

2.3 Topic EU4H-2021-PJ-08

Action grants to support actions to improve access to human papillomavirus vaccination

A – Background and policy context

Cervical cancer is one of the most preventable and treatable forms of cancer. The primary cause of cervical cancer is a persistent infection of the genital tract by a high-risk human papillomavirus (HPV) type. HPV is also associated with other cancers, in both the male and female population.

In May 2018, the World Health Organisation (WHO) called for the elimination of cervical cancer as a public health problem, and set a target of 90% coverage of HPV vaccination in girls by 2030 in the Global Strategy Towards the Elimination of Cervical Cancer as a Public Health Problem drafted in 2019. In the Union, HPV vaccination has been gradually introduced in national immunisation programmes since 2007, but policies and vaccination coverage rates vary across countries.

One of the flagship initiatives of Europe's Beating Cancer Plan is to vaccinate at least 90% of the Union target population of girls and to significantly increase the vaccination of boys by 2030, in order to eliminate cervical cancer and other cancers caused by HPV such as head-and neck and anal cancers. To support this initiative, the Commission will propose a Council recommendation on vaccine-preventable cancers to help address cancer risks associated with HPV infection and other infections.

This action supports the implementation of a Europe's Beating Cancer Plan flagship initiative and meets the following EU4Health Programme general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives in Article 4, points (a) and (j) of Regulation (EU) 2021/522.

B – Objectives pursued

The aim of the action is to contribute to the implementation of Europe's Beating Cancer Plan, which aims to support Member States' efforts to extend the roll-out of routine HPV vaccination of girls and boys to eliminate cervical cancer and other cancers caused by HPV in the coming decade.

C – Description of the activities to be funded under this topic

The action will support civil society organisations, including non-governmental organisations, to complement the Member States' actions according to national and regional needs related to HPV vaccination policies and programmes. The activities which will be funded will include targeted meetings, workshops, and other initiatives to sharing information with national and regional authorities of Member States, which need to start large-scale HPV vaccination campaigns, with the main objective to receive support through the provision of expertise, best practices, and guidelines covering the planning and roll-out of vaccination campaigns.

These activities may include training (including training of trainers) on how to successfully communicate with parents and patients on HPV vaccination, how to ensure the provision of consistent messages to the public, and the provision of concrete examples on how to support vaccination in other Member States. Activities may include recommendations for the 'bundling' of all adolescent vaccines, including the HPV vaccine, by establishing a policy to check patients' immunisation status at every visit and to always recommend and administer vaccines to those in

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| <p>need. Actions will be designed on the already available evidence-based understanding of behavioural determinants of vaccination acceptance for HPV vaccination.</p> | |
| <p>D – Expected results and impact</p> | |
| <p>The action will contribute to the design, planning and roll-out of an HPV vaccination campaign at Member State level.</p> <p>The expected impact is the improvement of the vaccination coverage of the target population, and a reduction in the incidence and mortality of cervical and other cancers caused by HPV.</p> | |
| <p>E – Specific mandatory deliverables and/or milestones (in addition to those listed in sections C and D above)</p> | |
| <p>Not applicable</p> | |
| <p>F – Specific action-level indicators for reporting purposes</p> | |
| <p>Applicants must include data on the following indicators in their regular reporting activities in case of award, and must be prepared to include additional specific indicators where needed:</p> <ul style="list-style-type: none"> Number of training courses organised. Number of training of trainers organised. Number of people trained. Satisfaction rate / feedback of trainees. Satisfaction rate / feedback of national/regional authorities responsible for human papillomavirus vaccination programmes. Number of trainees having introduced practice at work after the training (to be considered when the number of trainees is limited). Number of practices taken up by national and/or regional authorities to complement the national and/or regional human papillomavirus vaccination programmes. Number of types of material produced for disseminating expertise, best practices, and guidelines (e.g. studies, reports, handbooks, brochures...). Number of countries, organisations and people outreached by actions. | |
| <p>G – Budget</p> | |
| Available budget for this topic: | EUR 1 200 000 |
| Proposals to be awarded under this topic: | One single proposal |
| <p>H – Expected duration of project</p> | |
| <p>The duration of proposals should range between 12 and 36 months (see section 6 of the call document). Given the complexity of the activities to be funded under this topic, the recommended length of a project is 24 months.</p> | |

Part B – Special requirements for this call topic

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| <p>Examples of Applicants <i>The applicants' profile and institutional type could be the ones listed in the column to the</i></p> | <p>Not applicable.</p> |
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| <i>right. Other types of applicants will be also accepted.</i> | |
| Applicants – consortium composition | Applications by either a sole applicant or by a consortium are acceptable |
| Non-eligible activities | N/a |
| Place of implementation | N/a |
| Ethics/Security measures | N/a |

2.4 Topic EU4H-2021-PJ-09

| Action grants for the initiative ‘HealthyLifestyle4All’: promotion of healthy lifestyles | |
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| A – Background and policy context | |
| <p>Lifestyle factors, including healthy diet and physical activity, have long been recognised as potentially important determinants of cancer risk and other non-communicable diseases (NCDs), such as obesity and cardiovascular disease. The 4th edition of the European Code against Cancer recommends that to reduce their risk of cancer people have a healthy diet, are physically active in everyday life and limit the time spent sitting. However, only 3% of national health budgets are currently spent on health promotion and disease prevention. Therefore, there is a need to support Member States’ and stakeholders’ actions to promote healthy diets regular physical activity and the creation of physical and social environments where making healthy choices is easy.</p> <p>The action supports the implementation of the Europe’s Beating Cancer Plan objective to improve health promotion through access to healthy diets and physical activity, and implements the EU4Health Programme’s general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objective defined in Article 4, point (a) of Regulation (EU) 2021/522.</p> | |
| B – Objectives pursued | |
| <p>The ‘HealthyLifestyle4All’ is an initiative, which will build upon the Tartu Call for a Healthy Lifestyle. The aim of this initiative will be to promote healthy lifestyles in the Union, in particular amongst children, and its scope will be widened to involve various Commission services, civil society organisations and the Member States.</p> | |
| C – Description of the activities to be funded under this topic | |
| <p>This specific action will support the ‘HealthyLifestyle4All’ initiative by strengthening the health literacy component for the promotion of healthy lifestyles with a focus on the school setting, ensuring equal access to the activities by all socio-economic groups, and thereby reducing health inequalities. The work will be done through a holistic approach of a healthy school initiative, supporting Member States to create a healthy school environment. The action will support public authorities to increase opportunities for regular physical activity, to promote healthy lifestyles by exchanges of best practices on health literacy, including the health aspects of the Union school scheme and the promotion of the European Code against Cancer. The project will develop proposals for effective uptake of successful practices on health literacy and healthy lifestyles including, nutrition, regular health-enhancing physical activity and mental health in schools.</p> | |

This action will support activities involving key actors, including the Member States, regional and local governments, education establishments and civil society organisations, to help promote healthy choices and to make them easy and affordable choices. A Union approach will be developed and shared to promote investment in active mobility infrastructures, healthy canteens and to develop outreach measures. Targeted activities of the initiative will complement major Union initiatives, including the European Week of Sport, the EU school scheme, and the EU promotion policy for agri-food products, as well as the Action Plan for the Development of Organic Production⁷.

D – Expected results and impact

The expected results include:

- a) The creation of healthy school environments that promote healthy lifestyles with a spill-over effect on the whole community;
- b) The broadening of cross-sectoral cooperation to promote healthy lifestyles across generations;
- c) The investment in a healthy school environment, including healthy canteens.

The action will help to improve healthy lifestyles of children and young people and consequently reduce the incidence of NCDs and reduce their impacts on healthcare systems and social care systems, and ensure the growth and competitiveness of the economy by ensuring a healthy workforce.

E – Specific mandatory deliverables and/or milestones

(in addition to those listed in sections C and D above)

The activities will encourage and support schools and other educational settings to adopt the concept of healthy schools – also known as health-promoting schools, and will collect, develop, endorse and share evidence-based practices. The best practices should be in line with the “best practice criteria”⁸.

The best practices should be disseminated and implemented through networks of healthy schools. The best practices should be complementary to other ongoing European and national initiatives, focusing on successful practices on health literacy and healthy lifestyles in schools. The applicant is required to set up a consortium of national experts/ professionals having profound knowledge and experience of the concept of healthy schools. It should also build on existing initiatives and school networks. Emphasis of this project will be on the long-term engagement and sustainability of the actions implemented.

The best practices should address most of these areas:

Regular physical activity including methodologies to measure children’s physical fitness
 Food and nutrition with a view to increasing the currently low uptake of fruit and vegetables among children
 Work to ensure that school canteens and cafeterias are designed to encourage children to choose healthier snacks and meals, in line with school national dietary recommendations

⁷ [COM\(2021\)141 final](#).

⁸ See here the best practice criteria for example: https://ec.europa.eu/health/sites/default/files/major_chronic_diseases/docs/sgpp_bestpracticescriteria_en.pdf

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| <p>and food-based dietary guidelines⁹, including technical assistance to intervene and transform the school environment (layout of the canteens, making them smart, inexpensive, attractive and healthier)</p> <p>Assessment of the training needs of school staff including the knowledge of school cooks of healthy diets</p> <p>Awareness campaigns with social influencers at schools, nudging kids to healthy lives, improvements for vending and items they contain, reducing ads for junk food in the vicinity of schools, strategies and activities to include school staff, children and their parents in the school approach.</p> <p>Promotion of healthy lifestyles with a specific focus on tackling childhood obesity and other key risk factors</p> <p>Mental health and well-being</p> <p>Overarching objective of focus on vulnerable groups/reducing health inequalities</p> |
| F – Specific action-level indicators for reporting purposes |
| <p>Applicants must include data on the following indicators in their regular reporting activities in case of award, and must be prepared to include additional specific indicators where needed:</p> <ul style="list-style-type: none"> Number of Member States involved in the funded actions Number of regional and local governments Number of civil society organisations, including youth organisations Number of schools /educational settings involved in the implementation of best practices (divided by primary, secondary or other educational settings). Number of pupils/ students involved in the funded actions broken down by age. Number of people who indicate that they would agree to change their health behaviour and lifestyle after the end of the project |
| G – Budget |
| <p>Available budget for this topic: EUR 4 400 000</p> <p>Proposals to be awarded under this topic: Up to three proposals</p> |
| H – Expected duration of project |
| <p>The duration of proposals should range between 12 and 36 months (see section 6 of the call document). Given the complexity of the activities to be funded under this topic, the recommended length of a project is 24- 36 months.</p> |

Part B – Special requirements for this call topic

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| <p>Examples of Applicants</p> <p><i>The applicants' profile and institutional type could be the ones listed in the column to the right. Other types of applicants will be also accepted.</i></p> | <p>Applicant must be able to prove their ability to involve both the education and health sector and to get commitments from responsible local/regional/national authorities.</p> |
| <p>Applicants – consortium composition</p> | <p>Applications by either a sole applicants or by a consortium are acceptable</p> |

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[Food-Based Dietary Guidelines in Europe - table 1 | Knowledge for policy \(europa.eu\)](#)

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| Non-eligible activities | Exclude regular procurement funding (e.g. food purchases by schools), but not one-time equipment purchases. |
| Place of implementation | N/a |
| Ethics/Security measures | N/a |

2.5 Topic EU4H-2021-PJ-10

| Action grants to reduce liver and gastric cancers caused by infections | |
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| A – Background and policy context | |
| <p>Europe's Beating Cancer Plan aims to ensure access to vaccination against Hepatitis B and to treatments to prevent liver and gastric cancers associated with the Hepatitis C virus and <i>Helicobacter pylori</i> infections, respectively. According to the European Centre for Disease Prevention and Control (ECDC)¹⁰, when compared with 2011, the mortality rate in 2015 for all cases of hepatocellular carcinoma increased by 5.3%, and progress towards the 2030 elimination target of a 65% reduction in mortality from the 2015 baseline is currently sub-optimal. Gastric cancer associated with <i>Helicobacter pylori</i> infection show important gaps in incidence across the Union. Moreover, there is an acute need to address the risk of liver cancer associated with these specific infections.</p> <p>The action supports the implementation of the Europe's Beating Cancer Plan objective to prevent cancers caused by infections and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, point (a) and (j).</p> | |
| B – Objectives pursued | |
| The action aims to reduce the risk of liver cancers associated with infections caused by the Hepatitis B and Hepatitis C viruses and the risk of gastric cancers caused by <i>Helicobacter pylori</i> . | |
| C – Description of the activities to be funded under this topic | |
| Each of the three types of infectious agents will be addressed by specific approaches targeted to support vaccination in case of Hepatitis B virus and to drug treatment in case of Hepatitis C virus and <i>Helicobacter pylori</i> . Specific activities will be dedicated to the early detection of infections, the cornerstone strategy to reduce the risk of liver and gastric cancer caused by the three mentioned pathogens. | |
| D – Expected results and impact | |
| Reduction of incidence of Hepatitis B infections and chronic diseases and reduction of Hepatitis C and <i>Helicobacter pylori</i> related liver and gastric cancers, respectively. | |
| E – Specific mandatory deliverables and/or milestones (in addition to those listed in sections C and D above) | |

¹⁰ [Technical Report, Monitoring the responses to Hepatitis B and C epidemics in EU/EEA Member States, 2019.](#)

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| The activities will include support to link the existing bodies active in promoting and implementing community wide programmes for early identification of HBV and HCV. In addition, activities will target the networking of clinical centres working in areas where high incidence of <i>Helicobacter pylori</i> has been demonstrated, or needs further assessment. | |
| F – Specific action-level indicators for reporting purposes | |
| Applicants must include data on the following indicators in their regular reporting activities in case of award, and must be prepared to include additional specific indicators where needed: Number of initiatives/actions targeted to support early identification of HBV asymptomatic infections. Number of initiatives/actions targeted to support early identification of HCV asymptomatic infections. Number of initiatives/actions targeted to support early identification of <i>Helicobacter pylori</i> infections symptomatic and asymptomatic). Number of measures introduced to follow-up positive cases for HBV infections. Number of measures introduced to follow-up positive cases for HCV infections. Number of measures introduced to follow-up positive cases for <i>Helicobacter pylori</i> infections. Number of types of material produced for disseminating expertise, best practices, and guidelines (e.g. studies, reports, handbooks, brochures...). Number of countries/organisations/individuals reached by the funded actions | |
| G – Budget | |
| Available budget for this topic: | EUR 2 000 000 |
| Proposals to be awarded under this topic: | Up to two proposals – One targeted to HBV and HCV and one targeted to <i>Helicobacter pylori</i> |
| H – Expected duration of project | |
| The duration of proposals should range between 12 and 36 months (see section 6 of the call document). Given the complexity of the activities to be funded under this topic, the recommended length of a project is 24 months. | |

Part B – Special requirements for this call topic

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| Examples of Applicants <i>The applicants' profile and institutional type could be the ones listed in the column to the right. Other types of applicants will be also accepted.</i> | N/a |
| Applicants – consortium composition | Applications by either a sole applicants or by a consortium are acceptable |
| Non-eligible activities | N/a |
| Place of implementation | N/a |
| Ethics/Security measures | None in addition to the ethics rules already applicable in relation to clinical activities, |

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| | including diagnosis and treatment, and to the GDPR legislation. |
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2.6 Topic EU4H-2021-PJ-11

| Action grants for ‘EU Cancer Treatment Capacity and Capability Mapping’ project - Network of Comprehensive Cancer Centres | |
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| A – Background and policy context | |
| <p>The European Guide on Quality Improvement in Comprehensive Cancer Control recommends as a priority the establishment of Comprehensive Cancer Care Networks, and likewise the Horizon Europe Cancer Mission Board recommends the establishment of such structures in all Member States as well as the networking of these centres at Union level.</p> <p>One of the flagship initiatives of Europe’s Beating Cancer Plan is the establishment by 2025 of an EU Network linking recognised National Comprehensive Cancer Centres in every Member State to facilitate the uptake of quality-assured diagnosis and treatment, in agreement with the European guidelines and quality assurance schemes for population based screening programmes, including training, research and clinical trials across the Union. The Cancer Plan aims to ensure that 90% of eligible patients have access to such centres by 2030.</p> <p>This action supports the implementation of a flagship initiative of Europe’s Beating Cancer Plan objective to deliver higher-quality care and links also with the European Health Data Space and the European Digital Cancer Patient Centre, and implements the EU4HealthProgramme’s general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (g) of Regulation (EU) 2021/522.</p> | |
| B – Objectives pursued | |
| <p>The ‘EU Cancer Treatment Capacity and Capability Mapping’ action aims to map and share the different capabilities and expertise available across the Union.</p> | |
| C – Description of the activities to be funded under this topic | |
| <p>The action will support the identification of the different capabilities and expertise available across the Union, and build the foundation to regularly identify gaps and needs to be addressed at national and regional level across the Union. At the same time, the EU Network of Comprehensive Cancer Centres will be updated on cancer care innovation as well as on cancer workforce training.</p> | |
| D – Expected results and impact | |
| <p>The mapping of EU Cancer Treatment Capacity and Capability in the Member States is expected to result in facilitating the delivery of higher-quality care and reduce inequalities across the Union, while enabling patients to benefit from diagnosis and treatment close to home.</p> | |
| E – Specific mandatory deliverables and/or milestones <i>(in addition to those listed in sections C and D above)</i> | |
| Not applicable. | |
| F – Specific action-level indicators for reporting purposes | |

Applicants must include data on the following indicators in their regular reporting activities in case of award, and must be prepared to include additional specific indicators where needed:

- Number of inputs treated by the scanning exercise.
- Number (including types) of regular reports provided by the horizon scanning tool(s) developed and operated by the project.
- Number (including types) of downloads of reports.
- Number (including types) of topics identified, selected and prioritised to be included and followed up by the activities implemented in the context of the Comprehensive Cancer Infrastructures.

G – Budget

Available budget for this topic: EUR 1 200 000

Proposals to be awarded under this topic: One proposal

H – Expected duration of project

The duration of proposals should range between 12 and 36 months (see section 6 of the call document). Given the complexity of the activities to be funded under this topic, the recommended length of a project is 24 months.

Part B – Special requirements for this call topic

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| Examples of Applicants <i>The applicants' profile and institutional type could be the ones listed in the column to the right. Other types of applicants will be also accepted.</i> | N/a |
| Applicants – consortium composition | <i>Applications by either a sole applicants or by a consortium are acceptable</i> |
| Non-eligible activities | N/a |
| Place of implementation | N/a |
| Ethics/Security measures | N/a |
| Ethics/Security measures | No |

2.7 Topic EU4H-2021-PJ-12

Action grants to create a 'Cancer Survivor Smart Card'

A – Background and policy context

Evidence shows that cancer survivors often report difficulties in communicating with oncologists, general practitioners and nurses, and to establish a link with social services, which can be of particular importance to reduce the risk of negative quality-of-life outcomes. Therefore, it is imperative to develop interventions to improve communication between survivors, health and social care providers. The action will be implemented taking into account the assumption that

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| <p>communication between patients and clinicians embraces three core attributes of ‘patient-centered’ care: (1) consideration of patients’ needs, perspectives, and individual experiences; (2) provision of opportunities to patients to participate in their care (‘self-management’); and (3) enhancement of the patient-clinician-nursing relationship.</p> <p>This action supports the implementation of Europe’s Beating Cancer Plan objective to improve the quality of life for cancer patients, survivors and carers and links with the European Health Data Space and the European Cancer Patient Digital Centre, and implements the EU4Health Programme’s general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a), (f) and (g) of Regulation (EU) 2021/522.</p> |
| <p>B – Objectives pursued</p> |
| <p>The aim of the action is to improve the quality of life and health status of cancer survivors, and to address their potential needs through the development and support for the wide use of new approaches to communication.</p> <p>A ‘Cancer Survivor Smart Card’ will link with a ‘resource’ function to give access to best practices, guidelines and recommendations specifically targeted to cancer survivors, with a view to helping them to address or to connect with professionals in different areas, to deal with the most common issues that survivors face, such as insufficient management of late and long-term effects of treatment, unmet psychosocial needs, self-management, pain management, and issues related to rehabilitation, emotional distress, tumour recurrence and metastatic disease.</p> |
| <p>C – Description of the activities to be funded under this topic</p> |
| <p>The action will support the development, delivery and usability of a personalised ‘Cancer Survivor Smart Card’ by 2022. The smart card, in the form of an interoperable portable eCard or app, will store certain information related to the monitoring and follow-up of the survivor, including the survivor’s clinical history and follow-up. The smart card will allow connection with the health professionals responsible for the individual’s follow-up, including the survivor’s general practitioner, to improve healthcare provider and survivor communication on the survivor’s worries, questions and other matters of relevance to improve the survivor’s quality of life. The action will involve patients’ groups and health and social care providers, in order to apply a participatory and co-creative approach to help with the development of the tool, and to coach a group of ‘card-users’ to pilot the smart card’s usage once it has been developed, in preparation for the wider application phase.</p> |
| <p>D – Expected results and impact</p> |
| <p>The co-creation, piloting, promotion, and use of the ‘Cancer Survivor Smart Card’ is expected to improve patient-centred communication between cancer survivors and health and social care providers, through the wide use of communication tools and the application of new approaches to communication to improve quality of life, promote healing and reduce suffering.</p> <p>This is likely to improve the quality of life of cancer patients, including that of children and young cancer survivors, through dissemination of best practices on issues such as psychological support, self-management, pain management and professional re-integration. The action will also facilitate the portability and the sharing of data from medical records.</p> <p>The action will ensure a shared and equal access to high-quality information and data, and best practices for cancer survivors across the Union. No country can reach the same results alone, in particular considering that survivorship is still an area that requires additional evidence-based</p> |

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| information, and that a shared approach will ensure the improvement of the quality of life of cancer survivors. |
| E – Specific mandatory deliverables and/or milestones (in addition to those listed in sections C and D above) |
| Participants in the action have to regularly report on the progress of the development, delivery and usability of the Card. |
| F – Specific action-level indicators for reporting purposes |
| <p>Applicants must include data on the following indicators in their regular reporting activities in case of award, and must be prepared to include additional specific indicators where needed:</p> <p>Number of participants involved to pilot the Cancer Survivor Smart Card (breakdown per country, gender and socioeconomic status).</p> <p>Estimated number of people who indicated that the Card has improved the communication with their health and social care providers (breakdown per country, gender and socioeconomic status).</p> <p>Number of supportive (online) materials for cancer survivors produced and disseminated (breakdown per breakdown per country and target group).</p> <p>Number of (validated) best practices identified, collected and shared.</p> |
| G – Budget |
| <p>Available budget for this topic: EUR 1 800 000</p> <p>Proposals to be awarded under this topic: one proposal</p> |
| H – Expected duration of project |
| The duration of proposals should range between 12 and 36 months (see section 6 of the call document). Given the complexity of the activities to be funded under this topic, the recommended length of a project is 24 months. |

Part B – Special requirements for this call topic

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| Examples of Applicants <i>The applicants' profile and institutional type could be the ones listed in the column to the right. Other types of applicants will be also accepted.</i> | Academia and education establishments, civil society organisations (associations, foundations, NGOs and similar entities), and research institutes in the field of public health having experience in information, communication and inequalities. |
| Applicants – consortium composition | N/a |
| Non-eligible activities | N/a |
| Place of implementation | N/a |
| Ethics/Security measures | None in addition to the ethics rules already applicable in relation to the GDPR legislation. |

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| - Number of outreach events organised - output - Number of structures declaring to have introduced best practices - result | |
| G – Budget | |
| Available budget for this topic: | EUR 7 000 000 |
| Proposals to be awarded under this topic: | Up to 5 projects |
| H – Expected duration of project | |
| Given the complexity of the activities to be funded under this topic, the indicative length of a project is 36 months. | |

**Part B – Special requirements
to be included in the call document**

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| Examples of Applicants <i>The applicants' profile and institutional type could be the ones listed in the column to the right. Other types of applicants will be also accepted.</i> | <i>N/a</i> |
| Applicants – consortium composition | A consortium composed of at least 3 applicant organisations established in at least 3 different eligible countries |
| Non-eligible activities | <i>N/a</i> |
| Place of implementation | <i>N/a</i> |
| Ethics/Security measures | <i>Applicable national regulations shall apply.</i> |

2.10 Topic EU4H-2021-PJ-15

| Action grants for 'Cancer Diagnostic for Public Health' |
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| A – Background and policy context |
| <p>Cancer is strongly driven by genomic modifications, and new technological approaches are now available for diagnostic, therapeutic and personalised risk-assessment for prevention. These new approaches have a relevant positive impact on the outcome of cancer care. Therefore, there is a need to support access to such measures while guaranteeing a viable and a high standard of performance of these new techniques.</p> <p>This action supports the implementation of Europe's Beating Cancer Plan objective to ensure high standards in cancer care and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (g) of Regulation (EU) 2021/522).</p> |
| B – Objectives pursued |
| The new 'Cancer Diagnostic and Treatment for All' initiative, and the 'Genomic for Public Health' project will help Member States to improve access for individuals and cancer patients and survivors |

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| to prevention, diagnosis and treatment of cancer through personalised medicine, by upscaling available innovation ⁽¹²⁾ in the field of innovative cancer diagnosis and treatment. |
| C – Description of the activities to be funded under this topic |
| <p>Applicants shall target their proposal to one or both of the action subtopics (a, b) described below and indicate that clearly in the proposal.</p> <p>Sub-topic (a) - - ‘Cancer Diagnostic and Treatment for All’ initiative: It will use the ‘next generation sequencing’ technology for a quick and efficient application of personalised cancer diagnosis and treatment. The action will scale up the already available results in genetic profiling of patients and tumour cells allowing cancer centres to share such cancer profiles with a view to apply the same or similar diagnostic and therapeutic approaches to patients with comparable cancer profiles across the Union.</p> <p>Sub-topic (b) - ‘Genomic for Public Health’ project: which is expected, to scale up the ‘1+ Million Genome Initiative’ results, to translate them into implementable public health measures to address cancer prevention on the basis of specific individual genetic profiles, which indicates the susceptibility of individuals to develop a certain type of cancer. Therefore, the project will open new perspectives to personalised risk-assessment and targeted cancer prevention.</p> |
| D – Expected results and impact |
| The ‘Cancer Diagnostic and Treatment for All’ and the ‘Genomic for Public Health’ actions will help Member States to develop guidelines and recommendations to better determine who and what to test, organise health services to implement genetic testing, and provide specific education and training for health workers to advance our understanding of cancer control. Ultimately, individuals and cancer patients will benefit on a large-scale of a high quality and viable way to prevent cancer, to diagnose and treat it. |
| E – Specific mandatory deliverables and/or milestones (in addition to those listed in sections C and D above) |
| No |
| F – Specific action-level indicators for reporting purposes |
| <p>Applicants must include data on the following indicators in their regular reporting activities in case of award, and must be prepared to include additional specific indicators where needed:</p> <p>Sub-topic (a) - ‘Cancer Diagnostic and Treatment for All’ project</p> <ul style="list-style-type: none"> - Number and type of available ‘next generation sequencing’ technology proposed for application of personalised cancer diagnosis and treatments. - Number of cancer centres, which are skilled and are offering ‘next generation sequencing’ technology for application of personalised cancer diagnosis and treatment. - Member States and Regions that have a capacity to offer ‘next generation sequencing’ technology for application of personalised cancer diagnosis and treatment. - Number of patients who have benefitted from ‘next generation sequencing’ technology for personalised cancer diagnosis and treatment. <p>Sub-topic (b) - ‘Genomic for Public Health’ project</p> |

¹² For example, from OncGNS: *Next Generation Sequencing diagnostics in 21st century oncology: the best, for all, at all times.*

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| <ul style="list-style-type: none"> - Number and type of implementable public health measures to identify individual genetic profiles, indicating susceptibility of individuals to develop a certain type of cancer. - Number of cancer centres, which are skilled and routinely offering approaches and measures to identify individual genetic profiles, indicating susceptibility of individuals to develop a certain type of cancer. - Member States and Regions that have the capacity to offer approaches and measures to identify individual genetic profiles, indicating susceptibility of individuals to develop a certain type of cancer. - Number of patients who have benefitted from approaches and measures to identify individual genetic profiles, indicating susceptibility of individuals to develop a certain type of cancer. | |
| G – Budget | |
| Available budget for this topic: | EUR 3 000 000 for strand a) EUR 3 000 000 for strand b) |
| Proposals to be awarded under this topic: | Up to two proposals |
| H – Expected duration of project | |
| The duration of proposals should range between 12 and 36 months (see section 6 of the call document). Given the complexity of the activities to be funded under this topic, the recommended length of a project is 24 months. | |

Part B – Special requirements for this call topic

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| Examples of Applicants <i>The applicants' profile and institutional type could be the ones listed in the column to the right. Other types of applicants will be also accepted.</i> | N/a |
| Applicants – consortium composition | Applications by either a sole applicants or by a consortium are acceptable |
| Non-eligible activities | N/a |
| Place of implementation | N/a |
| Ethics/Security measures | None in addition to the ethics rules already applicable in relation to clinical activities, including diagnosis and treatment, and the GDPR legislation. |

2.11 Topic EU4H-2021-PJ-16

| Action grants for the Computer-aided Drug Repurposing for Cancer Therapy Project | |
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| A – Background and policy context | |
| Despite huge improvements, current anticancer pharmacological therapies are effective in a limited number of cancer cases. Tumours with a high mortality rate, a target not reachable by chemotherapy, and chemotherapy resistance, represent the current challenges of cancer treatments. As the pharmaceutical productivity and drug efficacy in oncology seem to have | |

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| <p>reached a plateau, ‘drug repurposing’ – meaning the use of old drugs, already in clinical use, for a different therapeutic indication, is a promising and viable strategy to improve cancer therapy. Opportunities for drug repurposing are often based on occasional observations or on time-consuming pre-clinical drug screenings that are often not hypothesis-driven.</p> <p>This action supports the implementation of Europe’s Beating Cancer Plan objective to ensure high standards in cancer care and implements the EU4Health Programme’s general objective of improving and fostering health in the Union (Article 3, point (a) through the specific objectives defined in Article 4, points (a) and (g) of Regulation (EU) 2021/522.</p> |
| <p>B – Objectives pursued</p> |
| <p>The aim of the action is to identify potential viable effective anti-cancer drugs by making use and piloting ‘in-silico drug repurposing’ including by upscaling available innovation¹³ using advanced computing and the new big-data technologies and high-performance computing while reducing timeframes and development costs.</p> |
| <p>C – Description of the activities to be funded under this topic</p> |
| <p>The action will launch an EU platform based on ‘computational drug networks’ to predict, in-silico, the efficacy of approved drugs against relevant cancer targets, as well as to select better responder patients or disease biomarkers. This will be implemented following a time and cost-effective approach, also building on experiences with repurposing of medicines to treat COVID-19, where high-performance computing will be used to rapidly test existing molecules and new drug combinations.</p> <p>The action will also devise and test models for closer collaboration among stakeholders.</p> |
| <p>D – Expected results and impact</p> |
| <p>The launch of an EU platform based on improved ‘computational drug networks’ is expected to result in a better prediction of the efficacy of approved drugs against relevant cancer targets, as well as to select better responder patients or disease biomarkers, and to link Member States’ structures responsible for cancer treatment and care.</p> <p>Starting with cancers with poor prognosis and rare cancers, and using high-performance computing, this work will help to improve the arsenal of anticancer drugs and overcome certain limitations of modern cancer therapies against old and new therapeutic targets in oncology.</p> <p>The action is likely to increase available anticancer drugs and overcome limitations of current cancer therapies against old and new therapeutic targets in oncology, to the final benefit of patients with poor prognosis and rare cancers.</p> |
| <p>E – Specific mandatory deliverables and/or milestones (in addition to those listed in sections C and D above)</p> |
| <p>Development of a concept for drug re-purposing in the field of cancer care with focus on innovative computer aided approaches. Specific attention to be given to areas that will benefit patients with cancers with poor prognosis and rare cancers. The work has to build on existing experiences and concepts (globally) and link in particular with efforts to ‘Building a European innovation platform for the repurposing of medicinal products’¹⁴</p> |

¹³ For example from HORIZON-HLTH-2021-DISEASE-04-02: *Building a European innovation platform for the repurposing of medicinal products*.

¹⁴ HORIZON-HLTH-2021-DISEASE-04-02

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| <p>Proof of concept and piloting of the approach. Concept for the sustainable establishment of an EU platform and recommendations for further development work.</p> | |
| F – Specific action-level indicators for reporting purposes | |
| <p>Applicants must include data on the following indicators in their regular reporting activities in case of award, and must be prepared to include additional specific indicators where needed:</p> <ul style="list-style-type: none"> number of innovative computer aided approaches considered. number of events, meetings and discussions organised. number of participants (Member State, other countries or international organisations). number of medicinal products tested. | |
| G – Budget | |
| Available budget for this topic: | EUR 3 000 000 |
| Proposals to be awarded under this topic: | One single proposal, or up to 2. |
| H – Expected duration of project | |
| <p>The duration of proposals should range between 12 and 36 months (see section 6 of the call document). Given the complexity of the activities to be funded under this topic, the recommended length of a project is 24-36 months.</p> | |

Part B – Special requirements for this call topic

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| <p>Examples of Applicants <i>The applicants' profile and institutional type could be the ones listed in the column to the right. Other types of applicants will be also accepted.</i></p> | N/a |
| Applicants – consortium composition | Applications by either a sole applicants or by a consortium are acceptable, but sole applicants or lead partners of a consortium need to provide proof of having prior relevant experience in the field concerned |
| Non-eligible activities | N/a |
| Place of implementation | Inside EU/EEA countries |
| Ethics/Security measures | N/a |

2.13 Topic EU4H-2021-PJ-18

Action grants boosting cancer prevention through the use of the European Code against Cancer and other concerted actions

A – Background and policy context

About 40% of cancer cases in the Union are preventable. Prevention is also the most cost-efficient long-term cancer control strategy. It is estimated that the cancer burden could be reduced by up to 50% if scientific knowledge on causes of cancer could be translated into successful preventive actions, including through improving health literacy with the view to increasing access to understandable messages on prevention, including by hard-to-reach and marginalised groups of the population.

One of the policy objectives of Europe's Beating Cancer Plan is to improve health literacy on cancer risks and determinants. Initiatives will be launched to give people the information and tools they need to make healthier choices. The European Code against Cancer, which was first published in 1987, has a long-standing tradition as a preventive tool aimed at reducing the burden of cancer by informing people on how to avoid or reduce carcinogenic exposures, adopt behaviours to reduce their cancer risk, or to participate in organised intervention programmes. The European Code against Cancer needs to be updated to take into account the latest scientific developments and to include new evidence-based recommendations to improve health literacy and to guide national health policies in cancer prevention.

Evidence demonstrates that the recommendations of the European Code against Cancer are only partially reaching the general population. Therefore, there is a need to improve its impact across the Union. To achieve this, there is a need for the appropriate tools and instruments to improve communication with the public and to make use of new communication tools, including taking into account a gender-sensitive approach. An 'EU Mobile App for Cancer Prevention' will be developed to extend the coverage of the European Code against Cancer, to help behavioural interventions through commitment devices and reminders, with the aim of empowering people to manage their own health. To ensure that the recommendations of the European Code against Cancer are understood and translated into practice, communication will be adapted according to the literacy level of the target population, as a low health literacy is one of the social determinants of health associated with cancer-related disparities.

This action supports the implementation of a Europe's Beating Cancer Plan flagship initiative and implements the EU4Health Programme's general objective of improving and fostering health in the Union (Article 3, point (a)) through the specific objectives defined in Article 4, points (a) and (j) of Regulation (EU) 2021/522.

B – Objectives pursued

The aim of this action is to improve access to and understanding of risk factors and health determinants to improve health outcomes for cancer.

C – Description of the activities to be funded under this topic

Applicants shall **target their proposal to one or both of the action strands (a, b)** described below and indicate that clearly in the proposal.

- (a) to support the usability of the recommendations of the European Code against Cancer through the 'EU Mobile App for Cancer Prevention' by means of activities covering training, piloting and promotion amongst the general population. Support will include activities to

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| <p>provide relevant input for the design and development of the ‘EU Mobile App for Cancer Prevention’.</p> <p>(b) to support ‘Health Literacy for Cancer Prevention and Care’ by means of activities that develop and share best practices to strengthen health literacy in cancer prevention and care programmes, with a focus on disadvantaged groups. These activities will include the assessment of literacy on cancer prevention and will provide support for targeted actions to improve the degree to which individuals have the capacity to obtain, process, and understand health information to make informed decisions about cancer prevention. These targeted actions will be designed taking into consideration health literacy programs developed within healthcare systems and in the community, for instance, to reduce medical jargon and improve education using plain language, easy-to-understand written materials and teach-back, and also plain language written materials, including visuals to provide more culturally and linguistically appropriate health education and enhanced web-based information.</p> |
| <p>D – Expected results and impact</p> |
| <p>The expected results are:</p> <ul style="list-style-type: none"> (a) increased usability of ‘EU Mobile App for Cancer Prevention’ amongst the general population through training, piloting and promotion; (b) the launch of a project to increase health literacy for cancer prevention and care. <p>The action aims to reduce individual cancer risks across the Union through the application of the European Code against Cancer recommendations.</p> |
| <p>E – Specific mandatory deliverables and/or milestones (in addition to those listed in sections C and D above)</p> |
| <p>None</p> |
| <p>F – Specific action-level indicators for reporting purposes</p> |
| <p>Applicants must include data on the following indicators in their regular reporting activities in case of award, and must be prepared to include additional specific indicators where needed:</p> <p><u>Usability of the App:</u></p> <ul style="list-style-type: none"> - Number of downloads of the App (breakdown per country, gender and education/income level) - Number of (online) training courses organised (breakdown per country and per target audience, such as school children, elderly, people at work, etc) - Number of (online) promotional activities organised (breakdown per country) - Estimated number of people reached (breakdown per country, gender and education/income level) - Estimated number of people who indicate that the App has improved their knowledge changed their behaviour and lifestyle (breakdown per country, gender and education/income) - Number of feedback from users (breakdown per country, gender and education/income level) <p><u>Health literacy project</u></p> <ul style="list-style-type: none"> - Number of best practices identified, collected and shared - Estimated number of people reached (breakdown per country, gender and education/income level) - Estimated number of people who indicate that the project has improved their knowledge and changed their behaviour and lifestyle (breakdown per country, gender and education/income) |

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| <ul style="list-style-type: none"> - Number of cancer organisations and other stakeholders involved in the funded actions (breakdown per country) - Number of (online) materials for enhancing health literacy produced and disseminated (breakdown per country and target group) - Number of hits for web-based information (breakdown per country) - Number of targeted actions to specifically reach and involve vulnerable and disadvantaged population groups (breakdown per country and socio-economic group) | |
| G – Budget | |
| Available budget for this topic: | EUR 1 500 000 for strand a) EUR 1 000 000 for strand b) |
| Proposals to be awarded under this topic: | Two proposals covering strands a) and b) |
| H – Expected duration of project | |
| The duration of proposals should range between 12 and 36 months (see section 6 of the call document). Given the complexity of the activities to be funded under this topic, the recommended length of a project is 24 months. | |

Part B – Special requirements for this call topic

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| Examples of Applicants <i>The applicants' profile and institutional type could be the ones listed in the column to the right. Other types of applicants will be also accepted.</i> | Academia and education establishments, civil society organisations (associations, foundations, NGOs and similar entities), and research institutes in the field of public health having experience in information, communication and inequalities. |
| Applicants – consortium composition | Applications by either a sole applicants or by a consortium are acceptable |
| Non-eligible activities | N/a |
| Place of implementation | N/a |
| Ethics/Security measures | N/a |

3. Available budget

The available call budget is **EUR 43 850 000**. This budget might be increased by a maximum of 20%.

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