-funding rate than 60%.

14. COLLABORATING STAKEHOLDERS

Institution	Contact person (First name and last name)	City & Country
(#26) Ministry of Health (CYNA)	Andriana ACHILLEOS	Cyprus
(#27) Institute of Health Information and Statistics of the Czech Republic (IHIS)	Jiri HAASE	Czech Republic
(#28) Ministry of Social Affairs and Health (MSAH)	Anne KALLIO	Finland
(#29) Ministry of Health, Welfare and Sport (MoH NE)	Erwin EISINGER	Netherlands
(#30) National Center for Health Information Systems (NCHIS)	Marta BURACZYŃSKA	Poland
(#31) Ministry of Health, Social Services and Equality (MSPS)	Juan Fernando MUÑOZ	Spain
(#32) Ministry of Health of the Republic of Slovenia (MHS)	Katarina KRALJ	Slovenia
(#33) Ministry of Social Affairs of Estonia (MSAE)	Eveli Karner	Estonia
(#34) Ministry of Health (MoHB)	Victor ATANASOV	Bulgaria
(#35) National Centre for public Health and Analysis (NCPHA)	Vesselka DULEVA	Bulgaria
(#36) Health Service Executive (HSE)	Peter CONNOLLY	Ireland
(#37) Danish National Board of Health (NSI)	Brigitte DREWES	Denmark
(#38) Ministry of Health and Social Affairs (SENA)	Martin JEPPSSON	Sweden
(#39) Head Office of National Contact Point from the National Health Insurance House (NHIH)	Andreea GĂRĂIACU	Romania
(#40) Ministry of Health of Germany (DENA)	Falk SCHUBERT	Germany

Associated with document Ref. Ares(2015)3186414 - 29/07/2015

ESTIMATED BUDGET FOR THE ACTION (page 1 of 3)

	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. ATNA	123600.00	288000.00	247000.00	46102.00	704702.00			425000.00	0.00	0.00	0.00
- GÖG	447000.00	0.00	90000.00	37590.00	574590.00			523500.00	0.00	0.00	0.00
Total beneficiary	570600.00	288000.00	337000.00	83692.00	1279292.00			948500.00	0.00	0.00	0.00
2. BHTC	50540.00	0.00	10000.00	4237.00	64777.00			34112.00	0.00	0.00	0.00
3. BEAT	3960.00	0.00	14880.00	1318.00	20158.00			10616.00	0.00	0.00	0.00
4. HZZO	93688.00	0.00	26040.00	8380.00	128108.00			67462.00	0.00	0.00	0.00
5. THL	73403.00	0.00	18660.00	6444.00	98507.00			51874.00	0.00	0.00	0.00
6. FRNA	75600.00	0.00	26040.00	7114.00	108754.00			57270.00	0.00	0.00	0.00
- ASIP SANTE	203040.00	0.00	14880.00	15254.00	233174.00			122789.00	0.00	0.00	0.00
Total beneficiary	278640.00	0.00	40920.00	22368.00	341928.00			180059.00	0.00	0.00	0.00
7. GEMATIK	192240.00	0.00	26040.00	15279.00	233559.00			122992.00	0.00	0.00	0.00
8. 3DHHR	31250.00	50000.00	26040.00	7510.00	114800.00			60453.00	0.00	0.00	0.00
9. GYEMSZI	132300.00	0.00	26040.00	11083.00	169423.00			89218.00	0.00	0.00	0.00
10. SE	100450.00	0.00	69040.00	11864.00	181354.00			114271.00	0.00	0.00	0.00
11. DH	88200.00	0.00	14880.00	7215.00	110295.00			58081.00	0.00	0.00	0.00

Associated with document Ref. Ares(2015)3186414 - 29/07/2015

ESTIMATED BUDGET FOR THE ACTION (page 2 of 3)

	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
12. MoH-IT	36788.00	0.00	14880.00	3616.00	55284.00			29113.00	0.00	0.00	0.00
13. NVD	4821.00	0.00	10000.00	1037.00	15858.00			8351.00	0.00	0.00	0.00
14. VULSK	75400.00	0.00	14880.00	6319.00	96599.00			50866.00	0.00	0.00	0.00
15. VLK	21472.00	0.00	14880.00	2544.00	38896.00			20482.00	0.00	0.00	0.00
16. AeS	51300.00	0.00	26040.00	5413.00	82753.00			43577.00	0.00	0.00	0.00
17. MFH	9422.00	0.00	10000.00	1359.00	20781.00			10943.00	0.00	0.00	0.00
18. NICTIZ	156000.00	0.00	26040.00	12742.00	194782.00			102572.00	0.00	0.00	0.00
19. HDIR	18200.00	0.00	14880.00	2315.00	35395.00			18639.00	0.00	0.00	0.00
20. SPMS	252994.00	0.00	26040.00	19532.00	298566.00			157224.00	0.00	0.00	0.00
21. BBU	157379.00	0.00	26040.00	12839.00	196258.00			103350.00	0.00	0.00	0.00
22. SEHA	75000.00	0.00	26040.00	7072.00	108112.00			56932.00	0.00	0.00	0.00
23. NHS IC	81000.00	0.00	26040.00	7492.00	114532.00			60313.00	0.00	0.00	0.00
Total consortium	2555047.00	338000.00	845300.00	261670.00	4000017.00	60.00[7]	2400010.20	2400000.00	0.00	0.00	0.00

ESTIMATED BUDGET FOR THE ACTION (page 3 of 3)

(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

SERVICE PUBLIC FEDERAL SANTE PUBLIQUE, SECURITE DE LA CHAINE ALIMENTAIRE ET ENVIRONNEMENT (BHTC), N/A, established in SQUARE VICTOR HORTA 40 BUR 1D 1G, BRUSSELS 1060, Belgium, N/A, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘2’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Els EEMAN with ECAS id neemanel signed in the Participant Portal on 06/08/2015 at 08:57:12 (transaction id SigId-5089-e6w8RznQWbSdBpaRe7Lxip2tCeTzXOtG3AdwXnEtyYUSnIzkcbIYPLLzuR9L8uJMPemJ0HWEFjlfclOrEGzQwi4-PHslUMVSXYCH3xcLZM8UuW-FCce3H25LiuOFKsuVwHTsKM3J688xpYGN4UoAQiM9se). Timestamp by third party at Thu Aug 06 09:57:18 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

EXECUTIVE AGENCY FOR TRANSPLANTATION (BEAT), 131225544, established in UL BRATYA MILADINOVI 112, SOFIA 1202, Bulgaria, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘3’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Maryana SIMEONOVA with ECAS id nsimmary signed in the Participant Portal on 06/08/2015 at 11:33:39 (transaction id SigId-5261-tozW97S64OGueVR0MEQV1WkzJxFG9v6Vj6kCvIEcE3AMBRRW0nPzKWg6PYBLg0H2vP7dn4sDyN4hrM0gBnW6Bt0-PHslUMVSXYCH3xcLZM8UuW-jQ9ElzZ94wqD592WvgHohNOKt2AVCBTzVhFqY12n8jbG). Timestamp by third party at
Thu Aug 06 12:33:43 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

HRVATSKI ZAVOD ZA ZDRAVSTVENO OSIGURANJE (HZZO), 080427747, established in MARGARETSKA 3, ZAGREB 10000, Croatia, HR3580261, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘4’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Tatjana PRENA TRUPEC with ECAS id nprendta signed in the Participant Portal on 10/08/2015 at 08:14:31 (transaction id SigId-243-2MQCxmhZWKdfemALOdxorR6yPKnzTV4WTSUPl99TtIBhtvb2DfLhm7WcJTVRa3q8DoaY0SBLWQlCEdrNWaLiOy-Jj71zxYb8yrmkuWnR3zgLC-tTMrKQZzGQFO1FHqnBvGzr46hSvvnQP3v62zzVUTmi2H). Timestamp by third party at Mon Aug 10 09:14:37 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

TERVEYDEN JA HYVINVOINNIN LAITOS (THL), 22295006, established in MANNERHEIMINTIE 166, HELSINKI 00271, Finland, FI22295006, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘5’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Pekka KAHRI with ECAS id nkahrpek signed in the Participant Portal on 11/08/2015 at 07:45:05 (transaction id SigId-866-2WhTg2VeHYAT5KSYfcVS2qRU41tkrSXpzltBOpjDAjaEnD6ODNDLoMe3L6g8zdD3jru1zHXZlGpiB9D7vnFkASW-Jj71zxYb8yrmkuWnR3zgLC-0ZXE96IsPYFzzQkwguZt9C8YCp3c86oVeqXP20fczhkC). Timestamp by third party at Tue Aug 11 08:45:12 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

Ministere des Affaires Sociales et de la Sante (FRNA), N/A, established in AVENUE Duquesne 14, PARIS CEDEX 75350, France, N/A, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘6’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Philippe BURNEL with ECAS id nburneph signed in the Participant Portal on 27/08/2015 at 14:44:53 (transaction id SigId-1948-oupDw61nrEvde7IMUY7GgVWLDKaSwFdqLzQe51rPLUDLDxb5Aix1Zh3eH68DzNHr7qEOon1b2peOCfTlkLu1t3-PHslUMVSXYCCnd35MgqX9u-hyZ3BMzaztGaQgwyCueXQhHSzJYlUuJdU4pGdXseqjEa). Timestamp by third party at
Thu Aug 27 15:44:58 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

GEMATIK GESELLSCHAFT FUR TELEMATIKANWENDUNGEN DER GESUNDHEITSKARTE MBH (GEMATIK) GMBH, HRB96351B, established in FRIEDRICHSTRASSE 136, BERLIN 10117, Germany, DE241843684, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘7’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Alexander BEYER with ECAS id nbeyeral signed in the Participant Portal on 06/08/2015 at 09:10:04 (transaction id SigId-5093-599zXsIS1NDK3Nzagv8pzUxbRrsYerd3Tst0aO3Avlaqg4lSlt5M5Umf1JzJew9jWlzlZiWchaK1fdmbQcPlsr0-PHslUMVSXYCH3xcLZM8UuW-Q9k8NJXqzVLmbAFoee78pghw4NG06uJ5aRrPNtNUJzvW).
Timestamp by third party at
Thu Aug 06 10:10:10 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

DIOIKISI 3IS YGEIONOMIKIS PERIFEREIAS MAKEDONIAS (3DHHR), established in ARISTOTELOUS 16, THESSALONIKI 54623, Greece, EL999122114, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘8’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Georgios KIRKOS with ECAS id nkirkosg signed in the Participant Portal on 03/09/2015 at 09:28:10 (transaction id SigId-128-PFWhl0YZXyt3QzPKLuiRFniWuzuukzgRYiwLxj13u6K6EQ5E1kNekMzSQuUDdKepBFTzzRzzO66MZ30ZWeyTHhBc-PHslUMVSXYCbeaNBsYqQXC-H2cMbAFzknoiSAVZ9MLlpOub7bzzb1JQP3d6SoRvIQPm). Timestamp by third party at
Thu Sep 03 10:28:17 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

ALLAMI EGESZSEGUGYI ELLATO KOZPONT (GYEMSZI), 324689, established in DIOS AROK 3, BUDAPEST 1125, Hungary, HU15324683, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘9’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Zoltán Gusztáv ÓNODI-SZCS DR. with ECAS id nonodizo signed in the Participant Portal on 24/08/2015 at 10:15:37 (transaction id SigId-238-JlB9WoR65QmPk5P2vzRzqZaEUxTJ7ApFp3PYlxkMAKfGYCBSu9Pd48g CpVUOf07tkKbZ8LzIfnEWEEZl2PKr2G0-PHslUMVSXYCCnd35MgqX9u-sBEDoxziL7GMahzfnyTFzaFzv8MDCuRG9wAlrvbgDEEA). Timestamp by third party at
Mon Aug 24 11:15:43 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

SEMMELWEIS EGYETEM (SE) HU13, FI62576, established in ULLOI UTCA 26, BUDAPEST 1085, Hungary, HU15329808, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘10’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

György BAGDY with ECAS id nbagdgyo signed in the Participant Portal on 03/09/2015 at 15:23:59 (transaction id SigId-631-iASqXWFHfKGzq7Bl1qXSZgFtptAzRuAcHWzPZGfHuwMu34tXrZn4OZDoa2iCHSbD19LqBbinWbdddTznO19j5QS-PHslUMVSXYCbeaNBsYqQXC-VQEgfxhLffltjPwTzezcwjWnV9XUUoaotuFXzUI7RdVO). Timestamp by third party at
Thu Sep 03 16:24:05 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

DEPARTMENT OF HEALTH (DH), Not applicable, established in poolbeg St, Hawkins House, Dublin dn 6, Ireland, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘11’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Kevin CONLON with ECAS id nconloke signed in the Participant Portal on 24/08/2015 at 11:45:54 (transaction id SigId-293-GmZfxlij30grvfs46Quc2jbU39PcharA5pjTTBBb21BprDwtrMA7A6ClRfrzeVrynZTxNzOu9tJBTl8gjnCzQOG-PHslUMVSXYCCnd35MgqX9u-Lk6WlVuYzWN7ZS0Ogy3YUJ9HSrZRY2AYLi9a9rwhR3X).
Timestamp by third party at
Mon Aug 24 12:45:58 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

MINISTERO DELLA SALUTE (MoH-IT), N/A, established in Via Giorgio Ribotta 5, ROMA 00144, Italy, N/A, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘12’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Massimo CASCIELLO with ECAS id ncascima signed in the Participant Portal on 24/08/2015 at 08:32:53 (transaction id SigId-131-sD3iZfFHgvbImaQnzbjbYzWBIdml7v8CUKYaj0zvXOsB9LRZi12KQNHlIlff5fURPHIplpEJfzn0ynxXQ1uKVPm-PHslUMVSXYCCnd35MgqX9u-7UjkE3wDLNojWCE0xtBYc0TWuBsC1tyN1LZlqFJ9Lj0). Timestamp by third party at Mon Aug 24 09:32:59 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

NACIONALAIS VESELIBAS DIENESTS (NVD), 90009649337, established in Cēsu iela 31, k-3, Rīga LV-1012, Latvia, 90009649337, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘13’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Daina MRMANE-UMBRAŠKO with ECAS id nmurmada signed in the Participant Portal on 28/08/2015 at 14:06:42 (transaction id SigId-2412-25qeHUFxwF2CGb0QdxOjSrmbYYxOncZzvAvAZdSIC8h7vrvV80x4TdVVFZmiFpE6XWpuC80epHl5Kc3zuYYvri-PHslUMVSXYCCnd35MgqX9u-1aAdOfJxQY8XHw76DK5i9zWzO9Dzcb5jwj7OBU5imwUO). Timestamp by third party at
Fri Aug 28 15:06:46 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

VIESOJI ISTAIGA VILNIAUS UNIVERSITETO LIGONINES SANTARISKIU KLINIKOS (VULSK) LT3, 124364561, established in SANTARISKIU G 2, VILNIUS 08661, Lithuania, LT243645610, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘14’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Edgaras MARKEVICIUS with ECAS id nmarkeed signed in the Participant Portal on 06/08/2015 at 09:43:00 (transaction id SigId-5125-PXtG6LbdEAVztv69WiFRix2gYWnwUsTD5AED7F18QLLnsI8FlkiwlJmTX39nBg7nZQJKeMdZqMEs88rTCPtmOS-PHslUMVSXYCH3xcLZM8UuW-3zXgHI4A7ZRNuUsQfyKyncOEdEzYJ1gwnOB1whwfFLk0). Timestamp by third party at
Thu Aug 06 10:43:04 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

VALSTYBINE LIGONIU KASA PRIE SVEIKATOS APSAUGOS MINISTERIJOS (VLK), 191351679, established in KALVARIJU G 147, VILNIUS 03505, Lithuania, LT100000950313, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘15’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Saulius STAROLIS with ECAS id nssauliu signed in the Participant Portal on 10/08/2015 at 08:30:28 (transaction id SigId-257-84vU84DuKZcm3JzPGJ2p3t0mHGdbZEUONMDC6GmQcqmGJiEeKNaNLEnrLg1h8e7gIsj9FUDRNyc1ka3qp7J2Nq-Jj71zxYb8yrmkuWnR3zgLC-EGwP8fMIY7mpU2ezYH3XwftD5uTlLreBtirSl16CXW4). Timestamp by third party at
Mon Aug 10 09:30:32 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

AGENCE ESANTE (AeS) GIE, C69, established in ALLEE MARCONI - VILLA LOUVIGNY, LUXEMBOURG 2120, Luxembourg, LU25854803, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘16’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Hervé BARGE with ECAS id nbargehe signed in the Participant Portal on 06/08/2015 at 22:52:42 (transaction id SigId-5488-GHjs9Zazb2aRITa4CIzY73KQOGZXOjTWqGnS363fnVgD69gjtBs3lEIcPZFj5vDDTzLWZXp9YGZueFtvFocKhOW-PHslUMVSXYCH3xcLZM8UuW-N3zsrOjaC2UhNPdymD3lfAgbza4rQR1AJ2Adykd2EBlW). Timestamp by third party at
Thu Aug 06 23:52:47 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

Ministry for Health - Government of Malta (MFH), not applicable, established in Palazzo Castellania, Merchants Street 15, Valletta VLT 200, Malta, MT12979127, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘17’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Joseph RAPA with ECAS id nraparjo signed in the Participant Portal on 02/09/2015 at 05:22:26 (transaction id SigId-1335-93VEtHlLLxyYSrGQm2MfDYq1FLZGrPcNVA6ViMk09bHcPD2mKLnLzbdHcpJNwZwN6PzmHgibPF0hgT27QR1xzM0-Jj71zxYb8yrNX0dhnHa7Ki-5xoyUeGHgJZDzHssVPXS9zY9nC3jEXBBledYwtXgERC0). Timestamp by third party at Wed Sep 02 06:22:32 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

STICHTING NATIONAAL ICT INSTITUUT IN DE ZORG (NICTIZ) NL6, 27246881, established in Oude Middenweg 55, Den Haag 2491AC, Netherlands, N/A, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘18’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Elisabeth VAN GENNIP with ECAS id ngenniel signed in the Participant Portal on 01/09/2015 at 09:19:13 (transaction id SigId-808-35QjssLIy4ahwxUJixEUjg0Si5cwJSG2ImGcWCbhfbcbtw15jwUjM7VG r6vOTfkqIGdh96zzTiFi1GCEzduiljm-Jj71zxYb8yrNX0dhnHa7Ki-jzzdJCx4CzNKzfMdLBNwohpUFZ5pqrG6k7Zzs3BwMvzzzW). Timestamp by third party at Tue Sep 01 10:19:20 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

HELSEDIREKTORATE (HDIR), 983544622, established in UNIVERSITETSGATA 2, OSLO 0164, Norway, NO983544622 , ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘19’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Norunn Elin SAURE with ECAS id nsaureno signed in the Participant Portal on 12/08/2015 at 14:46:27 (transaction id SigId-1767-7tMyg2I4duPcPL1MeNkLVzceMm770QfZqVL4yN1nJ7v7usoojHr13ZqrTdPby2YdFDdVp3DkKrEZjOWYCVzh1L-Jj71zxYb8yrmkuWnR3zgLC-D8m0hxTG9YmfexnrMuYQSJgdbDE7Ua0eUKicOBuzQXg). Timestamp by third party at Wed Aug 12 15:46:31 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

SPMS - SERVICOS PARTILHADOS DO MINISTERIO DA SAUDE EPE (SPMS) EPE, 509540716 , established in AVENIDA JOAO CRISOSTOMO 9 / 3, LISBOA 1045-062 , Portugal, PT509540716, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘20’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Henrique MARTINS with ECAS id nmarhnri signed in the Participant Portal on 06/08/2015 at 10:21:38 (transaction id SigId-5181-SJiSIcjv8osdLUO8iZ51NRytTGDRUu8HdiAmZCTWHt60pgqgZDRKJEbibAADwQU2QeonTsDibtQyuZ1ziYr36O-PHslUMVSXYCH3xcLZM8UuW-zHbqmD4EqYvFqU99WFbKP6JMSavqTawcPXtvusDq7FM). Timestamp by third party at Thu Aug 06 11:21:42 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

UNIVERSITATEA BABES BOLYAI (BBU), CF4305849, established in MIHAIL KOGALNICEANU 1, CLUJ NAPOCA 400084, Romania, RO21524920, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘21’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Sorin FILIPESCU with ECAS id nfilsori signed in the Participant Portal on 17/08/2015 at 08:47:33 (transaction id SigId-2785-IznTNAfDslKrzY5flzSzeYxhX6xVkiSnAwY257SzVYjJNIsE46l0FguZkp1akE0PsZCXMt6J8zVeHS5oT5nzQpze-Jj71zxYb8yrmkuWnR3zgLC-yn6j1aHlVxMLDzHMqzzq2Y8QTN3ogfskF1RTVwHDxzzWW).
Timestamp by third party at
Mon Aug 17 09:47:38 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

E-HALSOMYNDIGHETEN (SEHA), 2021006552, established in RINGVAGEN 100, STOCKHOLM 118 60, Sweden, SE202100655201, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘22’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Torsten HÅKANSTA with ECAS id nhaaktor signed in the Participant Portal on 28/08/2015 at 10:02:54 (transaction id SigId-2194-I4AjkWswsvNLVbm3zMwlbsEjGG8NzszO5tKYD9x4nW6b8IQgLIZBFeTuDjhaGLxCXATJRzJgP5GtSlgdqKU3cPG-PHslUMVSXYCCnd35MgqX9u-PZzzavBzIMFD2zyyvBwf5tfrgQXCQv0jiKZjXTkzgF6FG). Timestamp by third party at
Fri Aug 28 11:02:59 CEST 2015

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

NHS HEALTH AND SOCIAL CARE INFORMATION CENTRE (NHS IC), order 2005, established in BOAR LANE TREVELYAN SQUARE 1, Leeds LS1 6AE , United Kingdom, GB654434435 , ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary (‘23’)

in Grant Agreement No 677102 (‘the Agreement’)

between BUNDESMINISTERIUM FUER GESUNDHEIT **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 ‘Joint Action to support the eHealth Network (JAseHN)’.

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

Jeremy THORP with ECAS id nthojere signed in the Participant Portal on 10/08/2015 at 08:39:50 (transaction id SigId-266-SdgdN8u0xxvVLRrZsRpvUUGlb48Xc89LXzvYD0E1SzunyM13qzkjeuBMC48cEzGdpGKB6JZlr7zpzo867BYN9InG-Jj71zxYb8yrmkuWnR3zgLC-ogNnMu2AAh9peGGmYOC0mUg1qPKOglJjceczRVp1Sizm).
Timestamp by third party at
Mon Aug 10 09:39:55 CEST 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).

.

[legal name of the Auditor]
[name and function of an authorised representative]

---

[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: o 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; o the payslips of the employees; o reconciliation of the personnel costs declared in the Financial Statement(s) with the accounting system (project accounting and general ledger) and payroll system; o information concerning the employment status and employment conditions of the declared personnel, in particular their employment contracts or equivalent; o the Beneficiary's usual policy regarding payroll matters (e.g. salary policy, overtime policy, variable pay); o applicable national law on taxes, labour and social security and o 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: o 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…); o 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.	
	<u>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).</u> 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: o description of the time recording system provided by the Beneficiary (registration, authorisation, processing in the HR-system); o its actual implementation; o time records were signed at least monthly by the employees (on paper or electronically) and authorised by the project manager or another manager; o the hours declared were worked within the project period; o 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)
	o supporting documents on the selection and award procedure were followed; o 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: o the subcontracts were not awarded to other Beneficiaries in the consortium;	27) The subcontracts were not awarded to other Beneficiaries of the consortium.	
	o there were signed agreements between the Beneficiary and the subcontractor;	28) All subcontracts were supported by signed agreements between the Beneficiary and the subcontractor.	
	o 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: o 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; o 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; o 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

Digitally sealed by the European Commission
Date: 2015.07.29 16:43:19 CEST

This document is digitally sealed. The digital sealing mechanism uniquely binds the document to the modules of the Participant Portal of the European Commission, to the transaction for which it was generated and ensures its integrity and authenticity.

Any attempt to modify the content will lead to a breach of the electronic seal, which can be verified at any time by clicking on the digital seal validation symbol.