Associated with document Ref. Ares(2021)5882948 - 27/09/2021

EUROPEAN COMMISSION
European Health and Digital Executive Agency

The Director

GRANT AGREEMENT

NUMBER 101035969 — JA-02-2020

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

on the one part,

the **European Health and Digital Executive Agency (HaDEA)** ('the Agency'), under the powers delegated by the European Commission ('the Commission'), represented for the purposes of signature of this Agreement by Florina TELEA, Head of unit, or his/her duly authorised representative,

and

on the other part,

1. 'the coordinator':

ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS (NPHO), established in 3-5 AGRAFON ST., ATHENS 15123, Greece, VAT number: EL997032451, represented for the purposes of signing the Agreement by PANAGIOTIS ARKOUMANEAS

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

2. **BUNDESMINISTERIUM FUER SOZIALES, GESUNDHEIT, PFLEGE UND KONSUMENTENSCHUTZ (BMSGPK)**, established in Radetzkystrasse 2, WIEN 1030, Austria,

3. **NATSIONALEN CENTAR PO OBSHTESTVENO ZDRAVE I ANALIZI (NCPHA)**, established in ACAD IVAN GESHOV BLVD 15, SOFIA 1431, Bulgaria, VAT number: BG176094665,

4. **HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO (CIPH)**, established in ROCKEFELLEROVA 7, ZAGREB 10000, Croatia, VAT number: HR75297532041,

5. **ORGANISMOS KRATIKON YPIRESION YGEIAS (MHS CYPRUS)**, established in PRODROMOU 1 AND CHILONOS 17, NICOSIA 1448, Cyprus, VAT number: CY18007761X,

6. **MINISTERSTVO ZDRAVOTNICTVI CESKE REPUBLIKY (MZCR)**, established in PALACKEHO NAMESTI 375/4, PRAHA 12801, Czech Republic,

7. **SOTSIAALMINISTEERIUM (MSAE)**, established in Suur-Ameerika 1, TALLINN 10122, Estonia,

8. **TERVEYDEN JA HYVINVOINNIN LAITOS (THL)**, established in MANNERHEIMINTIE 166, HELSINKI 00271, Finland, VAT number: FI22295006,

9. **MINISTERE DES AFFAIRES SOCIALES ET DE LA SANTE (MOH FRANCE)**, established in AVENUE DUQUESNE 14, PARIS CEDEX 75350, France, VAT number: N/A,

10. **BUNDESZENTRALE FUR GESUNDHEITLICHE AUFKLARUNG (BZgA)**, established in MAARWEG 149-161, KOLN 50825, Germany, VAT number: DE122948246,

11. **ORSZAGOS KORHAZI FOIGAZGATOSAG (OKFO)**, established in DIOS AROK 3, BUDAPEST 1125, Hungary, VAT number: HU15845883,

12. **EMBAETTI LANDLAEKNIS (DOHI)**, established in BARONSSTIG 47, REYKJAVIK 101, Iceland,

13. **REGIONE LOMBARDIA (LOMBARDY REGION)**, established in PIAZZA CITTA DI LOMBARDIA 1, MILANO 20124, Italy, VAT number: IT12874720159,

14. **LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA (SAM)**, established in VILNIAUS G 33, VILNIUS LT 01506, Lithuania,

15. **Ministry for Health - Government of Malta (MFH)**, established in Palazzo Castellania, Merchants Street 15, Valletta VLT 200, Malta, VAT number: MT12979127,

16. **STICHTING TRIMBOS- INSTITUUT, NETHERLANDS INSTITUTE OF MENTAL HEALTH AND ADDICTION (TRIMBOS)**, established in DA COSTAKADE 45, UTRECHT 3521 VS, Netherlands, VAT number: NL805514806B01,

17. **HELSEDIREKTORATET (HDIR)**, established in VITAMINVEIEN 4, OSLO 0213, Norway, VAT number: NO983544622,

18. **INSTITUT ZA ZASTITU ZDRAVLJA SRBIJEDR MILAN JOVANOVIC BATUT (IPHS)**, established in DR SUBOTICA STREET 5, BEOGRAD 11000, Serbia, VAT number: RS102000930,

19. **NACIONALNI INSTITUT ZA JAVNO ZDRAVJE (NIJZ)**, established in TRUBARJEVA CESTA 2, LJUBLJANA 1000, Slovenia, VAT number: SI44724535,

20. **SERVICIO MURCIANO DE SALUD (SMS)**, established in C CENTRAL 7, MURCIA 30100, Spain, VAT number: ESQ8050008E,

21. **FOLKHALSOMYNDIGHETEN (FOHM/PHAS)**, established in NOBELS VAG 18, SOLNA 171 82, Sweden, VAT number: SE202100654501,

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 it under their own responsibility and in accordance with the Agreement, with all the obligations and conditions it sets out.

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The Agreement is composed of:

Terms and Conditions

Annex 1	Description of the action
Annex 2	Estimated budget for the action
	Annex 2a Not applicable
Annex 3	Accession Forms
Annex 4	Model for the financial statements
Annex 5	Model for the certificate on the financial statements (CFS)

TERMS AND CONDITIONS

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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 '**JA on Implementation of Best Practices in the area of Mental Health — JA-02-2020**' **('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 01/10/2021 ('**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 and 11).

4.2 Budget transfers

The estimated budget breakdown indicated in Annex 2 may be adjusted — without an amendment (see Article 39) — by transfers of amounts between beneficiaries, budget categories and/or forms of costs set out in Annex 2, 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 RATE AND FORMS OF COSTS

5.1 Maximum grant amount

The '**maximum grant amount**' is **EUR 5 398 424.04** (five million three hundred and ninety eight thousand four hundred and twenty four EURO and four eurocents).

5.2 Form of grant, reimbursement rate and forms of costs

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

The estimated eligible costs of the action are EUR **6 748 030.04** (six million seven hundred and forty eight thousand thirty EURO and four eurocents).

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

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

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

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

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

5.3 Final grant amount — Calculation

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

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

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

Step 2 – Limit to the maximum grant amount

Step 3 – Reduction due to the no-profit rule

Step 4 – Reduction due to substantial errors, irregularities or fraud or serious breach of 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 substantial errors, irregularities or fraud or serious breach of obligations

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 seriousness of the errors, irregularities or fraud or 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 or for the beneficiary concerned.

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 beneficiary concerned;
- in case of **reduction of the grant**: by deducting the amount of the reduction (calculated in proportion to the seriousness of the errors, irregularities or fraud or breach of obligations, in accordance with Article 27.2) from the maximum grant amount set out in Article 5.1 or from the maximum EU contribution indicated for the beneficiary in the estimated budget (see Annex 2).

In case of **rejection of costs and reduction of the grant**, the revised final grant amount 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 **unit costs**: not applicable;

(c) 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.

(d) for **lump sum costs**: not applicable;

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, 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:

- for persons **working exclusively on the action**:

  {monthly rate for the person

  multiplied by

  number of actual months worked on the action}.

  The months declared for these persons may not be declared for any other EU or Euratom grant.

  The '**monthly rate**' is calculated as follows:

  {annual personnel costs for the person

  divided by

  12}

using the personnel costs for each full financial year covered by the reporting period concerned. If a financial year is not closed at the end of the reporting period, the beneficiaries must use the monthly rate of the last closed financial year available.

- for all **other** persons:

  {daily rate for the person

  multiplied by

  number of actual days worked on the action (rounded up or down to the nearest half-day)}.

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

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

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

minus

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

The '**daily rate**' is calculated as follows:

{annual personnel costs for the person

divided by

number of individual annual productive days}

using the personnel costs and the number of annual productive days for each full financial year covered by the reporting period concerned. If a financial year is not closed at the end of the reporting period, the beneficiaries must use the daily rate of the last closed financial year available.

The 'number of individual annual productive days' is the total actual days worked by the person in the year. It may not include holidays and other absences (such as sick leave, maternity leave, special leave, etc). However, it may include overtime and time spent in meetings, trainings and other similar activities.

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;

(ii) debt and debt service charges;

(iii) provisions for future losses or debts;

(iv) interest owed;

[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.

(v) doubtful debts;

(vi) currency exchange losses;

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

(viii) excessive or reckless expenditure;

(ix) deductible VAT;

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

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

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

(c) costs for staff of a national (or local) administration, for activities that are part of the administration's normal activities (i.e. not undertaken only because of the grant);

(d) costs (especially travel and subsistence costs) for staff or representatives of EU institutions, bodies or agencies.

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 8a — IMPLEMENTATION OF ACTION TASKS BY BENEFICIARIES NOT RECEIVING EU FUNDING

Not applicable

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 2014/24/EU[3]) or 'contracting entities' within the meaning of Directive 2004/17/EC[4] (or 2014/25/EU[5]) must comply with the applicable national law on public procurement.

9.2 Consequences of non-compliance

[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 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement and repealing Directive 2004/18/EC (OJ L 94, 28.3.2014, p. 65).

[4] 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).

[5] Directive 2014/25/EU of the European Parliament and of the Council of 26 February 2014 on procurement by entities operating in the water, energy, transport and postal services sectors and repealing Directive 2004/17/EC (OJ L 94, 28.3.2014, p. 243).

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

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

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

ARTICLE 10 — IMPLEMENTATION OF ACTION TASKS BY SUBCONTRACTORS

10.1 Rules for subcontracting action tasks

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

Subcontracting may cover only a limited part of the action.

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

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

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

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

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

Beneficiaries that are 'contracting authorities' within the meaning of Directive 2004/18/EC (or 2014/24/EU) or 'contracting entities' within the meaning of Directive 2004/17/EC (or 2014/25/EU) 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**'[6] may implement the action tasks attributed to them in Annex 1:

- GESUNDHEIT OSTERREICH GMBH (GÖG), affiliated or linked to BMSGPK
- NARODNI USTAV DUSEVNIHO ZDRAVI (NIMH), affiliated or linked to MZCR
- TERVISE ARENGU INSTITUUT (NIHD), affiliated or linked to MSAE
- INSTITUT NATIONAL DE LA SANTE ET DE LA RECHERCHE MEDICALE (INSERM), affiliated or linked to MOH FRANCE
- SEMMELWEIS EGYETEM (SU), affiliated or linked to OKFO
- DEBRECENI EGYETEM (UD), affiliated or linked to OKFO
- ISTITUTO DI RICERCHE FARMACOLOGICHE MARIO NEGRI (MNIPR), affiliated or linked to LOMBARDY REGION
- POLITECNICO DI MILANO (POLIMI), affiliated or linked to LOMBARDY REGION
- UNIVERSITA' DEGLI STUDI DI MILANO-BICOCCA (UNIMIB), affiliated or linked to LOMBARDY REGION
- AZIENDA SOCIO SANITARIA TERRITORIALE DI LECCO (ASST LECCO), affiliated or linked to LOMBARDY REGION
- PROVINCIA LOMBARDO VENETA - ORDINEOSPEDALIERO DI SAN GIOVANNI DI DIO- FATEBENEFRATELLI (FBF), affiliated or linked to LOMBARDY REGION
- SERVICIO MADRILENO DE SALUD (SERMAS), affiliated or linked to SMS
- FUNDACION PUBLICA ANDALUZA PROGRESO Y SALUD (FPS), affiliated or linked to SMS
- Servicio Vasco de Salud Osakidetza (Osakidetza), affiliated or linked to SMS
- SERVICIO NAVARRO DE SALUD-OSASUNBIDEA (SNS-O), affiliated or linked to SMS
- FUNDACION PARA LA FORMACION E INVESTIGACION SANITARIAS DE LA REGION DE MURCIA (FFIS), affiliated or linked to SMS
- SERVEI CATALA DE LA SALUT (CatSalut), affiliated or linked to SMS

[6] 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.

- SERVICIO ANDALUZ DE SALUD (SAS), affiliated or linked to SMS
- REGION DE MURCIA (Consej- Mujer), affiliated or linked to SMS

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.

ARTICLE 11a — FINANCIAL SUPPORT TO THIRD PARTIES

Not applicable

SECTION 2 RIGHTS AND OBLIGATIONS RELATED TO THE GRANT ADMINISTRATION

ARTICLE 12 — GENERAL OBLIGATION TO INFORM

12.1 General obligation to provide information upon request

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

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

Each beneficiary must keep information stored in the Participant Portal 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 Article 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 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 **unit costs**: not applicable;

(c) 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;

(d) for **lump sum costs**: not applicable;

In addition, for **personnel costs** (declared as actual costs), the beneficiaries must keep **time records** for the number of days 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 days worked on the action, the Agency may accept alternative evidence supporting the number of days 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 its 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, 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 report(s) set

out in this Article. These reports include request(s) 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 18
- RP2: from month 19 to month 36

15.2a Request(s) for further pre-financing payment(s)

Not applicable

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;

(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**', 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 EU contribution it requests as reimbursement of actual costs (and for which no certificate has yet been submitted) is EUR 150 000 or more and
- the maximum EU contribution indicated, for that beneficiary or affiliated entity, in the estimated budget (see Annex 2) as reimbursement of actual costs is EUR 200 000 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 a '**final summary financial statement**', 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**.

15.5 Information on cumulative expenditure incurred

Not applicable

15.6 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.

15.7 Language of reports

All report(s) (including financial statements) must be submitted in the language of the Agreement.

15.8 Consequences of non-compliance

If the report(s) 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 report(s) and if it fails to comply with this obligation within 30 days following a written reminder, the Agency may terminate the Agreement (see Article 34) or apply any of the other measures described in Chapter 6.

ARTICLE 16 — PAYMENTS AND PAYMENT ARRANGEMENTS

16.1 Payments to be made

The following payments will be made to the coordinator:

- a **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 **2 699 212.02** (two million six hundred and ninety nine thousand two hundred and twelve EURO and two eurocents).

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

16.3 Interim payments — Amount — Calculation

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

The Agency will pay to the coordinator the amount due as interim payment within 90 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 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 90 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 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 beneficiaries' 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 from the coordinator (see Article 28).

16.5 Notification of amounts due

When making payments, the Agency will formally notify to the coordinator the amount due, specifying that 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).

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16.8 Bank account for payments

All payments will be made to the following bank account:

Name of bank: PIRAEUS BANK S.A.
Full name of the account holder: NATIONAL PUBLIC HEALTH ORGANISATION
Full account number (including bank codes):
IBAN code: GR4801720510005051082759656

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 to 11a), 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 to 11a), 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[7] and No 2185/96[8] (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.

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[9], 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

[7] 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).

[8] 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).

[9] 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 298, 26.10.2012, p. 1).

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.

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 Article 26, either on the basis of the revised financial statements, the alternative method or the correction rate announced.

17.5.3.2 If the findings concern **substantial errors, irregularities or fraud** or **serious breach of obligations**: 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 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.

Each beneficiary must give the other beneficiaries 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 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:

- display the EU emblem and
- include the following text:

  "This [insert appropriate description, e.g. report, publication, conference, infrastructure, equipment, insert type of result, etc.] was funded by 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 and 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 cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) 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 and the Commission

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

The Agency and the Commission 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 received 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, the Commission 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[10], 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 or the Commission.

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 beneficiaries), the Agency or the Commission 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) and the European Union (EU) 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).

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[10] 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.

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

ARTICLE 23 — PROCESSING OF PERSONAL DATA

23.1 Processing of personal data by the Agency and the Commission

Any personal data under the Agreement will be processed by the Agency or the Commission under Regulation No 23/2001[11] 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.

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[11] 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).

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

CHAPTER 5 DIVISION OF BENEFICIARIES' ROLES AND RESPONSIBILITIES

ARTICLE 25 — DIVISION OF BENEFICIARIES' ROLES AND RESPONSIBILITIES

25.1 Roles and responsibilities towards the Agency

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

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

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

25.2 Internal division of roles and responsibilities

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

(a) Each **beneficiary** must:

(i) keep information stored in the Participant Portal 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.

(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 subcontract the above-mentioned tasks.

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 pre-existing rights and results (see Article 19);
- 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 — SANCTIONS — DAMAGES — SUSPENSION — TERMINATION — FORCE MAJEURE

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

ARTICLE 26 — REJECTION OF INELIGIBLE COSTS

26.1 Conditions

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).

The rejection may also be based on the **extension of findings from other grants to this grant** (see Article 17.5.2).

26.2 Ineligible costs to be rejected — Calculation — Procedure

Ineligible costs will be rejected in full.

If the rejection of costs does not lead to a recovery (see Article 28), the Agency will formally notify the coordinator or beneficiary concerned of 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 rejection of costs leads to a recovery, the Agency will follow the contradictory procedure with pre-information letter set out in Article 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 Article 15.3 and 15.4). It will then calculate the interim payment or payment of the balance as set out in Article 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 costs declared in the next periodic summary financial statement or final summary financial statement. It will then calculate the interim payment or payment of the balance as set out in Article 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. If the revised final grant amount is lower than the final grant amount, the Agency will recover the difference (see Article 28).

ARTICLE 27 — REDUCTION OF THE GRANT

27.1 Conditions

The Agency may — **at the payment of the balance or afterwards** — reduce the grant, if:

(a) a beneficiary (or a natural person who has the power to represent or take decisions on its behalf) has committed:

  (i) substantial errors, irregularities or fraud or

  (ii) serious breach of obligations under the Agreement or during the award procedure (including improper implementation of the action, submission of false information, failure to provide required information, breach of ethical principles) or

(b) a beneficiary (or a natural person who has the power to represent or take decisions on its behalf) 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).

27.2 Amount to be reduced — Calculation — Procedure

The amount of the reduction will be proportionate to the seriousness of the errors, irregularities or fraud or breach of obligations.

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 16.4).

If the Agency reduces the grant **after the payment of the balance**, it will calculate the revised final grant amount for the action or for the beneficiary concerned (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 any 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 or for the beneficiary concerned (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 SANCTIONS

In addition to contractual measures, the Agency or the Commission may also adopt administrative sanctions under Articles 106 and 131(4) of the Financial Regulation No 966/2012 (i.e. exclusion from future procurement contracts, grants and expert contracts and/or financial penalties).

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.

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

30.2 Liability of the beneficiaries

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 action or because the action was not implemented in full compliance with the Agreement.

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 or financial report(s) 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 report(s) (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(i)).

ARTICLE 32 — SUSPENSION OF PAYMENTS

32.1 Conditions

The Agency may — at any moment — suspend payments, in whole or in part for one or more beneficiaries, if:

(a) a beneficiary (or a natural person who has the power to represent or take decision on its behalf) has committed or is suspected of having committed:

(i) substantial errors, irregularities or fraud or

(ii) serious breach of obligations under this Agreement or during the award procedure (including improper implementation of the action, submission of false information, failure to provide required information, breach of ethical principles) or

(b) a beneficiary (or a natural person who has the power to represent or take decision on its behalf) 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).

If payments are suspended for one or more beneficiaries, the Agency will make partial payment(s) for the part(s) not suspended. If suspension concerns the payment of the balance, the payment (or recovery) of the amount(s) concerned after suspension is lifted will be considered to be the payment that closes the action.

32.2 Procedure

Before suspending payments, the Agency will formally notify the coordinator or beneficiary concerned:

- 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 or beneficiary concerned.

During the suspension, the periodic report(s) for all reporting periods except the last one (see Article 15.3) must not contain any individual financial statement(s) from the beneficiary concerned and its affiliated entities. The coordinator must include them in the next periodic report after the suspension is lifted or — if suspension is not lifted before the end of the action — in the last 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, if:

(a) a beneficiary (or a natural person who has the power to represent or take decisions on its behalf) has committed or is suspected of having committed:

   (i) substantial errors, irregularities or fraud or

   (ii) serious breach of obligations under this Agreement or during the award procedure (including improper implementation of the action, submission of false declaration, failure to provide required information, breach of ethical principles) or

(b) a beneficiary (or a natural person who has the power to represent or take decisions on its behalf) 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 or beneficiary concerned:

- 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 (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 or beneficiary concerned 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 considers the reasons do not justify termination, 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 a periodic report (for the open reporting period until termination; see Article 15.3) and the final report (see Article 15.4).

If the Agency does not receive the report(s) 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 report(s) 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, 19, 20, 21, 22, 24, 26, 27 and 28) continue to apply.

34.2 Termination of the participation of one or more beneficiaries, by the beneficiaries

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, 19, 21, 22, 24, 26, 27 and 28) 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;

(i) a beneficiary (or a natural person who has the power to represent or take decisions on its behalf) has committed:

 (i) substantial errors, irregularities or fraud or

 (ii) serious breach of obligations under the Agreement or during the award procedure (including improper implementation of the action, submission of false information, failure to provide required information, breach of ethical principles);

(j) a beneficiary (or a natural person who has the power to represent or take decisions on its behalf) 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);

(k) despite a specific request by the Agency, a beneficiary does not request — through the coordinator — an amendment to the Agreement to end the participation of one of its affiliated entities that is in one of the situations under points (e), (f), (g), (h), (i) or (j) and to reallocate its tasks

34.3.2 Procedure

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

- 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 or beneficiary concerned **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), (i.ii) and (k) 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.

34.3.3 Effects

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

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

report (for the last open reporting period until termination; see Article 15.3) and a final report (see Article 15.4).

If the Agreement is terminated for breach of the obligation to submit reports (see Articles 15.8 and 34.3.1(i)), the coordinator may not submit any reports after termination.

If the Agency does not receive the report(s) 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 report(s) 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 sanctions (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, 19, 21, 22, 24, 26, 27 and 28) 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 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, 19, 20, 21, 22, 24, 26, 27 and 28) 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 Participant Portal Terms & Conditions. For naming the authorised persons, each beneficiary must

have designated — before the signature of this Agreement — a 'legal entity appointed representative (LEAR)'. The role and tasks of the LEAR are stipulated in his/her appointment letter (see Participant Portal Terms & Conditions).

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/info/funding-tenders/opportunities/portal/screen/myarea/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:

European Health and Digital Executive Agency (HADEA)
Health and Food EU4Health
Covent Garden Building
B-1049 Belgium

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 Participant Portal 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[12], 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

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

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

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

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

ARTICLE 40 — ACCESSION TO THE AGREEMENT

40.1 Accession of the beneficiaries mentioned in the preamble

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

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

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

40.2 Addition of new beneficiaries

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

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

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

ARTICLE 41 — APPLICABLE LAW AND SETTLEMENT OF DISPUTES

41.1 Applicable law

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

41.2 Dispute settlement

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

As an exception, if such a dispute is between the Agency and ‘EMBAETTI LANDLAEKNIS’, ‘HELSEDIREKTORATET’, ‘INSTITUT ZA ZASTITU ZDRAVLJA SRBIJEDR MILAN JOVANOVIC BATUT’, the competent Belgian courts have sole jurisdiction.

If a dispute concerns administrative sanctions, 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

For the Agency

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

EUROPEAN HEALTH AND DIGITAL EXECUTIVE AGENCY (HADEA)

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

ANNEX 1 (part A)

Project

NUMBER — 101035969 — JA-02-2020

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1.1. The project summary

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Project Number [1]	101035969	Project Acronym [2]	JA-02-2020

One form per project

General information	
Project title [3]	JA on Implementation of Best Practices in the area of Mental Health
Starting date [4]	01/10/2021
Duration in months [5]	36
Call (part) identifier [6]	HP-JA-2020-2
Topic	JA-02-2020 • Joint Action to Support for Member States' implementation of best practices in the area of mental health
Fixed EC Keywords	
Free keywords	Mental Health Reform , suicide prevention. best practices

Abstract [7]

Mental disorders are one of the greatest public health challenges in terms of prevalence, burden of disease and disability and they cause major burden to economies, demanding policy action. More than one in six people across EU countries had a mental health issue in 2016, equivalent to about 84 million people. Moreover, in 2016, 165,000 deaths were attributed to mental and behavioural disorders, including self-harm, in EU.The burden of mental illness in the European WHO region is estimated to account for 14.4% of years lived with disability (YLDs) and 5.8% of disability-adjusted life-years (DALYs), placing thus mental illness as the second biggest contributor to YLDs after musculoskeletal disorders and as fourth in terms of DALYs in the WHO European region. Total costs pertaining to ill mental health have been gauged at more than 4% of GDP- or over 600 billion- across EU in 2015.
Many European countries have in place policies and programmes to address mental illness at different ages. Nevertheless, much more can be done to manage and promote mental health. Delivery of MH care services takes various forms across EU. Some countries still rely on big psychiatric hospitals, while others are delivering the care for MH mostly in community settings.This need for prioritizing mental health becomes more imperative, in light of the ongoing COVID-19 pandemic. Converging evidence substantiate emerging mental health needs and difficulties faced by the mental health care systems to tackle them.
Building upon 15+ years of EU efforts including the Joint Action for Mental Health and Well-being the European Framework for Action and the EU Compass, the Members of the SGPP have selected two best practices (i) the Mental health reform in Belgium and (ii) Suicide prevention form Austria to be implemented during the new Joint Action on mental health, with an aim to extend the benefits of these best practices to participating countries.

1.2. List of Beneficiaries

Project Number [1]	101035969	Project Acronym [2]	JA-02-2020

List of Beneficiaries

No	Name	Short name	Country	Project entry month[8]	Project exit month
1	ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS	NPHO	Greece	1	36
2	BUNDESMINISTERIUM FUER SOZIALES, GESUNDHEIT, PFLEGE UND KONSUMENTENSCHUTZ	BMSGPK	Austria	1	36
3	NATSIONALEN CENTAR PO OBSHTESTVENO ZDRAVE I ANALIZI	NCPHA	Bulgaria	1	36
4	HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO	CIPH	Croatia	1	36
5	ORGANISMOS KRATIKON YPIRESION YGEIAS	MHS CYPRUS	Cyprus	1	36
6	MINISTERSTVO ZDRAVOTNICTVI CESKE REPUBLIKY	MZCR	Czech Republic	1	36
7	SOTSIAALMINISTEERIUM	MSAE	Estonia	1	36
8	TERVEYDEN JA HYVINVOINNIN LAITOS	THL	Finland	1	36
9	MINISTERE DES AFFAIRES SOCIALES ET DE LA SANTE	MOH FRANCE	France	1	36
10	BUNDESZENTRALE FUR GESUNDHEITLICHE AUFKLARUNG	BZgA	Germany	1	36
11	ORSZAGOS KORHAZI FOIGAZGATOSAG	OKFO	Hungary	1	36
12	EMBAETTI LANDLAEKNIS	DOHI	Iceland	1	36
13	REGIONE LOMBARDIA	LOMBARDY REGION	Italy	1	36
14	LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA	SAM	Lithuania	1	36
15	Ministry for Health - Government of Malta	MFH	Malta	1	36
16	STICHTING TRIMBOS- INSTITUUT, NETHERLANDS INSTITUTE OF MENTAL HEALTH AND ADDICTION	TRIMBOS	Netherlands	1	36
17	HELSEDIREKTORATET	HDIR	Norway	1	36
18	INSTITUT ZA ZASTITU ZDRAVLJA SRBIJEDR MILAN JOVANOVIC BATUT	IPHS	Serbia	1	36
19	NACIONALNI INSTITUT ZA JAVNO ZDRAVJE	NIJZ	Slovenia	1	36
20	SERVICIO MURCIANO DE SALUD	SMS	Spain	1	36
21	FOLKHALSOMYNDIGHETEN	FOHM/PHAS	Sweden	1	36

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

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	Coodination and Management of the JA	1 - NPHO	121.50	1	36
WP2	Dissemination	4 - CIPH	105.65	1	36
WP3	Evaluation	16 - TRIMBOS	179.10	1	36
WP4	Sustainability	11 - OKFO	161.25	1	36
WP5	Transfer and pilot Implementation of the Belgian best practice on reform of the mental health (MH) services	10 - BZgA	321.96	1	36
WP6	Transfer and pilot implementation of (selected elements of) of the Austrian Best Practce on Suicide Prevention (SP) "SUPRA"	2 - BMSGPK	210.19	1	36
		Total	1 099.65		

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	Project Handbook	WP1	1 - NPHO	Report	Confidential, only for members of the consortium (including the Commission Services)	2
D2.1	Introductory leaflet	WP2	4 - CIPH	Report	Public	3
D2.2	Project Website	WP2	4 - CIPH	Websites, patents filing, etc.	Public	3
D2.3	Dissemination strategy	WP2	11 - OKFO	Report	Public	6
D2.4	Mid-term report on Dissemination	WP2	4 - CIPH	Report	Public	18
D2.5	Layman Version of the Final Report	WP2	4 - CIPH	Report	Public	36
D2.6	Final Report on Dissemination	WP2	4 - CIPH	Report	Public	36
D3.1	Evaluation Strategy	WP3	16 - TRIMBOS	Report	Public	9
D3.2	Mid-term report on Evaluation	WP3	16 - TRIMBOS	Report	Public	18
D3.3	Meta-synthesis report	WP3	16 - TRIMBOS	Report	Public	36
D3.4	Final evaluation report	WP3	16 - TRIMBOS	Report	Public	36
D4.1	Conceptual model for translating knowledge into policy and practice changes selected and applied in the JA	WP4	16 - TRIMBOS	Report	Public	18
D4.2	Policy toolkit	WP4	16 - TRIMBOS	Report	Public	24
D4.3	Common sustainability plan	WP4	16 - TRIMBOS	Report	Public	36
D5.1	A public summary report/executive summary of the SANA	WP5	10 - BZgA	Report	Public	14
D5.2	Analysis Report on the pilot implementation	WP5	10 - BZgA	Report	Public	29
D5.3	A Synthesis Report on the results of the use of indicators for mental health and the developed dashboard of MH indicators is elaborated	WP5	13 - LOMBARDY REGION	Report	Public	28

Deliverable Number[14]	Deliverable Title	WP number[9]	Lead beneficiary	Type[15]	Dissemination level[16]	Due Date (in months)[17]
D5.4	A "training kit" for use of and adaptation by interested countries is elaborated	WP5	13 - LOMBARDY REGION	Other	Public	35
D6.1	SUPRA handbook	WP6	2 - BMSGPK	Report	Public	6
D6.2	Situation analysis and needs analysis (SANA) profiles	WP6	2 - BMSGPK	Report	Public	20
D6.3	Drafted National / Regional suicide prevention strategies	WP6	2 - BMSGPK	Report	Public	29

1.3.3. WT3 Work package descriptions

Work package number [9]	WP1	Lead beneficiary [10]	1 - NPHO
Work package title	Coodination and Management of the JA		
Start month	1	End month	36

Objectives

Overall, WP1 Coordination will be responsible for overall, coordination and management of the JA ImpleMENTAL, ensuring that the JA work plan is executed as planned or according to changes agreed during the executing phase and that progress is consistently monitored against project objectives and deliverables, making adjustments where necessary to the work plan, congruent with decisions made within the General Assembly.
WP1 will contribute to the scientific aspects of the project, in close cooperation with all WP leaders, especially WP5 & WP6, during the whole implementation period of the JA ImpleMENTAL, link the activities of all work packages, address the scientific interlinkages among the WPs, including between the two technical ones, facilitate scientific dialogue and communication across the WPs and work for the delivery of highquality results within the identified objectives and constraints in order to achieve deliverable acceptance.
Further, WP1 will be responsible for establishing, maintaining and managing the relevant governance, performing and advisory structures/bodies, coordinating and organizing their meetings, and taking minutes of Annual Consortium meetings, General Assembly, Executive Board meetings, Member States Policy Committee and Stakeholder Forum (see below for description of these structures). WP1 efforts will also focus on ensuring communication with all relevant stakeholders, enhancing political and scientific relevance and ensuring the project reaches its objectives and expected impact.
The specific objectives of this WP are:
• Objective 1.1. At the strategic level, to create and coordinate a governance and performing structure to ensure that the project reaches its objectives and expected impact.
• Objective 1.2. At the managerial level, to put in place the procedures and tools needed to ensure that the project progress is in conformity with the work plan and consortium agreement; Monitor and guide the progress of individual WPs; oversee conformity of all activities to Grant Agreement rules; and to organize project meetings, and prepare project reports.
• Objective 1.3: At the administrative and financial level, to develop and implement the consortium agreement, to coordinate and ensure the administrative and financial management and to communicate with and report to HaDEA and DG Sante.
• Objective 1.4: At the scientific level, to contribute in the scientific aspects of the JA and to ensure its scientific integrity, robust methodology, policy implications and deliverable acceptance.

Description of work and role of partners

WP1 - Coodination and Management of the JA [Months: 1-36]
NPHO, BMSGPK, NCPHA, CIPH, MHS CYPRUS, MZCR, MSAE, THL, MOH FRANCE, BZgA, OKFO, DOHI, LOMBARDY REGION, SAM, MFH, TRIMBOS, HDIR, IPHS, NIJZ, SMS, FOHM/PHAS
WP1 - Coordination and management of the project [Months: 1-36] NPHO
The wide coverage of the Action brings to the fore the challenging task of addressing the diversity across member states. The three-phase implementation strategy, described in the means and methods section, will be followed by the JA overall as well as each implementation site to promote the systematic uptake of the two best practices by the services and policies of the implementing countries, and hence improving the population health. A Project Handbook will be developed to summarize the project objectives, the monitoring framework and management tools, the selected approach to achieve the goals, including project governance roles and responsibilities, the implementation strategy, the key controlling process, communication management plan, conflict resolution, policies, rules and project mind-sets. The systematic monitoring of the activities will help to check whether they are implemented according to the plan, whether results, deliverables and milestones are delivered on due dates, if there are obstacles or difficulties which may prevent the project from delivering, and to assure the overall quality of the project implementation.

Task 1.1: Establishing, maintaining and managing the organisational structure and the relevant directing, management, performing layers and advisory bodies of the Consortium to ensure the implementation of the action and compliance with the Grant Agreement.

Structure Leader: NPHO-Coodinator/ Contributors: Directing, managing perfoming layers and advisory bodies of the Consortium;
Start date: M1 End date: M36
Task description:
Task 1.1a. Roles and responsibilities of the Coordinator for the Grant Agreement and Consortium Agreement.
The Coordinator will fulfill the roles and responsibilities described for the Coordinator in the Grant Agreement The coordinator must:
(i) monitor that the action is implemented properly
(ii) act as the intermediary for all communications between the beneficiaries and the Agency
(iii) request and review any documents or information required by the Agency and verify their completeness and correctness before passing them on to the Agency
(iv) submit the deliverables and reports to the Agency
(v) ensure that all payments are made to the other beneficiaries without unjustified delay

The Coordinator will also be responsible for developing and implementing the Consortium Agreement. The Consortium Agreement describes the internal arrangements and agreements among beneficiaries (and their affiliated entities), the consortium management procedures, settlement of internal disputes, and any other critical aspects such as liability and confidentiality, and will be signed by all competent authorities at the start of the project.
The Consortium Agreement must not contain any provision contrary to the Grant Agreement.

Task 1.1b. Setting up and coordination of the Consortium
This task involves setting up, coordinating and managing the relevant governing management, perfoming and advisory bodies which will ensure the relevance of the activities the Consortium in line with the work plan and national strategies.
• The Consortium is composed of the beneficiaries of the Grant Agreement (Competent Authorities) and their affiliated entities. According to the Grant Agreement the beneficiaries are jointly responsible for implementing the Joint Action. By signing the Agreement or the Accession Form, the beneficiaries accept the grant and agree to implement it under their own responsibility and in accordance with the Agreement, with all the obligations and conditions it sets out. The beneficiaries are jointly and severally liable for the technical implementation of the action.
• DG SANTE, HaDEA, WHO and user's representatives will be invited to participate in meetings and advisory bodies of the Consortium.
A Kick-off meeting (online in M1) will ensure that project stakeholders are aware of the scope of the project, the project governance structure, the roles & responsibilities of the team members as well as the project rules. The Annual Consortium meetings (physical meetings in M12, M24 and M36, will not only provide a review of the project progress but will also, in cooperation wih WP2, facilitate knowledge transfer and exchange of processes, experiences and evidence inthe course of the JA implementation. The Annual Consortium meeting in M36 is also referred as the Final Conference.

The following directing, managing, peforming layers constitute the organisational structure and advisory bodies of the Consortium that are governed by the Coordinator:

● General Assembly: Chaired by the JA Coordinator, the General Assembly (GA) is the directing and major decision-making body of the consortium where JA partners meet to discuss the progress and results of the JA. It represents the interests of those who design, manage and implement the project's deliverables. It takes decisions on the strategic orientation and execution of the JA and provides overall strategic guidance. It also takes major decisions about the implementation and revision of the work plan. Decisions are taken by means of majority votes.
The European Commission, DG SANTE and the European Health and Digital Executive Agency (HaDEA) representatives, participate as observers. The General Assembly shall consist of one representative of each Competent Authority. AEs can participate but have no voting rights.
The body meets at least bi-annually. Online GA meetings will be held during the online Kick off meeting (M1) and in M6,18 &30. Physical meetings of the General Assembly will take place at the same dates as the Annual Consortium meetings in M12, M24, 36. Onsite GA meetings are coinciding with Annual Consortium meetings but are considered separate events.

● Coordinator: is the legal entity that acts as the intermediary between the members of the Parties of the Consortium and HaDEA and DG Sante. The Coordinator shall perform the tasks assigned to it as described in the Grant Agreement and the Consortium Agreement. The Coordinator shall report to and be liable to the General Assembly. The role of the Coordinator is entrusted to the National Public Health Organisation of Greece (NPHO) which will be responsible for overall coordination and management of the JA ImpleMENTAL.

• Executive Board (ExB): Chaired by the JA Coordinator, it is composed of the JA Coordinator, the senior scientific technical management NPHO team, the senior Legal and Financial NPHO Team and all WP leaders/co-leaders. It is the project core team which comprises the specialist roles responsible for creating the project deliverables, thus collaborating with the JA Coordinator in executive decisions and implementation of the work plan on a daily basis.
The European Commission, DG SANTE and European Health and Digital Executive Agency (HaDEA) representatives participate as "advisors".
Executive Board Members meet in person or via teleconference every six months and hold short teleconferences on a bi-weekly or monthly basis. These meetings allow the board to have oversight of the project's current and future activities and results and to discuss progress and difficulties encountered as well as potential solutions. Bi-annually meetings will take place online in M6, 18 and onsite, in M12, M24,M30 & M36. In M12, M24 & M36 ExB meetings are coinciding with Annual Consortium meetings and in M30 with Member State Policy Committee meeting in M30, but are considered separate events.
Decisions will be taken based on consensus whenever possible. In case no consensus can be reached, decisions will be taken by majority votes.

Advisory bodies of the Consortium

The Member State Policy Committee and the Stakeholder Forum have an advisory role of political and scientific relevance also ensuring that the project reaches its objectives and expected impact.

Member States Policy Committee: Chaired by the Coordinator, the Member States Policy Committee is composed of representatives nominated by the political/governmental authorities at national/regional level in participating countries. The Members of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) have selected two best practices (i) the community-based Mental health system reform in Belgium and (ii) the multi level Suicide prevention from Austria to be implemented during this Joint Action with the aim to extend the benefits of these best practices to participating Member States. The Member States Policy Committee will ensure the engagement of National Ministries in the implementation of the two best practices. The aim is to reach out to and engage Ministries national/regional policy-makers, to reflect on and assess the policy relevance and value of JA achievements, and to explore integration of the JA results into national/regional policies. Ministries will be consulted and informed on the implementation process (in collaboration with WP5 and WP6) and on the sustainability work (in collaboration with WP4). This will ensure keeping mental health issues at the forefront of the political agenda for health during and after the completion of the Joint Action. The members will be nominated at the start of the project. Representatives from DG SANTE, HaDEA, WHO-Europe will participate in the meetings. Executive board members will participate in the meetings.

The body meets at least bi-annually. The meetings of the Member States Policy Committee are scheduled online in M6 & M18 and onsite in M12, M24, 30 & M36. The meetings in M12, M24 & M36 are coinciding with Annual Consortium Meetings but are considered separate events. A one standalone special Member State Policy committee meeting will take place onsite in M30. Member States Policy Committee members will also be invited to attend the Kick off meeting in M1 and the Annual Consortium meetings.

Stakeholder Forum: Chaired by the JA Coordinator, will be composed by representatives of DG SANTE, HaDEA, WHO-Europe, OECD and representatives of major stakeholders e.g.: Associations of users and family/relatives, Health and mental health professionals, media professionals. Executive board members will participate in the meetings.
Recruitment criteria and process will be discussed and decided in the initial phase of the JA. The Stakeholder Forum will enable the relevant external stakeholders to follow and contribute to the JA progress and discuss with JA partners the topics linked to it. In particular, it allows the stakeholders to bring in their views, interests and expectations into the JA process and advise on issues of practical relevance/importance for achieving the expected results.
The body meets at least annually, onsite meetings are scheduled in M12, M24, & M36, coinciding with Annual Consortium Meetings but are considered separate events.
Representatives of the stakeholder forum will also be invited to attend the Annual Consortium meetings.

Task 1.2 To ensure smooth management and implementation of the project.
Lead: NPHO; Contributors: all partners;
Start date: M1 End date: M36
Task description: The management approach of the JA is based on the PM2 methodology of the European Commission, adapted to the context of the JA ImpleMENTAL to ensure smooth management and implementation wp1 will:
• Task 1.2a. Develop the project Handbook to establish the high-level approach for implementing the project objectives.

The Project Handbook is one of the main artefacts of the Joint Action. It summarises the project objectives and documents the selected approach for achieving the project goals. It documents the Critical Success Factors (CSFs), the resource allocation. It defines the key controlling processes, the conflict resolution and escalation procedure, policies and rules, and the project mindsets. The Project Handbook also describes the project organizational structure, the key stakeholders, and their roles and responsibilities.
It also documents the plans necessary for managing the project Processes which include: 1. the requirements Management Plan, 2. the project Change Management Plan, 3. The Risk Management Plan, 4. the Quality Management Plan, 5.the deliverable acceptance plam, 6.the Issue Management Plan, and 6. The Communications Management Plan as well as any methodology-tailoring decisions. It also included the plans guidelines and other documents) are necessary for the project including the guidelines of the implementation strategy which will facilitate the uptake in the existing mental health systems of the two best practices.
The project handbook also mentions the key project progress measurements to be use for monitoring and controlling activities.The Project Handbook is based on the Grant Agreement which includes the agreed project work plan, as well as the Consortium Agreement. The Project Handbook will be the reference document for all project members and stakeholders, and along with the Project Work Plan, is the basis on which the project is managed and executed. The Project Handbook will be kept up to date by the Coordinator.
• Task 1.2b: Monitoring and guiding the progress of individual WPs. Progress will be monitored and reported on by the JA WP Lead and Co-Lead Partners. This task will ensure a smooth implementation of the activities, effective monitoring of the milestones and deliverables and the ability to meet the project expected results by defining high quality criteria and deliverables acceptance procedures
The monitoring framework will gather data and monitor the progress of tasks, key outputs (—i.e. completed and verified deliverables and milestones) achieved as planned, resource utilization, Logs—i.e. the status and evolution of risks and issues, changes and decisionsand people productivity. The monitoring framework will be closely aligned with the evaluation framework to avoid duplication of work.
Ongoing monitoring data will be strategically used to ensure that the JA ImpleMENTAL achieves desired results.
Task 1.2c: Based on monitoring data control activities will plan, propose and implement corrective actions to address existing or potentialperformance risks or issues, while updating the relevant project plans and logs

Task 1.3: Coordination of the project communication management plan
Leader : NPHO / Contributors: All partners ;
Start date: M1 End date: M36

Task description: WP1 will develop the Communications Management Plan to ensure that all project stakeholders have the information they need to perform their roles throughout the project.
The Communications Management Plan defines and documents the communication items content, format, frequency, the audience and expected results. It also defines how to communicate project status and the assignment of activities to the various stakeholders, and the communication strategy for each stakeholder, based on their interests, expectations and influence in the project.Planning and executing project communication activities is essential for project success.
The primary forms of internal communication and exchange of documents among JA ImpleMENTAL partners will be e-mail, web or teleconferences, File sharing management platform transfer and face-to-face meetings. For legal and administrative issues, the AEs will communicate with their CAs, and these will do the same with the Coordinator.
The following activities will be carried out to effectively inform stakeholders:
• Task 1.3a: Develop stakeholder matrix amd level of information to be communicated according to the communication management plan.
• Task 1.3b: Act as liaison with coordinators or contact points of other ongoing or recently completed EU projects or initiatives and Joint Actions of relevant topics to ensure clear communication and exchange of information; Link specifically with (policy aspects of) the actions focused on implementation of other good practices in mental health
• Task 1.3c: Regularly update the share-point platform for all internal documents;
• Task 1.3d: Support WP collaboration and interactions through regular emails and web/audio conferences;
• Task 1.3e: Meetings (ExBmeetings, General Assembly Meetings, Annual Consortium Meetings, Member State Policy Committee meetings, Stakeholder forum)
• Task 1.3f: Communication documentation: Minutes of Meetings. Project Reports, Project Work Plan (updated estimates of effort and schedule), Project Logs.

Task 1.4: Financial management
Leader: NPHO / Contributors: All Partners ;
Start date: M1 End date: M36
Task description: The Chief Financial NPHO officer will coordinate this task and assist the JA Coordinator in:
• Task 1.4a: Communicating rules for financial administration and management and supporting their implementation;

• Task 1.4b: Managing and distributing EC payments;
• Task 1.4c: Evaluating and monitoring project costs in order to oversee and check the overall costs incurred per Work package and per partner (competent authority and affiliated entities) while partners are fully liable for their linked third parties.
• Task 1.4d: Preparing interim and final financial reports for HaDEA and acquiring all information and documents needed for this task including but not limited to the collection of internal reports from members of the consortium;
• Task 1.4e: Assisting individual project partners on specific administrative and financial issues;
• Task 1.4f: Adapting, if necessary, financial planning and aspects of the project activities based on the progress of the project, the completion of milestones and deliverables and partner engagement.

Task 1.5 Scientific contribution in the scientific aspects of the JA in order to ensure its scientific integrity, robust methodology, policy implications and deliverable acceptance
Leader : NPHO / Contributors: All wp leaders-co-leaders ;
Start date: M1 End date: M36
Task description: WP1 will provide scientific contribution in scientific aspects of the project, in close cooperation with WP5 & WP6, of the project during the whole implementation period in order to ensure that the JA wokplan is implemented as planned or according to changes agreed during the executing phase.
WP1 in close cooperation with all WP lealders will link the activities of all work packages, address the scientific interlinkages among the WPs, including between the two technical ones, as there are areas which may potentially overlap between them (.g. SANA, see below), facilitate scientific dialogue and communication across the WPs will establish mechanisms to ensure the scientific integrity, robust methodology, evidence-based policy implications and work for the delivery of highquality results within the identified objectives and constraints in order to achieve deliverable acceptance.This task will support compliance with the European General Data Protection Regulation (GDPR),providing that data is maintained and kept according to the regulated principles.
WP1 deliverables acceptance planning activities, will include the review and acceptance of deliverables and dissemination documents. The quality assurance activities implemented by WP1 aim to increase the likelihood that deliverables will be accepted by HaDEA and that the resources involved in the acceptance will be used in an efficient way. They include a) the agreement on the process for the deliverable structure contents of the deliverable and the acceptance criteria, that the organization in charge of the deliverable agrees with the WP(co)Leader and the Coordinator, according to its description agreed in the Grant Agreement and b) the deliverable review and acceptance process which will be included in the project handbook.

Participation per Partner

Partner number and short name	WP1 effort
1 - NPHO	93.00
2 - BMSGPK	0.00
GÖG	2.00
3 - NCPHA	1.00
4 - CIPH	2.00
5 - MHS CYPRUS	1.00
6 - MZCR	1.00
NIMH	1.00
7 - MSAE	1.00
8 - THL	1.00
9 - MOH FRANCE	1.00
10 - BZgA	2.00
11 - OKFO	1.00
SU	0.50

Partner number and short name	WP1 effort
UD	0.50
12 - DOHI	1.00
13 - LOMBARDY REGION	0.50
ASST LECCO	0.50
FBF	0.50
14 - SAM	1.00
15 - MFH	1.00
16 - TRIMBOS	2.00
17 - HDIR	1.00
18 - IPHS	1.00
19 - NIJZ	2.00
20 - SMS	1.00
FFIS	1.00
21 - FOHM/PHAS	1.00
Total	121.50

List of deliverables

Deliverable Number[14]	Deliverable Title	Lead beneficiary	Type[15]	Dissemination level[16]	Due Date (in months)[17]
D1.1	Project Handbook	1 - NPHO	Report	Confidential, only for members of the consortium (including the Commission Services)	2

Description of deliverables

D1.1 Project Handbook (M6): The Project Handbook is one of the main artefacts of the JA and summarises the project objectives and documents the selected approach for achieving the project goals. It also highlights the communication plan, it documents the Critical Success Factors (CSFs), defines the key controlling processes, the resource allocation, the conflict resolution and escalation procedure, policies and rules, and the project mindsets. The Project Handbook also documents the project governance roles and their roles and responsibilities, and defines the plans necessary for managing the project as well as any methodology-tailoring decisions. It documents the selected approach for achieving the project goals and establishes the implementation strategy, as well as the management and monitoring framework.

D1.1 : Project Handbook [2]

Report

Schedule of relevant Milestones

Milestone number[18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS1	Organisation of kick-off meeting online completed (meeting, agenda & preparatory documents)	1 - NPHO	1	
MS2	Project Management platform	1 - NPHO	6	
MS3	All governance structures are established, with clear roles and responsibilities	1 - NPHO	4	
MS4	Organization of onsite Consortium meetings including Final Conference completed (meeting, agenda & preparatory documents) - 1	1 - NPHO	12	
MS5	Organization of onsite Consortium meetings including Final Conference completed (meeting, agenda & preparatory documents)- 2	1 - NPHO	24	
MS6	Organization of onsite Consortium meetings including Final Conference completed (meeting, agenda & preparatory documents) -3	1 - NPHO	36	
MS7	Member State Policy Committee onsite meeting completed (meeting, agenda & preparatory documents)	1 - NPHO	30	
MS8	Organization of General Assembly, Executive board, Member States Policy Committee, Stakeholder forum meetings completed (onsite or online)	1 - NPHO	36	

Work package number [9]	WP2	**Lead beneficiary** [10]	4 - CIPH
Work package title	Dissemination		
Start month	1	**End month**	36

Objectives

1. To facilitate coherent and effective external and internal communication of the JA and to ensure that its objectives, activities, results and deliverables are known to stakeholders, interested bodies, beneficiaries and the wider audience of the action (including citizen outreach), as well as to offer specific discussions on the different social, cultural and/ or political contexts.
2. To develop a communication and dissemination plan to raise awareness about project findings as well as to discuss the translatability and applicability of findings for other contexts and Member States in Europe.
3. To disseminate country-specific evidence on the effectiveness and the implementation process of the intervention.
4. To facilitate knowledge transfer and exchange of processes, experiences and evidence in the course of WP implementation by different communication channels to various target audiences.

The specific objectives of the Work Package are:
● To ensure the project's visibility through traditional and new media and that the results and deliverables of the Joint Action are known both to the general public and the stakeholders.
● Develop sustainable tools for internal communication (coordinated by WP1)
● To actively engage stakeholders throughout the course of the project in order to ensure that:
o the aim of the knowledge transfer through replication of the selected good practices would be transparently introduced to the citizens and other stakeholders,
o the results of the project are applicable and appropriate to stakeholders.
o WP2 will interact with all other WPs, to align activities and to ascertain dissemination of all project results
● To improve knowledge sharing, capacity and use of the JA methodologies, tools and practices by supporting the work of all WPs with relevant communication and engagement tools. An event management platform should be developed in case conferences and training need to be managed digitally
● Through communication and dissemination of project results, enable the implementation of results in national mental health policies and thus ensure sustainability.

Description of work and role of partners

WP2 - Dissemination [Months: 1-36]
CIPH, NPHO, BMSGPK, NCPHA, MHS CYPRUS, MZCR, MSAE, THL, MOH FRANCE, BZgA, OKFO, DOHI, LOMBARDY REGION, SAM, MFH, TRIMBOS, HDIR, IPHS, NIJZ, SMS, FOHM/PHAS
T2.1: Development Of The Visual Identity of the Project
(LEADER: CIPH, MAJOR CONTRIBUTOR OKFO, PARTICIPANTS: ALL)
(M1-M6)
A project website will be created at the beginning of the project to showcase information about the project (including work packages), news and updates, and information about mental health. The website will be published in English. The project will also be featured on the websites of each of the partner organisations. The JA website can serve as an important repository of relevant information about mental health (e.g. links to previous JA: https:// www.mentalhealthandwellbeing.eu/ and relevant ongoing EU projects: http://www.magnet4europe.eu/ etc.), which will be continuously updated with the latest content during the whole duration of the JA.
All the dissemination related material, such as project logo, templates for internal and public documents, leaflet format, etc., will be defined at the very beginning of the project in order to establish the project image as soon as possible. The corporate identity and communication tools will be developed for the project in line with what will be developed by JA to ensure consistency. A temporary "Landing" page of JA Website will be launched with limited content and simplified layout to support early communication with stakeholders and the general public before the delivery of the final website.
T2.2: Stakeholder analysis
(LEADER: OKFO, MAJOR CONTRIBUTOR: CIPH, PARTICIPANTS: ALL)
(M1-M6)
This task aims at mapping the stakeholders involved in mental health in all MS/partners involved in the JA including existing networks and EU-funded or international projects. This task will take place at the beginning of the project. The objective is to identify all categories of the population who could directly benefit from the project (professionals, population groups, patients, citizens), who could be the best advocates (policy makers, Member States governments,

health managers, private sector) or who could develop resistance to the implementation of the JAs at the very beginning. In addition the analysis will offer information about stakeholder groups who may have an impact on potential barriers/ enablers to the implementation. Each country has been asked to provide a detailed list of key stakeholders before the beginning of the project. Templates for the stakeholder mapping will be developed (M3) and distributed to all partners involved in the JA and stakeholder analysis should be completed by M6. Complementary to the groups provided by JA partners, collaborating stakeholders will be also chosen through an open call that will be conducted based on the experiences of JA TEHDAS. This method will also contribute to collecting information for the stakeholder analysis through the learnings of processing stakeholders' interest and need.
T2.3: Development of the Dissemination strategy
(LEADER: OKFO, MAJOR CONTRIBUTOR: CIPH, PARTICIPANTS: ALL)
(M1-M7)
This strategy is to specify the dissemination aims and objectives, making an analysis/mapping of stakeholders and specific target groups and plan communication and dissemination activities, detailed activity planning, stakeholder mapping and identification of the tailored target groups, messages catered towards various target groups (final targets and multipliers, including decision makers and journalists), the timing of the dissemination actions and the visibility of European Union co-funding, as well as the description of the JA internal and overall communication. Specific needs of the 2 technical WPs will be taken into account. The strategy will be based on the analysis implemented in Task 2.2 and it will be updated on an annual basis.
T2.4: Identifying Dissemination Channels and Networks
(LEADER: OKFO, MAJOR CONTRIBUTOR: CIPH, PARTICIPANTS: ALL)
(M6-36)
This task consists of identifying communication channels (e.g. websites, news updates, media, social media, events) and networks (building on existing networks), in agreement with the EC (and their channels, such as the EU Health Policy Platform) and with JA partners. The JA dissemination material will be included in the EU Health Policy Platform to guarantee sustainable dissemination of the JA results. An ad hoc website will be also used along with other relevant websites according to specific objectives.
T2.5: Development of Communication Tools
(LEADER: CIPH, MAJOR CONTRIBUTOR OKFO, PARTICIPANTS: ALL)
(M8-36)
This task consists of the creation of relevant communication tools, e.g. two main deliverables of a leaflet at the beginning of the JA and a layman version of the final report at the end of the JA. Other communication tools will be used, such as newsletters, posters, press releases, presentations, blogs, and personal and/or online events (meetings, conferences, workshops, exhibitions) and press communication kits. Furthermore, this task includes the standard communication work that a JA requires, like writing, editing, finding pictures, posting on social media and developing infographics. More than one social media platform will be used as there may be differences in what is predominantly used in specific age groups and countries, like for example Facebook, Instagram, Twitter and WhatsApp depending upon the information which will be disseminated.
The main language will be English and, when appropriate, translations will be made into other languages in cooperation with MS. The templates and design of communication tools will follow defined publicity guidelines, including the use of a brand style logo and further mandatory elements. The aim is to provide effective visibility and accessibility of the results and outputs of the JA. Communication tools for communication and file sharing with project partners will be provided by the Croatian Institute of Public Health. The project results will also be shared on the database of health projects managed by the European Commission's European Health and Digital Executive Agency (HaDEA):https:// hadea.ec.europa.eu/index_el and in Project & Result area at European Commission's Funding & tender opportunities in order to increase visibility and sustainable of project results after the project ends. Using the EU Health Policy Platform (EU HPP) throughout the JA will support the virtual exchange management of stakeholders. The organization of webinars and online policy dialogues would additionally support the visibility and accessibility of the outputs and results of the JA. The JA will create the network dedicated to this project at the Agora Network of the EU HPP and publish news related to the project on the Agora Network of the EU HPP, which is accessible to all users, or dedicated networks of e.g. Exchange Networks, Stakeholder Networks or Member State-led Networks with selected members could contribute to share knowledge and information on this specific topic more effectively.
T2.6: EU Level Dissemination Events and Final Conference
(LEADER: CIPH, MAJOR CONTRIBUTOR OKFO, PARTICIPANTS: ALL)
(M1-36)
Presentations of implementation of best practices in the area of mental health at meetings, conferences and symposiums, workshops with key stakeholder groups at EU level to disseminate project findings and processes for broader applicability and final conference of the Joint Action. The visibility of EU co-financing will be ensured.

Participation per Partner

Partner number and short name	WP2 effort
1 - NPHO	7.00
2 - BMSGPK	0.00
GÖG	3.50
3 - NCPHA	1.50
4 - CIPH	33.00
5 - MHS CYPRUS	2.00
6 - MZCR	2.00
NIMH	1.50
7 - MSAE	2.00
8 - THL	1.00
9 - MOH FRANCE	1.50
10 - BZgA	3.50
11 - OKFO	8.50
SU	16.00
UD	2.00
12 - DOHI	1.50
13 - LOMBARDY REGION	0.00
MNIPR	1.00
UNIMIB	0.50
ASST LECCO	1.00
FBF	0.65
14 - SAM	1.50
15 - MFH	2.00
16 - TRIMBOS	3.50
17 - HDIR	1.50
18 - IPHS	1.50
19 - NIJZ	2.00
20 - SMS	0.25
SERMAS	0.15
FPS	0.15
Osakidetza	0.15
SNS-O	0.15
FFIS	0.70
CatSalut	0.15
SAS	0.15

Partner number and short name	WP2 effort
Consej- Mujer	0.15
21 - FOHM/PHAS	2.00
Total	105.65

List of deliverables

Deliverable Number[14]	Deliverable Title	Lead beneficiary	Type[15]	Dissemination level[16]	Due Date (in months)[17]
D2.1	Introductory leaflet	4 - CIPH	Report	Public	3
D2.2	Project Website	4 - CIPH	Websites, patents filing, etc.	Public	3
D2.3	Dissemination strategy	11 - OKFO	Report	Public	6
D2.4	Mid-term report on Dissemination	4 - CIPH	Report	Public	18
D2.5	Layman Version of the Final Report	4 - CIPH	Report	Public	36
D2.6	Final Report on Dissemination	4 - CIPH	Report	Public	36

Description of deliverables

D.2.1 Introductory Leaflet [3]
- This is a publication with core project information to promote the JA with easy-to-understand details.
D2.2. Project Website [3]
- This website will provide project and WP level information on all activities of the project. It will also feature a dedicated page for events and well as the newsletters.
D. 2.3 Dissemination Strategy [6]
- Strategy specifies the dissemination aims and objectives, detailed activity planning, identification of the target groups, dissemination channels, the timing of the dissemination actions and the visibility of European Union co-funding, as well as the description of JA.
D 2.4 Mid-term Report on Dissemination [18]
- Data analytics driven analysis to answer the key communications questions: Who are the followers of the news/ information presented by the project? Which content resonates with the audience?
D.2.5 Layman version of the Final Report [36]
This is a short, 4 pages version of the final report with infographics, written for the wide public as a target group.
D.2.6 Final report on Dissemination [36]
- Data analytics driven analysis, making the final evaluation of the communication activities.

D2.1 : Introductory leaflet [3]

Report

D2.2 : Project Website [3]

Main tool to showcase information about the JA

D2.3 : Dissemination strategy [6]

Specifying dissemination aims and objectives, mapped stakeholders and specific target groups as well as planning communication and dissemination activities

D2.4 : Mid-term report on Dissemination [18]

Reports on the implementation of the dissemination activities and CDP

D2.5 : Layman Version of the Final Report [36]

The report targets at a non-specialist audience and serves to inform decision makers and non-technical parties of the JA objectives and results.

D2.6 : Final Report on Dissemination [36]

Key element of communication tools

Schedule of relevant Milestones

Milestone number[18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS9	Launching ImpleMENTAL-network on the EU Health Policy Platform	11 - OKFO	5	
MS10	Launching Landing page of JA Website	4 - CIPH	3	
MS11	Final Conference	4 - CIPH	36	
MS12	Launching Final Results on the EU Health Policy Platform and specific websites	11 - OKFO	36	

Work package number [9]	WP3	**Lead beneficiary** [10]	16 - TRIMBOS
Work package title	Evaluation		
Start month	1	**End month**	36

Objectives

This Work Package covers both an internal evaluation of JA-ImpleMENTAL's process and achievement of outcomes against the specified objectives as well as an evaluation of the impact of JA-ImpeMENTAL on the target group and on mental health systems and policy in Europe.
The two main objectives of this WP are therefore:
Objective 1:
1. To assess the achievement of project objectives set out in the JA and whether outcomes of the JA meet the needs of and/or within Member States;
2. To assess the JA's impact by evaluating the implementation of all WPs of JA- ImpleMENTAL
Specific objectives related to Objective 1:
● Develop a monitoring and evaluation strategy for the internal evaluation of the Joint Action, including evaluation tools and indicators
● Perform an interim- and final evaluation that result in an interim and final evaluation report

Objective 2:
1. To assess the JA's impact by evaluating the implementation processes across MS in implementing good practices for mental health, including key ingredients, challenges, and considerations for further implementation and scale-up.
Specific objectives related to objective 2
● Development of a monitoring and evaluation strategy for assessing the implementation process and implementation outcomes of the good practices in MS (covered in technical WP's 5 and 6) including development of metrics and tools
● Provide ongoing evaluation support and guidance to MS on evaluation activities related to the implementation of the 2 good practices
● Evaluate and synthesise lessons learned from implementation (process and outcomes) of good practices (in close collaboration with the technical WP leaders and task leaders)
The evaluation WP is designed to work closely with the implementation WP's to streamline evaluation efforts and feed findings and lessons learned to the Sustainability WP. This WP should be seen as a learning network that measures and evaluates change and implementation processes across MS implementing the good practices, and evaluate.

Description of work and role of partners

WP3 - Evaluation [Months: 1-36]
TRIMBOS, NPHO, BMSGPK, CIPH, MHS CYPRUS, MZCR, MSAE, THL, BZgA, OKFO, DOHI, LOMBARDY REGION, SAM, MFH, HDIR, NIJZ, SMS, FOHM/PHAS
Task 3.1 Develop an evaluation strategy for evaluation of the JA, to assess the output from all WP's
Task lead: Trimbos
Co-lead: Fundación para la Formación e InvestigaciónSanitarias de la Región de Murcia (FFIS)
PARTICIPANTS: ALL (M1-M12)
This task involves the development of an evaluation strategy to monitor and evaluate the output from all work packages. This task involves close cooperation and input from WP1 as well as from the Executive Board to this JA, governed under WP1. This includes developing an evaluation approach, reviewing indicators across WPs based on the overall and specific objectives, and developing tools to conduct the evaluation. The evaluation plan will assess both the process and impact of the horizontal and vertical WPs of the JA through a systematic appraisal in terms of results (if the JA achieved its objectives) and in terms of quality (whether the outcomes meet the needs of the target groups and mental health policy priority areas). This includes developing an evaluation approach, reviewing indicators across WPs based on the overall and specific objectives, and developing tools to conduct the evaluation. Evaluation will pay specific attention to the sustainability of activities, e.g., inclusion of activities at the national levels and if they are embedded in organizational structures/services and/or policies.

Task 3.2 Evaluate the Joint Action (all WPs)
Task lead:Trimbos
Co-lead:Fundación para la Formación e InvestigaciónSanitarias de la Región de Murcia (FFIS)

PARTICIPANTS: ALL (M1-M36)
This task involves conducting an evaluation of all actions undertaken to assess if the project is being implemented as planned and reaches its objectives. Coordination with the monitoring processes of WP1 is essential to avoid overlap and duplication of work. The evaluation will consist of a process evaluation, which will include different components including self-evaluation (per WP), review of progress on (content) indicators per WP. The evaluation will culminate in a report with recommendations to suggest how the implementation of the JA could be improved to optimise processes in the JA.

Task 3.3 Evaluation of the implementation of pilot practices in WP5/6
Task lead: Trimbos
PARTICIPANTS: ALL implementing countries (M1-M36)
This task is concerned with creating an evaluation strategy for assessing the implementation of pilot practices in the technical work packages (WP5 and WP6). This strategy will provide options for technical WP's and MS in assessing the implementation process and outcomes. The evaluation strategy will be developed at the beginning of the project, via a consultative process with endorsement and active involvement of WP1, 5, and 6 leaders.
Activities include:
1) Development of a common evaluation strategy. It is anticipated that evaluation of the implementation process and some implementation outcomes may be feasible to assess within the timeframe and resources of the JA; however, a full impact evaluation will not be feasible. Choices will need to be made early in the JA as a Consortium about a strategy (developed in this WP, in close collaboration with WP1 and technical WP's) on how to reflect the diversity of practices implemented across MS in a meaningful evaluation. The evaluation strategy will therefore:
a) Reflect evaluation options to capture the diversity of approaches to implementing the 2 good practices across MS
b) Determine methods and tools (in collaboration with WP5, particularly task 5.4)
c) Determine research/evaluation priorities/questions and developing/agreeing on a set of (process, output and outcomes) indicators
d) Develop common tools (e.g., questionnaires, general guidelines for evaluation, forms/logbooks, checklists)
2) Member States will develop a pilot-specific evaluation plan on the basis of the aforementioned evaluation strategy developed by the WP3 team. The plan will be tailored to pilot organization and context, and describe the evaluation processes, the evaluation questions/focus, methods, tools and indicators used for evaluation of the pilot practice, stakeholders and other resources involved. The plan will include, but is not limited to, relevant research and evaluation questions, evaluation methodology, tools and indicators for evaluation.
a) Where necessary, organise (digital) workshops for implementing partners in each technical WP to prepare and provide guidance for the development of an evaluation plan by each MS;
3) Member States carry out evaluation activities in accordance with their tailored evaluation plan, by implementing partners in each MS (using monitoring methods and tools defined for each pilot) with collaboration and support from the WP3 team. Guidance and support are provided by WP3 leaders (and WP6 and WP5 leaders where needed)
4) The task leader will serve as an evaluation hub, providing ongoing guidance and support on evaluation and research to MS and to other WPs. This includes providing advice and feedback from the research and evaluation perspective to MS on adapting the common evaluation strategy to their own local circumstances. Each MS will do a local adaptation of the common evaluation strategy mentioned above, adapted for local relevance, data sources, and resources.
5) Preparation of an evaluation report by each implementing MS describing evaluation methods and steps, reporting evaluation results;
6) Contributing to discussions in technical WPs on metrics and tools employed in WP5/6 that can support MS in implementation of good practices.

Task 3.4 Develop a meta-synthesis of local evaluations in MS in order to identify success factors and barriers in implementation
Task lead: Trimbos
PARTICIPANTS: ALL Implementing countries (M25-M36)
This task concerns conducting a meta-synthesis of the pilot evaluations in MS, and recommendations for continued implementation of the good practices as well as evaluation needs and priorities to assess impact. The meta-synthesis will focus on both process outcomes and implementation outcomes (such as acceptability of the new model of care, uptake of the reform, or sustainability considerations), using mixed methods.
Specific sub-tasks include:
1) Develop, adapt and finalize a methodology for the meta-synthesis
2) Write a summary report based on the meta-synthesis that will a) synthesise the insights gained through the EU MS pilot evaluations; 2) integrate and reflect on results and insights of cross-country collaboration and exchange of implementation experiences, and 3) outline policy and practice implications and recommendations.

3) Leading a consultative process of the draft synthesis with MS
4) Package and disseminate findings from the meta-synthesis to be fed back into implementation and sustainability work packages, particularly to support objectives of WP4 (Sustainability) to ensure in particular that policy and practice implications are considered against sustainability indicators outlined in WP4 and discussed in workshops and policy dialogues led by WP4.

Participation per Partner

Partner number and short name	WP3 effort
1 - NPHO	14.00
2 - BMSGPK	0.00
GÖG	10.35
4 - CIPH	10.60
5 - MHS CYPRUS	9.20
6 - MZCR	3.00
NIMH	7.00
7 - MSAE	9.80
8 - THL	5.00
10 - BZgA	10.70
11 - OKFO	3.65
SU	0.50
UD	7.75
12 - DOHI	5.40
13 - LOMBARDY REGION	0.00
MNIPR	1.00
POLIMI	2.00
UNIMIB	3.50
ASST LECCO	2.00
FBF	1.50
14 - SAM	5.40
15 - MFH	7.00
16 - TRIMBOS	22.05
17 - HDIR	5.40
19 - NIJZ	9.80
20 - SMS	2.50
SERMAS	0.50
FPS	0.50
Osakidetza	0.50
SNS-O	0.50
FFIS	11.50

Partner number and short name	WP3 effort
CatSalut	0.50
SAS	0.50
Consej- Mujer	0.50
21 - FOHM/PHAS	5.00
Total	179.10

List of deliverables

Deliverable Number[14]	Deliverable Title	Lead beneficiary	Type[15]	Dissemination level[16]	Due Date (in months)[17]
D3.1	Evaluation Strategy	16 - TRIMBOS	Report	Public	9
D3.2	Mid-term report on Evaluation	16 - TRIMBOS	Report	Public	18
D3.3	Meta-synthesis report	16 - TRIMBOS	Report	Public	36
D3.4	Final evaluation report	16 - TRIMBOS	Report	Public	36

Description of deliverables

D 3.1 Evaluation Strategy[9]
-Preparation and publication of the evaluation strategy [9]
D 3.2 Mid-term report on Evaluation [18]
-Report on the progress, processes and outcomes, and recommendations for the remaining work period
D 3.3 Meta-synthesis report [36]
-Report on lessons learned across MS in the implementation of good practices
D 3.4. Final Evaluation report [36]
- The final evaluation report outlining the central outcomes and conclusions related to the objectives.

D3.1 : Evaluation Strategy [9]

Report on the final evaluation of the JA based on the Strategy

D3.2 : Mid-term report on Evaluation [18]

Report on the progress, processes and outcomes, and recommendations for the remaining work period.

D3.3 : Meta-synthesis report [36]

Meta synthesis on the results from the good practices based on the evaluation framework

D3.4 : Final evaluation report [36]

The final evaluation report outlining the central outcomes and conclusions related to the objectives.

Schedule of relevant Milestones

Milestone number[18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS13	Evaluation framework for internal evaluation of the JA	16 - TRIMBOS	9	

Schedule of relevant Milestones

Milestone number[18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS14	Evaluation framework for evaluation of the two good practices	16 - TRIMBOS	9	
MS15	MS piloting good practices have an adapted evaluation plan in place to reflect local contexts and resources for the effective evaluation of the pilot implementation of the good practices in each MS	16 - TRIMBOS	12	

Work package number [9]	WP4	**Lead beneficiary** [10]	11 - OKFO
Work package title	Sustainability		
Start month	1	**End month**	36

Objectives

Although a project is by definition limited in time, the purpose is to make the results and outcomes sustainable. The sustainability plan or strategy for the potential uptake and integration in national policies should therefore pay attention to the transfer of knowledge and to the processes needed for embedding knowledge into policy and practice. The key to sustainability is finding a win-win for all stakeholders, requiring a value-based approach that focuses on maximizing the benefits from the implementation of good practices while minimizing adverse effects and unnecessary costs. The WP will provide recommendations to MSs to identify and overcome local/specific obstacles and to turn pilot results into permanent policy.
The objectives of this WP is to:
● Actively engage key stakeholders involved at national and European level in the knowledge transfer in the area of mental health, and communicate the value and impact of the knowledge generated in the JA;
● Determine a framework for stakeholder collaboration and knowledge translation to embed results and lessons learned in ongoing practice and policy and facilitate creation of networks on both national and international level that can be sustained after the JA ends;
● Consolidate information and knowledge generated in a format relevant and useful for policy makers via a policy toolkit containing guidance for MS how to proceed after the pilot promoting sustainable implementation;
● Estimate the benefits and value of the implementation of the two good practices and identify considerations for economic sustainability;
● Support all individuals implementing MS in creating optimal preconditions for a sustainable implementation of the intervention(s) after the JA has finished.

Description of work and role of partners

WP4 - Sustainability [Months: 1-36]
OKFO, NPHO, BMSGPK, NCPHA, CIPH, MHS CYPRUS, MZCR, MSAE, THL, MOH FRANCE, BZgA, DOHI, LOMBARDY REGION, SAM, MFH, TRIMBOS, HDIR, IPHS, NIJZ, SMS, FOHM/PHAS
Throughout this WP, collaboration with the dissemination, evaluation and the technical WPs is essential to ensure data and findings are translated into policy lessons, and that considerations and ingredients for sustaining the good practices and mental health policies are identified. This WP will also work closely with the JA Member State Policy Committee in WP1 (consisting of governmental experts) to maximise opportunities for sustaining the results of the JA and implementing good practices beyond the lifespan of the JA in national policies and programs.
Specific activities include:
Task 4.1: Develop a unified conceptual model to guide the process of translating knowledge into policy & practice.
Task lead: Trimbos Co-lead: OKFO (HU)
PARTICIPANTS: ALL (M13-M36)
This activity is concerned with selecting a knowledge to policy translation model and adapting it to the context of the JA. This model will be validated with the JA consortium and used as a framework for consolidating information for policy dialogues, and the sustainability plan. This task is linked to D.4.1 (M18), and follow-up activity will be performed till M36.
_______________________________________Task 4.2: Support the process of embedding knowledge gained from the implementation of the good practices through thematic workshops to facilitate networking, and support stakeholders in understanding how changes/results from pilots can be sustained
Task lead: Trimbos
PARTICIPANTS: ALL (M01-M36)
These workshops will not only facilitate the development of a network focused on mental health system development, but also provide a platform to make the case for why mental health transformations are important now, and what envisaged outcomes of these transformations can be in the short and long-term. Delivery of workshops with MS/C will start once there are already lessons learned in WP5 and WP6 that can be identified from implementation. Preparatory work to design the workshops and detail a strategy for it will be done during M01-M13.
Where possible, a stakeholder analysis (potentially developed in the other WPs) will be used to assist with identification of stakeholders. Based on input from these networks, a policy toolkit will be developed containing all relevant

information for individual MS to take the next steps in creating support among relevant stakeholders, specifically local and national policy makers. This task is linked to D.4.2 (M24), M.4.2 (M27), and follow-up activity will be performed till M36.
Task 4.3: Policy dialogues in MS/C to jointly develop a roadmap to advance mental health policy priorities in Europe beyond the JA
Task lead: OKFO (HU) Co-lead: Trimbos (NL)
PARTICIPANTS: ALL) (M01-M36)
This activity involves the design and execution of policy dialogue sessions, which generate possibilities/opportunities around a key policy question (e.g., how to finance community mental health teams for the next 5 years) with a corresponding action plan (with responsibilities, budget, communication channels). Policy dialogues will bring together decision-makers at local, regional and national level together in the MS/C implementing the good practices around the core issues needed for sustainable changes in mental health systems development. Priorities for key policy questions, needs and issues to be discussed in the policy dialogue sessions, will be mapped, and presented in an initial set of prioritised needs and challenges for sustaining good practices across member states. Information will be collected through online questionnaires to the advisory bodies of the Joint Action (the Member State Policy Committee and the Stakeholder forum), in collaboration with WP1, as well as inputs from other work packages, especially lessons learned from the SANAs that will be delivered in WP5 and WP6.
The policy dialogues - through events offering specific discussions on the different social, cultural and/or political contexts and gain information about the background of possible barriers/enablers to implementation - will also package evidence on the implementation process and (potential) impact evaluation of the implemented practices to support decision-makers in understanding the results of the JA and how this can guide subsequent decisions in mental health system changes. In case of MS implementing the mental health reform, this task will build on the country specific implementation roadmaps which will define objectives and main milestones for a continuation, extension or scale-up of the pilots beyond the JA's duration.
This task is linked to M.4.1. (M20), M.4.3 (30), and follow-up activity will be performed till M36.
Task 4.4: Elaboration of a common sustainability plan (CSP), built on the results achieved at the previous milestones of the WP and the cooperation with all WPs.
Task lead: OKFO (HU)
PARTICIPANTS: ALL) (M13-M36)
The CSP will:
• Contain information or ‘signposts’ that can assist the MS/C scale-up of the service delivery transformations
• Define core elements for sustainability
• Contain a guide for estimating investments, trade-offs and financial planning for sustaining results in mental health care transformations
• Develop, identify and use SMART indicators, in close cooperation with WP 5 & 6 to monitor and evaluate the effectiveness and efficiency of the sustained practice. These indicators can serve as determinants of new mental health system developments beyond the lifespan of the JA.
This task is linked to D.4.3 (M36).
Task 4.5: Support next adopters (i.e. outside of this JA) identified through the stakeholder analysis practices(s) by informing them about key ingredients and processes for scale-up
Task lead: OKFO (HU)
PARTICIPANTS: ALL (M19-M36)
This activity will focus first on identification of ‘next adopters’ (MS or perhaps regional authorities) interested in implementing partial or complete versions of the good practices. Second, this activity will provide advice and guidance to these next adopters. These consultations with organizations/MS will focus on going through the Common Sustainability Plan and highlighting policy and implementation considerations for implementing the good practices on the basis of lessons learned in this JA.
This task is linked to M.4.4 (M34), and follow-up activity will be performed till M36.

Participation per Partner

Partner number and short name	WP4 effort
1 - NPHO	11.50
2 - BMSGPK	0.00
GÖG	7.00

Partner number and short name	WP4 effort
3 - NCPHA	2.50
4 - CIPH	11.50
5 - MHS CYPRUS	7.00
6 - MZCR	2.00
NIMH	5.00
7 - MSAE	7.00
8 - THL	4.00
9 - MOH FRANCE	0.75
INSERM	0.75
10 - BZgA	7.00
11 - OKFO	14.75
SU	14.75
UD	5.00
12 - DOHI	4.00
13 - LOMBARDY REGION	0.50
MNIPR	3.50
POLIMI	1.00
ASST LECCO	1.75
FBF	3.00
14 - SAM	4.50
15 - MFH	4.00
16 - TRIMBOS	16.00
17 - HDIR	3.00
18 - IPHS	2.50
19 - NIJZ	7.00
20 - SMS	1.80
SERMAS	0.55
FPS	0.55
Osakidetza	0.55
SNS-O	0.55
FFIS	1.35
CatSalut	0.55
SAS	0.55
Consej- Mujer	0.55
21 - FOHM/PHAS	3.00
Total	161.25

List of deliverables

Deliverable Number[14]	Deliverable Title	Lead beneficiary	Type[15]	Dissemination level[16]	Due Date (in months)[17]
D4.1	Conceptual model for translating knowledge into policy and practice changes selected and applied in the JA	16 - TRIMBOS	Report	Public	18
D4.2	Policy toolkit	16 - TRIMBOS	Report	Public	24
D4.3	Common sustainability plan	16 - TRIMBOS	Report	Public	36

Description of deliverables

D. 4.1 Conceptual model for translating knowledge into policy and practice changes selected and applied in the JA [18]
- A unified conceptual model to guide the process of translating knowledge into policy & practice (by Task4.1, M13-M36, and follow-up activity will be performed till M36)
D. 4.2 Policy toolkit [24]
- Policy toolkit, including a roadmap for mental health system development for policymaker (by Task4.2, M1-M36, and follow-up activity will be performed till M36)
D. 4.3 Common sustainability plan [36]
- A common sustainability plan, built on the results achieved at the previous milestones of the WP and the cooperation with all WPs (by Task4.4, M13-M36)

D4.1 : Conceptual model for translating knowledge into policy and practice changes selected and applied in the JA [18]

A unified conceptual model to guide the process of translating knowledge into policy & practice (by Task4.1, M13-M36, and follow-up activity will be performed till M36)

D4.2 : Policy toolkit [24]

Policy toolkit, including a roadmap for mental health system development for policymaker

D4.3 : Common sustainability plan [36]

Plan on how sustainable change can be promoted

Schedule of relevant Milestones

Milestone number[18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS16	Initial set of prioritised needs and challenges for sustaining good practices are mapped across member states	11 - OKFO	9	
MS17	Workshops completed incl. synthesis and Initial set of practical recommendations	11 - OKFO	27	
MS18	Short report of the synthesis of the dialogue sessions and roadmap finalized	11 - OKFO	30	

Schedule of relevant Milestones

Milestone number[18]	**Milestone title**	**Lead beneficiary**	**Due Date (in months)**	**Means of verification**
MS19	Knowledge to policy model is validated and adopted by MS/C	11 - OKFO	34	

Work package number [9]	WP5	**Lead beneficiary** [10]	10 - BZgA
Work package title	Transfer and pilot Implementation of the Belgian best practice on reform of the mental health (MH) services		
Start month	1	**End month**	36

Objectives

The overall objective is to support adaptations in the management and organisation of mental health (MH) services from institutionalised MH care towards the (sustainable) establishment of intersectoral, community-based, client-centred and integrated local MH promotion, care and prevention networks and services in the participating countries.
Specific objectives: Support the introduction, further development or scale-up of intersectoral community-based and client-centred MH promotion, care and prevention networks in the participating countries based on key features, practical experiences and lessons learned from the selected Belgian best practice example "Towards better mental health services through mental health care networks and pathways". The WP focuses on:
● Capturing, understanding and mapping the situation and identifying needs with regard to the development of the systems towards intersectoral, community-based and client-centred MH services within the participating countries;
● Promoting learning and cross-country exchange on methods, tools, practices and experiences in the development, establishment, maintenance and promotion of sustainable intersectoral, community-based and client-centred MH promotion, care and prevention networks;
● Supporting the sustainable establishment, further development and/or scale-up of intersectoral, community-based and client-centred MH networks and services by adapting and pilot implementing (elements) of the Belgian best practice example for 1) children/adolescents and/or 2) adults (incl. elderly people) in the local contexts of the participating countries, based on the results of the situational analysis and needs assessment and the priorities within the countries;
● Supporting the use of information, data and indicators to monitor, evaluate and improve intersectoral, community-based and client-centred MH networks and services and to assess developments in MH systems;
● Supporting capacity and competence building of stakeholders for the establishment and operation of intersectoral, community-based and client-centred MH networks and services;
● Identifying success factors and barriers and drawing lessons for the establishment and implementation of intersectoral community-based MH networks and the development of client-centred care services;
● Preparing and informing the further development and/or scale-up of intersectoral, community-based and client-centred MH networks and services in the participating countries and in Europe beyond the JA.

Description of work and role of partners

WP5 - Transfer and pilot Implementation of the Belgian best practice on reform of the mental health (MH) services [Months: 1-36]
BZgA, NPHO, NCPHA, CIPH, MHS CYPRUS, MSAE, MOH FRANCE, OKFO, LOMBARDY REGION, SAM, MFH, TRIMBOS, IPHS, NIJZ, SMS
This WP aims in particular at identifying, transferring, pilot implementing and integrating selected elements of the Belgian best practice example at system and/or at service level in order to establish, improve or scale up intersectoral, community-based and client-centred MH promotion, care and prevention networks and services in a number of participating countries. The organisational model of the Belgian practice example of community-based and client-centred MH services integrates intersectoral and multidisciplinary networks at local/regional level, based on three key pillars/elements. These networks provide integrated services tailored to the individual needs of the users/patients (children/adolescents, adults and the elderly) within five core functions/areas of services.
The WP will be structured around different tasks and cover both target groups of 1) children/adolescents and 2) adults (incl. the elderly).
Task 5.1 Preparatory work: establishing WP structures and content (M1-8)
Leader: DE, Co-leader: IT, Participants: all WP countries, other WP leaders
5.1.1. Kick-off-session (virtual/online) (WP lead, co-lead, participating countries) within the frame of the JA kick-off
Presentation and discussion of the Belgian best practice example, planned WP activities, structures (Working Groups) and timetable, definition of working rules (meetings, communication formats, links with other WPs).
5.1.2. Set-up of two WP5 Advisory Groups of experts on MH promotion, care and prevention for 1) children/adolescents, 2) adults (incl. the elderly)
5.1.3. Conduct meetings and exchanges with regional and/or national ministries and other relevant national, regional and/or (other) institutions, affiliated entities or collaborating partners relevant to or taking part in the WP5 in each

participating country, with the aim of mobilising resources and sharing information as a preparatory step to the implementation of WP5.
5.1.4. A preparatory (virtual) country "visit" to Belgium to better understand the context, the core elements, the functioning and the operation of the Belgian best practice example.
5.1.5. Elaboration of an Analytical Framework for the assessment and transfer (of elements) of the Belgian best practice example in relation to the contexts of each country.
The framework will guide the development and implementation of the WP tasks, frame common elements/topics identified and selected to be taken into consideration during the pilot implementation, for monitoring and evaluation (WP1 & WP3) and for cross-country thematic exchange (WP5 and 4).
5.1.6. Carrying out workshop(s) for cross-country exchange on selected common elements/topics and/or to prepare and agree with the Analytical Framework and/or questionnaire for the situation analysis & needs assessment.

Task 5.2 Conduction of a situation analysis and needs assessment (M7-14)
Leader: DE, Co-leader: IT, Participants: all WP countries, other WP leaders
5.2.1. Conducting a country-specific situation analysis & needs assessment (SANA) in each participating country.
In a first step, a general overview of the main building blocks of each country's MH system (i.e. policy and legislation, governance, financing, workforce, organisation and care delivery at MH service level, information system) will be provided, based on a simple template for country profiles developed jointly with the WP6 leaders (and with input from the WP1 and WP3 leaders). The second step involves carrying out a more specific analysis and assessment of the situation and needs at a level (national or regional or local) chosen by each country and relevant for pilot implementation.
5.2.2. Compilation of the results into country specific profiles/reports by each country.

Task 5.3. Adaptation, development and pilot implementation of (selected elements) of the Belgian best practice (M14-27)
Leader: DE, Co-leader: IT, Participants: WP countries, other WP leaders
5.3.1. Elaboration of a simple, logical transfer/change model for adaptation of elements of the Belgian best practice example to the local contexts of each country, leading to the development of a draft implementation/action plan for pilot implementation.
5.3.2. Pilot implementation of the adapted/defined practices in each implementing country.
5.3.3. Conduction of workshop(s) of participating countries for cross-country exchange on the process of pilot implementation.
5.3.4. Documentation of pilot implementation in the implementation reports (based on a common framework and guidelines developed by the WP/tasks leaders) by each implementing country.
5.3.5. Elaboration of an (cross-country) Analysis and Synthesis Report on the pilot implementation based on the country reports and on the analytical framework.
5.3.6. Reflection on and identification of needs and goals for continued implementation, scaling-up or extension of the pilot practice after the end of the JA and elaboration of a simple implementation roadmap as a strategic plan defining goals, desired outcomes, main steps and milestones for achieving the goals. This will be carried out for each country pilot practice with technical support and guidance from WP 4.

Task 5.4 Adaptation, development and (pilot) application of a dashboard of MH indicators (M7-28)
Leader: IT, Co-leader: DE, Participants: WP countries, other WP leaders
5.4.1. Analysis of the Health/Mental Health Information Systems (H&MH-IS) of the country, as part of the SANA under task 5.2;
5.4.2. Set up and consultations with a network of experts from institutions, affiliated entities or collaborating partners responsible for the collection and use of MH-related data in the participating countries in order to develop a preliminary list of indicators;
5.4.3. Conduction of a consensus workshop to discuss and agree on MH-related indicators to be collected, to exchange information across countries and to explore the possibilities and feasibility of developing a dashboard of indicators;
5.4.4. Development of a manual for building indicators (harmonisation of definitions and descriptions of indicators, development of a list of variables, details of data processing, etc.);
5.4.5. Data extraction from computerised databases on MH and health care;
5.4.6. Building up and applying a dashboard of indicators at country level or within the country (e.g. at regional level) and at the central level of JA;
5.4.7. Elaboration of a Synthesis Report containing a cross-country analysis of the MH indicators and with recommendations for improving actions in this area.
The implementation of Task 5.4 will take into account ongoing projects at international and national level aimed at developing and/or compiling MH indicators in order to avoid possible duplication of work. The activities of task 5.4 will also be aligned with the general monitoring and evaluation framework and the activities in WP1 and WP3.

Task 5.5 Training and capacity building (M10-35)
Leader: IT, Co-leader: DE, Participants: WP countries
5.5.1. Elaboration of a training and capacity building plan for the WP
The scope and content of the training and capacity building activities will be defined in the plan, taking into account identified needs, available capacities, resources and time. Due to the Covid-19 pandemic, the development of online and web-based training formats will be considered/preferred, training and capacity building will focus on the acquisition of knowledge and the development of competences/skills, possibly in the following three main areas (linked to the key features and functions of the Belgian best practice example): 1) Development and operation of (local) intersectoral MH networks, 2) Use of methods and tools supporting and shaping the development and coordination of needs/client-centred networks as well as health promotion, care and prevention services and interventions, 3) Thematic training on selected themes and practices of specific relevance both for the target groups of children/adolescents and adults and for the pilot implementation in the countries. The plan will provide for the development of a "training kit" of training modules, curriculum materials and/or tools, which will be made available for further adaptation and use for training and capacity building by interested countries.
5.5.2. Development of a training kit (incl. training modules/curricula/materials/tools) and delivery of the training according to the training and capacity building plan;
5.5.3. Continuous and final assessment of the training and capacity building results.

Participation per Partner

Partner number and short name	WP5 effort
1 - NPHO	23.00
3 - NCPHA	10.50
4 - CIPH	21.13
5 - MHS CYPRUS	21.13
7 - MSAE	21.10
9 - MOH FRANCE	6.75
INSERM	3.25
10 - BZgA	53.13
11 - OKFO	4.00
SU	4.00
UD	13.13
13 - LOMBARDY REGION	1.00
MNIPR	9.80
POLIMI	7.50
UNIMIB	7.90
ASST LECCO	7.90
FBF	10.10
14 - SAM	21.13
15 - MFH	20.50
16 - TRIMBOS	1.50
18 - IPHS	10.25
19 - NIJZ	21.13
20 - SMS	9.50

Partner number and short name	WP5 effort
FFIS	4.13
CatSalut	3.50
Consej- Mujer	5.00
Total	321.96

List of deliverables

Deliverable Number[14]	Deliverable Title	Lead beneficiary	Type[15]	Dissemination level[16]	Due Date (in months)[17]
D5.1	A public summary report/ executive summary of the SANA	10 - BZgA	Report	Public	14
D5.2	Analysis Report on the pilot implementation	10 - BZgA	Report	Public	29
D5.3	A Synthesis Report on the results of the use of indicators for mental health and the developed dashboard of MH indicators is elaborated	13 - LOMBARDY REGION	Report	Public	28
D5.4	A “training kit” for use of and adaptation by interested countries is elaborated	13 - LOMBARDY REGION	Other	Public	35

Description of deliverables

D.5.1. Public summary report/executive summary of the SANA [14]
- A Public summary report/executive summary of the main results of the situation analysis and needs assessment for each participating country.
D.5.2. Analysis Report on the pilot implementation based on (included) country specific reports and the analytical framework is elaborated [29]
- An Analysis and Synthesis Report on the process and results of pilot implementation based on (included) country-specific reports and the analytical framework elaborated under task 5.1. (this will include a public summary of the report).
D.5.3. A Synthesis Report on the results of the use of indicators for MH and the developed dashboard of MH indicators is elaborated [28]
- A Synthesis Report on the results of the use of indicators for MH, including a dashboard of indicators for assessing the delivery and quality of MH care and prevention.
D.5.4. A “training kit” for use of and adaptation by interested countries is elaborated [M35]
- A “training kit” for community-based and client-centred MH prevention and care for the use of and adaptation (to local context) by interested countries/institutions.

D5.1 : A public summary report/executive summary of the SANA [14]

Public summary report/executive summary of the main results of the situation analysis and needs assessment for each participating country

D5.2 : Analysis Report on the pilot implementation [29]

An Analysis and Synthesis Report on the process and results of pilot implementation based on (included) country-specific reports and the analytical framework elaborated under task 5.1. (this will include a public summary of the report)

D5.3 : A Synthesis Report on the results of the use of indicators for mental health and the developed dashboard of MH indicators is elaborated [28]

A Synthesis Report on the results of the use of indicators for MH, including a dashboard of indicators for assessing the delivery and quality of MH care and prevention

D5.4 : A "training kit" for use of and adaptation by interested countries is elaborated [35]

A "training kit" for community-based and client-centred MH prevention and care for the use of and adaptation (to local context) by interested countries/institutions

Schedule of relevant Milestones

Milestone number[18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS20	kick-off meeting for WP 5	10 - BZgA	2	
MS21	Two WP Advisory Groups are established and (virtual) preparatory country-visit to Belgium is conducted	10 - BZgA	3	
MS22	An Analytical Framework for the transfer and piloting of (elements) of the Belgian best practice example is elaborated	10 - BZgA	7	
MS23	A Situational Analysis and Needs Assessments is carried out and the results are compiled by each country into country specific profiles and or reports	10 - BZgA	14	
MS24	Pilot implementation of the adapted and defined practices is carried out in each implementing country	10 - BZgA	25	
MS25	Workshops for cross-country exchange on selected topics of common interest are conducted	10 - BZgA	23	
MS26	Needs and goals for continued implementation, scaling-up and/or extension of the pilot practice after completion of the JA in each of the participation countries are defined	10 - BZgA	34	
MS27	A dashboard of indicators at the country level (or within the country) and at the central level of the JA is established and applied	10 - BZgA	25	

Schedule of relevant Milestones

Milestone number[18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS28	Training (of trainers) among stakeholders is delivered	10 - BZgA	35	
MS29	Simple implementation roadmaps (for further implementation, scaling-up and/or extension of the pilot practice after the JA duration) are developed for each piloting country	10 - BZgA	35	

Work package number [9]	WP6	**Lead beneficiary** [10]	2 - BMSGPK
Work package title	Transfer and pilot implementation of (selected elements of) of the Austrian Best Practce on Suicide Prevention (SP) "SUPRA"		
Start month	1	**End month**	36

Objectives

The overall objective is to support improvement in knowledge and quality of suicide prevention services in the participating countries.
Specific objectives:
Developing or scaling up the suicide prevention strategy on national/regional level based on the best practice example Suicide Prevention Austria (SUPRA) ensuring that the specific components of SUPRA are carefully selected based on their respective context.
The WP focuses on:

- recording and assessing the current situation in the field of suicide prevention in each country/region, including in depth understanding of existing stakeholders and their positions, activities, expectations in the field of SP in their country/region as well as knowledge about gaps (situation analysis).
- assessing resources (staff, budget, other) needed to address and implement prioritized activities (aiming to further develop existing activities and/or address identified gaps in their country) (needs analysis).
- obtaining stakeholder commitment for the establishment (or further development) of a national/regional strategy including steps to promote increased awareness for SP of main stakeholders and the general public as well as fighting suicide-related stigma
- promoting learning and cross-country exchange on methods, tools, practices and experiences in the development or improvement of national strategies for suicide prevention
- supporting capacity and competence building of stakeholders for the establishment and operation of suicide prevention services
- supporting the sustainable establishment, improvement and expansion of suicide prevention services by adaption and pilot implementation of SUPRA best practice in the local context of each country.

Non-objective
1:1 roll out of SUPRA in participating MS without consideration of the national/regional context/situation.
Stakeholders and target groups (at national/regional level) in the participating countries:

- National ministries and other policy makers (national/regional level)
- Health and mental health professionals
- Suicide attempters and survivors of bereavement due to suicide
- Representatives of relevant institutions/organisations (e.g. regarding hotspots: national railway agency; …)
- Media professionals
- General public (awareness/stigma)

Description of work and role of partners

WP6 - Transfer and pilot implementation of (selected elements of) of the Austrian Best Practce on Suicide Prevention (SP) "SUPRA" [Months: 1-36]
BMSGPK, NPHO, NCPHA, CIPH, MHS CYPRUS, MZCR, MSAE, THL, OKFO, DOHI, SAM, MFH, HDIR, IPHS, NIJZ, SMS, FOHM/PHAS
This WP aims in particular to develop or scale up a suicide prevention strategy on national/regional level based on the Austrian best practice example Suicide Prevention Austria (SUPRA). Selected elements of SUPRA should be pilot implemented in a defined number of MS for 1) children/adolescents and/or 2) adults (incl. elderly people) in the local contexts of the participating countries, based on the results of the situation analysis and needs assessment (SANA) as well as the priorities within the participating countries. Components of SUPRA include: (i) coordination and organization (aim: suicide prevention is organizationally embedded and co-ordinated). (ii) support and treatment of high risk groups (aim: people at risk of suicide are supported and treated as needed), (iii) restriction of access to means of suicide (aim: rendering access to means of suicide as difficult as possible), (iv) awareness and knowledge (aim: awareness and knowledge of suicidality and about coping with psychosocial crises are widespread among the general population), (iv) to integrate suicide prevention programmes in other health promotion activities (aim: the issue of suicide to be integrated into existing health promotion, addiction and violence prevention measures), (vi) quality assurance and expertise (aim: suicide prevention is quality assured on the basis of scientific expertise).

Within this WP participating countriesare supported to develop or refine national/regional strategies as well as to initiate (take first steps towards) pilot-implementation of selected SP-actions by e.g. workshops/trainings, webinars.
Task 6.1: Preparatory work: Establishing project structure and content (M1-8) --> link to WP1 and other WPs
Lead: AT, Co-lead: CZ, Participants: WP countries, other WP leaders
6.1.1.Web-based-Kick-off-meeting: (lead, co-lead, WP countries)
● Presentation of the overview of the WP 6 and key elements of the SUPRA practice
● Decide on the structure of work incl. project plan, committees, working groups, timetable;
● Define rules of work (meetings, communication format/s)
6.1.2. Establish national/regional working group and advisory board by each participating WP countries
Based on experiences from SUPRA and the Czech example
● Organise a national kick-of-meeting based on the EU-level-meeting with all key national stakeholders
● Presentation of the overview of the Joint Action and relevant technical WPs on suicide prevention and mental health reform depending on country's selection
● Decide on the structure of work incl. project plan, committees, working groups, timetable;
● Define rules of work (meetings, communication format/s)
6.1.3. (Online-) Workshop 1 (2 days); (lead, co-lead, WP countries) --> link to WP1
day 1:
presentation of WHO-Framework and use case / best practice model SUPRA with focus on potentially transferable modules (according to the 6 SUPRA-"columns")
● present an overview of potential SP-actions:
o "Quick Win"-package (actions that can be implemented easily and without a big budget within 1 or 2 years - usually based on existing activities. Can act as motor for political commitment and implementation of further measures of JA)
o Additional implementation packages
● To get a first idea which SUPRA actions/packages could be suitable and a priority for participating countries;
Development of a plan for the situation analysis
day 2:
Workshop/training on how to develop a (national/regional) SP strategy, open also for selected further interested experts from participating countries
● Discussion of reflections and ideas of participating countriesso far, based on input from day 1 (WHO-Framework and experiences from SUPRA and the Czech example)
6.1.4. (Online-) Workshop 2 (lead, co-lead, WP countries) --> link to WP 3 (Evaluation) and WP 5 (health care reform)
Compilation of a questionnaire for undertaking a comprehensive situation analysis and needs assessment (SANA) as well as compilation of a template for country profiles (output of SANA)
● Joint development of a WP 6-specific questionnaire as basis for SANA using participatory approach/format based on Czech example --> link to WP 3 (Evaluation) and WP 5 (health care reform)
● Presentation (GÖG) and discussion of a draft-template for a country profile

Task 6.2: Conducting a country-specific situation analysis & needs assessments in each participating countries(M6-21)
Lead: AT, Co-lead: CZ, Participants: WP countries
6.2.1. Situation analysis (WP countries)
● identification of stakeholders and performance of a situation analysis based on defined indicators and existing national/regional evidence on SP e.g. studies, publications, data (epidemiology, health care resources…) --> link to WP 5 (health care reform)
6.2.2. Needs assessment (WP countries) --> link to link to WP 5 (health care reform) and WP 4 (Sustainability)
● Assessment of resources needed for addressing and implementing selected actions as well as documentation of potential barriers to implementation and enabling factors
● Defining final priorities (Which activities of SP i.e. SUPRA will each participating countryfocus on?)/ first prioritisation of SUPRA actions or packages suggested for national/regional implementation
6.2.3. Workshop 3 (lead, co-lead, WP countries) --> link to WP 4 (Sustainability)
Presentation and discussion of results of SANA
● Discussion of the results of SANA and its implications for possible uptake of nationally/regionally prioritized SUPRA-actions while controlling for participating country specific implementation barriers and enabling factors;
● Finalization of template for country profiles describing the results of SANA in each participating countries including specific implementation barriers and enabling factors
● Compilation of a list of common and participating country specific implementation barriers and enabling factors.
6.2.4. Compilation of country profiles (lead, co-lead, WP countries) (D.6.2) --> link to WP 1-4
Compilation of country profiles based on SANA by the participating countries including identification of success factors and barriers to the establishment or improvement of suicide prevention services; drawing lessons and formulating

recommendations that prepare and inform the development and/or scaling-up of suicide prevention services in the participating countries (maybe even after the end of the JA)

Task 6.3: (Further) Development of national/regional SP strategies and pilot implementations (M1-M36, conducted in parallel to task 2)
Lead: AT, Co-lead: CZ, Participants: WP countries
6.3.1. Development of a use case example for developing and implementing a national/regional SP strategy based on the WHO-framework and Austrian model (SUPRA) (lead, co-lead) (D.6.1). This activity is linked to WP2 (Dissemination).
● Compilation of a SUPRA-handbook: guidance for participating countries, implementation of WHO-framework on national/regional level including barriers, enabling factors and lessons learned as well as a reflection on what actions could potentially be transferred from SUPRA to other country/regional settings, including scientific evidence
● Taking into consideration learnings from the Czech example
● Proposal of a table of contents for a national/regional SP strategy
6.3.2. Prioritisation of SUPRA actions/packages suggested for national/regional implementation (WP countries). This activity is linked to WP 3 (Evaluation) by each participating countriesbased on national/regional context.
6.3.3. Implementation of "quick wins": Identification, adaptation, development and pilot implementation of selected activities of SUPRA practice and monitoring of implementation" (WP countries) This activity is linked to WP 3 (Evaluation)
● Identifying, adapting and pilot implementing first selected elements of the Austrian best practice in a number of participating countries("quick wins"). "Quick wins" are actions that can be implemented easily and without a big budget within 1 or 2 years - usually based on existing activities. These can act as a motor for political commitment and implementation of further measures of JA. Quick wins will most likely be very different in the various countries, in Austria for example it was the roll-out of a national webportal for people seeking help as well as the implementation of an annual suicide prevention report. Quick win actions should always be viewed in the context of any national/ regional strategy, "cherry picking" of individual actions (without embedding these in a comprehensive strategy) should be avoided.
6.3.4. Development of draft strategy or revision or further development of existing strategy (WP countries) (D.6.3) - This activity is linked to WP1 (Coordination), WP 3 (Evaluation) and WP 4 (Sustainability)
● by each participating countries, based on prioritised SUPRA actions or packages and deliverable 1.
6.3.5. Workshop 4/ Training (lead, co-lead, WP countries) on implementation of the developed draft strategy or revision or further development of existing strategy. This activity is linked to WP 4 (Sustainability).
This activity focuses on how to transfer the strategy into an implementation concept based on experiences from SUPRA and the Czech examples as well as the experiences of the participating countries-> link to WP 4 (Sustainability).
Task 6.4: Training and capacity building (M1-M36, in parallel to other tasks))This activity is linked to WP 3 (Evaluation), WP4 (Sustainability) and potentially also to WP2 (with regard to harmonization of activities e.g. organization of webinars, workshops).
Lead: AT, Co-lead: CZ; Various Experts; Participants: WP countries
Taking into account the results of the SANA concerning training aspects in the various participating countries as well as the focus of the implementing countries'spilots and building on the experiences gained by SUPRA, the work under this task will focus on acquiring knowledge and building competences/skills in key features and functions of the SUPRA practice.
The scope and content of the training and capacity building measures will be defined, taking into account identified needs, available capacities, resources and time. Furthermore, in view of the restrictions imposed by the development of the Covid-19 pandemic in the participating countries, the development of online and web-based training formats will be considered, especially for training sessions that allow for the participation of a large number of participants across countries.
6.4.1.Training and capacity building will be related to defined actions/packages of SUPRA; (lead, co-lead, various experts, WP countries):
This activity includes training and/or thematic webinars on safeguarding hotspots; developing media guidelines selected by participating countries based on results of the needs assessment as well as national/regional draft strategy or on selected "Quick wins". Such key features and actions may include: (i) coordination and organization (ii) support and treatment of high risk groups (iii) restriction of access to means of suicide iv) awareness and knowledge (iv) integration suicide prevention programmes in other health promotion activities (vi) quality assurance and expertise "Trainings are held by experts (subcontractors) and focus on SUPRA-measures defined within the JA. Experts can be national experts of the respective (participating) country or can be invited experts from other countries, where the respective SUPRA-measure has already been implemented particularly well (e.g. the securing of railway lines is very well implemented in Switzerland or Germany, the establishment of media guidelines is very well implemented in Austria, ...)."

Task 6.5. Continuous support on technical activities (M1-M36, in parallel to other tasks)
Lead: AT, Co-lead: CZ, Participants: WP countries
This task envisages ongoing support needed by implementing MS on various technical activities outlined below:
6.5.1. support of situation analysis e.g. knowledge transfer/exchange and advice by video/telephone-conferences, providing contact information
6.5.2. support of needs assessment (See activity 4.1)
6.5.3. support of country profiles (See activity 4.1)
6.5.4. support of prioritisation of actions (See activity 4.1)
6.5.5. support of national draft strategy / revision/ further development of existing strategy (See activity 4.1)
6.5.6. support for pilot implementation of "quick wins" (See activity 4.1)
Cross Cutting tasks:
Following cross cutting tasks are an integral part of tasks 1-5.
● Obtain political commitment (national i.e. regional level) at different stages of the JA --> link to WP1 (Coordination), WP 4 (Sustainability) and 2 (Dissemination)
● Increase awareness / address stigma in all stakeholder and target groups --> link to WP 4 (Sustainability) and 2 (Dissemination)
● exchange and learning between participating MS regarding progress/achievements/challenges --> link to WP 1.

Participation per Partner

Partner number and short name	WP6 effort
1 - NPHO	12.00
2 - BMSGPK	0.00
GÖG	35.81
3 - NCPHA	4.00
4 - CIPH	11.85
5 - MHS CYPRUS	11.85
6 - MZCR	8.00
NIMH	15.00
7 - MSAE	8.25
NIHD	3.50
8 - THL	9.50
11 - OKFO	3.35
SU	0.50
UD	8.00
12 - DOHI	11.85
14 - SAM	3.84
15 - MFH	12.00
17 - HDIR	11.85
18 - IPHS	3.84
19 - NIJZ	11.85
20 - SMS	3.85
SERMAS	1.50
FPS	0.50

Partner number and short name	WP6 effort
Osakidetza	1.50
SNS-O	1.50
FFIS	0.50
CatSalut	1.50
SAS	1.50
21 - FOHM/PHAS	11.00
Total	210.19

List of deliverables

Deliverable Number[14]	Deliverable Title	Lead beneficiary	Type[15]	Dissemination level[16]	Due Date (in months)[17]
D6.1	SUPRA handbook	2 - BMSGPK	Report	Public	6
D6.2	Situation analysis and needs analysis (SANA) profiles	2 - BMSGPK	Report	Public	20
D6.3	Drafted National / Regional suicide prevention strategies	2 - BMSGPK	Report	Public	29

Description of deliverables

D.6.1 SUPRA Handbook [6]
- SUPRA national use case handbook based on WHO-framework and Czech example.
D. 6.2 Situation analysis and needs analysis (SANA) profiles [20]
- SANA country profiles on SP activities including list of common and participating country specific implementation barriers and enabling factors.
D. 6.3 Drafted National / Regional suicide prevention strategies [29]
- (Draft) National/regional strategies (describing prioritized SUPRA-actions which should be rolled out in the implementing countries) and compilation of these strategies (i.e. in a repository).

D6.1 : SUPRA handbook [6]

SUPRA national use case handbook based on WHO-framework and Czech example

D6.2 : Situation analysis and needs analysis (SANA) profiles [20]

SANA country profiles on SP activities including list of common and EU MS specific implementation barriers and enabling factors

D6.3 : Drafted National / Regional suicide prevention strategies [29]

(Draft) National/regional strategies (describing prioritized SUPRA-actions which should be rolled out in the implementing countries) and compilation of these strategies (i.e. in a repository).

Schedule of relevant Milestones

Milestone number[18]	Milestone title	Lead beneficiary	Due Date (in months)	Means of verification
MS30	Web-based Kick-off Workshop	2 - BMSGPK	2	
MS31	Workshop 1 (online)	2 - BMSGPK	4	
MS32	Workshop 2 (online)	2 - BMSGPK	7	
MS33	Workshop 3	2 - BMSGPK	13	
MS34	Workshop 4	2 - BMSGPK	29	

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	Organisation of kick-off meeting online completed (meeting, agenda & preparatory documents)	WP1	1 - NPHO	1	
MS2	Project Management platform	WP1	1 - NPHO	6	
MS3	All governance structures are established, with clear roles and responsibilities	WP1	1 - NPHO	4	
MS4	Organization of onsite Consortium meetings including Final Conference completed (meeting, agenda & preparatory documents) - 1	WP1	1 - NPHO	12	
MS5	Organization of onsite Consortium meetings including Final Conference completed (meeting, agenda & preparatory documents)- 2	WP1	1 - NPHO	24	
MS6	Organization of onsite Consortium meetings including Final Conference completed (meeting, agenda & preparatory documents) -3	WP1	1 - NPHO	36	
MS7	Member State Policy Committee onsite meeting completed (meeting, agenda & preparatory documents)	WP1	1 - NPHO	30	
MS8	Organization of General Assembly, Executive board, Member States Policy Committee, Stakeholder forum meetings completed (onsite or online)	WP1	1 - NPHO	36	
MS9	Launching ImpleMENTAL-	WP2	11 - OKFO	5	

Milestone number[18]	Milestone title	WP number[9]	Lead beneficiary	Due Date (in months)[17]	Means of verification
	network on the EU Health Policy Platform				
MS10	Launching Landing page of JA Website	WP2	4 - CIPH	3	
MS11	Final Conference	WP2	4 - CIPH	36	
MS12	Launching Final Results on the EU Health Policy Platform and specific websites	WP2	11 - OKFO	36	
MS13	Evaluation framework for internal evaluation of the JA	WP3	16 - TRIMBOS	9	
MS14	Evaluation framework for evaluation of the two good practices	WP3	16 - TRIMBOS	9	
MS15	MS piloting good practices have an adapted evaluation plan in place to reflect local contexts and resources for the effective evaluation of the pilot implementation of the good practices in each MS	WP3	16 - TRIMBOS	12	
MS16	Initial set of prioritised needs and challenges for sustaining good practices are mapped across member states	WP4	11 - OKFO	9	
MS17	Workshops completed incl. synthesis and Initial set of practical recommendations	WP4	11 - OKFO	27	
MS18	Short report of the synthesis of the dialogue sessions and roadmap finalized	WP4	11 - OKFO	30	
MS19	Knowledge to policy model is validated and adopted by MS/C	WP4	11 - OKFO	34	
MS20	kick-off meeting for WP 5	WP5	10 - BZgA	2	
MS21	Two WP Advisory Groups are established and (virtual) preparatory country-	WP5	10 - BZgA	3	

Milestone number[18]	Milestone title	WP number[9]	Lead beneficiary	Due Date (in months)[17]	Means of verification
	visit to Belgium is conducted				
MS22	An Analytical Framework for the transfer and piloting of (elements) of the Belgian best practice example is elaborated	WP5	10 - BZgA	7	
MS23	A Situational Analysis and Needs Assessments is carried out and the results are compiled by each country into country specific profiles and or reports	WP5	10 - BZgA	14	
MS24	Pilot implementation of the adapted and defined practices is carried out in each implementing country	WP5	10 - BZgA	25	
MS25	Workshops for cross-country exchange on selected topics of common interest are conducted	WP5	10 - BZgA	23	
MS26	Needs and goals for continued implementation, scaling-up and/or extension of the pilot practice after completion of the JA in each of the participation countries are defined	WP5	10 - BZgA	34	
MS27	A dashboard of indicators at the country level (or within the country) and at the central level of the JA is established and applied	WP5	10 - BZgA	25	
MS28	Training (of trainers) among stakeholders is delivered	WP5	10 - BZgA	35	
MS29	Simple implementation roadmaps (for further implementation, scaling-up and/or extension of the pilot	WP5	10 - BZgA	35	

Milestone number[18]	Milestone title	WP number[9]	Lead beneficiary	Due Date (in months)[17]	Means of verification
	practice after the JA duration) are developed for each piloting country				
MS30	Web-based Kick-off Workshop	WP6	2 - BMSGPK	2	
MS31	Workshop 1 (online)	WP6	2 - BMSGPK	4	
MS32	Workshop 2 (online)	WP6	2 - BMSGPK	7	
MS33	Workshop 3	WP6	2 - BMSGPK	13	
MS34	Workshop 4	WP6	2 - BMSGPK	29	

1.3.5. WT5 Critical Implementation risks and mitigation actions

Risk number	Description of risk	WP Number	Proposed risk-mitigation measures
1	Impact of the COVID pandemic (incl. new peaks and lockdown measures) to work plan due to disruption of work programme, reallocation of staff in other duties, sickness leaves	WP1, WP2, WP3, WP4, WP5, WP6	Meetings of all partners and Coordinator reallocation of efforts to meet the objectives and deadlines Communication with the Commission if serious threats due to external factors are affecting the work plan to work on solutions. Responsiveness of all WPs to incorporate or adapt the WP tasks.
2	Overspending	WP1, WP2, WP3, WP4, WP5, WP6	Appropriate financial control. Financial reporting on regular time periods. Adherence to EU Financial Guidelines.
3	Partners' commitment declines	WP1, WP2, WP3, WP4, WP5, WP6	Efficient internal communication management plan and work with the Coordinator to understand the reasons and provide solutions
4	Staff turnover	WP1, WP2, WP3, WP4, WP5, WP6	Project status meetings at WP level to identify issues on the horizon. Concerned partners commit to provide replacement as soon as possible and to ensure appropriate briefing and guidance to the new staff based, among others, on the main JA documents and tools (Grant Agreement, implementation strategy, monitoring plan, evaluation framework, project handbook, etc.).
5	Poor response rate from external experts and stakeholders to requests/ questionnaires/interviews (e.g. for SANA in WP5 & 6, evaluation, etc.).	WP1, WP2, WP3, WP4, WP5, WP6	Involve all partners, personal contacts, stakeholders and their networks to expand the pool of experts and stakeholders. Where required, adapt/revise the dissemination plan to ensure timely information and communication on the JA before requesting input, involvement or collaboration and to ensure reach out to experts and stakeholders
6	Partners cannot continue/ withdraw from the project for management, financial, political or any other reasons (incl. COVID-19 pandemic measures).	WP1, WP2, WP3, WP4, WP5, WP6	WPs leaders /co-leaders: tasks within the WPs are assigned to lead and co-leaders who shall work together to reach the defined objectives and results. In case a leader or co-lead has to drop out of a WP or task, it would be taken over either by the co-lead or another WP partner who will be allocated the associated financial resources.
7	Interdependency between WPs and between partners within WPs in terms of (timely) achievement of milestones and delivery of outputs. Possible impact on (quality of) outputs and timely delivery.	WP1, WP2, WP3, WP4, WP5, WP6	Overlapping of start and end dates for WPs' and tasks have been planned/foreseen as much as possible to decrease the risk of delays in other WPs or other tasks. Regular monitoring of progress supports the identification of potential delays and difficulties at an early stage. All JA artefacts will support the early identification of risks and careful planning of activities, including the JA workplan, the common implementation strategy and the Project Handbook Discussion of issues in the ExB trying to find solutions. If needed, review of the time plan for activities, deliverables and milestones.

Risk number	Description of risk	WP Number	Proposed risk-mitigation measures
8	Poor availability of policymakers due to constrained capacities (linked to the developments in the Covid19-pandemic or for other reasons)	WP1, WP4	All countries early in the procedure will appoint Members for the Member State Policy Committee, who can act as intermediaries between the JA and policy makers. Difficulties encountered and potential solutions are discussed in MS Policy Committee meetings. Identification of political representatives that could act as ambassadors for our JA ImpleMENTAL
9	Constrained (financial, staff and time) capacities and resources of regional or local stakeholders for transfer, pilot implementation and evaluation of best practices (in particular because of developments in the Covid19-pandemic).	WP1, WP5, WP6	A careful selection of resources, sites and type of practice to be implemented could help in reducing this kind of risk, Type of practice, where the implementation is taking place to be carefully selected Attention will be paid to developing realistic/feasible (local) implementation plans, taking into account the results of the SANA, available resources and potential room for flexibility in adaptation to the needs All statements applies to all levels of involvement (national, regional, local)
10	IT Technologies risk	WP1, WP2, WP3, WP4, WP5, WP6	use anti-virus, use data backups that include off-site or remote storage, to secure computers, servers and wireless networks. All partners comply with GDPR rules

1.3.6. WT6 Summary of project effort in person-months

	WP1	WP2	WP3	WP4	WP5	WP6	Total Person/Months per Participant
1 - NPHO	93	7	14	11.50	23	12	160.50
2 - BMSGPK	0	0	0	0	0	0	0
· GÖG	2	3.50	10.35	7	0	35.81	58.66
3 - NCPHA	1	1.50	0	2.50	10.50	4	19.50
4 - CIPH	2	33	10.60	11.50	21.13	11.85	90.08
5 - MHS CYPRUS	1	2	9.20	7	21.13	11.85	52.18
6 - MZCR	1	2	3	2	0	8	16
· NIMH	1	1.50	7	5	0	15	29.50
7 - MSAE	1	2	9.80	7	21.10	8.25	49.15
· NIHD	0	0	0	0	0	3.50	3.50
8 - THL	1	1	5	4	0	9.50	20.50
9 - MOH FRANCE	1	1.50	0	0.75	6.75	0	10
· INSERM	0	0	0	0.75	3.25	0	4
10 - BZgA	2	3.50	10.70	7	53.13	0	76.33
11 - OKFO	1	8.50	3.65	14.75	4	3.35	35.25
· SU	0.50	16	0.50	14.75	4	0.50	36.25
· UD	0.50	2	7.75	5	13.13	8	36.38
12 - DOHI	1	1.50	5.40	4	0	11.85	23.75
13 - LOMBARDY REGION	0.50	0	0	0.50	1	0	2
· MNIPR	0	1	1	3.50	9.80	0	15.30
· POLIMI	0	0	2	1	7.50	0	10.50
· UNIMIB	0	0.50	3.50	0	7.90	0	11.90
· ASST LECCO	0.50	1	2	1.75	7.90	0	13.15

	WP1	WP2	WP3	WP4	WP5	WP6	Total Person/Months per Participant
· FBF	0.50	0.65	1.50	3	10.10	0	15.75
14 - SAM	1	1.50	5.40	4.50	21.13	3.84	37.37
15 - MFH	1	2	7	4	20.50	12	46.50
16 - TRIMBOS	2	3.50	22.05	16	1.50	0	45.05
17 - HDIR	1	1.50	5.40	3	0	11.85	22.75
18 - IPHS	1	1.50	0	2.50	10.25	3.84	19.09
19 - NIJZ	2	2	9.80	7	21.13	11.85	53.78
20 - SMS	1	0.25	2.50	1.80	9.50	3.85	18.90
· SERMAS	0	0.15	0.50	0.55	0	1.50	2.70
· FPS	0	0.15	0.50	0.55	0	0.50	1.70
· Osakidetza	0	0.15	0.50	0.55	0	1.50	2.70
· SNS-O	0	0.15	0.50	0.55	0	1.50	2.70
· FFIS	1	0.70	11.50	1.35	4.13	0.50	19.18
· CatSalut	0	0.15	0.50	0.55	3.50	1.50	6.20
· SAS	0	0.15	0.50	0.55	0	1.50	2.70
· Consej- Mujer	0	0.15	0.50	0.55	5	0	6.20
21 - FOHM/PHAS	1	2	5	3	0	11	22
Total Person/Months	121.50	105.65	179.10	161.25	321.96	210.19	1099.65

1.3.7. WT7 Tentative schedule of project reviews

Review number [19]	Tentative timing	Planned venue of review	Comments, if any
RV1	18	by videoconference and emails	Mi-term review by the external experts
RV2	36	by videoconference and emails	Final review by the external experts

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 Agency). 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	
ETHICS	Ethics requirement
ORDP	Open Research Data Pilot
DATA	data sets, microdata, etc.

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

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

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2. PART B

History of changes

SECTION	Changes performed May 2021 based on comments from evaluators and 1st consultation with HaDEA
List of applicants	Changes in the Competent Authority of Cyprus, Hungary, Norway updated
Section 2 (Comments of the evaluators Criterion 2)	- Specific Objective(s) of the Project (SPO 7 and 8; SPO 9 and 10) has been revised - Outcome impact indicators have been updated (SO 9, 10).
Section 4.3 Pertinence of Geographic Coverage (Comments of the evaluators Criterion 1)	Section 4.3 has been updated to better clarify the geographical coverage of the JA ImpleMENTAL and the even wider range of this JA in the public health of the European Region. This JA consortium consists of a diverse set of 21 countries, 40 partners (21 Competent Authorities and 19 Affiliated Entities). Netherlands will lead WP3 on evaluation and co-lead Wp4 on Sustainability but will not participate and/or implement the two best practices. At least, 25 implementations of the two best practices in 17 countries are anticipated in JA implemental based on the interest expressed by the competent authorities. Of those, 11 implementations relates to the Belgian Best practice on Mental Health Reform and 14 implementation relates to the Austrian best practice on suicide prevention. In 20 countries, local country teams will be responsible to carry out the actions foreseen on a regional/country level for the technical WPs they participate in as well as actions foreseen for the horizontal WPs.
Section 4.4. Context of the project work (Comments of the evaluators Criterion 1)	Section 4.4 Context of the project work has been updated to offer specific discussions on the different social, cultural and/or political contexts in which it will operate.
Section 4.4. Context of the project work (Comments of the evaluators Criterion 2)	Section 4.4. has also been revised to address the technical complementarity with other JAs focusing to implementation of best practices such as CHRODIS PLUS and to stress that the JA will also seek complementarity and/or synergies with past and/or on-going European actions in the area of (mental) health data/indicators (like JA InfAct and JA TEHDAS) and integrated person-centered care (e.g. JADE CARE), including close collaboration with WHO/Europe and building upon the Mental Health Atlas survey, and using linkages/synergies with international projects (OECD quality indicators).
Section 5. Means and methods (Comments of the evaluators Criterion 2 and 1st consultation with HaDEA)	After the first consultation with HaDEA, the Means and Methods section has been updated to clearly explain the two best practices, the overall implementation strategy and the contribution of WP1 and the other horizontal WPs in the overall project. In this way the effort, strategy and tools used, in order for the JA ImpleMENTAL to achieve the successful implementation of the two best practices into the local context and needs, has been described more clearly. Based on the comment of the evaluator, WP2 description has been updated to make a clear distinction between dissemination plans pertaining to each of the two practices.
Section 7.1 Overview of Work Packages	Description of WP1 has been updated with more explicit details on

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(WPs)	how tasks will be implemented.
Section 7.2 Work packages descriptions (Comments of evaluators criterion 2 &3)	Based on the comments of the evaluators in Criterion 2, the number of deliverables has been reduced by merging some reports and changing some deliverables to milestones (D3.4, D2.8). Milestones and Deliverables list in WP descriptions have been updated. Based on comments of the evaluators in Criterion 3, description of WP1 has been updated with more explicit details on how tasks will be implemented. Based on comments of the evaluators in Criterion 3 details in the descriptions of WPs (PM per applicant), has been added.
Section 7.3 Timetable and Milestones (Comments of evaluators criterion 2 & 3)	Based on comments of evaluators in Criterion3, WP6 timetable in Gantt Chart has been added. Milestones listed in section 7.3 have been updated.
Section 8. Deliverables (Comments of evaluators criterion 2)	Based on the comments of the evaluators in Criterion 2, Deliverables list has been updated.
Section 9.(9.1-9.3) Project management (Comments of evaluators criterion 3)	In response to the comments of the evaluators on the management structure and in order to make it sufficiently clear, the Section 9. (9.1-9.3) on Project management has been revised, and the PM2 methodology is currently fully evident in the proposal. A Project Handbook will be developed to establish the high-level approach for implementing the project and will summarize the project objectives and document the selected approach for achieving the project goals and conflict resolution and escalation procedure, policies and rules, and the project mindsets. The existing management structure is considered multifaceted, as the JA Coordinator is sided and supported by all members of the Executive Board, which involves not only WP1 NPHO team but all the leaders and coleaders of all Work Packages (2-6) rather than just the leaders of WP5 and WP6, as suggested in the evaluation report. In this way, substantial communication among the packages is facilitated resulting in great harmony and consistency in the overall approach. Most countries (11/20) will participate in both best practices and we should focus our efforts to work as One Joint Action that implements two best practices with a common implementation strategy described in the means and methods section of the proposal, which will be further developed/operationalized in the first months of the JA. WP1 will prepare the guidelines on the implementation strategy and describe them in the project handbook within the first months of the JA. In WP1, The JA Coordinator is sided 1) by two experienced NPHO teams, 1a) a senior scientific and management NPHO team which apart from the JA Coordinator, will consist from the Senior Mental Health Advisor and 3 senior mental health and public health experts with highly relevant expertise and competencies and 1b) a senior Legal and Financial NPHO Team with substantial experience in large EU co-funded projects The JA Coordinator is the person responsible for all project management tasks and deliverables. The Head Financial officer in NPHO responsible for task 1.3 on financial management. A Project Management Assistant (PMA) will work fully on the project (36 PMs) on a range of management and supportive tasks as assigned by the JA Coordinator, in order to assist the JA Coordinator and the

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	senior NPHO teams in the everyday work of the project. A Financial Officer will be appointed (for 18 PMs) to assist the Senior Financial Officer, in order to meet the needs of this complex JA in response to the request from the evaluators.
Section 9.5 Capacity of the staff to carry out the project	Updates of staff to the Competent Authority of Germany and Spain. Revision on the name of Competent Authority of Hungary
Section 9.6 Risk Analysis and Treatment (Comments of evaluators in Criterion 3)	The risk management plan has been revised based on the comments of the evaluators in Criterion 3.
Section 10. Budget (Comments of evaluators in Criterion 4)	Based on comments of the evaluators in Criterion 4: The Spanish partner has limited the number of staff involved and revised the participation of staff in WPs. Travel costs for participation in meetings of the various JA bodies (GA, Executive Board, etc.) and of the WPs, in particular the two technical WPs, have been minimised as much as possible and a balanced mix of online and onsite meetings/workshops enabling adequate exchange and interaction between participating partners, has been envisaged. All meetings taking place in 2021 are planned as online meetings only, principally due to contact and travel restrictions imposed by the Covid-19 pandemic. In the Detailed budgets per entity (CAs and AEs) the number of staff participating as well as the number of days are indicated. Justification for personnel costs has been updated Partner n.1 NPHO, the cost for external experts for scientific paper has been removed. In Partner n. 17, Norway, the cost for personnel will be covered by national funds from the country; the cost of 894483 euros indicated in the budget of Norway referred on the national funds for the suicide prevention strategy and has been removed. There will be no third party involvement. Norway will cover from national funds the personnel cost. Partner 8, Finland, has provided an explanation for the costs for subcontracting which has been accepted by the Project Officer of HaDEA. Partner 16, Netherlands, has removed the costs of subcontracting for external evaluators and this task will be performed by internal staff of Trimbos Institute. Responding to the evaluators comment that taking into account the COVID pandemic, there should be a clear provision from the beginning for the use of technologies for on-line/virtual meetings, we would like to point that in the budget of NPHO in other goods and services section there is provision for Costs for webex platform for Teleconferences/meetings/conferences and for a Project Management Platform for 25 users. Clerical errors in budget calculations have been corrected
Section 14 Comments of evaluators in Criterion 3)	Updated description of section 14. On Collaborating stakeholders
All sections	Proofreading corrections

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SECTION	Changes performed June 2021 based on 2nd consultation and comments received from HaDEA and DG SANTE
Section 2.1 General Objectives of the Project	The General Objective Section has been modified based on the comments from HaDEA and DG SANTE
Section 2.2 Specific Objective(s) of the Project	Target values of indicators have been updated to meet the guidance by HaDEA to increase the overall target countries which committed to transfer/pilot the Belgian best practice to actually implement it to 90%
Section 5. Means and methods	Updated description of table "Contribution to the Objectives" of the Joint Action per country
Section 6. Expected Outcomes and Benefits of the Project	A paragraph has been added to emphasize that main effort of the ImpleMENTAL is expected to be the implementation of the two best practices "Mental health reform in Belgium" and the Austrian best practice on suicide prevention "SUPRA" across 20 participating countries.
Section 7.2 Work packages descriptions	Descriptions of milestones and deliverables tables in WP1, WP2, WP3, WP4, WP5 and WP6 has been updated based on comments and in the format requested Participation per Partner for WP1, WP2, WP3, WP4, WP5 and WP6 has been updated in the format requested
Section 7.3 Timetable and Milestones	Based on the guidance from HaDEA, Milestones list in section 7.3 have been updated.
Section 8. Deliverables	Based on the guidance from HaDEA, the Deliverables list has been updated.
Section 9.5 Capacity of the staff to carry out the project	Updated of description of the new Competent Authority of Norway
Section 10. Budget	Updated Detailed Budgets per CAs and AEs provided
All sections	Proofreading corrections

SECTION	Changes performed in July 2021
List of applicants	Short names of the CAs and the AEs have been added
Section 5. Means and methods	Updated format of table of the Objectives of the Joint Action per participating country and change of name of the table to "Contribution to the Objectives of the Joint Action per Country"
Section 7.2 Work packages descriptions	Participation per Partner (CAs and AEs) for WP1, WP2, WP3, WP4, WP5 and WP6 has been updated Description of WP2 & WP4, has been further updated based on comments by HaDEA
Section 7.3 Timetable and Milestones	Some final editings have been made
Section 8. Deliverables	Some final editings have been made
Section 10. Budget Section 10.2	Section 10.2 Summary of effort has been updated
Section 5 Means and Methods, Section 7.2 WP1 description Section 9.2. Governance, Roles and Responsibilities	Harmonization, across these sections, of the description of: 1. Project Handbook 2. Governance, management, Performing and advisory bodies Member State Committee was renamed to Member State Policy Committee to emphasize the policy role of this board and the close work and advisory role of the Ministries on implementation and sustainability
All sections	Proofreading corrections

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SECTION	Changes performed in August- September 2021 following organized by HaDEA meetings with WPleaders
Section 5. Means and methods	Final editings in Means and Methods sections based on comments by WPleaders following meetings organized chaired by HaDEA
Section 7.2 Work packages descriptions	Final editing in WP1 and WP4 descriptions based on comments by WP leaders following meetings organized chaired by HaDEA. The timeline Consortium meetings has been more clearly described.
Section 7.3 Timetable and Milestones	Some final editings have been made
Section 8. Deliverables	Some final editings have been made
Section 10. Budget Section 10.2	Section 10.2 Summary of effort has been updated
Section 5 Means and Methods, Section 7.2 WP1 description Section 9.2. Governance, Roles and Responsibilities	Harmonization, across these sections, of the description of: 1. Project Handbook 2. Governance, management, Performing and advisory bodies Some final editings have been made
All sections	Proofreading corrections

SECTION Detailed Budget 10.4	Changes performed in September 2021 following comments by HaDEA Financial Officer
Lump sum	Actual costs for the number of events/meetings and the number of persons travelling have been included
NPHO	a certificate on financial statements for this entity was budgeted and mentioned in the detailed NPHO budget
BMSGPK	Clarifications provided why there are no PMs and no costs foreseen for this entity, and how exactly this entity will be contributing to this JA, and have been included in Annex 1 Part B
GÖG	a certificate on financial statements for this entity was budgeted and mentioned in the detailed budget subcontracting costs – clarifications provided on exactly what tasks the subcontractor will provide and why such trainings are necessary for the implementation of the action have been included
NCPHA	Travel costs – EUR 1000 'lump sum for all meetings'- number of meetings number of persons travelling and actual costs have been included
CIPH	a certificate on financial statements for this entity was budgeted and mentioned in the detailed budget inclusion of justification for each travel cost item, the number of persons travelling and the amount of meetings/events that will take place have been included
MHS CYPRUS	a certificate on financial statements for this entity was budgeted and mentioned in the detailed budget
MSAE	For each travel cost the destination/type of event, the number of events/meetings that will take place, the number of persons travelling; have been included other goods and services –in each case the 'cost of meetings/workshops within country' entails have been included
NIHD	For the travel costs the destination, the number of events/meetings that will take place, the number of persons travelling have been included Justification on how exactly this entity will be contributing to this JA –has been included
THL	Clarification on exactly what tasks the subcontractor will be performing; have been included

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	For the travel costs in the amount of EUR 6857, the destination/type of event, the number of events/meetings that will take place, the number of persons travelling; have been included 'justification' field for the personnel costs have been included
MOH FRANCE	Travel costs – EUR 1000 'lump sum for all meetings'- the number of events/meetings and the number of persons travelling have been included
BZGA	a certificate on financial statements for this entity has been budgeted and mentioned in the detailed budget Travel costs – EUR 2000 'lump sum for all meetings'- the number of events/meetings and the number of persons travelling have been included other goods and services – EUR 30 150 – justification of 'expert input' and tasks they be performing have been included
OKFO	Travel costs/ other goods and services – corrected Travel costs – EUR 1000 'lump sum for all meetings' the number of events/meetings and the number of persons travelling have been included
SU	Travel costs/ other goods and services – corrected Travel costs – EUR 1000 'lump sum for all meetings' the number of events/meetings and the number of persons travelling have been included
UD	Travel costs/ other goods and services – corrected Travel costs – EUR 1000 'lump sum for all meetings' the number of events/meetings and the number of persons travelling have been included
LOMBARDY REGION	The comment: " No PMs have been indicated for 5 staff members – please verify this and if appropriate correct the number of PMs for each staff member in the detailed budget and also in Annex 1 Part A, as well as the figures concerning personnel costs: has been addressed and corrected
ASST LECCO	For all travel costs please the number of persons that will be travelling have been included The comment: "other goods and services - cost items foreseen with zero costs " has been addressed and these lines were deleted
MNIPR	staff members mentioned in the detailed budget without any PMs or personnel costs were deleted
POLIMI	For travel costs please the number of persons travelling, the number of meetings/events that will take place have been included
SAM	Travel costs – EUR 2000 'lump sum for all meetings'- the destination, number of events/meetings and the number of persons travelling have been included
MFH	a certificate on financial statements for this entity was budgeted and mentioned in the detailed budget Travel costs – EUR 1000 'lump sum for all meetings'- the number of events/meetings and the number of persons travelling have been included
TRIMBOS	a certificate on financial statements for this entity was budgeted and mentioned in the detailed budget
IPHS	for the travel cost item EUR 1000 'lump sum for all meetings' the number of events/meetings that will take place and the number of persons travelling; have been included
SMS	for the travel cost item EUR 2000 'lump sum for all meetings' the destination, number of events/meetings that will take place and the number of persons travelling have been included

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TABLE OF ABBREVIATIONS

ABBREVIATIONS USED	
AE	Affiliated Entity
CA	Competent Authority
EC	European Commission
EU	European Union
ExB	Executive Board
GA	General Assembly
HaDEA	European Health and Digital Executive Agency (formally known as CHAFEA)
JA	Joint Action
MH	Mental Health
MH	Mental Health
MS	Member States
MS Policy Committee	Member State Policy Committee
OECD	Organisation for Economic Co-operation and Development
PCT	Project Core Team
PO	Project Owner
PSC	Project Steering Committee
SANA	Situation and Needs Analysis
SP	Suicide Prevention
SUPRA	Suicide Prevention Austria
WHO	World Health Organisation
WP	Work Package(s)

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TABLE OF DEFINITIONS

DEFINITIONS	
Affiliated Entities or Entity (AE)	Affiliated entities to the Competent Authority are "entities that satisfy the eligibility criteria and that do not fall within one of the situations referred to in article 136 (1) and 141 (1) 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". ELIGIBILITY, SELECTION AND AWARD CRITERIA FOR JOINT ACTIONS 2020 7 Article 187 of the Financial Regulation 2018/1046 of 18 July 2018 Affiliated entities have their own budget in the JA. They participate in the General Assembly but are represented by their Competent Authority for voting.
Beneficiaries	Those who sign the Grant Agreement. The Competent Authorities of the participating countries. By signing the Agreement or the Accession Form, the beneficiaries accept the grant and agree to implement it under their own responsibility and in accordance with the Agreement, with all the obligations and conditions it sets out. The beneficiaries are jointly and severally liable for the technical implementation of the action
Collaborating stakeholders (CS)	Plays a role in JA ImpleMENTAL, gets information on project results and may participated in the JA meetings. Collaborating stakeholders have no contractual relationship, nor do they receive any direct EU funding, Stakeholders selected as those with most valuable contribution to the joint action, e.g. significantly increasing the technical and scientific content of the joint action, as well as its relevance for different users in the Union, will be invited to participate in advisory structures, such as the stakeholder forum, for which costs may be reimbursed in the frame of budget funds allocated to Competent Authorities of Affiliated Entities for the purpose.
Coordinator	The entity entrusted the role and responsibility for coordinating and managing the project. The Coordinator is the Work Package 1 leader-National Public Health Organization
Competent Authority (CA)	Member States' and other participating countries' authorities have nominated one competent authority for this joint action responsible for implementing the action on their behalf. Member States' and other participating countries' authorities should confirm that the nominated entity and its affiliated entities are eligible to participate in the action on behalf of the country concerned and under its responsibility. The CA coordinates and shares information with the Affiliated Entities within his or her country and has ONE voting right in the General Assembly of the Consortium
Project	The project is the Joint Action (JA) on "Joint Action on Support for Member States' implementation of best practices in the area of mental health"

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LIST OF APPLICANTS

Applicant	Applicant Organisation Name	Short Name	Country
1	NATIONAL PUBLIC HEALTH ORGANISATION(Coordinator)	NPHO	GREECE
2	AUSTRIAN FEDERAL MINISTRY OF SOCIAL AFFAIRS, HEALTH, CARE AND CONSUMER PROTECTION	BMSGPK	AUSTRIA
2.1	AUSTRIAN NATIONAL PUBLIC HEALTH INSTITUTE - GESUNDHEIT ÖSTERREICH GMBH	GÖG	AUSTRIA
3	NATIONAL CENTER FOR PUBLIC HEALTH AND ANALYSIS	NCPHA	BULGARIA
4	CROATIAN INSTITUTE OF PUBLIC HEALTH	CIPH	CROATIA
5	MENTAL HEALTH SERVICES DIRECTORATE	MHS CYPRUS	CYPRUS
6	MINISTRY OF HEALTH OF THE CZECH REPUBLIC	MZCR	CZECHIA
6.1	NATIONAL INSTITUTE FOR MENTAL HEALTH	NIMH	CZECHIA
7	MINISTRY OF SOCIAL AFFAIRS	MSAE	ESTONIA
7.1	NATIONAL INSTITUTE FOR HEALTH DEVELOPMENT	NIHD	ESTONIA
8	FINNISH INSTITUTE FOR HEALTH AND WELFARE	THL	FINLAND
9	MINISTRY OF SOLIDARITY AND HEALTH	MOH-FRANCE	FRANCE
9.1	INSERM	INSERM	FRANCE
10	FEDERAL CENTRE FOR HEALTH EDUCATION	BZgA	GERMANY
11	ORSZAGOS KORHAZI FOIGAZGATOSAG	OKFO	HUNGARY
11.1	SEMMELWEIS UNIVERSITY (HEALTH SERVICES MANAGEMENT TRAINING CENTRE)	SU	HUNGARY
11.2	UNIVERSITY OF DEBRECEN (THE FACULTY OF PUBLIC HEALTH)	UD	HUNGARY
12	DIRECTORATE OF HEALTH IN ICELAND	DOHI	ICELAND
13	LOMBARDY REGION	LR	ITALY
13.1	LOCAL HEALTH AUTHORITY OF LECCO	ASST LECCO	ITALY
13.2	BICOCCA UNIVERSITY, MILAN – DEPARTMENT OF STATISTICS AND QUANTITATIVE METHODS	UNIMIB	ITALY
13.3	MARIO NEGRI INSTITUTE FOR PHARMACOLOGICAL RESEARCH	MNIPR	ITALY
13.4	POLITECNICO DI MILANO UNIVERSITY	POLIMI	ITALY
13.5	FATEBENEFRATELLI CENTER "SAINT JOHN OF GOD"- BRESCIA	FBF	ITALY
14	MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA	SAM	LITHUANIA
15	MINISTRY FOR HEALTH - MENTAL HEALTH SERVICES	MFH	MALTA
16	TRIMBOS INSTITUTE	TI	NETHERLANDS
17	NORWEGIAN DIRECTORATE OF HEALTH	HDIR	NORWAY
18	INSTITUTE OF PUBLIC HEALTH OF SERBIA “DR MILAN JOVANOVIC BATUT”	IPHS	SERBIA
19	NACIONALNI INŠTITUT ZA JAVNO ZDRAVJE - NATIONAL INSTITUTE OF PUBLIC HEALTH	NIJZ	SLOVENIA
20	SERVICIO MURCIANO DE SALUD	SMS	SPAIN
20.1	FUNDACIÓN PARA LA FORMACIÓN E INVESTIGACIÓN SANITARIAS DE LA REGIÓN DE MURCIA	FFIS	SPAIN
20.2	SERVICIO CATALÁN DE SALUD	CATSALUT	SPAIN
20.3	CONSEJERÍA DE MUJER, IGUALDAD, LGTBI, FAMILIAS Y POLÍTICA SOCIAL DE LA REGIÓN DE MURCIA	CONSEJERIA DE MUJER	SPAIN
20.4	SERVICIO ANDALUZ DE SALUD	SAS	SPAIN
20.5	FUNDACIÓN PÚBLICA ANDALUZA PROGRESO Y SALUD	FPS	SPAIN
20.6	SERVICIO MADRILEÑO DE SALUD	SERMAS	SPAIN
20.7	SERVICIO NAVARRO DE SALUD-OSASUNBIDEA	SNS-O	SPAIN
20.8	SERVICIO VASCO DE SALUD –OSAKIDETZA	OSAKIDETZA	SPAIN
21	PUBLIC HEALTH AGENCY OF SWEDEN	FOHM/PHAS	SWEDEN

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2.1. Problem analysis including evidence base (proposal section 1)

More than one in six people across EU countries had a mental health issue in 2016, equivalent to about 84 million people (OECD/EU, 2018). Moreover, in 2016, 165,000 deaths were recorded in EU-27 countries as a corollary of mental and behavioral disorders (including self-harm) resulting in a EU-27 standardized death rate of 36.9 per 100,000 inhabitants (Eurostat, 2020). The burden of mental illness in the European WHO region is estimated to account for 14.4% of years lived with disability (YLDs) and 5.8% of disability-adjusted life-years (DALYs), placing mental illness as the second biggest contributor to YLDs and fourth in terms of DALYs in the WHO European region (GHDx, 2020). A robust evidence base shows that mental health problems are inextricably linked to social and economic factors such as poverty, are exacerbated by health and social inequities, and are highly co morbid with non-communicable diseases, such as type 2 diabetes (Lund, 2012; Ngo et al., 2013; Silva et al., 2016).

The European Mental Health Action Plan 2013-2020 (WHO, 2015) states that mental illness is one of the greatest public health challenges in terms of prevalence, burden of disease and disability and poses a major burden to economies, demanding policy action. Specifically, total costs pertaining to ill mental health have been gauged at more than 4% of GDP- or over EUR 600 billion- across Europe in 2015 (OECD/EU, 2018). EUR 190 billion (1.3%) of GDP relates to direct spending on healthcare, another EUR 170 billion (1.2% of GP) to social security programmes and a further EUR 240 billion (1.6% of GDP) to indirect costs in the labor market (OECD/EU, 2018). Previous research indicates that resources allocated to mental health are scarce when considering the burden ill mental health imposes. In the EU, mental health expenditure as a proportion of total health spending has been estimated to range from <2% to 13.4% (Caldas de Almeida et al. 2016). Addressing mental ill-health and promoting mental health and wellbeing are thus imperative for achieving targets and progress within the health sector as well as in the social, education and labor/economic sectors (OECD/EU, 2018).

The importance of strengthening population mental health has been highlighted through the ongoing COVID-19 pandemic. Emerging evidence shows that mental health systems are facing a number of challenges during the pandemic period, including challenges in delivering face-to-face care in the community and in ensuring continuity of care (WHO, 2020). Specifically, community-based services and mental health prevention and promotion programmes, already limited in availability, were found to be disrupted at a time when society needs them the most due to the adverse mental health effects of COVID-19. The recent Eurofound's COVID-19 e-survey showed the serious impact on young people, as they cope with the lowest levels of mental well-being and high levels of loneliness (Eurofound, 2020). In Europe, a recent pan-European snapshot of mental health services during the early phase of COVID-19 pandemic found that while some challenges are specific to the local context, many challenges were shared across countries (e.g. de-prioritization of psychiatry and focus on infectious diseases, disruption of service delivery, need for and use of modern digital tools, etc.) (Thome et al. 2020). Concerted effort is needed to minimize the adverse impact of the pandemic on mental health and on mental health care delivery, and to ensure that the mental health of European citizens remains a priority given the impact of mental health on employment, social cohesion and participation, and the economy, all essential components for a recovery from the COVID-19 pandemic.

Though many European countries have in place policies and programmes to address mental illness at different ages, implementation remains a challenge and is unequal throughout Europe. About 81% of countries in the European region have a mental health policy in place, though many countries do not have a suicide prevention strategy in place. Globally, two thirds of upper-middle and high-income countries have no suicide prevention strategy (WHO, 2018b). Many countries are seeking ways to improve their national plans and their implementation. In countries participating in this Joint Action that provided data for Mental Health Atlas 2017 survey (18 out of 21; 85%), 89% reported to have a stand-alone policy or plan for mental health, 56% to have a stand-alone law for mental health and 44% to have a suicide prevention strategy (WHO, 2018a). Therefore,

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while progress has been made in countries, there is significant scope to further advance policy development and implementation efforts, in quality improvement, and in mental health promotion and prevention.
Mental health service delivery is diverse across Europe. Some countries still rely on provision of the bulk of care in large psychiatric hospitals, while others deliver the bulk of care in community settings (Knapp, McDaid, & Mossialos, 2006). Governance and organization of mental health also varies: in some European countries, mental health care is the responsibility of the Ministry of Health and provision of social care is the responsibility of another ministry such as the Ministry of Labour and Social Affairs; in other countries, there may only be one ministry responsible for all domains of mental health. Financial resources and mechanisms for funding mental health care also vary significantly by country (Dlouhy, 2014; Knapp et al., 2007), and there is a general trend for financing to be dedicated to care rather than on mental health prevention and promotion.
Although policies and services addressing mental health are the responsibility of individual EU countries, the need to include mental health among the priorities of the public health agenda has resulted in renewed focus at the EU level. The prior Joint Action for Mental Health and Well-being (Caldas de Almeida et al. 2016) documented uneven progress across countries with regard to the transition of institutional to community-based care, building up of community-based mental health service networks and the delivery of good quality and socially inclusive care. In this reasoning, they recommended the development and implementation of policies and services to address existing insufficiencies and gaps in European mental health care systems, to promote community-based care and the social inclusion of people with long-term mental disorders. These conclusions were replicated by the EU Compass for further action on Mental Health and Wellbeing, which updated progress on transition to community care among Member States.
To build upon the 15+ years of EU efforts including the development of the European Framework for Action and the EU Compass (determining best practices for mental health), and strategic WHO documents such as the (European) Mental Health Action Plan 2013 – 2020 and the Mental Health Declaration for Europe in 2005 (WHO, 2005), a new Joint Action to Support Member States' implementation of best practices in mental health will be implemented. The Members of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) have selected two best practices (i) the community-based Mental health system reform in Belgium and (ii) multilevel Suicide prevention from Austria to be implemented during this Joint Action with the aim to extend the benefits of these best practices to participating Member States.
The two best practices are based on international evidence and recommendations aligning with strategic documents of WHO and EU such as the European Mental Health Action Plan 2013-2020. The best practice related to the mental health service delivery reform in Belgium is based on knowledge that deinstitutionalization of mental health care, broadly defined as the transition from institutional -based care to community-based care, can improve mental health outcomes and quality of life, and avoids unnecessary hospitalizations given the associated negative social and economic consequences on the individual, community and societal level. The other important element of this best practice is that is contains strategies for addressing fragmentation in health and social care delivery systems, the integration of which is essential for ensuring mental health, particularly among people with moderate to severe mental ill-health and/or with social and economic needs (Nicaise, Dubois, & Lorant, 2014). The service delivery model focuses on establishing service networks that strengthen community-based care provision, to reduce hospital caseloads and to improve the continuity of care (Lorant et al., 2016).
The second best practice implemented in this JA is SUPRA, an evidence-based suicide prevention intervention initially developed and implemented in Austria. Its measures are based on scientific evidence (Mann et al., 2005; Zalsman et al., 2016) and include universal, selective, and indicated prevention measures. This intervention aligns with recommendations of the WHO (WHO, 2014) and preventive approaches recommended in the European Mental Health Action Plan 2013-2020, while respecting the local implementation context and building on existing resources and initiatives.

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2.2 Goals and Objectives of the Project

2.2.1. General Objectives of the Project

Investing in mental health has a positive return for the sustained development of populations from an economic, social, and health perspective (WHO, 2013).

This Joint Action, JA ImpleMENTAL, a EU-Commission initiative, intends to**:**

1. support Member States to improve and promote mental health via innovative and sustainable (mental) health system change.
2. reinforce capacity to address system transformation, in particular to support citizen centered and integrated approaches, increase system efficiency, build and maintain healthy alliances across sectors, and reinforce the coordination between national and regional authorities.
3. support the best practice transfer of two best practices in mental health, pre-selected by the Steering Group on Promotion and Prevention (Member States) from the pool of the EU's Public Health Best Practice Portal the **"Mental health reform in Belgium" and the Austrian best practice on suicide prevention "SUPRA"**. The effort will be focused on the preparation of the national/regional/local team and environment for the implementation.
4. achieve a strong involvement of national/regional governmental actors to enable such practices to be embedded in health systems.
5. establish sustained cooperation of relevant Member State authorities in the area of Mental Health and involving a wide variety of stakeholders to share a common and global vision about mental health.

The scope, scale and extent of these general objectives will be customized for each of the implementation sites tailored to their needs, strategies and local implementation plans.

2.2.2. Specific Objective(s) of the Project

Specific Objective 1	**Specific Objective Title and Description**
(WP5)	Capturing, understanding and mapping the current situation of mental health and mental health services (including prevention and treatment services), identifying needs and knowledge gaps for the establishment, improvement and/or scale-up of intersectoral community-based and client-centered MH networks and services within the 14 participating countries in the wp5 on **Mental health reform in Belgium (Situation and Needs Analysis- SANA)**
Process Indicator(s)	**Target value**
• Definition of methods and tools for the elaboration of the country-specific SANA in the Analytical Framework for the assessment and transfer of (elements of) the Belgian best practice example • Participation in workshop and/or exchange with participating countries for compilation of a questionnaire for conduction of a situation analysis and needs assessment (SANA)	The questionnaires for carrying out SANA are elaborated jointly with WP6 At least 90% participating countries attended the workshop.
Output Indicator(s)	**Target value**
Country-specific situation analysis and needs assessment profiles/reports are produced	One report per participating country
Outcome/Impact Indicator(s)	**Target value**
Results of the situation analysis and needs assessments are effectively used for and integrated into the development of an implementation/action plan for transfer and pilot implementation (of elements) of the Belgian practice, congruent with the emerging mental health needs from the COVID-19 pandemic.	Reported utilization of the SANA results in the respective implementation/action plans (one per participating and implementing country)

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Specific Objective 2	**Specific Objective Title and Description**
(WP5)	Supporting the sustainable establishment, further development and/or scale-up of inter-sectoral, community-based and client-centered MH networks and services within and beyond the JA, based on an adaptation, transfer and pilot implementation (of elements) of the **Belgian best practice** example in the local contexts of the 11 implementing countries.

Process Indicator(s)	**Target value**
• Initiated transfer and pilot implementation of (selected elements of) community-based MH networks and services as practised in the **Belgian best practice** example in the local contexts of the participating countries • Workshop(s) of implementing countries for cross-country exchange on the process of pilot implementation • Process of reflection on needs and goals for continued implementation, scaling-up or extension of the pilot practice after termination of JA in each country	• 10 (90%) countries that had planned to transfer and pilot implement (selected elements of) of the Belgian best practice example have effectively pilot implemented at least one key element of the Belgian best practice example • At least one workshop of implementing countries for cross-country exchange on the process of pilot implementation has taken place • At least 10 (90%) of the countries that pilot implemented (elements) of the Belgian best practice example identified needs and goals for continuation, scale-up or extension of the pilot implementation after termination of the JA
Output Indicator(s)	**Target value**
• Pilot implementation (of elements) of the Belgian best practice example was carried out in the various involved countries and documented in country-specific implementation reports • A cross-country analysis of the process and results of pilot implementation was undertaken • Goals, desired outcomes, major steps and milestones for continuation, scale-up or extension of the pilot implementation are synthesized and documented in a simple implementation roadmap	• All countries that committed to pilot implement delivered a country-specific report on the pilot implementation process • One cross-country analysis and synthesis report was produced • At least 90% of the countries that piloted (elements) of the Belgian best practice example elaborated
Outcome/Impact Indicator(s)	**Target value**
Commitment by stakeholders and/or decision-making authorities at national, regional or local level within the participating and implementing countries for continuation, scale-up or extension of pilot implementation beyond the JA manifested by means of formal agreements or expressed publicly.	At least 70% of countries that piloted (elements) of the Belgian best practice example and elaborated a simple implementation roadmap, concerned stakeholders and/or decision-making authorities at national, regional or local level have concluded formal agreements or engaged into other forms of formal cooperation or expressed publicly their intention for continuation, scale-up or extension of the pilot implementation.

Specific Objective 3	**Specific Objective Title and Description**
(WP5)	Supporting the use of information, data and indicators for monitoring, evaluating and improving intersectoral community-based and client-centered MH networks and services and assessing system developments.

Process Indicator(s)	**Target value**
• Analysis of health - mental health information systems (H-MHIS) at country level within the frame of the SANA • Set-up of and consultations with a network of country experts responsible for the collection and use of MH-related data	• H-MHIS are covered in the SANA of the participating countries. • Consultations with country experts responsible for the collection and use of MH data -took place in at least 90% of the participating

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• Consensus workshop for discussion and agreement on the use of existing MH related indicators	countries • One consensus workshop at central level for discussion and agreement on MH related indicators was conducted (minutes and participants list)
Output Indicator(s)	**Target value**
• A dashboard of MH indicators is developed and piloted in the participating countries • A synthesis report is produced on the use of indicators for MH and showing data collected by/in the countries through the dashboard	• Dashboard of MH indicators is effectively (piloted)/used in 80% of the countries that agreed to apply/activate the dashboard • One synthesis report on the use of indicators for MH is produced
Outcome/Impact Indicator(s)	**Target value**
Developed dashboard of indicators is used as a tool for the collection of data and for monitoring, evaluating and reporting on mental health care in participating countries	Developed dashboard is piloted/used in at least 80% of the participating countries that expressed willingness to use it

Specific Objective 4	**Specific Objective Title and Description**
4 (WP5)	Supporting capacity and competence building of stakeholders for the sustainable establishment and operation of inter-sectoral, community-based and client-centered MH networks in the 14 participating countries for the transfer of the **Belgian best practice**
Process Indicator(s)	**Target value**
• Development of a training and capacity building plan • Implementation of the defined training and capacity building measures	One training and capacity building plan is developed for WP5 At least 90% of the countries interested participated in training programmes.
Output Indicator(s)	**Target value**
• Number of training and capacity building measures conducted during the JA and number of staff/professionals in/from the pilot settings trained • Training kit (including training modules, curricula, materials and/or tools) integrating experiences gained through training implemented during the JA developed and ready to be used and adapted by interested institutions/stakeholders	• Staff of at least 90% of participating countries took part in at least one training and capacity building measure • A training kit is developed and made available for further adaptation and use in country-specific context
Outcome/Impact Indicator(s)	**Target value**
Developed training kit is being used by stakeholders in participating (and/or other) countries or stakeholders have expressed willingness to adapt and use the training kit	At least one stakeholder in 90% of participating countries has expressed interest and willingness to adapt and use the training kit

Specific Objective 5	**Specific objective title and description**
(WP6)	Recording and assessing the current situation in the field of suicide prevention in each country/region, including an in-depth understanding of existing stakeholders and their positions, activities and, expectations as well as knowledge about gaps (situation analysis) in 17 participating countries
Process indicator(s)	**Target value**
Workshop on compilation of a questionnaire for undertaking a comprehensive situation analysis and needs assessment (SANA) and on compilation of a template for a country profile	1 workshop has taken place, participants list and minutes from the workshop are provided
Output indicators	**Target value**

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Results of the situation analysis are documented in country profile	1 country profile per MS
Outcome/impact indicator(s)	**Target value**
Results of the situation analysis are used in the respective country suicide prevention (SP) strategy	Reported utilization of the situation analysis results in respective SP strategy

Specific Objective 6	**Specific objective title and description**
(WP6)	Assessing resources (staff, budget, other) needed to address and implement prioritized activities (aiming to further develop existing activities and/or address identified gaps in their country/region) (needs analysis) in 17 participating countries
Process indicator(s)	**Target value**
Workshop on compilation of a questionnaire for undertaking a comprehensive situation analysis and needs assessment (SANA) and on compilation of a template for a country profile	1 workshop has taken place, participants list and minutes from the workshop are provided
Output indicators	**Target value**
Results of the needs analysis are documented in country profile	1 country profile per MS
Outcome/impact indicator(s)	**Target value**
Results of the needs analysis are used in the respective country SP strategy	Reported utilization of the needs analysis results in respective SP strategy

Specific Objective 7	**Specific objective title and description**
(WP6)	Obtaining stakeholder commitment for the establishment (or further development) of a national/regional strategy including steps to promote increased awareness for SP of main stakeholders and the general public as well as fighting suicide-related stigma in 14 implementing countries.
Process indicator(s)	**Target value**
Workshop on how to develop a (national/regional) SP strategy, presentation of WHO-Framework and use case /best practice model SUPRA with focus on potentially transferable modules (according to the 6 SUPRA-"columns")	1 workshop has taken place, Participants list and minutes from the workshop are provided
Output indicators	**Target value**
National/regional working group and advisory board for SP are established	1 working group, 1 advisory board per implementing country/region
Outcome/impact indicator(s)	**Target value**
National/regional working group and advisory board involvement in strategy formulation (further development)	Reported involvement of the national/regional working group and advisory board in strategy development

Specific Objective 8	**Specific objective title and description**
(WP6)	Promoting learning and cross-country exchange on methods, tools, practices and experiences in the development and/or improvement of national/regional strategies for SP in 17 participating countries.
Process indicator(s)	**Target value**
Workshop on how to develop and implement a (national/regional) suicide prevention strategy, presentation of WHO-Framework and use case /best practice model SUPRA with focus on potentially transferrable modules (according to the 6 SUPRA-"columns") Workshop on implementation of draft SP strategies	2 workshops have taken place, Participants list and minutes from the workshop are provided 9 trainings have taken place

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Trainings and/or thematic webinars	
Output indicators	**Target value**
Suicide prevention strategies on regional/national level are (further) developed/scaled-up	1 developed (scaled-up) regional/national SP strategy per implementing country/region
Outcome/impact indicator(s)	**Target value**
Government of the respective MS adopted the regional/national SP prevention strategy or expressed willingness to adopt under specific circumstances	Adoption or willingness to adopt the SP strategy on the regional/national level

Specific Objective 9	**Specific objective title and description**
(WP3)	To assess the JA's impact by 1) assessing the achievement of project objectives set out in the JA and whether outcomes of the JA meet the needs of and/or within Member States and 2) evaluating the implementation processes and implementation outcomes across MS implementing the best practices, including key ingredients, challenges, and considerations for further implementation and scale-up.

Process Indicator(s)	**Target value**
Develop and obtain consensus on an evaluation framework for 1) evaluation of the JA and 2) for assessment of implementation process and implementation outcomes of best practices	WP leaders are engaged in the development of the evaluation framework through online meetings to secure consensus on aims and WP deliverables/indicators.
Output Indicator(s)	**Target value**
Evaluation framework is agreed upon by the consortium and applied in the internal evaluation Common evaluation framework and locally adapted version of the evaluation framework in Member States is complete	One common evaluation framework is in place to guide the assessment of the JA and of implementation processes and outcomes
Outcome/Impact Indicator(s)	**Target value**
Evaluation of the JA and best practices is completed, with 1) recommendations for further maximizing the impact of the JA and 2) Implementation processes and outcomes are evaluated across implementing Member States in the format of a meta-synthesis to synthesize implementation barriers, facilitators and key considerations across MS	One meta-synthesis of results across implementing MS is complete (in close collaboration with efforts in WP5 and 6)

Specific Objective 10	**Specific Objective Title and Description**
WP1 and WP4	Achieve a strong involvement of national/regional governmental actors to enable best practices to be embedded in health systems.

Process Indicator(s)	**Target value**
• Number of MoHs representatives participating in Member State Policy Committee • Number of DG SANTE and HaDEA representatives • WHO representative	•At least 18 of 20 (90%) countries have representatives in Member State Policy Committee •2 representatives from DG SANTE and HaDEA •1 WHO representative
Output Indicator(s)	**Target value**
• 2 Member State Policy Committee meetings per year (physical or by teleconference) • Ministries national/regional policy-makers, reflect on and assess the policy relevance and value of JA achievements, and to explore integration of the JA results into national/regional	-At least 90% of Member State Policy Committee Members attend the meetings - Presentation in annual consortium meetings (M12&14) - Minutes of the Members Stake Policy

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policies	Committee Meeting in (M30) used in the sustainability plan
Outcome/Impact Indicator(s)	**Target value**
Level of perception (measured by self-reported data from Member State Policy Committee members) that ImpleMENTAL recommendations and results have impact on mental health services and strategies in participating countries	●Level of utilization of JA ImpleMENTAL in policy documents on national/regional level ●Presentation in final Conference (M36)

Specific Objective 11	**Specific Objective Title and Description**	
(WP4)	To identify opportunities for sustaining the results of the JA beyond its lifespan and embedding lessons learned and knowledge into mental health policy.	
Process Indicator(s)		**Target value**
Create a roadmap for sustaining mental health changes over time and create a pathway for lessons learned from the JA to inform policy priorities and planning		1 roadmap is developed, and there is consensus on its contents (common sustainability plan)
Output Indicator(s)		**Target value**
● Policy dialogues are implemented in MS in the JA, which generate possibilities/opportunities around a key policy question (e.g., how to finance multidisciplinary community mental health teams for the next 5 years), with a corresponding action plan (with responsibilities, budget, communication channels). ● A roadmap and sustainability plan are developed and implemented to guide making investments in mental health and the impact of those investments over time		-Policy dialogues are implemented in at least 30% of implementing MS -Roadmap and sustainability plan are finalized and implemented
Outcome/Impact Indicator(s)		**Target value**
Policy makers and key stakeholders in mental health policy have the insights from the results of the JA to help support ongoing program planning work in mental health.		Policy dialogues are completed and sustainability plans are defined and completed for each implementing MS

Specific Objective 12	**Specific Objective Title and Description**	
(WP2) & WP1	To create a community of stakeholders that includes caregivers, healthcare experts, academia, industry, policy makers and /or the general public.	
Process Indicator(s)		**Target value**
● **Number of stakeholder representatives participating in Stakeholder Forum** ● Number of face-to-face and virtual meetings with stakeholders at national and EU level ● Number of presentations at face-to-face and virtual scientific and policy discussion events		At least 8 stakeholder representatives >25 >40
Output Indicator(s)		**Target value**
Two stakeholder meetings per year (physical and by teleconference). The Stakeholder Forum has an advisory role and will enable relevant external stakeholders to follow and contribute to the JA progress and discuss with JA partners the topics linked to it. In particular, it allows the stakeholders to bring in their views, interests and expectations into the JA process and advise on issues of practical relevance/importance for achieving the expected results. Estimated audience of ImpleMENTAL dissemination channels		Participation of stakeholder forum members in annual meetings (8 participants) (M12 & M24) > 1,000

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Outcome/Impact Indicator(s)	Target value
• Level of perception (measured by self-reported data) that ImpleMENTAL recommendations and results have impact in policy setting, and scientific, industrial and general debates and fora • Increased awareness of the JA through dissemination actions targeting national and EU stakeholder groups	> 75% Presentation of self reported data in the final conference (M36), Broad mental health community, MS/C

2.3 Target Groups

The Joint Action is a multifaceted policy initiative and has a wide geographical and institutional coverage, and thus has a diverse array of stakeholders that can be informed, engaged and benefit from the lessons learned in the JA. A tailored approach is therefore needed to effectively reach out to them. Primary target groups are:

- Policy and decision makers within and outside the mental health sector, including political authorities and administrators at national/regional/local level (e.g. national/regional health ministries/authorities and other ministries, authorities responsible for social affairs, education, youth, senior citizens, etc.);
- Specific institutions/organizations and professionals in the social, educational, employment sectors (and potentially other relevant sectors that will be identified during the JA implementation) with a potential contribution to the psychiatric reform, especially building-up effective community networks, as well as institutions/organizations which are important as hotspots for suicide prevention (e.g. national railway agency);
- Health and mental health professionals;
- Mental health service users, patients and family associations;
- People with lived experience of a suicide attempt and survivors of bereavement due to death by suicide;
- Media professionals, who play an important role in responsible reporting on mental health and suicide;
- Civil society organizations operating in mental health and/or suicide prevention at local, national or regional level
- The general population, especially as regards the objectives pertaining to raising awareness about suicide and tackling the stigma attached to it.

On a more general level, the above-mentioned stakeholders across European countries will be informed about and gain exposure to lessons learned and from the results achieved in the JA and from cross-country exchange through the communication and dissemination activities of the JA, through training and capacity building activities in WP5 and 6, and through evaluation and sustainability activities in WP3 and 4. Further, they will be able to use and apply the methods and tools developed and tailored to their needs in the context of the JA, both during the implementation of the JA and after its completion. Finally, non-governmental or other organizations involved in the JA as collaborating partners will benefit indirectly from the results of the JA through their participation as collaborating partners in the JA and through dissemination and communication activities on the JA and its results.

It is noteworthy that the final beneficiaries of the Joint Action are children, adolescents and adults (including the elderly) at risk of or affected by mental illness as well as their families. They will benefit from better access and coordination of mental health services in their national/local context, as well as from effective suicide prevention strategies.

The Stakeholder analysis at the outset of the Joint Action (described as the second task in WP2) will facilitate effective identification of stakeholder groups that would benefit, advocate for or be potentially less interested or unsupportive of the JA. Tailored engagement, communication and dissemination plans will be shaped accordingly for each type of support level for the JA.

2.4 Political Relevance

JA ImpleMENTAL aligns closely to the 3rd Health Programme (2014-20) objectives: 1 (*Promote health, prevent disease and foster healthy lifestyles through 'health in all policies'*), 3 (*Contribute to innovative, efficient and sustainable health systems*) and 4 (*Facilitate access to high quality, safe healthcare for EU citizens*). JA

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ImpleMENTAL is concerned with taking actions to ensure that mental health is promoted and protected through implementation of two best practices in suicide prevention and in the process of reform of mental health services, which require engagement with decision-makers across sectors as well as dissemination of knowledge and results to decision-makers and influencers not only in the health sector but also in other sectors including education, employment and social care sectors. Furthermore, one of the two best practices being implemented in this JA concerns the Belgian model of mental health reform, which will contribute to transitions in mental health service delivery systems in 11 Member States, concurring closely with objective 3 of the Health Programme. One of the goals within this practice is to not only facilitate access to mental health services in and around the communities where citizens live but also to improve the quality of mental health services provided at different levels of care, in line with the fourth objective of the Health Programme.

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

In total 40 partners (21 Competent Authorities and 19 affiliated entities) from 21 countries, (18 EU Member States, 2 EEA countries and 1 EU candidate country) will be part of the JA ImpleMENTAL Consortium. This JA corresponds to 1.2.1.4 of the 2020 Annual Work Plan (AWP) (*Support for the implementation of best practices in the area of mental health*) by implementing the two best practices in 17 countries, with at least 25 scheduled implementations, which will generate results and lessons learned across participating countries in terms of the impact that the implementation of these two best practices has within and across countries on population mental health outcome

The results of this JA will not only contribute to furthering knowledge on the implementation process of best practices in mental health, but they will also support policy objectives at national/regional level within MS, as well as contribute to advancing mental health policy efforts at the EU level. The MS implementing the best practices are diverse in their political, social, economic and cultural context, as well as in their mental health system configuration, which will generate rich insights into modifications, considerations and options for implementing these best practices in other contexts throughout Europe during and beyond the lifespan of this Joint Action.

This JA is timely in the context of developments in mental health at the EU and international level. There have been numerous strategic and policy documents at the EU level in mental health, including:

- European Commission Green paper "Promoting the Mental Health of the Population. Towards a Strategy on Mental health for the European Union" (2005);
- European pact for mental health and well-being (2008);
- Council conclusions on 'The European Pact for Mental Health and Well-being: results and future action' (2011);
- European framework for action on mental health and wellbeing (2016) and all related thematic documents of the JA.

More recently, the previous Joint Action for Mental Health and Wellbeing (2013-2016) and the EU Compass for Further Action on Mental Health and Wellbeing stressed the need for concerted action to implement best practices that can strengthen mental health systems. The JA on Mental Health and Wellbeing additionally emphasized the need of promoting the implementation of e-health approaches, which is very timely given the current situation that emerged due the COVID-19 pandemic, as well as the need for developing community-based and socially inclusive mental health care for people with severe mental disorders. One theme emerging from both the prior Joint Action and the EU Compass was the need for actual implementation, monitoring and evaluation of transitions in mental health systems, which this JA is focused on, particularly around two best practices in mental health. Further, this JA is aligned with goals set out for Member States in the WHO European Mental Health Action Plan (2013-2020) which specifically sets out targets for Member States to advance efforts to transform their mental health systems:

a. To improve the mental health and well-being of the entire population and reduce the burden of mental disorders, ensuring actions for promotion and prevention, and intervention on the determinants of mental health, combining both universal and targeted measures with a special focus on vulnerable groups;
b. To respect the rights of people with mental health problems, promote their social inclusion and offer equitable opportunities to attain the highest quality of life, addressing stigma, discrimination and isolation;

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c. To strengthen or establish access to and appropriate use of safe, competent, affordable, effective and community-based mental health services.

This JA focuses on implementation of best practices in suicide prevention and also aligns with the Sustainable Development Goals, particularly Target 3.4 (reduce premature mortality attributed to non-communicable diseases) which aims to reduce these deaths by one-third by 2030. As already mentioned, the two best practices chosen for widespread implementation in this JA were selected by the country members of the "Steering Group on Health Promotion, Disease Prevention" among those uploaded in the Best Practice Portal of EU. It is expected that the tailored implementation of these two best practices in a number of Member States will not only result in benefits to mental health services and suicide prevention efforts in implementing Member States but also provide valuable lessons learned for further scale-up and replication of these best practices, as well as ideas for sustaining implementation over time. This will be achieved through exchange of knowledge and skills between Member States (practice-based, scientific and professional knowledge), which the JA is designed to facilitate as a mechanism for cross-country exchange and cooperation.

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

This JA contributes in several ways to ongoing public health efforts at the EU level. First, there remains a demonstrable policy-implementation gap and research-implementation gap, particularly in the field of mental health. This JA builds upon 15 years of efforts at the EU level to identify challenges in mental health systems throughout Europe and narrows the implementation gap in mental health care delivery and pragmatic evaluation strategies by focusing efforts on the implementation of best practices and identification of possibilities for improving the implementation process and impact on end beneficiaries. In other words, this JA not only further promotes the best practices in mental health but implements them across and within a diversity of contexts and resource levels in Europe. These lessons learned and understanding of options for implementation based on national/local resources and contexts will not only be visible and beneficial for individual Member States but for Europe as a whole. The frameworks for implementation developed in this JA will be able to be used as a guide or frame of reference for future Member States considering implementation of these two best practices in mental health. These points of added value contribute to EU added value domains ``Long-term *effect and potential multiplier effect, such as replicable, transferable and sustainable activities" and "Contribution to complementarity, synergy and compatibility with relevant EU and EU Member States policies and programmes, including compatibility with the European Platform on RD registration and the European Platform on Best Practice Exchange".*

In addition, the local, regional and national networks established as part of the implementation of both best practices contributed to strengthening networking activities in mental health not only at the national/local level in MS but also at the European level. The building up of intersectoral networks, between health and the mental health sector as well as across other sectors (social, educational, etc) will foster a more holistic approach to health and mental health. The networks established in WP6 will also importantly support efforts to combat stigma surrounding death by suicide and suicide attempt, particularly among sectors like the media sector.

In WP5, the dashboard of indicators to gauge mental health network development and service delivery will benefit Europe more broadly as it will be publicly available as a support tool to monitor ongoing reform efforts in Member States beyond this JA.

Finally, the COVID-19 pandemic has increased the focus on mental health, given the impact that the virus, the lockdown measures, and secondary impacts (e.g. the economic recession) has on our wellbeing and mental health. This JA will consider the impacts of the COVID-19 pandemic in the SANA in WP5 and 6 and also embed evaluation strategies to gauge the effects of the pandemic on mental health systems throughout Europe in WP3. These efforts will support understanding of the mental health system and population mental health impacts of the pandemic for the public health community, which will be crucial in informing eventual recovery plans in Member States.

2.4.3. Pertinence of Geographic Coverage

This JA consortium consists of a diverse set of 21 countries, representing different levels of government and key stakeholders necessary to advance efforts in mental health and suicide prevention efforts in Europe, including

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governmental institutions, public health organizations, service delivery organizations, universities, non-profit organizations. Netherlands will lead WP3 on evaluation and co-lead Wp4 on Sustainability but will not participate and/or implement the two best practices.

In 20 participating countries, local country teams coordinated by the Competent Authority of each country will be responsible to carry out the actions foreseen on a regional/country level for the technical WPs they participate in, as well as actions foreseen for the horizontal WPs. Local country teams in 11 countries will be involved in activities in both WP5 on Mental Health Reform and WP6 on Suicide prevention.

Overall, 14 countries (11 of them implementing the Belgian best practice on Mental Health Reform) will be involved in WP5 and **17 (14 of them implementing the Austrian best practice on Suicide Prevention) in WP6**. This will ensure a wide range of reach and diverse contexts for the implementation of the best practices components selected by the individual countries and maximize the transferability of project results to other countries within the European region. More specifically:

in WP5 Mental Health Reform the following countries participate under the following categories:

-Lead /Implementing: Germany, Colead/ Implementing Italy

-Participating and pilot implementing: *Croatia, Cyprus, Estonia, Greece, Hungary, Lithuania, Malta, Slovenia, Spain*

-Participating not implementing: Bulgaria, France, Serbia

In WP6 suicide prevention the following countries are participating under the following categories

-Lead /Implementing: Austria, Colead/ Implementing Czechia

-Participating and pilot implementing: *Croatia, Cyprus, Estonia, Finland, Greece, Hungary, Iceland, Malta, Norway, Slovenia, Spain, Sweden*.

-Participating not implementing: Bulgaria Lithuania Serbia

At least 25 implementation instances of the two best practices in 17 countries are anticipated in JA implemental based on the interest expressed by the Competent Authorities.

Geographical coverage of countries is broad in this JA consortium and includes EU, EEA, and candidate countries. Importantly, Member States who have developed the two best practices (Belgium and Austria) are also involved in the JA, either as participating Affiliated Entity and WP6 leader (Austria) or as a collaborating partner for WP 5 (Belgium), to guide implementing practices in WP5/6 and ensure that knowledge is transferred and embedded into national/regional/local country contexts. Representatives from the United Kingdom and international stakeholders such as WHO Europe will also be invited to participate in the JA to maximize opportunities to disseminate results and lessons learned to an even broader geographical coverage beyond countries represented in this JA consortium. The consortium will also invite service user - and carer organizations active in EU mental health priority setting (e.g. EUFAMI) to advise the JA. Efforts in WP2 (Dissemination) and WP4 (Sustainability) will maintain an extensive list of stakeholders to engage with on lessons learned throughout the lifespan of the JA, who may also be 'next adopters' to implement the best practices in countries not included in this JA. The Coordinator (WP1) will ensure close collaboration with Member States, Collaborating Partners, and Governmental bodies throughout the JA to ensure participation of diverse institutions, regions and countries in the JA.

2.4.4. Consideration of the social, cultural and political context

This JA focuses on the implementation of two best practices in mental health, a model of mental health service delivery reform in Belgium and a suicide prevention programme from Austria, across a number of MS with marked diversity in terms of their cultural, political and socio-economic contexts and mental health systems configuration (e.g. pathways to care, integration of mental health to primary health care).

For example, there are countries where mental health is high in the policy agenda (e.g. Sweden and Finland) or/and with more inclusive social health policies regarding people with mental disorders. Moreover, in certain countries prejudicial attitudes and discrimination surrounding mental disorders and to suicide may be more evident and in other countries strong religious beliefs and affiliations may serve as deterrents to suicide prevention.

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Alongside the wider socio-economic, cultural and political context, different countries are at different stages in terms of deinstitutionalization and the mental health service delivery reform as well as the implementation of a national strategic plan for suicide prevention. Hence, at the onset of the JA, they are at different starting points with respect to the two best practices. An illustration of this point is the presence of multifarious national strategies for the prevention of suicide. The JA will contribute to the development of a national /regional suicide prevention strategy in some countries (e.g. Greece); it will complement/scale-up existing activities in countries like Slovenia or Spain; and it will strengthen and support ongoing national suicide prevention plans in countries like Finland. Further, heterogeneity in the stages of deinstitutionalization, community care and mental health service delivery reform as well as suicide prevention activities are not only different between Member States. Even within the same country especially in countries with more decentralized (or/and fragmented) mental health care systems, like Italy and Germany, different regions might have varying approaches to community-based care and suicide prevention and may be be at different levels of implementation. It merits noting that the ongoing COVID-19 pandemic also impinges on the mental health of the population and the mental health care system in different ways and to a different degree in various countries introducing greater diversity among MS. It is therefore anticipated that MS will necessitate a tailored approach concerning the existing practices, the scale of implementation and field preparation. To this end, WP5 and WP6 have already allowed for flexibility regarding which elements of the best practices can and will be pilot implemented by MS, consonant with their needs, priorities, resources as well as their socio-economic and political context. Moreover, by acknowledging, understanding and addressing this heterogeneity, the JA may facilitate transferability and applicability of results in many contexts, widen competence, increase innovation and ensure sustainable implementation of best practices in mental health.
Discussions in the consortium of partners, in the MS Policy Committee and in the Stakeholder Forum (WP1), the stakeholders analysis (WP2) and the situation and needs assessment analysis (SANA) in WP5 and WP6, will address this diversity, the hindrances it may introduce and possible solutions for overcoming them. These in turn will inform WP4 to ensure sustainability of implementation after the end of this Joint Action.
In order to achieve successful implementation of a best practice the approach used has to be adapted to local context and needs, so that the intervention reaches the expected results. Existing evidence indicates that a structured process facilitates implementation of pilot- and innovative practices in existing services. The aim is that the transfer and spread of innovation from their sites of origin to other regions will accelerate the progress in Europe.
The **EU has launched a series of initiatives to support facing these challenges**, such as in the Project INTEGRATE, a European Commission FP7 funded collaborative research project (2012–2016) and in the Joint Actions CHRODIS, CHRODIS Plus, and eHAction, and EU-funded projects such as SCIROCCO, SCIROCCO Exchange, among others. Building on this knowledge, JA ImpleMENTAL will use a common implementation strategy and structured processes to promote the uptake of the two best practices by the MH (services) systems and/or policies in the implementing countries.
The JA will also seek complementarity and/or synergies with past and/or on-going European actions in the area of (mental) health data/indicators (like JA InfAct and JA TEHDAS) and integrated person-centered care (e.g. JADE CARE), including close collaboration with WHO/Europe and building upon the Mental Health Atlas survey, and using linkages/synergies with international projects (OECD quality indicators).

2.5 Methods and Means

This EU-Commission initiative focuses on the transfer of two best practices in mental health, pre-selected by the Steering Group on Promotion and Prevention (Member States) from the pool of the EU's Public Health Best Practice Portal.

ORIGINAL BEST PRACTICES

Best practice "Mental health reform in Belgium"

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The first best practice "Mental health reform in Belgium" focuses on establishing local networks for mental health that strengthen community-based provision of preventive, promotive and care services across sectors, with the aim to improve access to continuity and quality of care.
The basic concepts of this practice are: user-centered approach, psycho-social rehabilitation, 'health in all policies', proximity care (home setting) and continuity of care (link between the institution – the ambulatory and medico-social) and decreasing the length of institutional stays with the objective of a global and integrated policy. This policy is incorporating all relevant domains and coordinated actions:

1. Prevention and promotion of mental health care, early detection, screening and diagnostic activities
2. Rehabilitation teams focusing on recovery and social inclusion
3. Residential intensive treatment for both acute and chronic mental health problems, if hospitalization is necessary
4. Specific residential facilities allowing an offer of care, when necessary care at home or at a home substitution is not possible
5. Mobile or ambulatory teams offering intensive treatment for both acute and chronic mental health problems.

Thus, the integration of the new practice within the existing network of services (communities and medical-social) is achieved, while ensuring the re-organization of help and care according to the needs of people and their entourage and keeping people as much as possible in their own environment.

Best practice on suicide prevention "SUPRA" Austria

The second best practice "SUPRA" initially developed in Austria is a multi-level suicide prevention strategy that integrates universal, selective and indicated prevention interventions, based on the local implementation context and building upon existing resources and initiatives.
The objectives of Suicide Prevention Austria were to coordinate suicide prevention in Austria at the national and regional levels, to ensure support for risk groups, to develop standards for access to means of suicide, to develop media support for suicide prevention, to integrate suicide prevention programmes into other health promotion activities, and to support research on suicide.
Components of SUPRA include:

(i) ensuring that suicide prevention is organizationally embedded and co-ordinated
(ii) support and treatment of high risk groups for suicide according to their needs
(iii) restriction of access to means of suicide with an aim of making access as difficult as possible
(iv) ensuring that awareness and knowledge of suicidality and about coping with psychosocial crises are widespread among the general population,
(v) integrating suicide prevention programmes in other health promotion activities and to addiction and violence prevention measures
(vi) quality assurance and expertise (aim: suicide prevention is quality assured on the basis of scientific expertise).

Participating countries will be supported in developing or upgrading draft national/regional strategies and in initiating (first steps towards) pilot-implementation of selected suicide prevention interventions through workshops, training sessions and webinars.
JA ImpleMENTAL, will mainly focus to support the transfer of the two best practices in mental health, pre-selected by the Steering Group on Promotion and Prevention (Member States) from the pool of the EU's Public

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Health Best Practice Portal. The **"Mental health reform in Belgium" and the Austrian best practice on suicide prevention "SUPRA"**.
We anticipate at least 25 implementation instances across Europe, within the 17 countries that have committed to implement one (9 countries) or both (8 countries) best practices.
Even for the three countries that will not implement the best practices, the participation in the selected technical WPs will reinforce their capacities to address system transformation through their participation in SANA Activities, workshops and training sessions This partially meets the objectives of this Joint Action and may promote future implementation of elements of the two best practices in the specific countries.
A strong involvement of national/regional governmental actors and/or local authorities across all 20 countries will enable such practices to be embedded in health systems at national/regional/local level. This is anticipated to be achieved through the participation in the Member State Policy Committee (WP1) and sustainability activities in (WP4).
Last but not least, sustained cooperation and involvement of a wide variety of stakeholders to share a common and global vision about mental health and vast dissemination of joint action scope vision and results will be established through the work of (WP1) and (WP3) in all 21 participating countries.
The table below summarizes the participation of each country in the above mentioned activities.

Table 5. CONTRIBUTION TO THE OBJECTIVES OF THE JOINT ACTION PER COUNTRY

Country	Competent Authority Short name	Involvement of Representatives of Ministries of Health and Sustainability activities	Stakeholders Engagement and Dissemination Activities	Contact SANA and Capacity building through training for BP: " Mental Reform Belgium"	Contact SANA and Capacity building through training for BP: "Suicide Prevention-SUPRA"	Implement BP: "Mental Reform Belgium"	Implement BP: "Suicide Prevention-SUPRA-Austria"
1. GREECE	*NPHO*						.
2.AUSTRIA	*BMSGPK*						
3.BULGARIA	*NCPHA*						
4.CROATIA	*CIPH*						
5.CYPRUS	*MHS SHSO*						
6.CZECHIA	*MoHCZ*						
7.ESTONIA	MoSAE						
8.FINLAND	*THL*						
9.FRANCE	*FR-MoH*						
10.GERMANY	*BZgA*						
11.HUNGARY	*OKFO*						
12.ICELAND	*DOHI*						
13.ITALY	*LR*						
14.LITHUANIA	*SAM*						
15.MALTA	*MFH-MHS*						
16.NETHERLANDS	*TI*						
17.NORWAY	*HDIR*						
19.SERBIA	*IPHS*						
19.SLOVENIA	*NIJZ*						
20.SPAIN	*SMS*						

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IMPLEMENTATION OF THE BEST PRACTICES

In order to achieve successful implementation of the two best practices, adapted to the national/local context and needs, JA ImpleMENTAL will use an overall PROJECT implementation strategy, based on the one previously used in CHRODIS Plus. The strategy will include the following phases:

- Pre-implementation phase: planning and preparation for the implementation. At the project level all WP leaders/co-leaders will perform planned activities according to the work plan. Implementing sites in each country, organized with support of the country competent authority and the WP5 & 6 leaders/co-leaders, will study the best practices, inform and engage stakeholders, prepare and perform a Situation Analysis and Needs Assessment (SANA), define implementation plans, expected outcomes per countries and across countries in terms of expectations from the JA, etc. In this frame, the Scirocco Maturity Model developed within the European Innovation Partnership on Active and Healthy Ageing, is an example of an additional, optional tool that can be used for self-assessment of the region's readiness for integrated care and for assistance in the development of local implementation plans.
- Implementation phase: countries implement (elements of) the best practices, and participate in capacity building activities with support from technical WP5 & 6 leaders /co-leaders. Regular monitoring, implementation of QA/QI tools (PDSA cycles) and coordinated evaluation will take place.
- Post-implementation phase: assessment of processes and outcomes and learning (implementing sites will deliver implementation reports and the process of the JA will be evaluated).

The strategy will include a series of methods and techniques to enhance the adoption, implementation and sustainability of Practices.

WORK PACKAGES

Overall, **WP1 Coordination** will be responsible for the smooth, coordination and management of the JA ImpleMENTAL, ensuring that the JA workplan across all wps and all performing layers, is implemented as planned and that progress is consistently monitored against project objectives and deliverables, making adjustments where necessary in line with the workings of the Consortium. The management approach of the JA is based on the PM^2 methodology of the European Commission, adapted to the context of the JA ImpleMENTAL. The JA Work Plan will be used as the baseline but also will be kept up-to-date during the life of the project and capture all project related work as identified during planning phase or emerged during the executing phase (e.g. risks, issues, corrective actions etc.)

During the pre-implementation phase, WP1 will establish the directing, managing and performing layers and advisory bodies & committees that will have diverse functions and roles, with the aim of ensuring that the activities are in line with the work plan, EU- and national strategies during the whole period of the JA.

The project coordination by WP1 includes allocating project resources to activities, performing regular quality checks of interim results, maintaining ongoing communication with all project team members, and keeping everyone involved in the project motivated by means of leadership, negotiations, conflict resolution and the application of appropriate management techniques.

WP1 will contribute to the scientific aspects of the project, in close cooperation with all WP leaders, especially WP5 & WP6, during the whole implementation period of the JA ImpleMENTAL, will ensure its scientific integrity, robust methodology, evidence-based policy implications and effective scientific communication among the work packages, including between the two technical ones, since there are overlapping areas between them (e.g. SANA, see below). By addressing the scientific interlinkages among the WPs, including between the two technical ones. Scientific coherence and effective management of the JA will be fostered. Quality assurance activities will include the review and acceptance of deliverables and dissemination documents.

The JA Coordinator, will be sided and supported by all members of the Executive Board, which involves not only the WP1 team which includes: 1a) a senior scientific and management NPHO team and 1b) a senior legal and financial NPHO Team with substantial experience in large EU co-funded projects, but also all the leaders and co-leaders of all work packages. A Project Management Assistant (PMA) will work on a range of management- and supportive tasks as assigned by the JA Coordinator in order to assist the JA Coordinator and the senior NPHO teams in the everyday work of the project. In this way, multifaceted management strategy, and substantial communication among the packages is facilitated resulting in great harmony and consistency in the overall

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approach. Executive Board Members meet in person or via teleconference every six months and hold short teleconferences on a bi-weekly or monthly basis. These meetings allow the board to have oversight of the project's current and future activities and results and to discuss progress and difficulties encountered as well as potential solutions. Short Executive board meetings chaired by the JA Coordinator will be scheduled on a bi-weekly or monthly basis, to check the status of the work within each WP, discuss interlinkages between wps, approve actions and schedule next steps. PDSA tools will be used also on the project level to ensure monitoring and early initiation of quality improvement actions.

General Assembly meetings will be organized every six months to discuss the project progress, for a coherent coordination and project planning.

WP1: WP1 will organize the (online) kick-off-meeting of the JA in month 1 of the JA. The kick-off will aim to build consensus on the governance and working structures (working and/or advisory groups, etc.) for the JA and individual WPs, the definition of cooperation- and communication principles and formats as well as the definition of rules of work. It will include dedicated sessions for the individual WPs, thereby providing the basis for a first exchange on the two selected Austrian and Belgian best practice examples and on the planned activities of the WPs. Annual Consortium meetings will be organized (by WP1 with the support of WP2) in month 12, 24 & 36. The Annual Consortium meeting in M36 is also defined as the Final Conference. In these meetings, participants will share their progress, results/outcomes, and receive information on next steps.

The Member State Policy Committee, which will include representatives of the Ministry of Health of the participating countries, will be organized every six months to support successful design and implementation of the two best practices in the implementing sites, to further reinforce capacities of national/regional/local mental health services and alignment with national/regional/local policies. Near the end of the implementation phase, WP1 in collaboration with WP4 will organize the Member State Policy Committee meeting, to review progress of the work and provide advice on the sustainability plan for keeping the mental health issues at the forefront of the political agenda for health during and after the completion of the Joint Action.

In the first months of the JA, **WP1** will also develop the **Project Handbook** to establish the high-level approach for implementing the project objectives.

The Project Handbook is one of the main artefacts of the JA and summarizes the project objectives and documents the selected approach for achieving the project goals. It also highlights the Critical Success Factors (CSFs), documents the key controlling processes, the resource allocation, the conflict resolution and escalation procedure, policies and rules, and the project mindsets. The Project Handbook also describes the project organizational structure, the key stakeholders, and their roles and responsibilities. It documents the plans necessary for managing the project Processes which include: 1. Requirements Management Plan, 2. Project Change Management Plan, 3. Risk Management Plan, 4. Quality Management Plan, 5. the deliverable acceptance plan, 6. Issue Management Plan and 7. Communications Management plan, as well as any methodology-tailoring decisions. It determines which plans guidelines and other documents) are necessary for the project, including the guidelines of the implementation strategy.

It also documents the key project progress measurements to be use for monitoring and controlling activities.

The Project Handbook is based on the Grant Agreement which includes the agreed project work plan, as well as the Consortium Agreement. The Project Handbook will be the reference document for all project members and stakeholders, and along with the Project Work Plan, is the basis on which the project is managed and executed. The Project Handbook will be kept up to date by the Coordinator.

WP1 will develop the **guidelines on the common implementation strategy** to facilitate the uptake of the two best practices in the existing mental health (services) systems or policies. It will include a series of methods and techniques, concrete procedures and recommendations to enhance the adoption and sustainability of the original two best practices and to contribute to monitoring (WP1) and evaluation activities (WP3).

The **monitoring framework** developed by WP1 will use the JA Work Plan as a reference for monitoring the project performance; a regular exchange of information about the project's current status and next steps will be conducted with the Executive Board at periodic onsite and online meetings. The monitoring framework will gather data on, and monitor the progress of tasks, key outputs (i.e. completed and verified deliverables and milestones) achieved as planned, resource utilization, risks management and people productivity. The framework of process and output monitoring indicators will be prepared by WP1, discussed within the Executive

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Board, presented in the General Assembly meeting in month 6 and used for monitoring all actions during the steps of the implementation of the JA. The monitoring framework will be closely aligned with the evaluation framework to avoid duplication of work. Ongoing monitoring data will be strategically used to ensure that the JA ImpleMENTAL achieves desired results.

WP2: WP2 will interact with all other WPs, to align activities and to ascertain dissemination of all project results. This WP aims to facilitate knowledge transfer and exchange of processes, experiences, and evidence in the course of best practices implementation by different communication channels to stakeholders, interested bodies, beneficiaries, and the wider audience of the action. WP2 aims to raise awareness about project findings as well as to discuss the translatability and applicability of findings for other contexts and the Member States in Europe. The dissemination activities will start with mapping the stakeholders involved in mental health in all MS/partners involved in the JA and development of the visual identity of the JA including logo and website with information about the project, news and updates in the field of mental health. A dissemination strategy will be developed to ensure the dissemination of the project's results to competent authorities and experts. The overall dissemination strategy will be specified in a communication and dissemination plan developed at the early stages. Specific needs of the 2 technical WPs will be taken into account. The stakeholder analysis and the communication and dissemination plan will take into account the specific dissemination approaches, target groups, and dissemination purposes needed for each of the technical WPs of the project. Identifying communication channels and networks will be the next step. The project results will be shared on the database of health projects managed by the European Commission's European Health. Using the EU Health Policy Platform (EU HPP) throughout the JA will support the virtual exchange management of stakeholders. The JA will create a network dedicated to this project at the Agora Network of the EU HPP and publish news related to the project on the Agora Network of the EU HPP. Communication tools that will be used in JA are a leaflet at the beginning of the JA and a layman version of the final report at the end of the JA. Other communication tools that will be used are newsletters, posters, press releases, presentations, blogs, personal and/or online events (meetings, conferences, workshops, exhibitions), and a press communication kit. The main language will be English and, when appropriate, translations will be made into other languages in cooperation with MS. More than one social media platform will be used as there may be differences in what is predominantly used in specific age groups and countries, like Facebook, Instagram, Twitter and WhatsApp. The organization of webinars and online policy dialogues would additionally support the visibility and accessibility of the outputs and results of the JA. Dissemination events will be organized as a cost-effective means of engaging policymakers and stakeholders in the EU in order to discuss JA developments, challenging policy issues, and recommendations at the strategic level. The final conference will disseminate country-specific evidence on the effectiveness and the implementation process of the best practices.

WP3: The aim of WP3 is two-fold: to support evaluation of the JA in its aim to serve as a vehicle to advance mental health and suicide prevention efforts in Europe and to support the assessment and evaluation of implementation processes and outcomes of the best practices in WP5 and WP6. To achieve the first aim, an evaluation framework to guide evaluation of the JA will be developed by the WP leaders (i.e. the Executive Board), and carried out by WP3 task leaders. This internal evaluation will conclude with a set of recommendations for the Coordinator and the EC to further improve the process and potential impact of the JA. To achieve the second aim, an overall evaluation framework will be defined in WP3, with a core set of metrics to evaluate the implementation process and outcomes of the best practices (in WP5 and 6) and tools for Member States to support evaluation of the implementation process over time. The overall evaluation framework will also select a guiding implementation science framework to help clarify which implementation constructs will be evaluated. Each implementing country will then adapt the evaluation framework to their own local resources, to ensure that the evaluation approach remains feasible. This may include a choice for a particular methodology (e.g. focus group discussion over individual interviews) or may include locally adapted tools already translated to the local language. WP3 will serve as a hub for questions or help to solve challenges related to evaluation practices in each implementation country. Alongside pilot implementation, each implementing country will carry out evaluation activities defined and supported within the frame and under responsibility of WP3.

WP4: WP4focuses on distilling methods and strategies for sustaining the results for the implementation of best practices, and embedding these insights into ongoing policy and planning in mental health. The WP will focus on

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creating a plan for sustaining the results from the JA after its lifespan and on integrating the results from the JA into ongoing mental health policy- and planning priorities throughout Member States. Member States and WP leaders play an important role in defining, shaping and steering the content covered in WP3 and WP4.

Following the guidelines for the implementation strategy and the overall JA workplan, **WP5 & WP6** with support of the horizontal WPs that will provide coordination, management and monitoring of the JA (WP1), dissemination and communication of activities and results of the JA (WP2), evaluation of the action's outcomes and potential impact (WP3) and sustainability of the JA results and their integration into policies (WP4), will ensure the successful transfer adaptation and implementation of the two best practices. The actions of WP5 &WP6 are included in a four steps approach within the three phases of the implementation strategy:
1) **The preparatory step. The preparatory step is included in the pre-implementation phase.** During the preparatory step the establishment of two WP Advisory Groups (WPAGs) of European experts on mental health for 1) children/adolescents, 2) adults (incl. older people) is envisaged for **WP5.** The WPAG's function will be crucial in supporting a regular review of the ongoing work of WP5, with regular dialogue and feedback on the different tasks and results of WP5. **The experts of the WPAGs will provide additional knowledge and expertise on key aspects and support the WP leaders and participating countries in identifying issues, alternative approaches, and/or priorities.** The composition of the WPAGs, their specific functions and organization of work will be defined in the preparatory phase at the beginning of the JA. The experts involved in the WPAGs shall represent a variety of institutions (e.g. research, patients/family organizations, international organizations, regional/local MH service networks, etc.) and will/can be recruited from participating institutions/countries, from collaborating partners/stakeholder organizations (e.g. WHO) as well as from other organizations/institutions not involved in the JA ("external experts"). Recruitment criteria and process will be discussed among the WP5 partners in the preparatory phase of the JA.
For WP6, a **national/regional working group and advisory board will be set-up by each participating country (MS).**
Within WP5, a **virtual country "visit"** to Belgium will be organized to exchange with and learn from the leaders and representatives of the Belgian best practice example on core elements of the practice, established structures and operations, and lessons learned. WP5 will also develop an **Analytical Framework** to build the conceptual basis for activities carried out in WP5 and guide transfer of elements from the Belgian best practice example to the contexts of each MS. In particular, the framework will:

- ❖ integrate findings from a rapid review of international literature (on community-based (mental) health care and prevention networks), lessons learned from the Belgian best practice example, outcomes from the previous JA on Mental health and Wellbeing and key EU and WHO strategic documents;
- ❖ outline collection and use of data and indicators to inform and support the building, monitoring and evaluation of community-based MH networks and services;
- ❖ identify key factors, (potential) enablers and obstacles for the (sustainable) establishment of community-based and client-centered inter-sectoral MH networks, based on the experience of the Belgian practice and, possibly, other countries participating in the JA as well as on reviewed literature (which will also inform inputs in WP3 and WP4) and,
- ❖ **identify and frame common elements/topics that might be considered during the pilot implementation, for monitoring and evaluation (WP1 & WP3) and topical cross-country exchange (WP5 and 4);**
- ❖ **elaborate on methods and tools for the country-specific situation analysis and needs assessment.**

Common elements/topics will be identified, specified and selected during the JA in consultation with the participating countries. Potential examples include: 1) the use of digital tools (e.g. to support the network building processes and/or to identify appropriate measures and/or decision-making, etc.); 2) A focus on prevention, health promotion, early detection and screening services; 3) Methods**,** strategies and tools for inter-sectoral and multi-disciplinary network building and cooperation in mental health; 4) sustainable funding for community-based mental health networks.
In WP6, the preparatory step will include carrying out **workshops with all participating countries with the aim to obtain a first idea of potentially transferable modules and/or packages of the best practice (SUPRA) that**

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could be suitable and align with priorities of the participating MS. These modules and packages relevant for each MS will be used to develop a plan for the situation analysis[1] and needs assessment (SANA).
The preparatory step also entails the construction of a questionnaire as a basis for undertaking SANA as well as the development and discussion of a template for country-specific profiles/reports as a joint activity of WP5 and WP6 (with input from WP1 and WP3). In doing so, the involved partners will draw on recent experience made by the Czech partners in conducting a SANA in collaboration with WHO experts within a participatory approach/format. Further existing tools/formats like the WHO Mental Health Atlas profiles and/or the EU COMPASS will also be taken into account or used for the development of the template of the country profile/report.
2) A Situation Analysis & Needs Assessment (SANA) will be conducted in each of the participating countries. **This step is also a part of the pre-implementation phase.**
The SANA aims to capture and record the current mental health situation and structures in both prevention and care systems in the fields covered by WP5 and WP6 within each country and/or region. It also aims to understand the positions of the stakeholders within the local contexts of the countries and at identifying and assessing priorities and opportunities, expectation and needs, as well as knowledge about gaps and potential barriers for pilot implementation. The structure of the SANA will be divided into two **parts**. The first component will encompass a general overview of the main building blocks and key features of each country's mental health system (i.e. policy and legislation, governance, financing, workforce, organization and care delivery at mental health service level, information system, etc.). Data sources will include relevant available national/regional data and indicators (e.g. from health registries, regular studies/surveys and publications). The purpose is 1) to provide a clear foundation for the transfer of the community-based approach to MH services (WP5) and the prospective suicide prevention strategy (WP6) while respecting the recommendations for evidence-based policy making and 2) to provide evidence for prioritizing and selecting elements of the Belgian and Austrian best practices.
The results of this preliminary analysis will already support the identification of potential knowledge gaps. The second component will include a more detailed analysis of the situation and an assessment of needs will be undertaken in WP5 and WP6, taking into account the individual focus and needs of each WP. The detailed analysis in WP5 will be conducted at a level (national, regional, local) chosen by each country and relevant for pilot implementation of the (adapted) Belgian best practice example. This analysis will include: an overview of potential national/regional/local framework(s), characteristics of target groups, details of existing community-based networks and services, mental health services availability for different target groups, involved stakeholders, structures, scope and potential of/for intersectoral and multi-disciplinary cooperation, training and support needs of stakeholders and professionals, key elements and potential sustaining networks. Results will inform the introduction, extension or scale-up of community-based, client-centered and integrated care and prevention mental health networks at the chosen level in the Member States.
For WP6, the needs assessment will involve gathering, analyzing and assessing available resources (staff, budget, other) in the respective participating countries in order to inform the contextualization of the SUPRA best practice by each country working group/advisory board, to address and implement prioritized activities (for further development of existing activities and/or for responding to identified gaps in the country).
The SANA will include issues relating to the impact of the COVID-19 pandemic on the population's mental health and the mental health care system as far as possible. The results of the SANA will be compiled into country profiles/reports elaborated by each participating country.
3) The third step involves the adaptation, development and pilot implementation of (selected) elements of the
Belgian best practice example (WP5) and the (further) development of national/regional suicide prevention strategies as well as the pilot implementation of first selected elements of the Austrian best practice (WP6). This step will be conducted within the national/regional/local context of each implementing country, thus enabling a piloting that takes into account existing structures and priorities at the level chosen by each country.

[1] The situation analysis is an activity shared across the two technical WPs. It will have a common base and additional components regarding the specific technical WPs.

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Activities carried out **under WP5** will include the development of a simple and logical transfer/change model for adaptation of (elements of) the Belgian best practice example to the local contexts of each country. This will describe which features/elements of the Belgian practice will be transferred, why and how, based on the findings of the SANA and taking into account potential opportunities for implementation at the chosen level. This will inform the development of an **implementation/action plan for the pilot in each implementing country** that will correspond to the nature and level of the pilot, local contexts and constraints, capacities and resources and describe the involvement and (inter-sectoral) cooperation with stakeholders. This will involve cooperation with and involvement of associated entities and other stakeholders to define the objectives of the pilot, inputs, activities, outputs, expected effects, etc.

It is expected that the logical transfer/change model and the implementation/action plan developed by the MS will support the classification of each country into categories or clusters of countries that will either focus on a) piloting the same key elements of the Belgian best practice b) follow similar approaches or c) face common challenges. It is further assumed that these categories/clusters will inform and facilitate the fine-tuning of tasks and activities under this WP during the JA, in particular the specifications of approaches and contents for the training and capacity building activities under task 5.5.

The process and outputs of the pilot implementation will be documented in country-specific implementation reports elaborated by each country, based on a common template developed within WP5 and with input and **support from WP1 and WP3**. These country-specific reports will feed into the elaboration of a short cross-country Analysis Report on pilot implementation that will build on the analytical framework for WP5. This Analysis Report will be realized as a first deliverable of WP5, towards the end of the second year of the JA (see JA time plan).

Following the implementation process, an exercise will be conducted at the level of each pilot site to reflect on the experiences gained during the pilot implementation and findings from the evaluation (WP3) with the aim of identifying needs for continued implementation, scaling-up or extension of the pilot practice after the JA. The results of this exercise will feed into the development of a simple implementation roadmap to be used as a strategic plan for further action after the JA and link into sustainability activities in WP4.

Within WP6 the third step will involve developing a use case example for elaboration and implementation of a national/regional SP strategy, including the compilation of a handbook for guidance of the participating countries and the development of an outline for a national/regional SP strategy by each country. Selected elements of the Austrian best practice will be adapted into “Quick Wins” for Member States. Following the implementation of SUPRA components/packages, a national/regional draft strategy (or steps for its development) for suicide prevention implementation will be elaborated in each country.

Alongside the aforementioned steps, WP5 and WP6 will carry out additional horizontal activities that will support the four-step process and contribute to strengthening sustainability of the results beyond the JA:

First, the transfer, adaptation and pilot implementation of the Belgian and Austrian best practice examples in each technical WP will be backed through workshop(s) of participating countries in each WP, during the different phases of the four-step approach. Workshops will enable consultations and agreement on key elements of the working process (e.g. analytical framework, SANA, etc.) and promote learning and cross-country exchange on methods, tools, practices and experiences in the development and implementation of the pilot implementation and the elaboration or improvement of national/regional strategies. Further, thematic workshops will enable the sharing of expertise and information on selected and specific topical areas of relevance for each WP across countries.

Further, **WP5 will initiate a process** of analysis and cross-country exchange **on the collection and use of data and mental health system indicators** that will support the establishment and development of community-based networks and the assessment of (the delivery and quality of) MH services. This process will be based on an analysis of the health/mental health Information systems (H and MH-IS) of participating countries (carried out as part of the SANA described above) leading to the development and pilot implementation of a dashboard of mental health indicators to monitor services (delivery and quality, i.e. appropriateness, intensity, continuity, safety of care and system effectiveness). Consultations will be carried out with a network of experts from affiliated entities and/or collaborating partners responsible for the collection and use of data within the participating countries, and a consensus workshop with participating countries will be organized to discuss and

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agree on the indicators. A manual for building an indicator set will also be drafted, covering issues linked to the harmonization of definitions and description of indicators, the list of variables for structuring an indicator set and the processing of data. Required data will be extracted from computerized mental health and health care databases and, finally a dashboard of indicators will be built-up for (pilot) application either at the country level or within the country (e.g. at regional/local level) and at the JA level. This set of indicators will also be streamlined into the evaluation framework for implementation of best practices in WP3. **As an added value of this work, the finalized dashboard will be made publicly available to serve as a support tool that can be used by/within each country after termination of the JA. It might also support countries in answering periodical requests for data by international bodies (e.g. WHO, EU and OECD).** This process will take into account ongoing projects at international and national levels that aim to develop and/or compile mental health indicators with the aim of avoiding any potential duplication of work between these projects and the JA.
The results of this task will be compiled in a Synthesis Report with a cross-country analysis of the indicators, including recommendations for improvement. Complementary to this deliverable, WP3 will be responsible for synthesizing key findings from the implementation process of a) the mental health reform model from Belgium and b) the suicide prevention model from Austria from across implementing Member States.
To facilitate the implementation of the two best practices in mental health, **training and capacity building activities** will be developed and carried out within WP5 and WP6. This training and capacity building is envisaged to support cultural, attitudinal and institutional changes that are important in the shift towards community-based and client-based mental health care as well as regional or national strategies for suicide prevention.
The content of the training and capacity building activities will be informed by the findings from the SANA for both WP5 and WP6, the individual focus/needs of the pilots in different MS, and as guidelines and tools developed by the WHO. **A training and capacity building plan** will be elaborated for WP5, which will integrate (international) academic and practical knowledge, foresee diverse formats of training/capacity building measures adapted to defined categories of participants, and envisage the development of a “training kit” consisting of training modules, curricula, materials and/or tools. The scope and content of the training and capacity building measures will be defined in the plan, under consideration of identified needs, available capacities, resources and time. Training modules and capacity building activities will also be tailored for potential online delivery, depending on developments in the COVID-19 pandemic.
Training and capacity building within WP5 will focus on acquiring knowledge and building competences/skills linked to the core features and functions of the Belgian best practice example, covering **three main areas**:

- Development and operation of local inter-sectoral mental health care and prevention networks, with a focus on network governance, design, strategic management, networking tools, main roles and responsibilities, participatory dynamics and participation of users and relatives, strategies for inter-sectoral cooperation, etc. The training might address various stakeholders and partner roles (e.g. network coordinator, professional network partners, “case manager”, users and relatives, stakeholders outside the health sector, etc.);
- Use of methodologies and tools supporting and shaping the development and coordination of needs/client-centered health promotion, care and or prevention services and interventions. Examples for relevant topics include the collection and use of (routine) data for network and intervention planning, the concept and use of individualized care/services plans, the development and deployment of mobile teams and outreach measures, methods and tools for evaluation of interventions, etc.
- Thematic modules of specific relevance for both target groups of children/adolescents and adults. This might include topical training on recovery and rehabilitation-oriented approaches and practices, transition from child mental health services to adult mental health services, the promotion of child health and well-being in families with mentally ill parents, mental health promotion and prevention for elderly persons, services for adults with complex mental health needs, etc.)

Training and capacity building within WP6 will be related to defined actions/packages of SUPRA and are further defined under the description of WP6 in Chapter 7 in this proposal.
The training and capacity building measures will adopt a train-the-trainer approach, i.e. implementation of training will target experts/specialists from various participating countries who can be deployed and act as multipliers/trainers in their respective countries or who hold core function(s) within the national/regional/local

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networks and working structures established within WP5 and 6. Likewise, the training kit foreseen in WP5 will be developed with the aim of being adapted for (further) training and capacity building and used in the respective country context.
Finally, **obtaining stakeholder commitment** for the establishment or scale-up of intersectoral community-based MH networks (WP5) or the establishment (or further development) of national/regional suicide prevention strategies will be part of the continuous efforts undertaken within WP5 and 6, with support of WP2 and 4. This will include, among others, the implementation of information and exchange meetings with regional and/or national ministries/authorities within the defined tasks of WP 5 and 6 in preparation and support of pilot implementation as well as consultations and discussions at the level of the JA Member States Policy Committee to ensure commitment to the JA's objectives and to support sustainability of results beyond the lifespan of the JA.
Within WP5, steps to promote and ensure commitment of local mental health stakeholders will be embedded into the local implementation/action plans developed in each piloting country. Within WP6 the work will focus on promoting increased awareness of main stakeholders (and the general public) for suicide prevention as well as fighting suicide-related stigma. Stakeholder engagement within WP6 will be realized mainly through involvement in the work of the regional/national working groups/advisory boards, which will be established in each participating country of WP6.
4) A fourth and final step taking place alongside pilot implementation are monitoring and evaluation activities in each implementing country, defined and supported within the framework elaborated by WP3 (Evaluation) via a consultative process with endorsement and active involvement of WP1,5, and 6 leaders, and under responsibility of WP3 (see developments above). WP3 will also be responsible for synthesizing key findings from the implementation processes of implemented best practices in WP 5/6 across member States. During the post-implementation phase, this information will be compiled into a meta synthesis of local evaluations, with the aim to distil success factors and barriers to implementation across countries, noting considerations and differences in mental health system structure and resources. This meta-synthesis will provide important input for WP4 (Sustainability) which will customize the findings from the local evaluations and the meta-synthesis and use it for input in WP4 activities such as policy dialogue sessions. Policy dialogue sessions are a methodology where in policy makers and key stakeholders that influence the policy process are brought together to generate possibilities/opportunities around a key policy question (e.g., how to finance community mental health services for the next 5 years) with a corresponding action plan (with responsibilities, budget, communication channels). WP4 will also select a framework for embedding knowledge into policy and practice that will help frame constructs assessed to be most relevant for advancing mental health systems and policies. The work of WP4 will culminate to a sustainability plan, which together with W5 and 6 leaders, will elaborate on how mental health system indicators can be continuously monitored and flag up new mental health system developments or challenges. The sustainability plan will also estimate costs, benefits and risks of investing in certain implementation strategies employed in WP5 and 6.

2.6 Expected Outcomes

JA ImpleMENTAL is expected to contribute to improvement and promotion of mental health via innovative and sustainable (mental) health system change that the implementation of the two best practices **"Mental health reform in Belgium" and the Austrian best practice on suicide prevention "SUPRA"** across 20 participating countries will accomplish.

The Joint Action is expected to result in:

1) the effective establishment, improvement, expansion or scale-up of inter-sectoral community-based mental health networks and provision of integrated client-centered mental health services and/or in pilot settings across participating countries (WP5);
2) the activation, promotion and strengthening of intersectoral cooperation for the delivery of community-based and client/user-centered MH services (WP5);

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3) stakeholders in participating countries applying the dashboard of indicators as a support tool for the assessment (in terms of delivery and quality) and improvement of community-based mental health services as well as long-term outcomes of mental health reform (WP5);
4) the development of training modules, curricula and/or tools in the participating countries, to enhance the capacities and competencies of staff and stakeholders with respect to the establishment and operation of community-based networks and the organization and delivery of services and care pathways within the country (WP5);
5) national/regional working groups, advisory boards, stakeholders and partners in the pilot settings are involved in strategic development and jointly define goals and necessary steps for continuation, extension or scale-up of the pilot implementation beyond the JA duration (WP5 and WP6);
6) a deep contextual understanding from the SANA, that will inform a country's suicide prevention strategy (WP6);
7) obtaining stakeholder commitment for the establishment/further development of a national/regional suicide prevention strategy (WP6);
8) raising awareness about suicide and to fight suicide-related stigma (WP6);
9) an in-depth understanding of implementation processes and strategies employed across Member States that are implementing best practices in WP5/6 (WP5,6,3);
10) a set of key indicators to measure and evaluate the implementation process and implementation outcomes of large-scale mental health system transformations and suicide prevention efforts (WP3);
11) an understanding of how results and lessons learned from WP3, 5 and 6 can be translated into messages and formats relevant for policymakers at regional and national level (WP4);
12) a sustainability plan containing key consideration, case studies, and what is required in terms of investments (financial, human resources, institutional, political, cultural needs) to make changes in mental health and suicide prevention efforts at a local and regional level (WP4).

Short- and medium-term benefits are:

- Improved knowledge and understanding on the key elements, facilitators and barriers to the sustainable development, organization and management of community-based mental health promotion, prevention and care networks in the local contexts of the participating countries;
- Enhanced knowledge on the role, success factors and barriers for inter-sectoral stakeholder cooperation for the delivery of effective and efficient community-based and client/user-centered mental health services;
- Improved knowledge and skills of stakeholders, professionals and multipliers involved in the management and operation of community-based mental health networks and in the delivery of client-centered mental health services in participating countries;
- Improved knowledge on activities, expectations, facilitators, barriers, methods and tools for establishing or further developing effective suicide prevention strategies;

Expected long-term benefits are:

- Expansion of intersectoral community-based and client-centered mental health networks in European countries and cross-country exchange of experiences and best practices;
- Greater adoption and implementation within Member States of mental health promotion and prevention interventions and strategies, as well as care services at community level;
- Greater number of Member States with suicide prevention strategies in place, as well as plans for implementing and scaling-up effective suicide prevention strategies;
- Persons with mental health problems have access to services and care needed close to where they live, work and study;

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2.7. Timetable or Gantt Chart

Task	Description	Year 1						Year 2						Year 3					
	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
WP1	**Coordination and Management of the JA**																		
T1.1	Establishing, maintaining and managing the organizational structure and the relevant directing, management, performing layers and advisory bodies of the Consortium																		
T1.2	Ensure smooth management and implementation of the project																		
T1.3	Coordination of the project communication management plan																		
T1.4	Financial management Leader																		
T1.5	Scientific contribution in the scientific aspects of the JA in order to ensure its scientific integrity, robust methodology, policy implications and deliverable acceptance																		
WP2	**Dissemination**																		
T2.1	Development Of the Visual Identity of the Project																		
T2.2	Stakeholder analysis																		
T2.3	Development of the Dissemination strategy																		
T2.4	Identifying Dissemination Channels and Networks																		
T2.5	Development of Communication Tools																		
T2.6	EU Level Dissemination Events and Final Conference																		
WP 3	**Evaluation**																		
T3.1	Develop an evaluation framework for evaluation of the JA, to assess the output from all WP's																		
T3.2	Evaluate the Joint Action (all WPs)																		
T3.3	Evaluation of the implementation of pilot practices in WP5/6																		
T3.4	Develop a meta-synthesis of local evaluations in MS in order to identify success factors and barriers in implementation																		
WP4	**Sustainability**																		
T4.1	Develop a unified conceptual model to guide the process of translating knowledge into policy & practice.																		
T4.2	Support the process of embedding knowledge gained from the implementation of the good practices through thematic workshops to facilitate																		

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	networking, and support stakeholders in understanding how changes/results from pilots can be sustained																		
T4.3	Policy dialogues in MS/C to jointly develop a roadmap to advance mental health policy priorities in Europe beyond the JA																		
T4.4	Elaboration of a common sustainability plan (CSP), built on the results achieved at the previous milestones of the WP and the cooperation with all WPs.																		
T4.5	Support next adopters (i.e. outside of this JA) identified through the stakeholder analysis practices(s) by informing them about key ingredients and processes for scale-up																		
WP 5	**Transfer and pilot implementation of (selected elements of) the Belgian best practice of community-based mental health service networks**																		
T5.1	Preparatory work: establishing WP structures and content																		
T5.2	Conduction of a situation analysis and needs assessment																		
T5.3	Adaptation, development and pilot implementation of (selected elements) of the Belgian best practice																		
T5.4	Adaptation, development and (pilot) application of a dashboard of MH indicators																		
T5.5	Training and capacity building																		
WP 6	**Transfer and pilot implementation of BP "SUPRA"-Austria**																		
T6.1	Preparatory work: Establishing project structure and content																		r
T6.2	Conducting a country-specific situation analysis & needs assessments in each participating countries																		
T6.3	(Further)Development of national/regional SP strategies and pilot implementations (M1-M36, conducted in parallel to task 2)																		
T6.4	Training and capacity building (M1-M36, in parallel to other tasks)																		
T6.5	Continuous support on technical activities (M1-M36, in parallel to other tasks)																		

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2.8. Project management structure

Methods

Close collaboration between the European Commission, the HaDEA and DG Sante officers and the JA ImpleMENTAL Consortium is anticipated.

The Governance and Organizational Structure of this close collaboration is presented in the Graph presented in 9.2., which defines the bodies in the Steering, Directing, Managing and Performing layers, based on the PM² Methodology. The PM² methodology considers that the project team has roles both from the requestor's side (HaDEA) and the provider's side (JA ImpleMENTAL Consortium).

Steering Layer

The Steering Layer provides general project direction and guidance. It keeps the project focused on its objectives. It reports to the European Commission. The Project Steering Committee (PSC) is composed of the roles defined in the Directing (HaDEA and JA ImpleMENTAL General Assembly) and Management Layers (HaDEA Project Officer and the JA Coordinator).

Directing Layer

The Directing Layer mobilizes the necessary resources and monitors the project's performance in order to realize the project's objectives. The Directing Layer comprises the roles of Project Owner (PO) which in JA ImpeMENTAL is assumed by -HaDEA and Solution Provider (SP) –which in the JA ImpleMENTAL is assumed by the JA ImpleMENTAL General Assembly.

Managing Layer

The Managing Layer focuses on day-to-day project management. It organizes, monitors and controls work to produce the intended deliverables and implement them in the business organization. Members of the Managing Layer report to the Directing Layer. The Managing Layer comprises the roles of Business Manager (BM)which in the JA ImpleMENTAL is assumed by the HaDEA Project Officer) and Project Manager (PM) which in the JA ImpleMENTAL is assumed by the JA Coordinator. It is of utmost importance for the success of the project that there is close collaboration and good communication between these two roles.

Performing Layer

The Performing Layer carries out the project work. It produces the deliverables and implements them in the business organization. Members of the Performing Layer report to the Managing Layer. The Performing Layer comprises the roles of the Business Implementation Group (BIG) which is assumed by the HaDEA Group and the Project Core Team (PCT) - which is assumed by JA ImpleMENTAL Executive Board.

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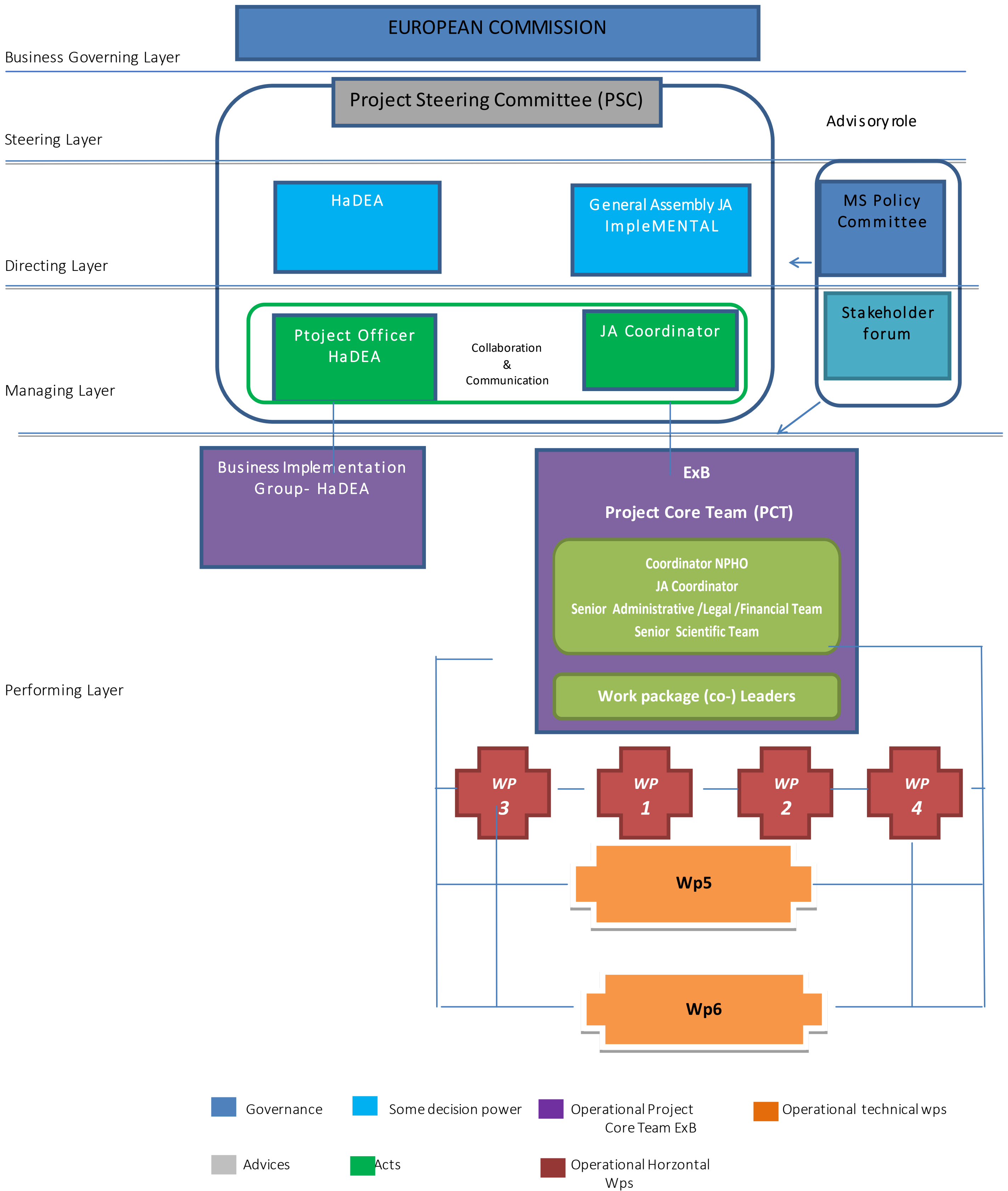
Governance, Roles and Responsibilities



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JA IMPLEMENTAL CONSORTIUM PROJECT MANAGEMENT

The management approach of the JA ImpleMENTAL Consortium is based on the PM^2 methodology of the European Commission, tailored to the needs of the JA ImpleMENTAL

The management structure of JA has been designed to respond to the needs of a large-scale consortium that involves a broad range of Competent Authorities and Affiliated Entities at European level for the implementation and sustainability of the two best practices. The management structure of JA ImpleMENTAL Consortium has been defined to:

- Define clearly the governance and organization structure of the Consortium.
- Deliver the project work plan.
- Plan, organize and monitor the effort and manage risks in order to achieve the JA ImpleMENTAL objectives within constraints of time schedule and budget and tackle the challenges on work plans because of the COVID-19 pandemic.
- Manage the relationships among partners, including conflict resolution.
- Run performance quality control procedures using QI/QA tools and making continuous quality improvements in order to arrive to the expected achievements and deliverables described in the work plan.
- Provide information to the partners and EU Commission on the project status and progress.
- Drive the project implementation in accordance with administrative, financial and legal issues defined by the European regulations
- Guarantee that the rights and obligations of the partners are kept compliant with the Grant Agreement signed with the Commission and the Consortium Agreement.
- A consortium agreement will be signed between the partners to specify the project governance, the internal organization of the consortium, the management of the project, and any other critical aspects such as liability and confidentiality
- The *Project Handbook will also* summarize the project's objectives, will document the selected approach for achieving the project goals and will establish the guidelines and standards for the project. It will also highlight the key controlling processes to be used, the project policies and rules, and the overall management approach.

Directing, managing, performing layers and advisory bodies of the JA ImpleMENTAL Consortium

General Assembly: Chaired by the JA Coordinator, the General Assembly (GA) is the directing and major decision-making body of the consortium where JA partners meet to discuss the progress and results of the JA. It represents the interests of those who design, manage and implement the project's deliverables. It takes decisions on the strategic orientation and execution of the JA and provides overall strategic guidance. It also takes major decisions about the implementation and revision of the work plan. Decisions are taken by means of majority votes.

The European Commission, DG SANTE and the European Health and Digital Executive Agency (HaDEA) representatives, participate as observers. The General Assembly shall consist of one representative of each Competent Authority. AEs can participate but have no voting rights.

The body meets at least bi-annually. Online GA meetings will be held during the online Kick off meeting (M1) and in M6,18 &30. Physical meetings of the General Assembly will take place at the same dates as the Annual Consortium meetings in M12, M24, 36. Onsite GA meetings are coinciding with Annual Consortium meetings but are considered separate events.

The following decisions shall be made by the General Assembly:

-overall accountability for the project deliverables and services.

-critical decisions as to the implementation of the Action and its deliverables, as proposed by the Coordinator and the Executive Board.

-decisions on the overall development of the project based on input from the Coordinator and the ExB.

-review the progress of the Action based on the report of the Coordinator and the Executive Board.

-Mobilize the required resources from the provider side.

-Validate major re-allocation of budget whenever changes need to be done.

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-Take the necessary actions and corrective measures in case of the default of a partner.
- Approval and changes to the Consortium Agreement.

Coordinator: is the legal entity that acts as the intermediary between the members of the Parties of the Consortium, the HaDEA and DG SANTE. The Coordinator shall perform the tasks assigned to it as described in the Grant Agreement and the Consortium Agreement. The Coordinator shall report to and be liable to the General Assembly. The role of the Coordinator is entrusted to the National Public Health Organization of Greece (NPHO) which will be responsible for overall coordination and management of the JA ImpleMENTAL.
The responsibilities of JA Coordinator are to:
• execute the project plans as approved by the Project Steering Committee (PSC) (please see above Steering Layer).
• coordinate the ExB (Project Core Team - PCT).
• ensure the effective use of the allocated resources.
• ensure that project objectives are achieved within the identified constraints, taking preventive or corrective measures where necessary.
• manage stakeholder expectations.
• oversee the creation of all management artefacts and secures approval from the Project Owner (PO) - HaDEA or the Project Steering Committee (PSC).
• ensure the controlled evolution of products delivered, through proper change management.
• perform risk management activities for project-related risks.
• monitor project status and report to the General Assembly and the Project Steering Committee (PSC) on project progress at regular predefined intervals.
• ensure conflict solution. Conflicts will be solved at the lowest level possible, and preferably amicably. If an agreement cannot be reached at the task or WP level, then the JA Coordinator will mediate. When required, conflicts are discussed at the ExB Meetings. If that is not satisfactory, it is the JA Coordinator responsibility to escalate unresolvable project issues to GA who will decide and, if necessary, will ask for the authorization of the European Commission for any envisaged changes.
• Liaise between the Directing and Performing Layers of the project.

NPHO team Structure: The appointed JA Coordinator, is sided 1) by two experienced NPHO teams 1a) a senior scientific and management NPHO team which apart from the JA Coordinator, will consist from the Senior Mental Health Advisor and 3 senior mental health and public health experts with highly relevant expertise and competencies and 1b) a senior Legal and Financial NPHO Team with substantial experience in large EU co-funded projects.
The JA Coordinator is the person responsible for all project management tasks and deliverables The Head Financial officer in NPHO responsible for the financial management. A Project Management Assistant (PMA) will work full time on a range of management and supportive tasks as assigned by the JA Coordinator, in order to assist the JA Coordinator and the senior NPHO teams in the everyday work of the project. A Financial Officer will be appointed part time on the JA to assist the Senior Financial NPHO Team . A part time communication officer will also contribute to the work of the NPHO team.
The main tasks of WP1 include:
- Task 1.1: Establishing, maintaining and managing the organizational structure and the relevant governing, management performing and advisory bodies.
- Task 1.2 Ensure smooth management and implementation of the project.
- Task 1.3: Financial management
- Task 1.4: Coordination of internal and external communication of the project
- Task 1.5: Scientific contribution in the scientific aspects of the JA in order to ensure its scientific integrity, robust methodology, policy implications and deliverable acceptance

The tasks are described in detail in WP1 description.

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Executive Board (ExB): Chaired by the JA Coordinator, it is composed of the JA Coordinator, the senior scientific technical management NPHO team, the senior Legal and Financial NPHO Team and all WP leaders/co-leaders. It is the project core team which comprises the specialist roles responsible for creating the project deliverables, thus collaborating with the JA Coordinator in executive decisions and implementation of the work plan on a daily basis.
The European Commission, DG SANTE and European Health and Digital Executive Agency (HaDEA) representatives participate as "advisors".
Executive Board Members meet in person or via teleconference every six months and hold short teleconferences on a bi-weekly or monthly basis. These meetings allow the board to have oversight of the project's current and future activities and results and to discuss progress and difficulties encountered as well as potential solutions. Bi-annually meetings will take place online in M6, 18 and onsite, in M12, M24, M30 & M36. In M12, M24 & M36 ExB meetings are coinciding with Annual Consortium meetings and in M30 with Member State Policy Committee meeting in M30, but are considered separate events.
Decisions will be taken based on consensus whenever possible. In case no consensus can be reached, decisions will be taken by majority votes.
Coordinated by the JA Coordinator, the Executive Board shall:

- Participate in developing the project scope and planning project activities.
- Carry out project activities based on the Project Work Plan and schedule.
- Produce project deliverables.
- Provide the JA Coordinator with information on the progress of activities.
- prioritize the projects objectives and outcomes.
- support the Coordinator in organizing the GA meetings and in the preparation of the draft decisions to be presented by the Coordinator to the GA.
- formulate risk management strategies and ensure that risks are regularly reassessed.
- propose re-allocation of budget whenever changes need to be made.
- support the Coordinator in preparing meetings with the Funding Authority and in preparing related data and deliverables.
- help the Coordinator resolve potential conflicts and disputes.
- prepare the content and timing of press releases and joint publications by the Action or propose d by the Funding Authority.

WP (Co-) Leaders: Coordination and implementation roles and activities are performed by Competent Authorities (CAs) and Affiliated Entities (AEs). All activities will be coordinated at the Work Package (WP) level, under the responsibility of WP leader and co-leaders. WP (co-) leaders will coordinate the work within the individual WPs, ensuring that the work plan is executed as expected, in close collaboration with the participating WP partners. Additionally, the WP leaders will be responsible for the timely implementation of the Joint Action decisions within their WP. They will also report WP progress to the Coordinator and to the ExB.
WP leaders' specific tasks include:

- coordinate and supervise their respective WP on daily basis;
- follow-up the WP deliverables and milestones as defined in the work plan and ensure their timely achievement.
- ensure that each participant fulfills its commitment to the WP.
- present progress reports on the state of advancement of the WP.
- make proposals on the allocation of WP tasks and financial needs.
- draft and validate WP deliverables to be submitted to the EC.
- identify potential risk(s),as early as possible, within the WP and propose contingency plans.
- organize WP meetings with the WP teams whenever necessary.
- solve conflicts at the lowest level possible, and preferably amicably. If an agreement cannot be reached at the task or WP level the JA Coordinator will be informed.

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- inform the Coordinator and the GA of any work plan modification, adjustment or other difficulty arising in connection with the WP.

<u>**Competent Authorities -Local Country Teams**</u>:

Each Competent Authority will be responsible to execute the relevant actions described in the proposal, the Consortium and Grant Agreement and the project handbook for itself and its linked third parties.
Each Competent Authority must:
(i) keep information stored in the Participant Portal Beneficiary Register up to date
(ii) inform the coordinator immediately of any events or circumstances likely to affect significantly or delay the implementation of the action
(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
- the data needed to draw up the technical reports
- 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.
Each Competent Authority will be responsible for the work of its Affiliated Entities.
In each country the competent authority will coordinate and be responsible for organizing local implementation teams and sites and conducting the actions with the structured way described in the implementation strategy. The Competent Authority within the country will be responsible to solve conflicts at the lowest level possible, and preferably amicably. If an agreement cannot be reached at the country level the JA Coordinator will be informed.

<u>**Advisory bodies of the Consortium**</u>

The Member State Policy Committee and the Stakeholder Forum have an advisory role of political and scientific relevance also ensuring that the project reaches its objectives and expected impact.

Member States Policy Committee: Chaired by the Coordinator, the Member States Policy Committee is composed of representatives nominated by the political/governmental authorities at national/regional level in participating countries. The Members of the Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases (SGPP) have selected two best practices (i) the community-based Mental health system reform in Belgium and (ii) the multi level Suicide prevention from Austria to be implemented during this Joint Action with the aim to extend the benefits of these best practices to participating Member States. The Member States Policy Committee will ensure the engagement of National Ministries in the implementation of the two best practices. The aim is to reach out to and engage Ministries national/regional policy-makers, to reflect on and assess the policy relevance and value of JA achievements, and to explore integration of the JA results into national/regional policies. Ministries will be consulted and informed on the implementation process (in collaboration with WP5 and WP6) and on the sustainability work (in collaboration with WP4). This will ensure keeping mental health issues at the forefront of the political agenda for health during and after the completion of the Joint Action. The members will be nominated at the start of the project. Representatives from DG SANTE, HaDEA, WHO-Europe will participate in the meetings. Executive board members will participate in the meetings.
The body meets at least bi-annually. The meetings of the Member States Policy Committee are scheduled online in M6 & M18 and onsite in M12, M24, 30 & M36. The meetings in M12, M24 & M36 are coinciding with Annual Consortium Meetings but are considered separate events. A one standalone special Member State Policy committee meeting will take place onsite in M30.
Member States Policy Committee members will also be invited to attend the Kick off meeting in M1 and the Annual Consortium meetings.

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Stakeholder Forum: Chaired by the JA Coordinator, will be composed by representatives of DG SANTE, HaDEA, WHO-Europe, OECD and representatives of major stakeholders e.g.: Associations of users and family/relatives, Health and mental health professionals, media professionals. Executive board members will participate in the meetings.
Recruitment criteria and process will be discussed and decided in the initial phase of the JA. The Stakeholder Forum will enable the relevant external stakeholders to follow and contribute to the JA progress and discuss with JA partners the topics linked to it. In particular, it allows the stakeholders to bring in their views, interests and expectations into the JA process and advise on issues of practical relevance/importance for achieving the expected results.
The body meets at least annually, onsite meetings are scheduled in M12, M24, & M36, coinciding with Annual Consortium Meetings but are considered separate events.
Representatives of the stakeholder forum will also be invited to attend the Annual Consortium meetings.
The stakeholder forum along with the Member States Policy Committee has an advisory role on political and scientific relevance and that the project reaches its objectives and expected impact.

Processes and artefacts

The **main artefacts** will be:

- The **Project Handbook:** In the first months of the JA, **WP1** will also develop the **Project Handbook** to establish the high-level approach for implementing the project objectives.
  The Project Handbook is one of the main artefacts of the JA and summarizes the project objectives and documents the selected approach for achieving the project goals. It also highlights the communication management plan, documents the Critical Success Factors (CSFs), defines the key controlling processes, the resource allocation, the conflict resolution and escalation procedure, policies and rules, and the project mindsets.
  The Project Handbook also documents the project governance roles and their roles and responsibilities, and defines the plans necessary for managing the project as well as any methodology-tailoring decisions including the establishment of **the implementation strategy** as well as the management and monitoring framework.
  The Project Handbook is based on the Grant Agreement which includes the agreed project work plan, as well as the Consortium Agreement. The Project Handbook will be the reference document for all project members and stakeholders, and along with the Project Work Plan, is the basis on which the project is managed and executed. The Project Handbook will be kept up to date by the Coordinator.
- The **Project work plan**: it includes the project scope and identifies and organizes the project work and deliverables needed to achieve the project goals. It will be used as the basis to monitor the progress and control the project. It will document all project activities needed to achieve the project goals along with their detailed effort/cost estimates, their schedule and resulting project duration and resource requirements.
- The **Project Stakeholder Matrix** will list all the people, groups or organizations involved in the project, contact details and clarification of their roles.

2.8.1. Quality of the partnership (proposal section 9.4)

All the participants of the JA ImpleMENTAL have been nominated by the respective MS for their involvement in the field of public health and mental health and their capacity to run the activities foreseen in this joint action. The partners are not only from Ministries but also Public Health institutes and their affiliated entities and seconded experts are Universities and clinics with substantial experience in the field. All partners are experienced professionals and many have collaborated before in relevant projects. Despite the obstacles faced because of the pandemic which prevented them from organizing any onsite meeting during the Joint Action preparation they have successfully collaborated during the joint action preparation. Partners have substantial experience in the field of Public Health and Mental Health and proven capacities in project management in national European and international level.

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2.8.2. Capacity of the staff (proposal section 9.5)

1. Coordinator: Greece – NHPO: NPHO's mission is to provide services that contribute to the protection and improvement of health and increase the life expectancy of the population by enhancing the capacity of the National Healthcare System, with particular focus on public health services, to effectively respond to threats to human health through the early detection, monitoring and evaluation of risks, reporting and submission of evidence-based proposals and intervention measures. The main functions of the NPHO include activities such as epidemiological surveillance, risk assessment, scientific consultation, preparedness and response, provision of reliable and comparable epidemiological data and statistics to national, European and International authorities; education and training in the field of public health, informing the public and health professionals about the risks of serious health threats and promoting public awareness-raising actions. NPHO is the operational centre for the planning and implementation of public health protection actions, maintaining readiness to respond to emergency health risks and adjusting its operations to the needs of the country and the international organizations with which NPHO collaborates. NPHO develops and promotes actions aimed at promoting health, preventing chronic diseases and reducing, in general, the burden of non-communicable diseases. Mental health is among the priorities of the public health agenda under the new national public health legislation.
Key Staff: Vasileia Konte, MD, the appointed JA Coordinator, is the nominated contact person of the National Public Health Organization for the Joint Action on Mental Health. Vasileia Konte, is the Head of the Directorate of Epidemiology and Prevention of Non-Communicable Diseases and Injuries at the National Public Health Organization in Greece. She is a Senior Public Health Expert, an Infectious Disease Specialist clinician and a highly skilled project/program manager, with more than 20 years of experience in public health research, participation in many international projects and public health surveillance networks, including participation as national focal point in various positions to the European Center for Disease Prevention and Control and the WHO. She has served as the nominated national contact point for the EU Joint Action on Quality Improvement of HIV prevention. Charalabos C. Papageorgiou MD, PhD will participate as a senior advisor and seconded expert. He is the Professor of Psychiatry at University of Athens Medical School and Chairman of the 1nd Department of Psychiatry University of Athens Medical School, Eginition Hospital (since September 2014). He was chairman of the 2nd Department of Psychiatry, University of Athens Medical School, UGH Attikon Hospital (2013-2014). He is the Head of the Psychophysiology Laboratory, 1st Department of Psychiatry, University of Athens, Greece, and the Head of the Psychophysiology Laboratory at the University Mental Health Research Institute (UMHRI) Athens, Greece. Dr. Papageorgiou' research activities have focused on psychophysiology, psychosomatic, and clinical studies in psychiatry. He has participated in various Research Programs in Germany Greece and Europe. He has participated, also, in several projects concerning the prevention of Psychological / Psychiatric problems for the general population and recently for the covid-19 lockdown. He is a member of various scientific and professional Societies and Boards. He is the author or co-author of more than 200 articles in peer-reviewed journals and invited chapters in edited books. He is reviewer in many Scientific Journals. Maria Stamou, PhD, is the alternate nominated contact person of the National Public Health Organization for the Joint Action on Mental Health. She is a social and organizational psychologist with almost 10 years' experience in the area of mental health. She has participated as a trainee in the EU Joint Action on Quality Improvement of HIV Prevention and as an expert in Joint Action on Integrating Prevention, Testing and Linkage to Care Strategies Across HIV, Viral Hepatitis, TB and STI's in Europe-INTERGRATE. Stathis Papachristou, M.Sc., is psychologist in National Public Health Organization in Greece with postgraduate studies and almost 10 years' experience in the field of Mental Health Promotion – Prevention of Psychiatric Disorders. He has participated in many research projects in the field of public health and mental health promotion as well as in intervention programs to the general population in the context of the National Strategic Reference Framework (NSRF). He is also a research fellow in the Institute of Social and Preventive Medicine, member of the Association of Greek Psychologists and member of the Delinquency Prevention Council in Papagos – Cholargos Municipality, Athens, Greece. Part of his work has been published in Greek and International Conferences. Lily E. Peppou MSc, will participate as senior advisor and seconded expert. She is a psychologist with an MSc on Psychiatric Epidemiology, while she is upon completing her PhD on the determinants of compulsory admissions in Greece. She is currently the coordinator of the Unit of Social Psychiatry and Psychosocial Care at the University Mental Health, Neurosciences and

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Precision Medicine Research Institute "Costas Stefanis", and a Scientific Collaborator of the First Department of Psychiatry, University of Athens. She has vast research and clinical experience in the field of mental health as well as patient participation in health policy, patient empowerment and stigma. She has been among the leading researchers on the mental health effects of the financial crisis in Greece and she has presented her work at numerous national and international conferences. She has worked as a researcher on many international and multicentre projects and she has more than 40 international publications at peer-reviewed journals, including the Lancet, BMJ Open, Health Expectations, etc. Georgios Anastopoulos, is a Health Economist and the Head of Finance Department of National Public Health Organization since 2018. He holds a PhD degree in Health Services Management. He has worked for the National Public Health Organization since 2008 in various job roles such as the Head of International and Public Relations Office and the Head of Management and Finance Office on Specialized Issues, planning and managing EU funded projects in the fields of public health and migration.

2. Austria – BMSGPK: The Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK) is the federal authority responsible for policy-making in the areas of social affairs, public health, long-term care and consumer protection. It is the leading authority in Austria to negotiate European legislation and assure its national implementation in the policy fields mentioned above, among others the EU4Health programme.

Key Staff: Constantin Zieger is a health and nursing scientist and deputy head of the department for Non-Communicable Diseases, Mental Health and Geriatric Medicine in the Federal Ministry of Social Affairs, Health, Care and Consumer Protection (BMSGPK). He is responsible for various topics in the field of mental health, including the coordination of the suicide prevention programme Austria (SUPRA) activities for the Federal Ministry of Social Affairs, Health, Care and Consumer Protection. He is also responsible for all issues relating to ageing and various matters relating to non-communicable diseases.

Affiliated entity: Austrian National Public Health Institute (Gesundheit Österreich GmbH, GÖG)

The Austrian National Public Health Institute (Gesundheit Österreich GmbH, GÖG) is the institution responsible for researching and planning public healthcare in Austria, and also acts as the national competence and funding centre for the health promotion and prevention as well as facilitator for health-care related research. Set up by federal law on 1 August 2006, GÖG is a public non-profit limited liability company fully owned by the Republic of Austria, represented by BMSGPK.

Key Staff: Alexander Grabenhofer-Eggerth is a psychologist and head of the department Psychosocial Health at the Austrian National Public Health Institute (Gesundheit Österreich GmbH/GÖG). He is also head of the national coordinating centre for suicide prevention at the GÖG. The coordinating centre developed the SUPRA-programme on behalf of the BMSGPK together with a panel of leading national experts. Alexander Grabenhofer-Eggerth is member of the advisory board on mental health of the BMSGPK. In addition to suicide prevention, he is active as a project manager in health services research and strategy development in the field of psychotherapeutic care in particular and psychosocial care in general. Furthermore, he has experience in several EU projects in the field of addiction and addiction prevention. Joy Ladurner works for the department of Psychosocial Health. She has a background in business administration, health economics and health policy (University of Vienna, LSE, LSHTM/London). She has gained considerable experience in the field of international health system comparison during various international projects. Within the field of psychosocial health Joy has a special (research) interest in involuntary placement, child- and adolescent mental health and anti-stigma work. Joy also works for OEKUSS, the Austrian competence- and service-institution for self-help focusing on the promotion of patient participation. Further current research interests include health equity and barriers to health (care) systems. Joy is trained in moderation and mediation and has moderated/facilitated a large number of workshops, expert group meetings, conferences and other events. Sylvia Gaiswinkler works at the Austrian National Public Health Institute in Vienna. She is the researcher and author of the 1st Austrian Gender Health Report with a focus on depression and suicide, published by the Ministry of Labour, Social Affairs, Health and Consumer Protection in 2018. She is part of the project team on suicide prevention in Austria and focuses in her work on mental health and wellbeing. She also leads the National Focal Point for Women's Health and is the strategic process manager for the implementation of the Austrian Action Plan for Women's Health. As a

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sociologist her interests concern socio-economic effects – especially of vulnerable groups - on (mental) health and wellbeing.

3. Bulgaria – National Center of Public Health and Analyses (NCPHA): NCPHA as a health institution is engaged in conducting state healthcare policy. It provides the MoH with expertise, consultation and analyses in the field of public health as well as with information regarding the healthcare management and medical and statistical information at national and international levels. It continues to be a major contractor in a number of international projects and programs both within the EU Public Health Program and under the EU's Joint Actions mechanism (currently participating in six joint actions). NCPHA is the collaborative center of WHO for health and safety at work. Only in 2019 the NCPHA experts have 105 scientific articles in prestigious national and international publications, participated in 213 scientific forums and in over 80 media events. Mental health is among its main concerns. The specialists working in this field have amounted to wide experience in different projects and programs.
Team members: Asoc. Prof. HristoHinkov MD, PhD; Vladimir Nakov, MD, PhD; Maya Liutskanova; RumyanaDinolova, MD, PhD; Stefani Nikolova; ZahariZarkov, MD, PhD.
The NCPHA team has professional experience and expertise in the following areas: Health policy analysis for the prevention of the most common chronic mental health disorders; Studying the experiences of others countries and organizations in the field of mental health promotion, the fight against stigma in mental disorders, the prevention of mental illness; Development and implementation of programs and projects for prevention of mental diseases; Scientific activity and publications; Development and implementation of information campaigns and projects related to the prevention of suicides, reducing the stigma of mental disorders; University teaching and training of specialists from the primary health network for early detection of mental health problems; Development of manuals and guidelines for good practices for professionals and other specialists in the field of health and mental health; Analyses of the effectiveness of national policies for mental health; Development of modern innovative technologies and methods for the management and financing of psychiatric institutions. The team members have professional competencies in the field of the administration and management of processes in healthcare, in the field of public health, in psychiatry, psychology, public communications and campaigns. The team has organized and conducted two epidemiological studies of common mental disorders in Bulgaria. The team also has experience in management and participation in national and international projects.

4. Croatia – CIPH: The Croatian Institute of Public Health (CIPH) is a central public health institute in the Republic of Croatia. CIPH maintains national public health registries and coordinates the network of regional public health institutes, actively participates in the creation of health policy and public health regulations, and engages in international co-operation to improve public health and welfare. CIPH's Division of School Medicine, Mental Health & Addiction Prevention has a coordinating role in the health system for all mental health institutions in Croatia, develops mental health strategy and other health measures and interventions in mental health care on primary, secondary and tertiary level, improves health literacy in population, supports psychiatric care users organizations, raises awareness on mental health and implements mental health in the community.
Key Staff: Prof. Danijela Štimac Grbić, MD, Ph.D., MPH, specialist of public health, Head of the Department for Mental Health and prevention of Addiction at CIPH, and Associate Professor at the University of Zagreb, School of Medicine, at the Department of Social Medicine and Organization of Health Care, member of the Working Group of the Croatian Ministry of Health for the Mental Health Strategy, co-chair of the National Working Group for Mental Health Care and the Croatian Association of Public Health, member of the Scientific Board and Governing Board of the European Public Health Association. Primarius Ivana Pavić Šimetin, MD, Ph.D., Deputy Director of CIPH and Head of Division for School Medicine, Mental Health, and Addiction Prevention at CIPH, project leader of RECOVER-e (LaRge-scalE implementation of COmmunity based mental health care for people with seVere and Enduring mental ill health in EuRopE), national coordinator of HBSC. Dijana Mayer, MD, Ph.D., a specialist in Epidemiology, Head of Department for Monitoring and Improving School and Youth Health at CIPH, national coordinator of GYTS. Bojana Raičković, MA, Psychologist, Head of Programme and Project Management Department, National Focal Point for Third Health Programme 2014-2020 and EU4Health 2021-2027, Data

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Protection Officer at the Croatian Institute of Public Health. She was a project leader of the ESF project "Self-employment subsidy". She is currently national coordinator of 3HP project NFP4Health, CIPH's leader of 3HP project JA TEHDAS and participates in H2020 project RECOVER-e. Ana Ištvanović, MD, resident of public health at the Department for Mental Health and Addiction Prevention at the Croatian Institute of Public Health. Anja Belavić, MD, resident in school and adolescent medicine at the Department of School and Adolescent Medicine Addiction and Mental Health at CIPH. Mišela Žehaček Živković, MD, resident in school and adolescent medicine at the Department of School and Adolescent Medicine Addiction and Mental Health at CIPH. Roberto Mužić, MD, resident of psychiatry at the Department for Mental Health and Addiction Prevention at the Croatian Institute of Public Health. Maja Valentić, MA, Sociologist, consultant in the Department of School and Adolescent Medicine Addiction and Mental Health at CIPH and analyst on the Registry of Persons Treated for Psychoactive Drug Abuse.

5. Cyprus – MHS: Mental Health Services Directorate offers lifelong mental care to the population needs, from childhood and adulthood, to psychogeriatric care, all around Cyprus (Nicosia, Limassol, Larnaca, Ammochostos, Pafos). The fundamental objective of the mental health policy is to continue the psychiatric reform in transferring the services from the Mental Hospital to the Community. The services are directed to four main axes: a) Mental Health Services for Adults, b) the Child and Adolescent Mental Health, c) the Prevention and Treatment of Drug Dependence, and d) Mental Health Services in Prison.
Key Staff: Dr Anna Paradeisioti, MD MSc PhD, Child and Adolescent Psychiatrist, Dr Lampros Samartzis**,** MD MSc PhD, Psychiatrist, Dr Andreas Hodjitofis**,** MD MSc PhD, Psychiatrist

6. Czechia – MoHCZ: Ministry of Health of the Czech Republic (MoHCZ) is responsible for the health of the citizens of the Czech Republic. The reform of mental health care is ongoing since 2013 with satisfactory results, and the government adopted the policy on suicide prevention in 2020.MoHCZ has a leading role in mental health care and has an influential role on the national level also as a chair of the Government Council for Mental Health.
Key Staff: PhDr. Ing. Pavel Mička is a director of the Department of Mental Health Reform at MoHCZ. He is responsible for coordinating several programs and actions conducted as a part of an ongoing mental health care reform. Mudr. Dita Protopopová, PhD. is chairing the Government Council for Mental Health. Besides that, she is an experienced psychiatrist and member of the executive committee for mental health care reform. Mgr. Eva Tuškováhas several years of experience in the field of mental health. She deals mainly with the topic of (de)stigmatization of mental illness in various contexts.
Affiliated entity: National Institute for Mental Health (NIMH) National Institute for Mental Health (NIMH) is a leading research center in the field of mental health in Czechia. The scope of the research spans from neurobiology to public mental health. NIMH is providing expertise for Czech government and MoHCZ in the mental health area and is involved in the reform of mental health care system and national suicide prevention policy implementation.
Key Staff: Mgr. Alexandr Kasal is a junior researcher at NIMH. He has several years of experience in participative policy making on national level gathered, namely by the preparation of the National Action Plan for Suicide Prevention. Alexandr has a background in Public and Social Policy. Mgr. Laura Bechyňováis a psychologist and research assistant at NIMH. In her work, she focuses on suicide and its prevention and child and adolescent mental health. Ph.Dr. Petr Winkler, PhD. is head of Public Mental Health Research Program at NIMH. He is an experienced researcher in the epidemiology of mental disorders, and he has been involved in the reform of mental health care since its beginning. Mgr. Roksana Vintoniv is a psychologist and research assistant at NIMH. As a researcher she works in The Czech Technical University in Prague on a project, which aims to explore factors that influence successful integration of young people who left institutional care. She also focuses on prevention in primary and secondary schools.

7. Estonia – MoSA: Ministry of Social Affairs of Estonia (MoSA) is responsible for developing strategies and coordinates the implementation of policies in the field of health. Its competencies include the leading role in

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coordination of public health policies, prevention of no communi cable diseases and development of respective strategies.
Key Staff: KäthlinMikiver (MsC) – Chief Specialist of the Public Health Department of the MoSA of Estonia. Main competences include coordination of policies and strategies in the field of mental health, 7 years of experience in the field of mental health.
Affiliated entity: National Institute for Health Development (NIHD) The National Institute for Health Development (NIHD) is a government established research and development body collecting, connecting and providing reliable national information from a multitude of sources, related to the health of the Estonian population. Main areas of activity are evaluation and assessment of population health and health determinants, health promotion, organization of public health services and social services, consultations on and influence of health policy.
Key Staff: Tiia Pertel (MD) – Head of the Centre for Health and Welfare Promotion, 19 years' experience in the public health and health promotion field. Karin Streimann (MA) is an early-stage researcher and works in the Children and Youth Unit, National Institute for Health Development for the last 10 years. She is mainly involved with mental health promotion and substance use prevention activities.

8. Finland – THL: The Finnish Institute for Health and Welfare (THL) carries out extensive research on population health and social welfare and provides evidence-based information to support the decision-makers and experts of the governmental and health and social welfare sectors. Mental health unit at THL studies population mental health and develops ways to promote mental health and prevent mental health problems. It also implements the National Mental Health Strategy and Suicide Prevention Agenda 2020–2030.
Key Staff: A chief specialist in Mental Health Unit, (THL) has also been a director of WHO Collaborating Centre for Mental Health since 2013. Her expertise areas are mental health promotion, suicide prevention and positive mental health. Her PhD thesis in 2011 dealt with the role of mental health in health policy making. Currently she leads a four year project funded by the Academy of Finland concentrating on those living alone in Finland, positive mental health, quality of life and social support. She is also working with implementation of National Mental Health Strategy and Suicide Prevention Programme launched 2020. A senior specialist in Mental Health Unit (THL) has expertise also in mental health promotion, suicide prevention and positive mental health. She is currently working on her PhD thesis on mental health promotion competencies. Both have expertise in several international projects. An adjunct professor of psychiatry and research professor in Mental Health Unit (THL)His expertise areas are mental health and psychiatry, suicide prevention, sleep and circadian rhythm and the effect of polar nights on mood. He also works with National Mental Health Strategy and Suicide Prevention Programme launched 2020.

9. France – MoH: The Ministry of Solidarity and Health (MoH) leads across health, social affairs, solidarity and social cohesion by creating national policies and legislation, providing the long-term vision and ambition to meet current and future challenges, putting health and solidarity at the heart of government. Within the MoH, the Directorate General for Health is responsible for the elaboration of Public Health policies, disease prevention and health promotion. The Directorate General for Health is currently involved as a partner in several Joint Action and action supporting the health reform.
Key Staff: Frank Bellivier received his medical degree at the University of Paris (René Descartes). His current roles include Professor of Adult Psychiatry at University Denis Diderot in Paris, Head of the Departments of Psychiatry and Addiction at Saint-Louis - Lariboisière – F. Widal hospitals in Paris. He is also director of a research team on neuropsychopharmacology of bipolar disorders and addictions at the Institut National de la Santé et de la RechercheMédicale (INSERM UMRS_1144, www.umrs1144.com). In May 2019, Frank Bellivier was appointed Ministry's Delegate for mental health and psychiatry at the Ministry of Health and Solidarities in charge of the governmental roadmap for mental health and psychiatry. Simon Vasseur-Bacle is a clinical and systemic psychologist at the EPSM (public mental health hospital) Lille Metropole since 2008, in a community based mental health service, recognized by WHO as a good practice laboratory. Simon Vasseur-Bacle is also in charge of international affairs at the WHO Collaborating Center for Research and Training in Mental Health (CCOMS, Lille, France). He's currently leading the development of the WHO Quality Rights program in France and French-

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speaking countries, and participates in strengthening mental health systems at the international level (Burkina Faso, Turkey, Tunisia, …). Simon Vasseur-Bacle is also project manager at the Ministerial Delegation for Mental Health and Psychiatry (DMSMP, Ministry of Health and Solidarities). Mrs Roxane Berjaoui is a Public Health medical doctor (MD) with twenty five years of experience in this field, working for regional state Institutions dealing with programs for disabled and elderly persons and dealing with regulation of the French health system at a regional level. Since 2019, she is working as an International Affairs advisor on health promotion and prevention at the French Ministry of Health near the Director General. She is involved in an international program and network on nutritional labeling, in national collaboration on physical activity with the technical expert team developing the "Sport and Health" strategy and in the follow up of NCDs at a national level in relationship with WHO Geneva, WHO Europe (focal point) and with OCED. She is involved in a joint action newly launched - Joint Action Best Remap (implementation of validated best practices in nutrition).

Affiliated entity:INSERM

Inserm is a nationwide public scientific and technological institute which operates under the joint authority of the French Ministries of Health and Research. The institute is dedicated to biomedical research and human health, and is involved in the entire range of activities from the laboratory to the patient' s bedside. It is in close partnership with hospital and university department, e.g. the UHG-Paris Neuroscience and psychiatry, the largest psychiatric hospital offering community based MH Care, > 76000 patients/ years and covering 90% of Parisian population and including the C'JAAD (Evaluation Centre for Young Adults and Adolescents) that pioneered Early Detection and Intervention in France. Inserm will also be involved through the 'Institut de Psychiatrie'(IdP, https://www.institutdepsychiatrie.org/), a National consortium for translational research in Psychiatry, and especially the Transition Network that launch a task force for defining recommendation for early intervention at the National level.

Key Staff: Prof MO Krebs (F) is a MD PhD, trained in psychiatry and Neuroscience She is a leader in clinical and translational research in schizophrenia and developmental disorders (>8000 citations, web of science H factor 44; google scholar h55). Her team has recently been awarded an 'Avenir investment' grant for the PsyCARE project for preventive and personalized psychiatry in adolescents and young adults. She is member of the ECNP Prevention of Mental Disorders – Promotion of Mental Health (PMD-PMH) TWG Group and in the EPA: member of the Section Prevention of Mental Disorders of EPA. She is an expert for the ITMO Neuroscience entity, an advisory board for defining research and strategies in Psychiatry and Neurosciences for Inserm.

10. Germany – BZgA: The Federal Centre for Health Education is a public health authority at federal level, founded in 1967, with the responsibility for prevention, health promotion and education (incl. mental health)Main tasks of BZgA include 1)Developing concepts, strategies and measures on the contents and methods of prevention, health promotion and education; 2) Planning, implementing and evaluating campaigns and programmes of prevention and health promotion and contributing to national action plans. BZgA has long standing experience in the assessment, dissemination and transfer of good practice in prevention and health promotion in supporting local community-based networks in promoting integrated health approaches through the development and dissemination of instruments and measures for quality assurance and capacity development. BZgA is currently engaged in elaborating analysis reports on the mental health of the adult population and on children and adolescents in Germany. For the present JA BZgA will cooperate with affiliated entities which will be identified and nominated until and/or during implementation of the JA.

Key Staff: Prof. Dr. Freia De Bock (f) is Head of Research and Head of the Department for Effectiveness and Efficiency in Health Education. She is a pediatrician and professor of public health with a research backgrou nd in implementation and evaluation of complex PH interventions and mixed methods, mostly applied in everyday life settings (of children) and in local communities. She has a strong research track-record and experience in early prevention and health promotion, gained as head of a dedicated research program at the Mannheim Institute of PH, Social and Preventive Medicine. As somatic and mental health and development are closely intertwined during childhood, much of her work is related to outcomes that are an essential part of mental health (e.g., patient-centered outcomes, subjective wellbeing etc.). She also built up the German national platform for mental health during the COVID-19 crisis and is the lead or senior author of numerous peer-reviewed articles. Yvette Shajanian Zarneh (f) joined the BZgA as Scientific Project Officer in 2014 and has been heading the BZgA

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unit for International Relations since 2018. She holds Master's degrees in Political Science and in Management of Health and Social Services and brings in 18 years of experience as a researcher and project manager in the field of public health, health care system development and long-term care at international level. She has been managing the input of the BZgA and other German partners in several Horizon 2020 projects and Joint Actions. Nathalie Bélorgey(f) has joined the unit for International Relations of the BZgA in 2017 where she has been working as Senior Scientific Project Officer on issues of sexual and reproductive health, early prevention and health promotion, health inequalities, migration and health. She holds Master's Degrees in Applied Languages and in Law and has a longstanding experience as a research and project manager in the field of social and (public) health systems and policies in an international context. She has been leading Germany's contribution to the WPs on migration and health and monitoring in the Joint Action "Health Equity Europe". Mirja Otten (f) joined the BZgA in 2018 and is a member of the Research and Quality Improvement unit. After obtaining a Diploma of Law and a Master's Degree in Psychology, she completed her Ph.D. at the University of Hamburg. She specialized in evaluation of health promotion measures, campaigns and complex interventions, survey research, evidence synthesis, development of recommendations for actions and consults on various research projects. At BZgA, her research projects focused on sexual and reproductive health as well as mental health. Verena Grau (f) graduated with a master's degree in German language and literature and in Islamic studies in 2010. She worked for an international exchange organization in higher education for ten years and gained profound experience in the management of third-party projects and grants in the public sector. In early 2019 she started to work as administrative officer of the BZgA's National Centre for Early Childhood Prevention before joining the team of the International Relations' unit in Autumn 2019. Since then she has been responsible for the administrative and financial management of BZgA's input to the EU-Joint Action "Health Equity Europe" (2018 - 2021).

11. Hungary – OKFO: ORSZAGOS KORHAZI FOIGAZGATOSAG (National Directorate General for Hospitals) is legal successor of the National Healthcare Service Centre (ÁEEK) since 01.01.2021. OKFO is a central governmental office in Hungary with nation-wide competence. It represents both the public (GOV) and End User side (care providers). "Its tasks range from hospital planning, care coordination, licensing of medical professionals and management of external funding to implementation of national strategies and communication with international research organizations" [OECD].
Key Staff: István CSIZMADIA, MSc in Economics and Health Care Management (male): István leads international programmes and projects at OKFO, Hungary. He has extensive (30+ years') experience in Preparing, planning and managing EU funded programmes, implementing and coordinating EU projects. Robert LANG, MBA, CFA (male): Senior advisor and consultant at ÁEEK. He has extensive experience in strategic and financial planning, learning solutions and implementing EU projects. Dr. Béla MUZSIK MD (male): Béla is Director for Monitoring, Management, Data Analysis and Data Supply at ÁEEK, Hungary. He has extensive 18 years' experience in primary care, occupational medicine and occupational rehabilitation, healthcare quality management and audit, training and education. Peter BEZZEGH (male) is a sociologist and a health policy expert at ÁEEK. He has 5 years' experience in strategic planning, implementing EU projects and network building. Olga DÁNYI (female), financial coordinator, has 18 years of experience in the financial management of EU funded projects.
Affiliated entity: 1. Semmelweis University, Health Services Management Training Centre (SU, HSMTC). Semmelweis University (SU) is the largest medical university in Hungary. The Institute of Health Services Management Training Centre (HSMTC) is part of the Faculty of Health- and Public Services. HSMTC is engaged in development of knowledge management and of HRH management, with focus also placed on the physical and mental safety of HRH as well as of patients. The institution gained a wide variety of expertise from previous projects inter alia in dissemination, communication, evaluation and sustainability activities.
Key Staff: The team of Semmelweis University will be composed of experts experienced in the field of health workforce and HRH management, and additional competencies of project management and PR as well. Eszter Kovacs, PhD – senior expert, highly experienced in the field of health workforce research, including mental health and behavioural aspects, managing planning and forecasting projects, with many years of experience in EU level project design, coordination and implementation. Marianna Makai – senior expert in the field of PR, communication and dissemination at national and international levels. Marta Sziklai – communication and

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dissemination expert. The team will also involve colleagues in part-time, including Livia Langner – psychologist; Zoltan Cserhati, MD – senior lecturer, experienced in designing mental health care projects and organizational management; Szilvia Adam, PhD – expert of issues of work-life balance and burnout; Reka Kovacs D.Jur. – policy expert in the field of HWF development and social issues. All of the team members have affiliation and relevant expertise in different areas of mental health research and policy. Szilvia Kerekes – administrative and financial affairs.

2. University of Debrecen, The Faculty of Public Health (UD, FPH)

The University of Debrecen is more than four hundred and fifty years old, it is one of the largest educational centers of the country and it is a central player in Hungarian higher education. It has outstanding educational, research, and innovation capacities. It is one of the top 500 universities in the world. The student community of 30,000 can study in 14 faculties including the Faculty of Public Health, the Faculty of Medicine and it hosts two university hospitals that offer comprehensive outpatient and inpatient care in the full spectrum of medical disciplines including mental health and psychiatry

Key Staff: Judit ZSUGA MD PhD (female) graduated as a medical doctor at the University of Debrecen in 1998. She acquired an MSc in Health System Management in 2005, University of Debrecen in 2008. She is a board-certified neurologist, clinical pharmacologist and cognitive behavior therapist with 8 years of clinical practice and 10 years of experience in health system management. She defended her PhD in 2007 in the field of clinical medicine, her habilitation was absolved in 2013 in the field of health sciences. She possesses language skills in English (level C1). Attila NAGY MD PhD (male) graduated as a medical doctor at the University of Debrecen in 2005. He also graduated, as an epidemiologist at the Faculty of Public Health, University of Debrecen in 2008. He obtained his medical specialization in preventive medicine in 2009 and he defended his PhD in 2015 (University of Debrecen). He possesses language skills in English (level C1) and German (level B1). Csaba E. MORE (male) is the Head of the Department of Psychiatry of the Kenezy University Hospital of the University of Debrecen. He is a board-certified psychiatrist, addictologist and psychiatry rehabilitation specialist. Csaba PAPP (male) is the Head of the Department of Health Promotion of the Clinical Center of the University of Debrecen. He is a board-certified general practitioner. He received his PhD in the field of health sciences.

12. Iceland – DOHI: As stated in the Medical Director of Health and Public Health Act No. 41/2007 the Directorate of Health in Iceland (DOHI) is a government agency that serves under the Ministry of Health and is headed by the Director of Health. Its principal role is public health promotion and prevention, including disease prevention, and promoting accessible, safe, high-quality health care in Iceland. Among its functions are:

To advise the Minister of Health and other Government bodies, health professionals and the public on matters concerning health, disease prevention and health promotion. To sponsor and organize public health initiatives. To promote improvements of health care quality. To supervise the health care services and health care professionals. To monitor prescription medicines and promote their prudent use. To collect and process data on health and health care services and promote research in that field. To handle complaints from health care users. To issue licenses to practice to health care professionals and ensure that their education meets requirements at all times.

The management of DOHI consists of six Heads of Division as well as the Director of Health. These Divisions are: Health Care Supervision and Quality, Supervision and Incidents, Health Information, Communicable Disease Control, Public Health, and Finance and Administration. In the department of Public Health there are specialists on determinants of health (tobacco-, alcohol and drug, - violence prevention, nutrition, physical activity and mental health) who are all participating in various networks and programmes on national, nordic and European levels.

Hopefully we can strengthen our networking and relation with other funding and managing authorities with our participation in this project.

Key Staff: Dora Gudrun Gudmundsdottir PhD, a licensed clinical psychologist is the director of Public Health at the Directorate of Health in Iceland, where she coordinates national efforts to promote health and wellbeing. Her expertise lies in mental health promotion. She has served as the governmental expert on mental health from Iceland for the EU. She has been involved with several projects on health promotion and chronic disease prevention e.g., JA MHWB, JA CHRODIS, DataPrev, Move Europe and Healthy Together. She was the WP leader

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for dissemination for JA MHWB. Sólveig Karlsdóttir MA, is a project manager at the Division of Public Health at the Directorate of Health in Iceland. She has been involved in several EU projects and the work regarding NFP. Sólveig is currently working on DOHI participation in the UPRIGHT H2020 project. A project manager on suicide prevention at the Directorate of Health will also participate in this JA.

13. Italy – LR: Lombardy Region, Competent Authority for Italy, has a particular expertise and direct planning and organizational responsibility in the mental health field. The psychiatric reform in Italy in 1978 entrusted the Italian regions to implement the psychiatric reform. In the years following the reform, the Lombardy Region has implemented a vast network of territorial services that today serves roughly 150,000 adult patients and 130,000 children and adolescents. Lombardy Region has also acquired expertise in managing health/mental health information collected in administrative databases and in using this information for planning and evaluating MH services.
Key Staff: Paola Sacchi MD, psychiatrist, is Head of the Department of Mental Health & Substance Abuse, General Direction Welfare - Lombardy Region. She has a long-time expertise in the organization of health services, having been previously Health & Social Director in the Local Health Unit in Milan, Director of Mental Health Services and Substance Abuse Services in the City of Milan.
Affiliated entities:
1. ASST LECCO: ***Local Health Authority of Lecco*** (ASST, Azienda Socio Sanitaria Territoriale) public provider for health services in the Province of Lecco (Lombardy) and in the JA has in charge the coordination and management issues on behalf of Lombardy Region.
2. MNIPR: ***Mario Negri Institute for Pharmacological Research*** – IRCSS – Research Institute for pharmacological research and public health and has in charge training in the JA.
3. FBF: *" Saint John of God '' Fatebenefratelli Center* – IRCSS – Institute for mental health research and care that will implement the best practice at country level.
4. UNIMIB: *Bicocca University, Milan - Department of Statistics and Quantitative Methods* specialized in the use of health databases for epidemiological research and has in charge the epidemiological issues of the dashboard of mental health indicators for the JA.
5. POLIMI: *Politecnico di Milano University* specialized in software and in implementing e-health has in charge the technical issues of the dashboard of mental health indicators for the JA.
Key Staff: Antonio Lora MD, psychiatrist, is Head of the Department of Mental Health and Substance Abuse of the Local Health Unit di Lecco. He is senior consultant for mental health services evaluation in DG Welfare of Lombardy Region, in the Italian Ministry of Health and in WHO Department of Mental Health and Substance Abuse (Geneva).Teresa Di Fiandra, psychologist, has been working at the Ministry of Health in the General Directorate for Health Prevention, where she has been in charge for planning in the areas of mental health, dementia, health in prison and forensic hospitals. She has been officially appointed as the Italian National Counterpart for WHO Europe in the field of mental health (from 2001 to 2019, when she retired), she has also been the Italian Governmental expert to the European Commission for both Mental health and Dementia, as well as member of OECD Mental Health Care Quality Indicators group. She has been an expert consultant on several EU projects in the mentioned fields, and coordinator of the Italian participation in three EC Joint Actions (ALCOVE and DEM2 on dementia, and the JA on Mental health and well-being).

14. Lithuania – SAM: Overall responsibility for general supervision of the entire health system is held by the Ministry of health (MoH). The MoH is strongly involved in drafting legal acts and issuing regulation for the health sector. It also runs health care facilities and public health institutions and has the overall responsibility of health system performance. The main aims of the MoH are the development, organization, coordination and control over the implementation of state policy in four fields: individual health care, public health, pharmaceutical activities and health insurance. Other major functions of the ministry of health include drafting legal acts, licensing, implementing state policy in subordinated institutions, formulating and implementing health strategies and programs, international collaboration, analysing and disseminating information, and handling patients' complaints. Mental health is one of the fields of MoH concern. The Ministry of Health prepares legal acts regulating the provision of outpatient and inpatient mental health services (for example: by order of MoH

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was established, that the maximum number of registered citizens for each team member providing primary outpatient mental health care services is 17 000 citizens.). MoH is responsible for the prevention of mental health disorders at the national level (for example: Since 2019, the MoH started financing municipal Public Health Bureaus to promote mental health prevention in schools, since 2020 MoH started financing municipal Public Health Bureaus to provide psychological help to the individuals experiencing difficult life situations (such as job loss, divorce and etc.)
Key Staff: Edita Bishop Graduated Vilnius University, Faculty of Medicine, holds a master's degree, professional qualification of occupational medicine. Edita Bishop has over 20 years working at the different governmental institutions. Edita Bishop was Director of the Food, Tourism and Recreation Services Department at the State Consumer Rights Protection Authority, Director of Gaming Control Authority under the Ministry of Finance of the Republic of Lithuania, Head of Primary Coordination Division at the Ministry of Health and since 2018 – Adviser at the Mental Health Division of the Ministry of Health. Edita Bishop was responsible for organizing and controlling the activities of the Authority, Department or Division, preparing legal acts concerning consumer rights, gaming control and health (implemented at the national level) and also leading different working group members, who represent various different institutions. Since 2018 Edita's Bishop main duty is policy making in the field of primary mental health care. Renata Beržanskienė, expert, Head at Financial Management and Control Division. Graduated from Vilnius Gediminas Technical University in 2004, holds a master's degree in Business Management. Renata Beržanskienė is working at Financial Management and Control division of the Ministry of Health of the Republic of Lithuania since 2018. Renata has 18-years' experience in coordinating and managing European projects. Marija Oleškevičienė has a Master's degree of Science in Mechanical (Biomechanical) Engineering (Medical equipment, prosthetic engineering). Marija Oleškevičienė has 1,5 years' experience as Chief specialist at the Ministry of health of the Republic of Lithuania (Policy making in the field of mental health, secondary and tertiary mental health services, actions against stigma); 19 years of experience at the Department for the affairs of disabled under the ministry of Social affairs and labour of Lithuania, 9 years of these as head of monitoring and control division (implementation of deinstitutionalisation policy in Lithuania, strategical planning, implementation, control and monitoring of policy measures in the field of integration of disabled people (management and control of more than 450 projects every year).

15. Malta – MHS: Mental Health Services seek to deliver patient centred care through a multidisciplinary team to patients with a mental disorder guided by evidence-based science. Mental Health services are guided by the provisions of the Mental Health Act (Cap 525) 2012, MHS has contributed towards the drafting of the Act and its implementation. MHS was part of the drafting team of the Mental Health Strategy 2020-2030 and is currently in the process of implementing it. Mental Health Services have participated in the Joint Action on Mental Health and Wellbeing (Feb 2013-Jan 2016) and have also collaborated with WHO on several projects.
Key Staff: Dr Stephanie Xuerebis the CEO of Mental Health Services and is also a Consultant in Public Health Medicine. Past Chair of the Mental Health Reform Team, which was instrumental to steer change in Mental Health Services. Dr Xuereb was also responsible for the implementation of the new Mental Health Act 2012. In her prior role as lead of the National Cancer Screening Programmes in Malta she participated in a number of EU projects including iPAAC Join Action (Innovative Partnership for Action Against Cancer) and EU-TOPIA (Towards improved screening for breast, cervical and colorectal cancer in all of Europe), a five year project (2015-2020) funded by the European Union. Dr Anton Grech is a Consultant Psychiatrist who works in Adult General Psychiatry both in community and hospital settings. He has been Clinical Chairman of the Department of Psychiatry within the Ministry of Health, Malta, since September 2011. He has experience in working on large projects. During his training in the UK, he was responsible for the further development of the Maudsley Family Study, a large study on the biological markers on Schizophrenia. He has published papers that were written in collaboration with other European colleagues. Dr Grech was one of the main contributors towards the Mental Health Strategy. Dr Antonella Sammut is a Consultant in Public Health with special interest in Public Mental Health and has been working within Mental Health Services since March 2018. She spent 5 years working within the office of the Commissioner of Mental Health during which she was part of the team revising the Mental Health Act 2012 and monitoring its implementation. She was one of the main authors of the Mental Health

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Strategy, Malta. She has participated in the EU Joint Action Integrate and was the National Contact Point during the initial phases for Patient Safety and Quality of Care.
Dr Elaine Claire Lautier is a Public Health Medicine Specialist. She has worked in the area of Mental Health as a Public Health Specialist since 2016. She was part of the team for the drafting of the Mental Health Strategy. She has been involved in a number of Joint Actions and currently is participating in BEST REMAP JA. She also leads the EU JAV on behalf of the Ministry for Health in Malta.

16. Netherlands – TI: The Trimbos Institute is the national knowledge institute for mental health and addiction in the Netherlands. Its aim is to contribute to improving the mental health and wellbeing of the Dutch population, and contribute to advancing mental health efforts nationally and internationally. Trimbos is a WHO Collaborating Centre for Mental Health Services and Interventions across the Life Course. Trimbos has a track record in implementation research on service delivery models and substantial experience in mental health implementation projects internationally. In addition, core activities include policy advice to Ministries of Health and Social Welfare, research, development and evaluation of new treatment methods, clinical guideline development and capacity building of health professionals for their implementation, monitoring of the health status of the population, monitoring the quality of care of service provider organizations.
Key Staff: Dr. Laura Shields-Zeeman, Head of Department, Trimbos Mental Health and Prevention Department. Dr. Shields-Zeeman is the thematic lead for mental health at Trimbos, leads the Department of Mental Health and Prevention at the Trimbos Institute and is the Director of the WHO Collaborating Centre for Mental Health Services and Interventions across the Life Course, as well as a Visiting Scholar at the University of California, San Francisco in the area of social determinants of health and social policy and epidemiology. She was a 2018-19 Harkness Fellow for the Commonwealth Fund in the United States working with leading health and social policy experts. She is currently project leader and co-lead of various international projects, such as the Horizon 2020 project RECOVER-E involving 16 partners from 11 Member States. She has specific expertise on the development, implementation and evaluation of service delivery transformations in mental health care, in policy analysis, and in implementation science. She has been closely involved in policy development processes at the national and international level and has experience in working with expert working groups in the European Region and in coordinating processes and management of activities and projects. Prof. Dr. Filip Smit, Chief Scientist of the Trimbos Institute, Professor of Public Mental Health at VU University, Amsterdam, Expert in Advanced Statistics, Health Economist. Filip Smit, PhD, is professor of evidence-based public mental health at University Medical Centres Amsterdam (location VUmc) department of Epidemiology and Biostatistics and the department of Clinical, Neuro and Developmental Psychology. He also holds a position as Chief Scientist at the Netherlands Institute of Mental Health and Addiction (Trimbos Institute), Utrecht. Filip obtained his PhD with distinction (cum laude) in 2008 and was appointed professor in 2009. His Google Scholar H-index is 59. Filip's fields of expertise are epidemiology, randomised trials, meta-analysis, and health-economic evaluation with applications in preventive psychiatry. Drs Lotte Voorham, Senior Project Manager, Department of Mental Health and Prevention. Lotte Voorham is a senior project manager with a background in Psychology and over 10 years' experience in project management and research and good communication skills. Since 2008 she has been involved in coordinating and participating in several EU projects. She fulfilled the role of coordinator and project manager in the STAD in Europe project (finished in 2019).

17. Norway – HDIR: The Norwegian Directorate of Health aims to better the quality in the health service and to promote factors that bring good health to the population.
The Directorate is a competent authority, subordinated to the Norwegian Ministry of Health and Care Services. The Directorate has long-term experience working with suicide prevention and campaigns. The Directorate launched and implemented the national action plan for prevention of suicide and self-harm 2014-2017. The National Institute of Public Health may also contribute to the Norwegian participation.
Key Staff:
Wenche Øiestad Competence: Senior adviser at The Norwegian Directorate of Health and coordinator for the new national action plan for suicide prevention.

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Åste Herheim: Competence: Specialist on clinical and community psychology and head of department at The Norwegian Directorate of Health.
Lars Mehlum: Competence: Specialist in psychiatry and head of the National Centre for Suicide Prevention

18. Serbia – IPHS: Institute of Public Health of Serbia "Dr Milan Jovanovic Batut" (IPHS) is the leading institution in the area of public health in Serbia which functions as the national research institute in the public health with the important role in coordination of public health programs through the network of 24 regional institutes of public health. IPHS conducts all its activities in close cooperation with the Ministry of Health of Serbia, and serves as the main monitoring institution for public health related issues which supports evide nce-based decision making. Institute´s main areas of activity are: analysis, planning and organization of health care, informatics with biostatistics, health promotion, prevention and control of communicable and non-communicable diseases, hygiene and human ecology and microbiology. Activities of the IPHS are implemented through multisectoral cooperation from national to local level. IPHS has long experience in international cooperation and implemented various projects with many EU and non-EU member states funded by WHO, European Union etc.
Key Staff: Verica Jovanovic, MD, PhD, Associate Professor, specialist in social medicine/public health has rich experience in project management, research and monitoring and evaluation in the public health area. She participated and contributed to development of many public health strategic documents and as director of the IPHS she has proven her leadership skills. Milena Vasic, DMD, MSc, PhD, Professor, specialist in social medicine/public health, master in Health Services Management is a Head of Department for International Cooperation and Project Management at the Institute of Public Health of Serbia. She has more than 25 years of experience in public health. She has been working on projects preparation, implementation, (including dissemination, visibility and exploitation), monitoring and evaluation. Biljana Kilibarda, DMD, PhD is a public health expert, mostly focused on health promotion, prevention of non-communicable diseases, and monitoring and prevention of risky behaviour. Her activities include research such as general population surveys, and needs assessments in various public health domains. Perisa Simonovic, MD, MSc, specialist in psychiatry, Assistant Director of the IPHS, with experience both in treatment of mental health illnesses and in organization and coordination of various programs from the public health perspective.

19. Slovenia – NIJZ: National Institute of Public Health of the Republic of Slovenia (NIJZ) is the central Slovenian institution for public health practice, research and education. Being centred on all aspects of public health, NIJZ presents a capable partner in practically all health-related projects. At the same time, NIJZ could engage in wide-ranging dissemination of the project results and knowledge gained in the project implementation process. Inclusive engagement and promotion of lessons learnt could ensure better national and transnational transferability and applicability of the project results, and other outputs generated by the proj ect partners.
Key Staff: Matej Vinko, male. Medical doctor, public health specialist, head of the mental health expert group at the NIJZ. He is the WHO's Slovenian collaborator in Mental Health Atlas project. He is a member of the public mental health section at the European Public Health Association. MV was a member of the scientific group to prepare the Resolution on the National Mental Health Programme and is currently involved in its implementation as the head of the interdisciplinary working group for mental health promotion and prevention of mental disorders in child and adolescent population**.** SaškaRoškar, female. Psychologist, PhD, Assist Prof. at University of Ljubljana, National Expert of Public Health at the NIJZ. SRs' main expertise is in the field of mental health promotion, prevention of mental health diseases and suicide prevention. She coordinated the NIJZ part in the 7th Framework Programme EU funded OSPI project and was the leader of the project STRENGHT (Norway Grants). SR was National Representative for Slovenia in the International Association of Suicide Prevention (IASP). She was Assistant Project Leader in several national Mental Health related projects and was part of the scientific group to prepare the Resolution on the National Mental Health Programme. She authored and co-authored several scientific papers in national and international peer reviewed journals.

20. Spain – SMS: The ServicioMurciano de Salud (SMS)is responsible for health care in the Region of Murcia, integrating a total of 11 hospitals, with 3,651 beds and 508 outpatient appointments of primary care, and

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providing healthcare to 1.47 million inhabitants. In the exercise of its functions, the SMS provides services and develops the following actions: Health Promotion, Prevention of the disease, Comprehensive Primary Care health, Specialized Healthcare as well as the management of the public health services that it integrates. SMS, through the Mental Health and Drug Addiction network, is the competent entity at the regional level for assistance in Mental Health. Murcia has got the award of "Reference site 3 stars in EIP-AHA" (European Innovation Partnership on Active & Healthy Ageing.

Key Staff: Bartolomé Ruiz Periago. Psychologist. Master in Management and Public Administration. Clinical Management in Mental Health. Director of the Center of Attention to People with Intellectual Disabilities Seriously Affected. Head of the Management Service for Specialized Care Centers. Institute of Social Services Region of Murcia. Deputy Director General of Social Services Management. Institute of Social Services Region of Murcia. Jose Martinez Serrano. Psychiatry. Master "Prevention and Treatment of Addictive Behaviors". Coordinator of the Mental Health Center. Head of Service of the Short Stage Unit of the Psychiatric Hospital (HPRA). Loreto Medina Garrido. Psychiatry. Expert in autolytic behaviors for mental health management and suicide prevention actions. Head of the Suicide Prevention Service at the HPRA and several Health Areas, in charge of training trainers in suicide prevention. Beatriz Martinez-Lozano Aranaga Economist studies in Public Health. Advisor for coordinating European Health issues in the Region of Murcia. Coordinates the EIP in the region, responsible for the EUROEMPLEO-Mental Health program**.**

Affiliated Entities:1. Fundación para la Formación e Investigación Sanitarias de la Región de Murcia/FFIS is a foundation of the public sector, non-profit organization, constituted by the Autonomous Community of the Region of Murcia, which depends on the Ministry of Health of the Region. The profile of the FFIS matched with the proposal through their expertise in management of European projects and his performance in training, and the contribution of this institution will be essential to support activities mainly in management throughout the project development process becoming a support for scientific coordination. It has wide experience in Joint Actions and has performed in them, management, research, promotion and evaluation actions. Besides in other Joint Actions it has participated in the analysis, implementation and evaluation of the implementation of Good Practices.

Key Staff: Maria del Pilar López Acuña, Expert in Promotion and Management of International R & D & I Projects and Actions. Public Health. Dentistry and Specialist in Orthodontics and Orthopaedics. In charge of the Direction of the National Cancer Registry of Mexico. Experience in evaluation of healthcare European Project Researcher and Senior Manager of (FFIS/SMS/Consejería de Salud). Researcher in 9 European Projects, 4 of them Joint Actions Research member of the Murcian Institute for Bio Sanitary Research Virgen de la Arrixaca. Designated to the ServicioMurciano de Salud (SMS) to support European health projects in the Region of Murcia. Rosa Fernández Tarazaga. Master in European Projects management and Search for Grants. Project management technician of European Projects.

2. Consejería de Mujer, Igualdad, LGTBI, Familias y Política Social de la Región de Murcia/CARM Consejería de la Mujer is in charge of proposal, development and execution of the general guidelines of: assistance and social welfare; development community; family and childhood, people with disabilities, old people, personal autonomy and care for people in situations of dependency and risk or exclusion social, it is the institution to coordinate the primary social affairs provided by Councils and Murcia Region.

Key Staff: Mercedes Guillén Torres, Social Worker, promoting Social Services and on European operational programs. Working in the Socio-Health Coordination Teams for Attention to people with Serious Mental Disorder. Gloria González Lucas, Adviser on Social Affairs, Law Degree and belongs to the Civil Servant Murcia Region.

3. Servicio Andaluz de Salud / SASis part of the Regional Ministry of Health and Families of Andalusia and is responsible for health care provision in one of the largest regions in Spain. The Regional Mental Health Office coordinates the Comprehensive Mental Health Plan for Andalusia. Its main purpose is to align mental health care services according to mental health needs of people living in the region, improving coordination with social health care and increasing the commitment of health professionals and the general public to mental health.

Key Staff: Manuel Prado Cala. Law. Postgraduate in healthcare management. Currently Director of the Regional Mental Health Office of the Andalusian Health Service (SAS), of the Regional Ministry of Health of Andalusia. It participated as a partner in the Joint Action for Mental Health and Well-being (2013-2016). Evelyn Huizing.

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Nurse Specialist in Mental Health. Bachelor of Science in Nursing. Currently Senior Advisor for the Regional Mental Health Office and Coordinator of the European Community based Mental Health Service Providers Network (EUCOMS) of SAS. Partner in the European Regions Enforcing Actions against Suicide project (EUREGENAS).

4. Fundación Pública Andaluza Progreso y Salud/ FPS is a non-for-profit organization which belongs to the Andalusian Regional Ministry of Health and Families. FPS provides services to the Andalusian Public Health System through three lines of activity: R&I, which manages research and innovation in Health; Information and Communication Technologies (ICT) and IAVANTE, which includes training and evaluation of professional expertise.

Key Staff: Sonia Basulto Pardo. Economist. Master in European Union Law, Promotion and Management of International Projects by the Polytechnic University of Madrid. More than 15 years working as a financial manager of European projects. Currently working at Fundación Progreso y Salud as project manager.

5. Servicio Navarro de Salud-Osasunbidea/ SNS-O responsibility for health care in the specialty of mental health lies with the Navarra Mental Health Network. Its mission is to promote mental health, prevent mental disorders and associated disability, as well as provide specialized healthcare of quality in mental health to the population of Navarra. Is responsible for the mental health policy and strategy that is explained in Navarra's III Mental Health Plan 2019-2023. This Plan includes different objectives for suicide approach.

Key Staff: Adriana Goñi Sarriés. Clinical Psychology. Clinical and management. Responsible for the Community Area and Mental Health Centers. Head of service for the Intermediate Mental Health Resources Area. Belongs to the Interinstitutional Commission on Suicide Prevention. Co-author of the Protocol on the Prevention of Suicidal Behaviors. Chair of the Technical Suicide Working Group. Responsible for the suicide line of inquiry.

6. Servicio Catalán de Salud / CatSalud. The Master Plan for Mental Health and Addictions (PDSMiAd) drawn up in 2006 by the Department of Health of the Generalitat de Catalunya (Catalan government) defined a mental health care model that considered the entire health system from a wide perspective. The Master Plan contributes to the design of policies and implementation of actions for mental health promotion, disease prevention, diagnosis, treatment, rehabilitation, and the social and labour inclusion of affected people, based on evidence, ethics and experience.

Key Staff: Jordi Blanch Andreu, MD PhD, psychiatrist, chair of the Master Plan for Mental Health and Addictions, Department of Health, Generalitat de Catalunya. Consultant in Psychiatry, President of the European Association of Psychosomatic Medicine. Researcher in CIBERSAM – Spain.

7. Servicio Vasco de Salud –Osakidetza Is a public entity under private law attached to the Department of Health of the Basque Government and its purpose is to provide health services to the population through a public, universal and quality health system. It is made up of different organizations that lead the clinical care of people with mental illness in the region. During the last 5 years, Osakidetza has led the development of suicide prevention activities within the territory, including research.

Key Staff: AndreaGabilondo Cuéllar. Psychiatrist and researcher at Biodonostia. PhD in Biomedicine Public Health. Master in Mental Health Policies and Services. Experience in the development of programs for the prevention of mental disorders and suicide and in research on the epidemiology of suicide and depression. Participation in different suicide prevention projects in Gipuzkoa Region. Team of the Suicide Prevention Strategy for the Basque Country.

8. ServicioMadrileño de Salud/ SERMAS Madrid Health Department its competences in the matter of education, promotion, prevention and assistance in mental health through the Network of Psychiatry and Mental Health Services depending on Madrid Health Service (SERMAS) and the Mental Health Plan.

Key Staff: Mª Mercedes Navío Acosta. Psychiatrist. Regional Office of Mental Health and Addictions Coordinator. Central managing of Outpatient Mental Health Care and coordinating Inpatient Psychiatric Services. Head of Action Plan in Mental Health and Suicide Prevention Programs. Beatriz Baón Pérez. Psychiatrist. Regional Office of Mental Health and Addictions Coordinator, belonging to SERMAS. Senior Technical responsible for the development, monitoring and evaluation of Action Plan in Mental Health and Suicide Prevention Programs in adolescents and adults.

Collaborative Entities: a) Consejería de Salud (DGPIFyC CARM). The Ministry of Health of the Region of Murcia and the General Directorate of Planning, Research, Pharmacy and Citizen Services, assumes the competences of

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Planning and Coordination of Regional Health and Social Health of the Region of Murcia. **Key Staff**: Jesus Cañavate, General Director, Senior Political and Scientific Officer, is the Chair Manager in charge of the Creation and Implementation of the Socio-sanitary strategy in mental health at the political level of The Area of the Ministry of Health of Murcia Region. **b) Instituto Murciano de Acción Social (IMAS).** The General Directorate of people with disabilities is responsible for the management of services, canters and programs for the care of people with physical, intellectual or sensory disabilities and chronic mental illness. **Key Staff:** Catalina Sánchez, Head of the service for people with disabilities. Pedagogy Senior Scientific Officer. Maria Carmen Saura, Department for people with intellectual, physical and serious mental disabilities, Psychology, Scientific Researcher. Both in charge to support SMS and Consejerías for all the implemental activities in the Mental Health Reform good practice.

21. Sweden – PHAS: The Public Health Agency of Sweden (PHAS) is an expert authority with responsibility for public health issues at a national level. The Agency develops and supports activities to promote health, prevent illness and improve preparedness for health threats. Our mission from the government is also to monitor the health status of the population and the factors that affect this. Important partners are other governmental agencies, regions and municipalities. The PHAS also has in its instruction from the Swedish Parliament the mandate and responsibility to monitor and actively participate in public health work within the European Union (EU) and internationally, and be the national focal point for the EU Health Program/s and Non-Communicable Diseases (NCDs) within the EU since 2014. Within the field of mental health and suicide prevention, the PHAS is responsible for several commissions from the Ministry of Health and Social Affairs. National coordination of suicide prevention in Sweden is one of the main tasks within these commissions.
Key Staff: Johanna Ahnquist/female. Johanna Ahnquist, B.A in Sociology, MPH in Public Health, Ph.D. in Social Epidemiology, is head of the Unit for Mental Health, Children and Youth at the PHAS. Johanna has been employed at the PHAS since 2003. She has been head of the unit since 2013. Before 2013, she was responsible for several government commissions e.g., concerning parental support. She has also been responsible for data analysis and literature reviews concerning health inequalities. Johanna has been involved in previous international collaborations, e.g., as expert in the EU Expert Group on Social Determinants and Health Inequalities. Jenny Telander/female. Jenny Telander, B.A. in Social Anthropology, MPH in Health Promotion, is a Public Health Policy Analyst and Project Manager employed at the PHAS since 2007. For the past 6 years she has been working in the field of suicide prevention as National coordinator.

2.8.3. Financial management (proposal section 9.7)
The EC financial contribution will be distributed amongst the beneficiaries, based on the allocated budget to each beneficiary for:

- the effort necessary to perform the JA on the implementation of best practices in the area of Mental Health
- travel and subsistence to JA on mental health meetings (GA, WP meetings or workshops)
- logistic costs for the organisation of meetings (catering)
- other costs necessary for perform the WP tasks (printing costs, communication costs)

The Coordinating institution, NPHO, has extensive experience in the financial management of research collaborative projects and public health actions (INTEGRATE, EU-JAV, EU-JAMRAI, SHARP).
NPHO will perform these tasks through the Coordinator and the financial and project management team of NPHO for the JA ImpleMENTAL.
The financial and project management team of NPHO will also provide continuous direct support to all beneficiaries. It will check all data reported by beneficiaries before submission to the EC. In particular, they will verify:

- the quality and accuracy of financial reports submitted (in relation to the work performed),
- the on time uploading of reports to the participant portal,
- the use of funding according to existing guidelines,
- that costs actually incurred are consistent with those initially budgeted,
- that sufficient justification is provided in case of significant deviation,

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- that the banking information from the beneficiaries is kept up to date.

The financial and project management team of NPHO will instruct the beneficiaries on proper time recording practices and prepare comprehensive reporting templates that will be sent to all beneficiaries well before the EC reporting deadline, to allow timely submission of reports. After validation of periodic reports by the EC, distribution of co-funding to beneficiaries will be made by the Coordinator's financial officer without unjustified delay.

Permanent supervision on financial balance of the action will allow the financial and project management team of NPHO to alert promptly the Coordinator and Executive Board as to whether or not resources are being used effectively and efficiently and to give suggestions and recommendations for proper reactions, such as reallocation between partners or WPs.

2.9. Budget

2.9.1. Content description and justification

The EC financial contribution has been carefully distributed amongst the beneficiaries, based on: • the effort necessary to perform the JA tasks • travel and subsistence to JA meetings (GA, WP meetings or workshops) • logistic costs for the organization of meetings (catering) • other costs necessary for perform the WP tasks such as printing costs or communication costs • other costs necessary for external experts for training and working groups on mental health• other costs for project management software, platform for training, conferences and meetings and the evaluation software.

Allocation of effort was categorized based on the level of participation: wpleaders-coleaders, implementing best practices (1 or 2 Best practices), participating in technical wp in SANA and workshops but not implementing a pilot. More specifically:

Travel costs for participation in meetings of the various JA bodies (GA, Executive Board, etc.) and of the WPs, in particular the two technical WPs, have been minimized as much as possible and a balanced mix of online and onsite meetings/workshops enabling adequate exchange and interaction between participating partners, has been envisaged. All meetings taking place in 2021 are planned as online meetings only, principally due to contact and travel restrictions imposed by the Covid-19 pandemic.

Within WP5, travel and subsistence costs have been budgeted for following onsite meetings/workshops: • Internal meetings with relevant stakeholders within the participating countries • Four on-site meetings/workshops of all WP5 participating countries in 2022 and 2023 (one person only per country) as part of the activities to be performed under WP5 (any other necessary meeting will be online) • Four on-site training sessions (for two participants per country) as part of task 5.5 on training and capacity building (any other training will be implemented online) • Travel costs for the trainers who will perform the onsite meetings (two trainers for each of the four training sessions) • Three on-site meetings for each of the two WP5 Advisory Groups (for eight experts per group) - three other meetings of the WPAGs will be held online.

Within WP 6 besides two online-workshops and three online-trainings travel and subsistence costs have been budgeted for two onsite-workshops and six onsite-trainings. The onsite workshops and training focus on complex strategy developments and practical parts that cannot be developed and discussed in the same quality in an online-format. Nevertheless, these formats will be held online if the epidemiological situation should require it.

Allocation of effort was categorized based on the level of participation wp-leaders/co-leaders, wp-task leaders/co-leaders, implementing best practices (1 or 2 Best practices), participating in technical wp in SANA and workshops but not implementing a pilot. More specifically:

In WP5 Mental Health Reform the following countries participate under the following categories:

-Lead /Implementing: Germany, Colead/ Implementing: Italy

-Participating and pilot implementing: *Croatia, Cyprus, Estonia, Greece, Hungary, Lithuania, Malta, Slovenia, Spain*

-Participating not implementing: Bulgaria, France, Serbia

In WP6 suicide prevention the following countries are participating under the following categories:

-Lead /Implementing: Austria, Colead/ Implementing: Czechia

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-Participating and pilot implementing: *Croatia, Cyprus, Estonia, Finland, Greece, Hungary, Iceland, Malta, Norway, Slovenia, Spain, Sweden*.
-*Participating not implementing: Bulgaria, Lithuania, Serbia*
Budget was first discussed individually with WP leaders through mail discussions. WP leaders work on the allocation of effort for each task and an estimated budget where formulated using the average monthly cost of each applicant and the indicated effort as well as the all costs in budget category C (only in exceptional cases category b costs are accommodated). WP leaders recognized the effort needed for horizontal package work and allocated effort and travel costs to all applicants for the work in all horizontal wps (wp1, wp2, wp3, wp4).
An estimated overall budget was then sent to all applicants (applicants are the competent authorities who are responsible for providing a country level budget which incorporate the effort and costs of the competent authority and the affiliated entities) with:
• The indicative Person-Month per applicant (one country budget for competent authority and affiliated entities) per WP and the associated tasks • Number of meetings/workshops expected to take place during the project (when possible, we have tried to combine WP workshops with annual General Assembly meetings to minimize travel costs). • Allocation of other costs for other goods and services including allocation for printing, translation, within country meetings and evaluation software licenses.
Applicants took these estimations into account to calculate their travel and subsistence costs, according to their involvement in each of the WPs and all agreed to the allocation of effort estimated by the wp leaders/ co leaders• Personnel costs represent the highest cost item (75,6%). Most of the effort (>50%), and thus most of the JA costs, concentrates on the two technical work packages (wp5 & wp6):

Other Direct Costs in wp1 are mainly allocated to travels for governance structure meetings (annual meetings, executive board meetings and Member State Policy committee meetings) and most direct costs in wp2 are allocated to the travel costs for attending the final conference.

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2.9.2 Summary of Effort

Per Beneficiary

		WP1	WP2	WP3	WP4	WP5	WP6	TotalPMs Per Country
1.GREECE	1.NPHO	93,00	7,00	14,00	11,50	23,00	12,00	**160,50**
2.AUSTRIA	2.BMSGPK	2,00	3,50	10,35	7,00	0,00	35,81	**58,66**
3.BULGARIA	3. NCPHA	1,00	1,50	0,00	2,50	10,50	4,00	**19,50**
4.CROATIA	4.CIPH	2,00	33,00	10,60	11,50	21,13	11,85	**90,08**
5.CYPRUS	5.MHS SHSO	1,00	2,00	9,20	7,00	21,13	11,85	**52,18**
6.CZECHIA	6. MoHCZ	2,00	3,50	10,00	7,00	0,00	23,00	**45,50**
7.ESTONIA	7. MSAE	1,00	2,00	9,80	7,00	21,10	11,75	**52,65**
8.FINLAND	8.THL	1,00	1,00	5,00	4,00	0,00	9,50	**20,50**
9.FRANCE	9. FR-MOH	1,00	1,50	0,00	1,50	10,00	0,00	**14,00**
10.GERMANY	10. BzgA	2,00	3,50	10,70	7,00	53,13	0,00	**76,33**
11.HUNGARY	11. OKFO	2,00	26,50	11,90	34,50	21,13	11,85	**107,88**
12.ICELAND	12. DOHI	1,00	1,50	5,40	4,00	0,00	11,85	**23,75**
13.ITALY	13. LR	1,50	3,15	10,00	9,75	44,20	0,00	**68,60**
14.LITHUANIA	14. SAM	1,00	1,50	5,40	4,50	21,13	3,84	**37,37**
15.MALTA	15. MHS	1,00	2,00	7,00	4,00	20,50	12,00	**46,50**
16.NETHERLANDS	16.TRIMBOS	2,00	3,50	22,05	16,00	1,50	0,00	**45,05**
17.NORWAY	17. HDIR	1,00	1,50	5,40	3,00	0,00	11,85	**22,75**
19.SERBIA	18. IPHS	1,00	1,50	0,00	2,50	10,25	3,84	**19,09**
19.SLOVENIA	19. NIJZ	2,00	2,00	9,80	7,00	21,13	11,85	**53,78**
20.SPAIN	20. SMS	2,00	2,00	17,50	7,00	22,13	12,35	**62,98**
21.SWEDEN	21. PHAS	1,00	2,00	5,00	3,00	0,00	11,00	**22,00**
Total per WP		**121,50**	**105,65**	**179,10**	**161,25**	**321,96**	**210,19**	**1.099,65**

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Summary of Effort **Per Beneficiary and Affiliated entity (CA and AE)**

Country	ShortName	WP1	WP2	WP3	WP4	WP5	WP6	Total PMs per CA and AE
1.GREECE	NPHO	93,00	7,00	14,00	11,50	23,00	12,00	160,50
2.AUSTRIA	BMSGPK	0,00	0,00	0,00	0,00	0,00	0,00	0,00
2.1.AUSTRIA	GÖG	2,00	3,50	10,35	7,00	0,00	35,81	58,66
3.BULGARIA	NCPHA	1,00	1,50	0,00	2,50	10,50	4,00	19,50
4.CROATIA	CIPH	2,00	33,00	10,60	11,50	21,13	11,85	90,08
5.CYPRUS	MHS CYPRUS	1,00	2,00	9,20	7,00	21,13	11,85	52,18
6.CZECHIA	MZCR	1,00	2,00	3,00	2,00	0,00	8,00	16,00
6.1. CZECHIA	NIMH	1,00	1,50	7,00	5,00	0,00	15,00	29,50
7.ESTONIA	MSAE	1,00	2,00	9,80	7,00	21,10	8,25	49,15
7.1. ESTONIA	NIHD	0,00	0,00	0,00	0,00	0,00	3,50	3,50
8.FINLAND	THL	1,00	1,00	5,00	4,00	0,00	9,50	20,50
9.FRANCE	MOH-FRANCE	1,00	1,50	0,00	0,75	6,75	0,00	10,00
9.1. FRANCE	INSERM	0,00	0,00	0,00	0,75	3,25	0,00	4,00
10.GERMANY	BZgA	2,00	3,50	10,70	7,00	53,13	0,00	76,33
11.HUNGARY	OKFO	1,00	8,50	3,65	14,75	4,00	3,35	35,25
11.1. HUNGARY	SU	0,50	16,00	0,50	14,75	4,00	0,50	36,25
11.2. HUNGARY	UD	0,50	2,00	7,75	5,00	13,13	8,00	36,38
12.ICELAND	DOHI	1,00	1,50	5,40	4,00	0,00	11,85	23,75
13.ITALY	LR	0,50	0,00	0,00	0,50	1,00	0,00	2,00
13.1. ITALY	ASST LECCO	0,50	1,00	2,00	1,75	7,90	0,00	13,15
13.2. ITALY	UNIMIB	0,00	1,00	1,00	3,50	7,90	0,00	15,30
13.3. ITALY	MNIPR	0,00	0,00	2,00	1,00	9,80	0,00	10,50
13.4. ITALY	POLIMI	0,50	0,65	1,50	3,00	7,50	0,00	15,75
13.5. ITALY	FBF	0,00	0,50	3,50	0,00	10,10	0,00	11,90
14.LITHUANIA	AM	1,00	1,50	5,40	4,50	21,13	3,84	37,37
15.MALTA	MFH	1,00	2,00	7,00	4,00	20,50	12,00	46,50
16.NETHERLANDS	TRIMBOS	2,00	3,50	22,05	16,00	1,50	0,00	45,05
17.NORWAY	HDIR	1,00	1,50	5,40	3,00	0,00	11,85	22,75
18.SERBIA	IPHS	1,00	1,50	0,00	2,50	10,25	3,84	19,09
19.SLOVENIA	NIJZ	2,00	2,00	9,80	7,00	21,13	11,85	53,78
20.SPAIN	SMS	1,00	0,25	2,50	1,80	9,50	3,85	18,90
20.1. SPAIN	FFIS	1,00	0,70	11,50	1,35	4,13	0,50	19,18
20.2. SPAIN	CATSALUT	0,00	0,15	0,50	0,55	3,50	0,00	6,20
20.3. SPAIN	CONSEJ-MUJER	0,00	0,15	0,50	0,55	5,00	1,50	2,70
20.4. SPAIN	SAS	0,00	0,15	0,50	0,55	0,00	0,50	1,70
20.5. SPAIN	FBS	0,00	0,15	0,50	0,55	0,00	1,50	2,70
20.6. SPAIN	SERMAS	0,00	0,15	0,50	0,55	0,00	1,50	6,20
20.7. SPAIN	SNS-O	0,00	0,15	0,50	0,55	0,00	1,50	2,70
20.8. SPAIN	OSAKIDETZA	0,00	0,15	0,50	0,55	0,00	1,50	2,70
21.SWEDEN	FOHM/PHAS	1,00	2,00	5,00	3,00	0,00	11,00	22,00
Total Person - Months per WP		**121,50**	**105,65**	**179,10**	**161,25**	**321,96**	**210,19**	**1.099,65**

2.9.3 Third-Party Contributions

No third-Party Contributions declared.

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2.9.4. Detailed budget (proposal section 10.3)

Applicant No. & Short Name	1.NATIONAL PUBLIC HEALTH ORGANISATION- NPHO (Coordinator)-Greece		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-Months	Sum Cost (€)
WP1. Head Scientific Officer/JA Coordinator	€ 3.214,81	12,00	38.577,72 €
WP1. Senior Scientific Officer A	€ 2.792,72	4,00	11.170,88 €
WP1.Junior Scientific Officer	€ 1.803,91	4,00	7.215,64 €
WP1.Professor/Senior Researcher	€ 4.000,00	3,00	12.000,00 €
WP1.Researcher/Scientific Officer	2.000,00 €	4,00	8.000,00 €
WP1.Legal Officer	€ 2.642,00	3,00	7.926,00 €
WP1.Chief Financiial Officer	€ 3.064,87	3,00	9.194,61 €
WP1.Financial Officer B	€ 2.000,00	18,00	36.000,00 €
WP1.Financial Officer A	€ 2.457,00	2,00	4.914,00 €
WP1.Project Manager (Assistant to the Coordinator)	€ 2.200,00	36,00	79.200,00 €
WP1. Communication Officer	€ 1.800,00	4,00	7.200,00 €
WP2.Head Scientific Officer/JA Coordinator	€ 3.214,81	1,00	3.214,81 €
WP2. Senior Scientific Officer A	€ 2.792,72	2,00	5.585,44 €
WP2.Communication Officer	€ 1.800,00	4,00	7.200,00 €
WP3.Head Scientific Officer/JA Coordinator	€ 3.214,81	3,00	9.644,43 €
WP3.Senior Scientific Officer A	€ 2.792,72	3,00	8.378,16 €
WP3.Junior Scientific Officer	€ 1.803,91	4,00	7.215,64 €
WP3.Researcher/Scientific Officer	€ 2.000,00	4,00	8.000,00 €
WP4. Head Scientific Officer/JA Coordinator	€ 3.214,81	3,00	9.644,43 €
WP4. Senior Scientific Officer A	€ 2.792,72	3,00	8.378,16 €
WP4. Junior Scientific Officer	€ 1.803,91	1,50	2.705,87 €
WP4. /Senior Researcher	€ 4.000,00	3,00	12.000,00 €
WP4. Researcher/Scientific Officer	€ 2.000,00	1,00	2.000,00 €
WP5.Head Scientific Officer/JA Coordinator	€ 3.214,81	2,00	6.429,62 €
WP5.Senior Scientific Officer A	€ 2.792,72	6,00	16.756,32 €
WP5.Junior Scientific Officer	€ 1.803,91	5,00	9.019,55 €
WP5.Professor/Senior Researcher	€ 4.000,00	5,00	20.000,00 €
WP5.Researcher/Scientific Officer	€ 2.000,00	5,00	10.000,00 €
WP6.Head Scientific Officer/JA Coordinator	€ 3.214,81	1,00	3.214,81 €
WP6.Senior Scientific Officer A	€ 2.792,72	3,00	8.378,16 €
WP6.Junior Scientific Officer	€ 1.803,91	2,00	3.607,82 €
WP6.Professor/Senior Researcher	€ 4.000,00	3,00	12.000,00 €
WP6.Researcher/Scientific Officer	€ 2.000,00	3,00	6.000,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:		160,50	**400.772,07 €**

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	Justification		
	Scientific Officers will be involved in coordination WP1 Dissemination WP2 (, Evaluation WP3 and Sustainability activities WP4. The two Officers will participate in all activities, meetings and training in WP5 and implement the best practice. They will also participate in WP6 ,activities meeting and trainings The Administrative and/or Financial Officer will be responsible for financial management, administration and reporting in all WPs. Concluding, each officer will work In total: Head Scientific Officer/ Ja Coordinator (22PM), Senior Scientific Officer A (21,5PM), Junior Scientific Officer (16,5PM), Professor/Senior Researcher (14PM),Researcher/Scientific Officer (17PM),Chief Financial Officer (3PM),Financial Officer A (2PM),Financial Officer B (18PM),Legal Officer (3PM),Project Manager (Assistant to the Coordinator) (36PM), Communication Officer (8PM)		

(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**
Total Costs (€) of (B)	**0,00**	
	Justification	

(C) Other Direct costs		
(C.1) Travel for ONSITE MEETINGS	**Costs (€)**	**Justification**
WP1. Travel and subsistence for participation in (on-site) annual Consortium /GA meetings in M12 & M24	12.000,00 €	2 meetings x 6 persons x 1.000€ Member State Committee Delegate (1) & Coordination Team (5 persons))
WP1. Annual meetings, implementers (1 for each best practice) in M12 & M24	4.000,00 €	2 meetings x 2 persons (1 implementer per each BP) x 1.000€
WP1. Executive board meetings back to back to Annual Consortium/GA Meetings in M12 & M24	4.000,00 €	2 meetings x 4 persons (to 2 extra nights) x 500€
WP1. Coordinator attendance of European events related to Mental Health to disseminate and communicate about the Joint Action	5.000,00 €	5 meetings x 1X persons X 1.000€
WP1.Travel and subsistence costs of the Coordinator to attend meetings and workshops of the Joint Action	7.000,00 €	7 meetings x 1 person X 1.000€
WP1. Other staff of NPHO scientific team, attendance at European events related to Mental Health to disseminate and communicate about the Joint Action	3.000,00 €	3 meetings x 1 person X 1.000€
WP1. Participants of Stakeholder forum members. Travel and subsistence for participation in Annual Consortium meetings: in M12 & M24 & M36	20.000,00 €	2 meetings x 7 persons (Members of Stakeholder forum) x 1.000€ 1 meeting x 6 persons (Members of Stakeholder forum) x 1.000€
WP 5 Travel and subsistence costs for meetings/workshops with stakeholders within	2.000,00 €	Participations of stakeholders of WP5 in meetings and workshops within the

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countries		country approx. 3 meetings with stakeholders in Greece 6 persons per meeting). Travel and subsistence costs of EUR 100 per person.
WP5. Travel and subsistence costs -European level	4.000,00 €	Participation of 1 staff member in 4 (onsite) 2-days WP workshops in 2022 & 2023
WP5. Travel and subsistence costs of participants to 4 on-site training- European level	8.000,00 €	2 persons per country participating in WP5 on site training : 2 x 4 X 1.000€
WP6. Travel and subsistence costs for 2 workshops - European level	2.000,00 €	1 person x 2 travels X 1.000€
WP6. Travel and subsistence costs for training - European level	4.857,00 €	1 person x 6 trainings
Total C.1 Travel:	**75.857,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
WP1- Financial costs	7.000,00 €	Certificate of Financial Statement
WP1. Translation and english proof reading	5.000,00 €	quality of deliverables
WP1. Costs for webex platform	5.000,00 €	Teleconferences /meetings/conferences
WP1. Project Management Platform	18.000,00 €	25 users x36 months x18 -20 €per user
WP1. Print/publications	3.000,00 €	
WP1. Renting of venue for Member State Policy Committe incl. technical equipment (2 days) in M30 The meeting wil ltake place in Athens.	1.500,00 €	1 meeting x 2-days = 1.500€.
WP1.Catering costs Member State Policy committee meeeting in M30	3.200,00 €	40 personsX2 daysx40 euros per person
WP2. 0rganizational costs for Annual Consortium(Final conference) /GA Meeting in M36	7.000,00 €	Costs of renting the venue+ Technical equipment + catering
WP2. Translation of dissemination materials	1.500,00 €	translation of JA dissemination materials
WP3. Costs evaluation software (WP3)	500,00 €	User licences
WP5. Translation and proof reading	2.142,43 €	esp. for training curricula/materials, training tools, reports, other country-specific materials.
WP5 Costs of meetings/workshops within countries	1.500,00 €	Costs of renting the venue + catering
WP6. Costs of meetings/workshops within countries	1.050,00 €	Costs of renting the venue + catering
Total Costs of C.2 Other goods and services	**56.392,43 €**	
Total Costs (€) of (C)	**132.249,43**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**37.311,50**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**570.333,00**	0

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Applicant No. &Short Name	2. AUSTRIAN FEDERAL MINISTRY OF SOCIAL AFFAIRS, HEALTH, CARE AND CONSUMER PROTECTION -BMSGPK– AUSTRIA
(If affiliated entity: Affiliated to which Applicant number/Short name)	
Total estimated eligible costs=0 € All budgets for Austria will be included to the affiliated entity of BMSGPK (2.1. GÖG). Please see the detailed budget of GÖG). “The travel/accommodation costs of the representative of the ministry will be billed through GÖG.” “There are no further PMs foreseen as SUPRA (and in direct connection this JA) is conducted by GÖG on behalf of the ministry and it is part of the regular job of the ministry’s representative to be informed and involved in all actions of SUPRA.	

Applicant No. &Short Name	2.1.GÖG- Gesundheit Österreich GmbH - Austrian National Public Health Institute- AUSTRIA		
(If affiliated entity: Affiliated to which Applicant number/Short name)	2.BMSGPK-AUSTRIA		
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-month	Sum Cost (€)
Senior mental Health Expert, head of department	€ 8.591,50	19,66	168.908,89 €
Senior Health Expert	€ 7.543,99	19,50	147.107,81 €
Mental Health Expert	€ 6.964,67	19,50	135.811,07 €
		Total Person-month	Total costs (€) for (A)
Average monthly costs:	7.700,05 €	58,66	451.827,76 €
	Justification		
	one head of department and two health experts: lead and coordination of WP6		
(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification	
Costs of Sub-contracting	14.400,00 €	2 external experts for 9 trainings, 800.- for each per training (1,5 days)	
TotalCosts (€) of (B)	14.400,00		
	Justification		
(C) Other Direct costs			
(C.1) Travel	Costs (€)	Justification	
WP1. Travel and subsistence for participation in (on-site) Annual Consortium/General Assembly (GA)	€ 4.000,00	2 meetings x 2 persons x 1.000€. During these Annual Consortium Meetings, the meeting of the MS Policy	

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meetings in **M12 & M24** Participation of Member State Policy Committee Delegate (Federal MoH Austria) & GÖG		Committee will be held.
WP1.Participation of pilot implementers of WP6 in the annual Consortium meetings**M12 & M24**	€ 2.000,00	Participation of staff member of pilot implementers in 2 Consortium meetings = 2 meetings x 1 person x 1.000€
WP1. Executive board meetings back to back to Annual Consortium/GA Meetings in **M12 & M24**	€ 2.000,00	2 persons X 2 extra nights X2 annual meetings x250 € per extra night subsistence
WP1. Travel and subsistence for participation in **Member States Policy Committee meeting in M30:** Participation of staff member from Federal MoH Austria delegate (in 1 meeting co-organized with WP4)	€ 1.000,00	Participation of 1 staff member 1 meeting = 1 person x 1.000€
Wp1.Travel and subsistence for participation in **Member States Policy Committee meeting in M30 in Athens.** Participation of WP leaders (GÖG staff members) in 1 meeting co-organized with WP4 in M30	€ 2.000,00	Participation of 2 staff members in 1 meeting = 2 persons x 1.000€
WP1.**ExB meeting in M30.** Participation of GÖG staff members (meeting back-to-back with the MS Policy Committee meeting)	€ 1.000,00	1meeting X2 persons X2 extra nights x250 € per extra night subsistence
Wp2.**Travel and subsistence for participation in Annual Consortium/GA /Final Conference meeting in M36:** Participation Member State Policy Committee Delegate (Federal MoH Austria) & GÖG	€ 3.000,00	3 persons x 1.000€
Wp2,**Travel and subsistence for WP(co-) Leading countries:** Participation of staff members/stakeholders	€ 2.000,00	2 extra persons x 1 travel for each WP (co)leader
WP2, **Participation in Annual Consortium/ Final Conference meeting in M36** Participation of staff members from pilot practice implementers	€ 1.000,00	Participation of 1 staff member = 1 person x 1.000€
ExB meeting in M36 back to back to Final conference/extra costs	€ 1.000,00	2 persons 2 extra nights x250 € per extra night subsistence
WP6. Travel and subsistence costs for WP lead	€ 16.000,00	for 2 persons (2 workshops and 6 trainings)
WP6. Travel and subsistence costs for 2 workshops for implementing countries	€ 2.000,00	1 person for 2 workshops
WP6. Travel and subsistence costs for 6 trainings for implementing countries	€ 4.857,00	6 trainings for implementing countries for 2 persons
Total C.1 Travel:	**41.856,57 €**	
(C.2) Equipment	**Costs (€)**	**Justification**

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	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
Translation of dissemination materials	€ 2.000,00€	Translation of JA dissemination materials
Costs evaluation software (WP3)	500,00 €	User license
Travel and subsistence costs for external experts	€ 12.000,00	6 trainings with 2 external experts in 2022 and 2023
Catering workshops	€ 2.000,00	1.000 per workshop
Catering trainings	€ 2.400,00	400 per training
Room rent	€ 4.000,00	
English proof reading of deliverables	3.000,00 €	
Print/publications	1.500,00 €	
Certificate on financial statements	€ 3.000,00	
WP6Costs of stakeholder meetings/workshops within Austria :Renting of venue incl. technical equipment	€ 1.000,00	Costs of renting the venue
WP6 Costs of stakeholder meetings/workshops within Austria :catering	€ 500,00	Costs of catering
Total Costs of C.2 Other goods and services	**31.900,00 €**	
Total Costs (€) of (C)	**73.756,57€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**37.798,91€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**577.783,24€**	

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Applicant No. &Short Name	**3. NCPHA - NATIONAL CENTER FOR PUBLIC HEALTH AND ANALYSIS BULGARIA**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Head of Department	1.700,00 €	5,75	9.775,00€
Senior Scientific Officer	1.400,00 €	9,25	12.950,00€
Administrative and/or Financial Officer	1.100,00 €	4,50	4.950,00€
Others:			
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	1.400,00 €	19,50	**27.675,00€**
	Justification		
	Participation in: WP1:1 PM; WP2: 1,5PM; WP3: 0 PM, WP4:2,5 PM, WP5: 10,5 PM, WP6: 4 PM Bulgaria will participate in Situation Analysis & Needs Assessment as well as training activities in WP5 &WP6, in dissemination activities (WP2), and in policy dialogues and sustainability planning (WP1&WP4).		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
WP1 Travel and subsistence for participation in (on-site) Annual Consortium General Assembly (GA) meetings **in M12 and M24**	4.000,00 €	2 meeting x 2 persons x 1.000€ Participation of Member State Policy Committee Delegate Ministry of Bulgaria& Competent Authority NCPHA Meetings of the MS Policy Committee will be held in a dedicated session of the Annual Consortium Meetings	
WP1 Participation of staff member from MoHBulgaria in themeeting of the Member State Policy Committee in Athens **in M30**. This meeting is organized by WP1 in collaboration with WP4	1.000,00 €	Participation of 1 staff member 1 meeting = 1 person x 1.000€	
WP2 Travel and subsistence for participation in **Annual Consortium/ (GA) / Final Conference in M36**	3.000,00 €	3 persons x 1.000€ Participation Member State Policy Committee Delegate & Competent Authority	
WP5 Stakeholder meetings/workshops within Bulgaria	1.000,00 €	Participations of stakeholders of WP5 in meetings and workshops within the	

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		country approx. 3 meetings with stakeholders (3 persons per meeting). Travel and subsistence costs of EUR 100 per person.
WP5 Four on-site workshops (2022 & 2023) (In 2021 only virtual/online workshops) - European Level	4.000,00 €	Participation of staff members in 4 on-site workshops = 4 workshops x 1.000€
WP5 Four on-site training sessions- European Level	8.000,00 €	Participation of 2 persons in 4 on-site training
WP6 Travel and subsistence costs for 2 workshops -European Level	2.000,00 €	2 workshopsX1 person
WP6 Travel and subsistence costs for 6 trainings for 2 persons -European Level	4.857,00 €	6 trainings X 2 persons average
Total C.1 Travel:	**27.857,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
WP2 Translation of dissemination materials	2.000,00 €	Translation of JA dissemination materials
WP5 Renting of venue incl. technical equipment for within the country meetings	500,00 €	Costs of renting the venue
Wp5.Catering for within the country meetings	230,00 €	Costs of catering
WP5.Translation and proofreading: esp. for training curricula/materials, training tools, reports, other country-specific materials.	2.142,43 €	
WP6. Costs of meetings/workshops within countries	1.050,00 €	Costs of renting the venue + catering
Total Costs of C.2 Other goods and services	5.923,00 €	
Total Costs (€) of (C)	**33.780,00€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**4.301,85€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**65.756,85€**	

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<table>
<tr><td>Applicant No. &Short Name</td><td colspan="3">4. CIPH- CROATIAN INSTITUTE OF PUBLIC HEALTH -CROATIA</td></tr>
<tr><td>(If affiliated entity: Affiliated to which Applicant number/Short name)</td><td colspan="3"></td></tr>
<tr><td>(A) Direct personnel costs</td><td></td><td></td><td></td></tr>
<tr><td>Staff function</td><td>Monthly Cost</td><td>Estimated Person-month</td><td>Sum Cost (€)</td></tr>
<tr><td>Senior Scientific Officer/lead</td><td>€ 3.375,34</td><td>17,00</td><td>57.380,72</td></tr>
<tr><td>Senior Scientific Officer</td><td>€ 4.340,49</td><td>19,00</td><td>82.469,33</td></tr>
<tr><td>Senior Scientific Officer</td><td>€3.750,37</td><td>18,00</td><td>67.506,74</td></tr>
<tr><td>Junior Scientific Officer</td><td>€1.656,24</td><td>6,98</td><td>11.552,27</td></tr>
<tr><td>Junior Scientific Officer</td><td>€1.640,08</td><td>9,00</td><td>14.760,72</td></tr>
<tr><td>Junior Scientific Officer</td><td>€1.656,24</td><td>7,00</td><td>11.593,67</td></tr>
<tr><td>Junior Scientific Officer/Project manager</td><td>€2.035,26</td><td>10,00</td><td>20.352,6</td></tr>
<tr><td>Administrative Officer</td><td>€ 1.514,40</td><td>3,10</td><td>4.694,65</td></tr>
<tr><td></td><td></td><td>Total Person month</td><td>Total Costs (€) for (A)</td></tr>
<tr><td></td><td></td><td>90,08</td><td>270.310,67</td></tr>
<tr><td></td><td colspan="3">Justification</td></tr>
<tr><td></td><td colspan="3">WP1: Coordination at MS level, reporting, participation in relevant steering and management bodies and activities; WP2: Leader of WP2, reporting, leader of Task 2.1, 2.4, 2.6 and 2.7, participation in the tasks of WP2; WP3: Participation in WP3 activities; WP4: Participation in WP4 activities; WP5: Implementation of the knowledge transfer at MS level, reporting, participation in WP5; WP6: Implementation of the knowledge transfer at MS level, reporting, participation in WP6.</td></tr>
<tr><td>(B) Direct costs of sub-contracting</td><td>Costs (€)</td><td colspan="2">Task(s)/Justification</td></tr>
<tr><td>N/R</td><td>€ 0</td><td colspan="2">N/R</td></tr>
<tr><td>Total Costs (€) of (B)</td><td>€ 0</td><td colspan="2"></td></tr>
<tr><td>(C) Other direct costs</td><td colspan="3"></td></tr>
<tr><td>(C.1) Travel</td><td>Costs (€)</td><td colspan="2">Justification</td></tr>
<tr><td>Wp1 Travel and subsistence for participation in (on-site) annual Consortium/ General Assembly (GA) meetings:
Participation of Member State Committee Delegate & Competent Authority (Annual Consortium meetings will be organized by WP1 in collaboration with HR and HU, in Croatia M12 and Hungary M24. So for Croatia travel costs are included only for the meeting in Hungary)</td><td>€ 2.000,00</td><td colspan="2">1 meetings x 2 persons x 1.000€</td></tr>
<tr><td>WP1 Participation of pilot implementers</td><td>€ 2.000,00</td><td colspan="2">Participation of staff member of pilot implementers</td></tr>
</table>

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of 2 Best Practices		in 2 Annual Consortium meetings = 2 meetings x 2 persons per meeting) x 1.000€
WP1 Participation of pilot implementers	€ 1.000,00	Participation of 1 extra staff member of pilot implementers in Annual Consortium meeting in Hungary = 1 meeting x 1person x 1.000€
WP1 Annual Meetings / extra costs for back to back executive board meeting in Hungary	€ 1.000,00	2 persons X 2 extra nights X1 annual meeting in Hungary x250 € per extra night subsistence
WP1 Participation of CA staff members (in 1 meeting back-to-back with the MS Committee meeting) M30 for attending the ExB meeting	€ 1.000,00	2 persons X 2 extra nights x250 € per extra night subsistence
WP1 Travel and subsistence for participation in Member States Committee meeting: Participation of staff members (in 1 meeting co-organised with WP4 meeting) M30	€ 2.000,00	Participation of 2 staff members in 1 meeting = 2 persons x 1.000€
WP1 Participation of member State Committee delegate (in 1 meeting co-organised with WP4 meeting)	€ 1.000,00	Participation of 1 staff member in 1 meeting = 1 person x 1.000€
WP2 Travel and subsistence for participation in Annual Consortium Meetings/ Final Conference: Participation Member State Committee Delegate & Competent Authority	€ 3.000,00	3 persons x 1.000€
WP2 Participation of staff members/stakeholders	€ 2.000,00	2 extra persons x 1 travel for each WP (co) leader
WP2 Final conference/extra costs for back to back executive board meetings	€ 1.000,00	2 persons X 2 extra nights x250 € per extra night subsistence
WP2 Participation of staff members from pilot practice implementers in Final Conference M36	€ 2.000,00	Participation of 2 staff member
WP2 Invitation of european level stakeholders in Annual consortium meeting /Final Conference M36	€ 8.000,00	Invitation of 8 stakeholders in final conference 8 persons x 1000€ x 1 meeting
WP2 Attending dissemination conferences	€ 4.000,00	2 persons x 2 travels X100 euros
WP5 Stakeholder meetings/workshops within Croatia	€ 2.000,00	3 meetings X 6 stakeholders x 100euros per partcipant
WP5 Four on-site workshops (2022 & 2023) (In 2021 only virtual/online workshops)	€ 4.000,00	Participation of staff members in 4 on-site workshops = 4 workshops x 1.000€
WP5 Four on-site training sessions	€ 8.000,00	Participation of 2 persons in 4 on-site trainings = 2 persons x 4 sessions x 1.000€
WP6 Travel and subsistence costs for 2 workshops for implementing countries	€ 2.000,00	2 workshops X1 person X1000 euros
WP6 Travel and subsistence costs for 6 trainings for implementing countries for 2 persons	€ 4.856,57	6 trainings x1 person

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Total C.1 Travel:	50.856,57 €	
(C.2) Equipment	**Costs (€)**	**Justification**
	€ 0,00	N/R
(C.3) Other goods and services	**Costs (€)**	**Justification**
WP1	3.000,00 €	Certificate of Financial statement
WP2 Dissemination materials design and print	2.600,00 €	
WP2 Visual design and website development	2.600,00 €	
WP2 Co-organization of Annual meeting M12 in Croatia	2.600,00 €	
WP2 Translation of the dissemination materials	2.000,00 €	
WP2 co -0rganization of Final conference M36 Athens	2.000,00 €	
WP3 Costs evaluation software (WP3)	500,00 €	user license
WP5	2.142,86 €	Translation and proof reading): esp. for training curricula/materials, training tools, reports, other country-specific materials.
WP5 Costs of meetings/workshops within countries	1.500,00 €	Costs of renting the venue + catering
WP6 Venue & Catering	1.050,00 €	renting venue and catering costs
Total Costs of C.2 Other goods and services	**19.992,86 €**	
Total Costs (€) of (C)	**70.849,43**	
(D) Indirect Costs	**Total Costs (€)**	
(Max. 7% on A, B and C)	**23.881,21€**	**Flat rate of 7% on A, B, and C.**
Total estimated eligible costs	**365.041,31€**	

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Applicant No. & Short Name	**5.MENTAL HEALTH SERVICES DIRECTORATE- MHS CYPRUS**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function (*Please repeat line for each staff function category. You do not need to fill staff names here*)	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Scientific Officer - MHS SHSO	€ 4.672	14,75	68.910,82 €
Senior Scientific Officer - MHS SHSO	€ 4.672	14,15	66.107,67 €
Senior Scientific Officer - MHS SHSO	€ 4.672	11,55	53.960,68 €
Head Officer - MHS SHSO	€ 7.949	11,73	93.207,18 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	7.321,73 €	52,18	**282.186,35 €**
	Justification		382.011,44 €
	Scientific Officers will be involved in coordination WP1 Dissemination WP2, (Evaluation WP3 and Sustainability activities WP4. The two Officers will participate in all activities, meetings and training in WP5 and implement the best practice. They will also participate in WP6 ,activities meeting and trainings The Administrative and/or Financial Officer will be responsible for financial management, administration and reporting in all WPs		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
WP1 Annual Consortium /GA meetings, M12 & M24.	4.000,00 €	2 meetings x 2 persons x 1.000€ During these Annual Consortium Meetings, the meeting of the MS Policy Committee will be held.	
WP 1 Annual Consortium meetings, implementers in M12 & M24	4.000,00 €	2 meetings x 2 persons (1 for each best practice) x 1.000€	
WP1 Participation of staff member from MoH in 1 meeting of the Member State Policy Committee. This meeting is organized by WP1 in collaboration with WP4 in M30	1.000,00 €	Participation of 1 staff member 1 meeting	
WP2 1 meeting: Annual Consortium (Final Conference) /GA meetings M36	3.000,00 €	3 persons x 1 meeting x 1.000€ Member State Policy Committee Delegate (1) & Competent Authority (2)	

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WP2 Final Conference, implementers (1 for each best practice) M36	2.000,00 €	2 persons x 1 travel for each 2GP implementer
WP 5 Travel and subsistence costs for meetings/workshops with stakeholders within countries	2.000,00 €	Meetings and workshops for country stakeholders involved in pilot implementation approx. 3 meetings with stakeholders in Germany (6 persons per meeting). Travel and subsistence costs of EUR 100 per person.
WP5 Travel and subsistence costs of participating countries for participation in...	4.000,00 €	4 (onsite) 2-days WP workshops in 2022 & 2023
WP5 Travel and subsistence costs of participants to 4 on-site training	8.000,00 €	2 persons per country participating in WP5: 2 x 4
WP6 Travel and subsistence costs for 2 workshops for implementing country	2.000,00 €	1 person x 1 travel
WP6 Travel and subsistence costs for	4.857,00 €	6 trainings for implementing countries for 2 persons
Total C.1 Travel:	**34.857,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
WP1–Financial Costs	3.000,00 €	Cost for certificate for financial statements
WP2	2.000,00 €	Translation of dissemination materials
WP3 Costs evaluation software (WP3)	500,00 €	User licences
WP5 Translation and proof reading	1.946,15 €	esp. for training curricula/materials, training tools, reports, other country-specific materials.
WP5 Costs of meetings/workshops within countries	1.500,00 €	Costs of renting the venue + catering
WP6 Venue & Catering	1.050,00 €	Costs of renting the venue + catering
Total Costs of C.2 Other goods and services	**9.996,15 €**	
Total Costs (€) of (C)	**44.853,15**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**22.892,77**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**349.932,27**	

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Applicant No. &Short Name	**6. MINISTRY OF HEALTH OF THE CZECH REPUBLIC-MZCR CZECHIA**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Scientific Officer MoHCZ	5.475,00	6,00	32.850,00 €
Junior Scientific Officer MoHCZ	4.295,00	4,00	17.180,00 €
Administrative and/or Financial Officer MoHCZ	2.056,21	6,00	12.337,26 €
		Total Person-month	**Total costs (€) for (A)**
Averagemonthlycosts:	3.256,67 €	16,00	**62.367,26 €**
	Justification		
	Co-leading of WP6; participating also partly in horizontal WPs 1-4. Two senior scientific officer positions, one junior scientific officer and administrative/financial officer support		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Travel and subsistence for participation in (on-site) annual General Assembly (GA) meetings: Participation of Member State Committee Delegate & Competent Authority	1.000,00 €	1 meeting x 1 person x 1.000€	
Participation of pilot implementers	1.000,00 €	Participation of staff member of pilot implementers in 1 GA meetings = 1 meeting x 1 person x 1.000€	
Annual Meetings / extra costs for back to back executive board meetings	1.000,00 €	2 persons X 2 extra nights X1 annual meeting x250 € per extra night subsistence	
Participation of executive board members from Czechia (in 1 meeting back-to-back with the MS Committee meeting) M30	500,00 €	1 person X 2 extra nights x250 € per extra night subsistence	
Travel and subsistence for participation in Member States Committee meetings: Participation of staff members (in 1 meeting co-organized with WP4 in M30)	1.000,00 €	Participation of 1 executive board member from Czechia in 1 meeting = 1 person x 1.000€	

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Participation of staff member from MoHCZ (in 1 meeting co-organized with WP4 meeting)	1.000,00 €	Participation of 1 staff member 1 meeting = 1 person x 1.000€
Travel and subsistence for participation in Final Conference: Participation Member State Committee Delegate & Competent Authority	1.000,00 €	1 person x 1.000€
Participation of staff members/stakeholders	1.000,00 €	1 extra person x 1 travel for each WP (co-) leader
Final conference/extra costs for back to back executive board meetings	500,00 €	1 person X 2 extra nights x 250 € per extra night subsistence
Traveltoworkshops	1.000,00 €	Travel and subsistence costs for 1 workshop for implementing countries for 1 person (14 countries)
Traveltotrainings	2.000,00 €	Travel and subsistence costs for 2 trainings for implementing countries for 2 persons (1/3 of 15 countries)
Travel expenses for co-leaders	2.523,24 €	Czechia is co-leader of WP6 and with that function, extra travels are anticipated on the basis of the previous experience
Total C.1 Travel:	**13.523,24 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
Costs evaluation software (WP3)	500,00 €	User licence
WP6 Venue & Catering Meetings within the country	1050,00 €	Costs of renting the venue + catering
Total Costs of C.2 Other goods and services	**1.550,00 €**	
Total Costs (€) of (C)	**15.073,24€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**5.420,84€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**82.861,34€**	

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Applicant No. & Short Name	6.1 NATIONAL INSTITUTE FOR MENTAL HEALTH- CZECHIA		NIMH
(If affiliated entity: Affiliated to which Applicant number/Short name)	6. MZCR		
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-month	Sum Cost (€)
NIMH Senior Scientific Officer	5.475,00€	15,00	82.125,00 €
NIMH Junior Scientific Officer	4.295,00€	10,50	45.097,50 €
NIMH Administrative and/or Financial Officer	2.056,21€	4,00	8.224,84 €
		Total Person-month	Total costs (€) for (A)
Average monthly costs:	3.256,67 €	29,50	135.447,34 €
	Justification		
	Co-leading of WP6; participating also partly in horizontal WPs 1-4. Two senior scientific officer positions, one junior scientific officer and administrative/financial officer support		
(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification	
Total Costs (€) of (B)	0,00€		
	Justification		
(C) Other Direct costs			
(C.1) Travel	Costs (€)	Justification	
Wp1 Travel and subsistence for participation in (on-site) annual General Assembly (GA) meetings: Participation of Member State Committee Delegate & Competent Authority	3.000,00 €	1 meeting x 2 person x 1.000€ 1 meeting x 1 person x 1.000€	
Wp1 Participation of pilot implementers	1.000,00 €	Participation of staff member of pilot implementers in 1 GA meetings = 1 meeting x 1 person x 1.000€	
Wp1 Annual Meetings /extra costs for back to back executive board meetings	1.000,00 €	2 persons X 2 extra nights X1 annual meeting x250 € per extra night subsistence	
Wp1 Participation of executive board members from Czechia (in 1 meeting back-to-back with the MS Committee meeting) M30	500,00 €	1 person X 2 extra nights x250 € per extra night subsistence	
Wp1 Travel and subsistence for participation in Member States Committee meetings: Participation of staff members (in 1 meeting co-organized with WP4 in M30)	1.000,00 €	Participation of 1 executive board member from Czechia in 1 meeting = 1 person x 1.000€	

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Wp2 Travel and subsistence for participation in Final Conference: Participation Member State Committee Delegate & Competent Authority	2.000,00 €	2 persons x 1.000€
Participation of staff members/stakeholders	1.000,00 €	1 extra person x 1 travel for each WP (co-) leader
Final conference/extra costs for back to back executive board meetings	500,00 €	1 person X 2 extra nights x 250 € per extra night subsistence
Participation of staff members from pilot practice implementers	1.000,00 €	Participation of 1 staff member of implementers = 1 person x 1.000€
Traveltoworkshops	1.000,00 €	Travel and subsistence costs for 1 workshop for implementing countries for 1 person (14 countries)
Traveltotrainings	3.000,00 €	Travel and subsistence costs for 4 trainings for implementing countries for 2 persons (1/3 of 15 countries)
Travel expenses for co-leaders	5.333,33 €	Czechia is co-leader of WP6 and with that function, extra travels are anticipated on the basis of the previous experience
Total C.1 Travel:	**20.333,33 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
Translation of dissemination materials	2.000,00 €	Translation of JA dissemination materials
Total Costs of C.2 Other goods and services	**2.000,00 €**	
Total Costs (€) of (C)	**22.333,33€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**11.044,65€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**168.825,32€**	

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Applicant No. &Short Name	**7. MINISTRY OF SOCIAL AFFAIRS-MSAE ESTONIA**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Officer (WP5); MoSA	3.221,24 €	16,20	52.184,09 €
senior researcher (WP5) MoSA-A	3.292,82 €	3,50	11.524,87 €
Senior Officer 2 -WP5	2.863,32 €	4,70	13.457,60 €
Senior Officer 3-WP5	2.863,32 €	3,30	9.448,96 €
Senior Officer 4-WP5	2.863,32 €	3,30	9.448,96 €
Senior Officer (WP6-A); MoSA	3.221,24 €	15,00	48.318,60 €
Senior Officer (WP6-B) MoSA	2.934,90 €	2,30	6.750,27 €
senior researcher (WP6) MoSA-B	3.292,82 €	0,85	2.798,90 €
		TotalPM	**Total costs (€) for (A)**
Average monthly costs:	2.455,30 €	49,15	**153.932,47 €**
	Justification		
	Participation in: WP1:1 PM; WP2: 2 PM; WP3 10PM, WP4:7PM, WP5: 21,125 PM; WP6: 11,85 PM		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
WP1: Annual Consortium /GA meetings, M12 & M24.	4.000,00 €	2 meetings x 2 persons (1 member of the CA and 1 representative of the Ministry) x 1.000€ During these Annual Consortium Meetings , the meetings of the General Assembly and of the MS Policy Committee will be held as a coinciding events	
WP1: Annual Consortium meetings, implementers in M12 & M24	4.000,00 €	2 meetings x 2 persons (1 for each best practice) x 1.000€	
WP1: Participation of staff member from MoH in 1 meeting of the Member State Policy Committee. This meeting is organized by WP1 in collaboration with WP4 in M30	1.000,00 €	Participation of 1 staff member 1 meeting	
WP2: 1 meeting: Annual Consortium /GA meetings Final Conference M36	3.000,00 €	3 persons x 1 Annual consortium/Final Conference meeting x 1.000€ Member State Policy Committee Delegate (1) & Competent Authority (2)	

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		the meetings of the General Assembly and of the MS Policy Committee will be held as a coinciding events
WP2: Annual Consortium./ Final Conference, implementers (1 for each best practice) M36	2.000,00 €	2 persons x 1 travel for each 2BP implementer
WP5: Travel and subsistence costs for meetings/workshops with stakeholders within countries	2.000,00 €	meetings and workshops for country stakeholders involved in pilot implementation approx. 3 meetings with stakeholders (6 persons per meeting). Travel and subistence costs of EUR 100 per person.
WP5: Travel and subsistence costs of participating countries for participation in...	4.000,00 €	4 (onsite) 2-days WP workshops in 2022 & 2023
WP5: Travel and subsistence costs of participants to 4 on-site training	8.000,00 €	2 persons per country participating in WP5: 2 x 4
WP6: Travel and subsistence costs for 2 workshops	2.000,00 €	1 person x 2 travels
WP6: Travel and subsistence costs	2.428,50 €	3 trainings
Total C.1 Travel:	**32.428,50 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	NA	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
WP5	3.642,43 €	Cost of meetings/workshops within county/translation materials
WP3	500,00 €	Cost of evaluation software
WP2	2.000,00 €	Translation of dissemination materials
Wp6	1050,00 €	Cost of meetings/workshops within county
Total Costs of C.2 Other goods and services	**7.192,43 €**	
Total Costs (€) of (C)	**39.621,50€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**13.548,78€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**207.102,75€**	

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Applicant No. &Short Name	7.1 NATIONAL INSTITUTE FOR HEALTH DEVELOPMENT -NIHD ESTONIA		
(If affiliated entity: Affiliated to which Applicant number/Short name)	7. MSAE		
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-month	Sum Cost (€)
Senior Scientific Officer 2	3.435,99 €	1,75	6.012,98 €
Juniorscientificofficer 1;	2.491,09 €	1,75	4.359,41 €
		Total Person-month	Total costs (€) for (A)
Average monthly costs:	2.963,54 €	3,50	10.372,39 €
	Justification		
	Participation in: WP6 NIHD is essential partner to support activities from scientific coordination and implementation of the best practice. Developing strategy and measures on the contents and methods of prevention and health promotion.		
(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification	
Total Costs (€) of (B)	0,00€		
	Justification		
(C) Other Direct costs			
(C.1) Travel	Costs (€)	Justification	
WP6: Travel and subsistence costs	2.428,50 €	3 trainings X 1 person	
Total C.1 Travel:	2.428,50 €		
(C.2) Equipment	Costs (€)	Justification	
	-		
(C.3) Other Goods and Services	Costs (€)	Justification	
Total Costs of C.2 Other goods and services	0,00 €		
Total Costs (€) of (C)	2.428,50€		
(D) Indirect costs	Total Costs (€)		
(Max 7% on A, B, and C)	896,06€	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	13.696,95€		

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Applicant No. &Short Name	**8.FINNISH INSTITUTE FOR HEALTH AND WELFARE-THL FINLAND**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Chief Specialist/ THL	€ 9.000	7,00	63000,00
Senior Specialist/THL	€ 7.200	9,00	64800,00
Research professors/THL	€ 10.500	4,50	47250,00
Average monthly costs:	2.670,00 €	20,50	**175.050,00 €**
	Justification		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Consultation wp2	20.000,00€	NGO has networks which THL does not have Mieliry is Finnish Mental Health Association, which has a suicide prevention centre and SOS crisis centre. Modified: Surunauhary is NGO, focusing on those friends and family that are left behind after suicide. Their role is 1) provide information from the grassroot level: the networks of the local NGO's, mental health service users, and family members of users and suicide victims. Furthermore, the NGO's will 2) connect and involve these subgroups to our work, 3) they will disseminate JA work in their networks and 4) support the implementation of the JA work.	
Consultation wp6	9.000,00€		
Total Costs (€) of (B)	**29.000,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Wp 1. Travel and subsistence for participation in (on-site) annual Consortium /General Assembly (GA) / Policy Member State Committee meetings in M12,24	6.000,00 €	2 annual meetings in M12,14 X 3 persons (1 Competent Authority staff+ 1 member state Policy Committee representative+1 implementer)X 1000 euros	
WP 1 Participation of staff member from MoH France (in 1 meeting of the Policy Member State Committee. This meeting isorganised by WP1 in collaboration with	1.000,00 €	Participation of 1 person in 1 meeting x 1.000€	

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WP4 in M30		
WP2. Travel and subsistence costs	4.000,00 €	Final conference (final annual consortium meeting) X 4 persons (2 Competent Authority staff+ 1 Member State Policy Committee representative+1 implementer) x1 meeting x 1000 euros
WP6. Travel and subsistence costs for 2 workshops -European level	2.000,00 €	1 person x 1 travel X 1.000€
WP6. Travel and subsistence costs for training -European level	4.857,00 €	6 persons x 1 travel X 809.5 euros in 6 trainings
Total C.1 Travel:	**17.857,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	*n/a*
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
WP3	500,00 €	Cost of evaluation software
wp2	2.000,00 €	Dissemination materials translation and print
WP6. Costs of meetings/workshops within countries	1.050,00 €	Costs of renting the venue + catering
Total Costs of C.2 Other goods and services	**3.550,00 €**	
Total Costs (€) of (C)	**€ 21.406,57€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**€ 15.781,96€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**€ 241.238,53€**	

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Applicant No. & Short Name	**9. MINISTRY OF SOLIDARITY AND HEALTH-MoHFRANCE**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Scientific Officer A	8.300,00 €	2,00	16.600,00 €
Senior Scientific Officer B	8.300,00 €	4,00	33.200,00 €
JuniorScientificOfficer	8.300,00 €	4,00	33.200,00 €
		Total Person-month	**Total costs (€) for (A)**
Averagemonthlycosts:	8.300,00 €	10,00	**83.000,00 €**
	Justification		
	Participating country Wp5 .Participation of Staff in all WPs except WP6. Senior Scientific Officer A: WP1 X 0,5PM &WP5 X1, 5 PM Senior Scientific Officer B: WP1X 0,5PM, WP2 X 1 PM, WP4 X 0, 75 PM &WP5 X1, 75 PM. Junior Scientific Officer :WP2 X0,5PM & WP5X3,5 PM		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Wp 1. Travel and subsistence for participation in (on-site) annual Consortium /General Assembly (GA) meetings: Participation of Policy Member State Committee Delegate of Ministry of France & Competent Authority in M12 and M24	4.000,00 €	2 meetings x 2 persons x 1.000€	
WP 1 Participation of staff member from MoH France (in 1 meeting of the Policy Member State Committee. This meeting is organized by WP1 in collaboration with WP4 in M30	1.000,00 €	Participation of 1 person in 1 meeting x 1.000€	
WP2	2.000,00 €	Participation of 2 staff members in Final Conference x 1.000€	
WP5.	2.000,00 €	Participation of 1 staff member on 2 -site workshops - European level	
WP5.	6.000,00 €	Participation of staff member on 6-site trainings= 6 x 1.000€- European level	
WP5. Stakeholder meetings/workshops within France	1.000,00 €	Travel and subsistence costs for approx. 3 meetings with stakeholders (3 persons per meeting). Travel	

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		and subsistence costs of EUR 100 per person.
Total C.1 Travel:	**16.000,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
WP2.	1.500,00 €	translation of dissemination materials, printing and lay, publishing costs
WP5.	750,00 €	renting of technical equipment, catering for meetings in France
WP5.	2.142,86 €	translation for training
Total Costs of C.2 Other goods and services	**4.392,86 €**	
Total Costs (€) of (C)	**20.392,86€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**7.237,50€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**110.630,36€**	

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Applicant No. & Short Name	**9.1 INSERM-FRANCE**		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**9. MoH FRANCE**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Head of Department			0,00 €
Senior Scientific Officer	8.300,00 €	4,00	33.200,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	8.300,00 €	4,00	**33.200,00 €**
	Justification		
	Senior Scientific Officer participates in: WP4 X 0,75 PMs & WP5 X 3,25 PMs		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
WP2	1.000,00 €	Participation of 1 staff member in Final Conference x 1.000€	
WP5	2.000,00 €	Participation of 1 staff member on 2 -site workshops 2 x 1.000€	
WP5	2.000,00 €	Participation of 1 staff member on 2-site trainings= 2 x 1.000€	
Total C.1 Travel:	**5.000,00 €**		
(C.2) Equipment	**Costs (€)**	**Justification**	
	-		
(C.3) Other Goods and Services	**Costs (€)**	**Justification**	
WP2	500,00 €	translation of dissemination materials, printing and lay, publishing costs	
Total Costs of C.2 Other goods and services	**500,00 €**		
Total Costs (€) of (C)	**5.500,00€**		
(D) Indirect costs	**Total Costs (€)**		
(Max 7% on A, B, and C)	**2.709,00€**	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	**41.409,00€**		

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Applicant No. & Short Name	**10. FEDERAL CENTRE FOR HEALTH EDUCATION- BZgA GERMANY**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost***	**Estimated Person-month**	**Sum Cost (€)**
Head of Unit and/or Department, BZgA wp1	€ 9.347,00	0,10	934,70 €
Senior Scientific & Project Officer, BZgAwp1	€ 8.182,17	1,40	11.455,04 €
Administrative and Financial Officer,BZgAwp1	€ 6.724,78	0,50	3.362,39 €
Head of Unit and/or Department, BZgA wp2	€ 9.347,00	0,18	1.635,73 €
Senior Scientific & Project Officer, BZgAwp2	€ 8.182,17	2,45	20.046,32 €
Administrative and Financial Officer,BZgAwp2	€ 6.724,78	0,88	5.884,18 €
Head of Unit and/or Department, BZgAwp3	€ 9.347,00	0,54	5.000,65 €
Senior Scientific & Project Officer, BZgAwp3	€ 8.182,17	7,49	61.284,45 €
Administrative and Financial Officer,BZgAwp3	€ 6.724,78	2,68	17.988,79 €
Head of Unit and/or Department, BZgAwp4	€ 9.347,00	0,35	3.271,45 €
Senior Scientific & Project Officer, BZgAwp4	€ 8.182,17	4,90	40.092,63 €
Administrative and Financial Officer,BZgAwp4	€ 6.724,78	1,75	11.768,37 €
Head of Unit and/or Department, BZgAwp5	€ 9.347,00	2,66	24.863,02 €
Senior Scientific & Project Officer, BZgAwp5	€ 8.182,17	37,19	304.294,90 €
Administrative and Financial Officer,BZgAwp5	€ 6.724,78	13,28	89.305,08 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	**40.423,25 €**	**76,33**	**601.187,69 €**
	Justification		
	One head of Unit and/or Department: participation in WP5 and WP5 meetings and workshops, scientific advice and support to leading officers, participation in stakeholder meetings within Germany, participation in GA and Two Senior Scientific & Project Officers: lead and coordination of WP5, input to all WP5 activities and other WPs; participation in all JA meetings. One Administrative and Financial Officer: financial administration, reporting and controlling, technical and administrative support, management of contracting issues		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00 €**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	

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WP1 Travel and subsistence costs	10.000,00 €	Two annual meetings X 2 people / 2x2 ExB meetings + 1 MSC meeting M30 1 x1 person
WP2 Travel and subsistence costs	7.000,00 €	Final conference (5 staff members x1 meetings)+(1 implementer) x 1000 &ExB meeting
WP 5 Stakeholder meetings/workshops within Germany	2.000,00 €	Travel and subsistence costs for approx. 6-7 meetings with stakeholders in Germany (3 persons per meeting). Travel and subsistence costs of EUR 100 per person
WP5 Two on-site workshops (2022 & 2023) - in Italy (two other on-site workshops in Germany and any additional workshop only online)	2.000,00 €	Participation of staff members in 2 on-site workshops = 2 workshops x 1.000€
WP5 Four on-site training sessions	8.000,00 €	Participation of 2 persons (BZgA and/or AEs and/or pilot implementing institution staff) in 4 on-site training = 2 persons x 4 sessions x 1.000€
WP 5 Three on-site meetings of WP Advisory Groups	12.000,00 €	Participation of 4 staff members (BZgA and/or AEs and/or pilot implementing institution staff) for 3 onsite Advisory Groups meetings in Italy = 4 persons x 3 meetings = 12 x 1.000€
Total C.1 Travel:	**41.000,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
wp2	500,00 €	Dissemination materials translation and printing
wp3	500,00 €	Evaluation software
wp5	8.000,00 €	Renting of venues for 4 workshops/training sessions for 2-days each = 4 x 2.000€.
wp5	6.400,00 €	Catering = 20 persons X 2 days x 4 meetings/sessions x 40€
wp5	100,00€	Copying: 200€ x 4 meetings
wp5	500,00	Renting of venue incl. technical equipment
wp5	100,00	Catering
wp5	30.150,00 €	Fee rates for external contracted experts for 42 working days: Fee rates for working days of contracted external expert members of the WP5 Advisory Group for participation in meetings and additional work input/expertise provided on specific issues (to be specified during JA implementation according to effective needs). Fee rates for contracted experts in WPAG meetings: 4 experts x 6 one-day meetings (= 24 working days (wd) x 450€/day) and 6 additional wd per year for needed additional expert input (=3 wd x 3 years = 18 wd) => 24 wd + 18wd = 42 wd

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		Fee rates for working days of contracted external training experts for preparation and implementation of training sessions under Task 5.5 Training and capacity buidling2 experts x 5 training days x 2 trainings) = 20 working days) + 5 additional reserve training days = 25 wd TOTAL: 67 wd x 450€/day	
wp5	16.000,00 €	For WP5 Advisory Groups' meetings (on-site): 1 WPAG x 4 experts x 3 on-site meetings = 12 x 1.000€ For WP5 training sessions (on-site): 2 trainers X 2 training sessions = 4 x 1.000€	
wp5	1.000,00 €	Translation and proofreading	
wp5	1.245,00 €	Print/publications costs	
All WPs	8.000,00 €	Cost for financial Audit (certificate for financial statements)	
Total C.3 Other goods and services	**72.495,00 €**		
Total Costs (€) of (C)	**113.495,00€**		
(D) Indirect costs	**Total Costs (€)**		
(Max 7% on A, B, and C)	**50.027,79€**	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	**764.710,47€**		

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Applicant No. &Short Name	**11. ORSZAGOSKORHAZIFOIGAZGATOSAG-OKFO HUNGARY**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Country Coordinator / Senior Scientific Officers/Experts	3.800,00 €	17,65	67.070,00 €
Financial Project Manager / Scientific Officers/Experts	2.800,00 €	17,60	49.280,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	3.300,71 €	35,25	**116.350,00 €**
	Justification		
	WP1: Coordination at MS level, reporting, participation in relevant steering and management bodies and activities WP2: Co-Leader of WP2, reporting, leader of Task 2.2, 2.3 and 2.6, participation in the tasks of WP2 WP3: Participation in WP3 activities WP4: Co-Leader of WP4, reporting, leader of Task 4.3, co-lead of Task 4.1, 4.2, 4.4 and 4.5, participation in the tasks of WP4 WP5: Implementation of the knowledge transfer at MS level, reporting, participation in WP5 WP6: Implementation of the knowledge transfer at MS level, reporting, participation in WP6		

(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Travel and subsistence for participation in (on-site) annual Consortium/General Assembly (GA) meetings: Participation of Member State Policy Committee Delegate representative of MoH Hungary (EMMI) & Competent Authority (GA meetings will be organized by WP1 in collaboration with HR and HU, in Croatia M12 and Hungary M24. So for Hungary travel costs are included only for the meeting in Croatia)	€ 2.000,00	1 meetings x 2 persons x 1.000€	
Participation of pilot implementers of 2 Best Practices	€ 2.000,00	Participation of staff member of pilot implementers in 2 GA meetings = 2 meetings x 2 persons per meeting) x 1.000€	
Executive board meetings back to back to Annual Meetings /extra costs for	€ 1.000,00	2 persons X 2 extra nightsX1 annual meeting in Croatia x250 € per extra night subsistence	

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Participation of executive board members (in 1 meeting back-to-back with the MS Policy Committee meeting) M30	€ 1.000,00	2 persons X 2 extra nights x 250 € per extra night subsistence
Travel and subsistence for participation in Member State Policy Committee meeting: Participation of executive board members (in 1 meeting co-organized with WP4 meeting) M30	€ 2.000,00	Participation of 2 staff members in 1 meeting = 2 persons x 1.000€
Participation of representative of MoH Hungary (in 1 meeting co-organized with WP4 meeting)	€ 1.000,00	Participation of 1 staff member 1 meeting = 1 person x 1.000€
Travel and subsistence for participation in Final Conference: Participation Member State Policy Committee Delegate representative of MoH Hungary (EMMI) & Competent Authority	€ 1.000,00	1 person x 1.000€ x 1 travel
Participation of staff members/stakeholders	€ 1.600,00	2 extra persons x 1 travel for each WP (co) leader
Final conference/extra costs for back to back executive board meetings	€ 700,00	2 persons X 2 extra nights x 250 € per extra night subsistence
Attending policy level meetings outside the JA	€ 1.000,00	WP leadership members, €1000/a/travel x 1 person x 1 travel
Travel and subsistence for participation in:		
Travel and subsistence costs for workshop for implementing countries	€ 1.000,00	1 workshop x 1 person x 1000€
Travel and subsistence costs for 6 trainings for implementing countries for 2 persons	€ 2.428,00	6 trainingsx2 persons average
Total C.1 Travel:	**20.728,29 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
Total Costs (€) of (C)	**20.728,29€**	
(D) In directcosts	**Total Costs (€)**	
(Max 7% on A, B, and C)	**9.595,48€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**146.673,76€**	

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Applicant No. &Short Name	**11.1. SEMMELWEIS UNIVERSITY (HEALTH SERVICES MANAGEMENT TRAINING CENTRE)-SU HUNGARY**		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**11. OKFO**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Country Coordinator / Senior Scientific Officers/Experts	3.800,00 €	18,35	69.730,00 €
Financial Project Manager / Scientific Officers/Experts	2.800,00 €	17,90	50.120,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	3.306,21 €	36,25	**119.850,00 €**
	Justification		
	WP1: Coordination at MS level, reporting, participation in relevant steering and management bodies and activities WP2: Co-Leader of WP2, reporting, leader of Task 2.2, 2.3 and 2.6, participation in the tasks of WP2 WP3: Participation in WP3 activities WP4: Co-Leader of WP4, reporting, leader of Task 4.3, co-lead of Task 4.1, 4.2, 4.4 and 4.5, participation in the tasks of WP4 WP5: Implementation of the knowledge transfer at MS level, reporting, participation in WP5 WP6: Implementation of the knowledge transfer at MS level, reporting, participation in WP6		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Participation of pilotimplementers	€ 1.000,00	Participation of 1 extra staff member of pilot implementers in GA meetings in Croatia = 1 meetings x 1persons x 1.000€	
Travel and subsistence for participation in Final Conference: Participation Member State Policy Committee Delegate representative of MoH Hungary (EMMI) & Competent Authority	€ 1.000,00	1 person x 1.000€	

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Participation of staff members from pilot practice implementers	€ 1.000,00	Participation of 2 staff member x 1 travel x EUR 500
WP2 Attending dissemination conferences	€ 2.000,00	1 person x 2 travels
Attending policy level meetings outside the JA	€ 2.000,00	WP leadership members, €1000/a/travel
WP5Stakeholder meetings/workshops within Hungary	€ 1.000,00	Travel and subsistence costs for approx. 3 meetings with stakeholders in Hungary 2-4 persons per meeting). Travel and subsistence costs of EUR 100 per person
Four on-site workshops (2022 & 2023) (In 2021 only virtual/online workshops)	€ 2.000,00	Participation of staff members in -2 on-site workshops = -2 workshops x 1.000€
Four on-site training sessions	€ 4.000,00	Participation of 1 person in 4 on-site training= 1 person x 4 sessions x 1.000€
Total C.1 Travel:	**14.000,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
Costs of event co-organization with WP1 of annual meeting in Hungary	€ 5.500,00	2nd annual meeting (M24), HU, organisation (incl, venue, catering, technology)
Translation	€ 2.000,00	Translation of dissemination materials
Costs evaluation software (WP3)	€ 500,00	User licence
Policy dialogues, organization	€ 2.100,00	Policy dialogue sessions for all the 21 MS/C and stakeholders on online platform/services
Thematic workshops, organization	€ 6.300,00	Thematic workshops for all the 21 MS/C and stakeholders on online platform/services
Renting of venue incl. technical equipment Participating AND implementing country	€ 1.000,00	
Catering Participating AND implementing country	€ 500,00	
Translation and proof reading): esp. for training curricula/materials, training tools, reports, other country-specific materials.	€ 2.143,00	
WP6. Costs of meetings/workshops within countries	1.050,00 €	Costs of renting the venue technical equipment &catering(
Total Costs of C.2 Other goods and services	**21.092,86 €**	
Total Costs (€) of (C)	**35.092,86€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**10.846,00€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**165.788,86€**	

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ApplicantNo. &ShortName	**11.2 UNIVERSITY OF DEBRECEN (THE FACULTY OF PUBLIC HEALTH) UD HUNGARY**		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**11. OKFO**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Country Coordinator / Senior Scientific Officers/Experts	3.800,00 €	17,93	68.115,00 €
Financial Project Manager / Scientific Officers/Experts	2.800,00 €	18,45	51.660,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	3.292,78 €	36,38	**119.775,00 €**
	Justification		
	WP1: Coordination at MS level, reporting, participation in relevant steering and management bodies and activities WP2: Co-Leader of WP2, reporting, leader of Task 2.2, 2.3 and 2.6, participation in the tasks of WP2 WP3: Participation in WP3 activities WP4: Co-Leader of WP4, reporting, leader of Task 4.3, co-lead of Task 4.1, 4.2, 4.4 and 4.5, participation in the tasks of WP4 WP5: Implementation of the knowledge transfer at MS level, reporting, participation in WP5 WP6: Implementation of the knowledge transfer at MS level, reporting, participation in WP6		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Participation of pilot implementers of 2 Best Practices	€ 2.000,00	Participation of staff member of pilot implementers in 2 GA meetings = 2 meetings x 2 persons per meeting) x 1.000€	
Travel and subsistence for participation in Final Conference: Participation Member State Policy Committee Delegate representative of MoH Hungary (EMMI) & Competent Authority	€ 1.000,00	1 person x 1.000€	
Participation of staff members from pilot practice implementers	€ 1.000,00	Participation of 2 staff members x 1 travel x EUR 500	
Attending policy level meetings outside the JA	€ 1.000,00	WP leadership members, €1000/a/travel	

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WP5 Stakeholder meetings/workshops within Hungary	€ 1.000,00	Travel and subsistence costs for approx. 3 meetings with stakeholders in Hungary 2-4 persons per meeting). Travel and subsistence costs of EUR 100 per person
Four on-site workshops (2022 & 2023) (In 2021 only virtual/online workshops)	€ 2.000,00	Participation of staff members in 2 on-site workshops = 2 workshops x 1.000€
Four on-site training sessions	€ 4.000,00	Participation of 1person in 4 on-site training = 1 person x 4 sessions x 1.000€
Travel and subsistence costs for workshop for implementing countries	€ 1.000,00	1 workshop x 1 person x 1000
Travel and subsistence costs for 6 trainings for implementing countries for 2 persons	€ 2.428,00	6 trainings x2 persons average
Total C.1 Travel:	**15.428,29 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
Total Costs (€) of (C)	**15.428,29€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**9.464,23€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**144.667,51€**	

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Applicant No. &Short Name	12. DIRECTORATE OF HEALTH IN ICELAND- DOHI ICELAND		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated PMs	Sum Cost (€)
DOHI Senior Scientific Officer	7.000,00 €	23,75	166.250,00 €
		Total PMs	Total costs (€) for (A)
Average monthly costs:	2.333,33 €	23,75	166.250,00 €
	Justification		
	In WP1 and WP2 the main activities are carried out by the national project coordinator. In WP2 there is also a communications officer involved. In WP3 and WP4 the project coordinator will receive assistance from an expert responsible for some of the national activities. WP6 which involves the greatest amount of work will be completed by the project coordinator together with the national expert and the communications officer.		
(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification	
Total Costs (€) of (B)	0,00		
	Justification		
(C) Other Direct costs			
(C.1) Travel	Costs (€)	Justification	
WP1	10.500,00 €	2 annual consortium meetings M12,M24 : 1500€ X3 persons (Member State Policy Committee Delegate & Competent Authority& Implementing partner1 Member State Policy Committee meeting M30: 1500€X1 person	
WP2	6.000,00 €	Annual Consortium Meeting/ Final Conference M36 : 1500 €X 4 persons Member State Policy Committee Delegate (1person) & Competent Authority (2 persons); Participation of staff member from pilot practice implementers (1 person)	
WP6	7.857,00 €	Travel and subsistence costs for 2 workshops for implementing countries (1500€X1 person per workshop); Travel and subsistence costs for 6 trainings for 2 persons.	
Total C.1 Travel:	24.357,00 €		
(C.2) Equipment	Costs (€)	Justification	
	-		
(C.3) Other Goods and Services	Costs (€)	Justification	
WP 2	2.000,00 €	Translation of materials	
WP 3	500,00 €	License evaluation software	
WP6. meetings/workshops within countries	1.050,00 €	Costs of renting the venue + catering	
Total Costs of C3	3.550,00 €		

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Total Costs (€) of (C)	**€ 27.907,00€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**€ 13.590,99 €**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**€ 207.747,99€**	

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Applicant No. &Short Name	13.LOMBARDY REGION- LR ITALY		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-month	Sum Cost (€)
Senior Scientific Officer	8.000,00 €	2,00	16.000,00 €
		Total Person-month	Total costs (€) for (A)
Average monthly costs:	6.333,33 €	2,00	16.000,00 €
	Justification		
	RL is the Competent Authority for Italy and participates in WP1 (0,5 PM): coordination at MS level, reporting, participation in relevant steering and management bodies and activities; in sustainability activities in WP4 (0,5 PM) and WP5 (1 PM), where is co-leader of the WP5.		
(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification	
Total Costs (€) of (B)	0,00€		
	Justification		
(C) Other Direct costs			
(C.1) Travel	Costs (€)	Justification	
Total C.1 Travel:	0,00 €		
(C.2) Equipment	Costs (€)	Justification	
	-		
(C.3) Other Goods and Services	Costs (€)	Justification	
Total Costs of C.2 Other goods and services	0,00 €		
Total Costs (€) of (C)	0,00€		
(D) Indirect costs	Total Costs (€)		
(Max 7% on A, B, and C)	1.120,00€	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	17.120,00€		

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Applicant No. &Short Name	13.1LOCAL HEALTH AUTHORITY OF LECCO- ASST LECCO		
(If affiliated entity: Affiliated to which Applicant number/Short name)	13. LR ITALY		
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-month	Sum Cost (€)
Senior Scientific Officer	8.000,00 €	8,65	69.200,00 €
Senior Researcher	7.000,00 €	1,00	7.000,00 €
Junior Scientific Officer	4.000,00 €	1,00	4.000,00 €
Senior Administrative and/or Financial Officer	8.000,00 €	1,00	8.000,00 €
Junior Senior Administrative and/or Financial Officer	4.000,00 €	1,50	6.000,00 €
		Total Person-month	Total costs (€) for (A)
Average monthly costs:	6.333,33 €	13,15	**94.200,00 €**
	Justification		
	ASST LECCO is the Italian AE that is in charge for the organization and management of the Joint Action on behalf of Lombardy Region. The main activities are developed in WP5 (PM 7,9), but it is present in all the WPs (except WP6 where Italy doesn't participate): WP1 (PM 0,5), WP2 (PM 1), WP3 (PM 2) and WP4 (PM 1,75)		
(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	Costs (€)	Justification	
	2.000,00 €	2 on-site WP5 workshops (2022 &2023) in Germany (participation of 1 person in 2 on-site workshops X 1000 euros) (two other on site workshops in Italy and any additional workshop on line)	
	6.000,00 €	3 on site meetings of WP5 Advisory Working Groups in Germany (participation of 2 persons X 3 onsite meetings X1000)	
	10.000,00 €	WP1 General Assembly, Executive Board and Member States Committee meetings (travel and subsistence costs) (participation of 2 persons X 5 onsite meetings X1000)	
	6.000,00 €	WP2 Final Conference meetings (travel and subsistence costs)	
Total C.1 Travel:	**24.000,00 €**		
(C.2) Equipment	Costs (€)	Justification	
	-		
(C.3) Other Goods and Services	Costs (€)	Justification	

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	18.900,00 €	cost for contracting external experts for WP5 working groups (training, working groups, others if needed) . *Fee rates for four external experts for WP5 Working Groups. For WG meetings: 4 experts X 6 one-day meetings= (12 days X 450 euros) and 6 additional wd per year for needed additional expert input (3wd X 3 years= 18wd) 24 wd + 18 wd = 42 wd.* Fee rates for external contracted training experts : 2 experts X 5 training days X 2 trainings) = 20 wd + 5 additional reserve training days = 25 wd
	8.700,00 €	costs of 4 on-site workshops in 2002 &2023 : 1) renting venues for workshops and training (incl.technical equipment) (renting of venues for 4 workshops/training sessions for 2 days each) = 4 X 2000 euros 2) catering (max. 20 persons per workshop/training of 2 days)=20 persons X 2 days x 4 meetings X 40 euros) 3) copying (200 euros X 4 meetings)
	12.000,00 €	Travel and subsistence costs of contracted experts for participation in meetings/trainings (for **WP5 WG meetings** on-site; 1 meeting WPAG X 4 experts X 3 onsite meetings =12.000 X 1000 euros. For **WP5 training sessions**: 2 trainees X 2 on-site training sessions =4 X 1000 euros)
	2.142,86 €	**Translation** and proof reading) for training curricula/materials, training tools, reports, other country-specific materials. Translation from any foreign language of participating country into English)
	5.500,00 €	Costs for Print/publications of WP5 WP2 materials, articles
Total Costs of C.2 Other goods and services	**47.242,86 €**	
Total Costs (€) of (C)	**71.242,86€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**11.581,00€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**177.023,86€**	

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Applicant No. & Short Name	**13.2. BICOCCA UNIVERSITY, MILAN – DEPARTMENT OF STATISTICS AND QUANTITATIVE METHODS UNIMIB**		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**13. LR ITALY**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated PMs**	**Sum Cost (€)**
Senior Scientific Officer	8.000,00 €	7,40	59.200,00 €
Senior Consultant	6.000,00 €	2,50	15.000,00 €
Junior Scientific Officer	4.000,00 €	2,00	8.000,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	6.333,33 €	11,90	**82.200,00 €**
	Justification		
	Bicocca University is the Italian AE that will develop a dashboard of indicators for evaluating community mental health services in MSs and will analyze the collected data (Task 5.4) (WP5 PM 7, 9). It is involved also in WP3 (3.5 PM) and WP2 (0,5 PM)		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	2.000,00 €	on site meetings of WP5 Advisory Working Groups in Germany (participation of 1 persons X 2 onsite meetings X1000)	
Total C.1 Travel:	**2.000,00 €**		
(C.2) Equipment	**Costs (€)**	**Justification**	
	0,00€	*NA*	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**	
	3.000,00 €	costs of 2 on-site workshops in 2002 & 2023 **for dashboard** : 1) renting venues for workshops and training (incl.technical equipment) (renting of venues for 4 workshops/training sessions for 2 days each) = 4 X 2000 euros 2) catering (max. 20 persons per workshop/training of 2 days)=20 persons X 2 days x 4 meetings X 40 euros) 3) copying (200 euros X 4 meetings)	
Total Costs of C.2 Other goods and services	**3.000,00 €**		
Tota lCosts (€) of (C)	**5.000,00€**		
(D) Indirect costs	**Total Costs (€)**		
(Max 7% on A, B, and C)	**6.104,00€**	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	**93.304,00€**		

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Applicant No. &Short Name	**13.3MARIO NEGRI INSTITUTE FOR PHARMACOLOGICAL RESEARCH IPRMN**		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**13. LR ITALY**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Scientific Officer	8.000,00 €	4,80	38.400,00 €
Senior Researcher	7.000,00 €	4,00	28.000,00 €
Senior Consultant	6.000,00 €	2,50	15.000,00 €
Junior Scientific Officer	4.000,00 €	4,00	16.000,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	6.333,33 €	15,30	**97.400,00 €**
	Justification		
	IPRMN is the Italian AE that in WP5 will develop SANA for RL and will deliver training for all the MSs implementing the best practices for mental health system reform (Task 5.5) (9,8 PM); it participates also to the activities delivered in WP2 (1 PM), WP3 (1 PM) and WP4 (3,5 PM).		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	2.000,00 €	on site meetings of WP5 Advisory Working Groups in Germany (participation of 1 persons X 2 onsite meetings X1000)	
	8.000,00 €	Four on-site training sessions (participation of 2 persons in 4 on site training = 2 persons X 4 sessions X1000)	
Total C.1 Travel:	**10.000,00 €**		
(C.2) Equipment	**Costs (€)**	**Justification**	
	5.000,00 €	costs for web platform for Working Task "training"	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**	
	11.250,00 €	Cost for contracting external experts for WP5 working groups (training, working groups, others if needed) . Fee rates for external contracted training experts : 2 experts X 5 training days X 2 trainings) = 20 wd + 5 additional reserve training days = 25 wd X 450 euros	

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	3.500,00 €	costs of 2 on-site workshops in 2002 &2023 : 1) renting venues for workshops and training (incl.technical equipment) (renting of venues for 4 workshops/training sessions for 2 days each) = 4 X 2000 euros 2) catering (max. 20 persons per workshop/training of 2 days)=20 persons X 2 days x 4 meetings X 40 euros) 3) copying (200 euros X 4 meetings)
	4.000,00 €	Travel and subsistence costs of contracted experts for participation in meetings/trainings For **WP5 training sessions**: 2 trainees X 2 on-site training sessions =4 X 1000 euros)
Total Costs of C.2 Other goods and services	**18.750,00 €**	
Total Costs (€) of (C)	**33.750,00€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**9.180,50€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**140.330,50€**	

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Applicant No. & Short Name	**13.4 POLITECNICO DI MILANO UNIVERSITY POLIMI**		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**13. LR ITALY**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Scientific Officer	8.000,00 €	5,50	44.000,00 €
Senior Researcher	7.000,00 €	2,50	17.500,00 €
Junior Scientific Officer	4.000,00 €	2,50	10.000,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	6.333,33 €	10,50	**71.500,00 €**
	Justification		
	Politecnico University is the Italian AE that will develop the software used in the dashboard of indicators for evaluating community mental health services in MSs (Task 5.4) and collaborate with Bicocca University in data extraction and analysis (WP5 PM 7,5). It is involved also in WP3 (2 PM) and WP4 (1 PM)		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	2.000,00 €	on site meetings of WP5 Advisory Working Groups in Germany (participation of 1 persons X 2 onsite meetings X1000)	
Total C.1 Travel:	**2.000,00 €**		
(C.2) Equipment	**Costs (€)**	**Justification**	
	10.000,00 €	software for the WP5 working task "indicator dashboard"	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**	
Total Costs of C.2 Other goods and services	**0,00 €**		
Total Costs (€) of (C)	**12.000,00€**		
(D) Indirect costs	**Total Costs (€)**		
(Max 7% on A, B, and C)	**5.845,00€**	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	**89.345,00€**		

Applicant No. & Short Name	**13.5. FATEBENEFRATELLI CENTER "SAINT JOHN OF GOD" - BRESCIA**

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	FBF		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**13. LR ITALY**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Scientific Officer	8.000,00 €	6,00	48.000,00 €
Senior Researcher	7.000,00 €	4,65	32.550,00 €
Senior Consultant	6.000,00 €	2,70	16.200,00 €
Junior Scientific Officer	4.000,00 €	2,40	9.600,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	6.333,33 €	15,75	**106.350,00 €**
	Justification		
	FBF is the Italian AE that in WP5 will manage the implementation of the best practice in mental health services of Lombardy Region (PM 10.1). It is also involved in WP1 (0, 5 PM), WP2 (0.65 PM), WP 3 (1, 5 PM) and WP4 (3 PM).		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
	2.000,00 €	Participation of staff member of stakeholders/pilot implementers in 2 WP1 General Assembly meetings = 2 meetings x 1 person x 1.000€	
	1.000,00 €	WP2 Final Conference meetings (travel and subsistence costs)	
	2.000,00 €	WP5 Meetings/workshops with stakeholders within Italy	
Total C.1 Travel:	**5.000,00 €**		
(C.2) Equipment	**Costs (€)**	**Justification**	
	-		
(C.3) Other Goods and Services	**Costs (€)**	**Justification**	
	1.500,00 €	costs of WP5 stakeholder meetings/workshops within Italy: 1) renting a venue (incl.technical equipment) 1000 euros 2) for catering 500 euros	
Total Costs of C.2 Other goods and services	**1.500,00 €**		
Total Costs (€) of (C)	**6.500,00€**		
(D) Indirect costs	**Total Costs (€)**		
(Max 7% on A, B, and C)	**7.899,50€**	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	**120.749,50€**		

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ApplicantNo. &ShortName	14 MINISTRY OF HEALTH OF THE REPUBLIC OF LITHUANIA-SAM LITHUANIA		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-month	Sum Cost (€)
Project Coordinator	2.468,00 €	16,84	41.561,12 €
Project Communicator	1.905,00 €	10,90	20.764,50 €
Financial Officer	2.782,29 €	9,63	26.779,54 €
		Total Person-month	Total costs (€) for (A)
Average monthly costs:	1.457,67 €	37,37	89.105,16 €
	Justification		
	Lithuania will be taking part in WP 5 technical work packages with a view to implement/pilot at least 1 best practice and participate in SANA and training in WP5 put will not implement the activities of formulating or updating national suicide prevention strategy during the JA. Lithuania will take part in the activities of the horizontal wps (1-4).		

(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification
Total Costs (€) of (B)	0,00€	
	Justification	

(C) Other Direct costs		
(C.1) Travel	Costs (€)	Justification
Travel and subsistence for participation in (on-site) annual General Assembly (GA) meetings: Participation of Member State Committee Delegate Ministry of Lithuania &Competent Authority in M12 and M24	4.000 €	2 meetings x 2 persons x 1.000€
Participation of stakeholders/pilot implementers	2.000 €	Participation of staff member of stakeholders/pilot implementers in 2 GA meetings = 2 meetings x 1 person x 1.000€
Participation of staff member from MoH Lithuania (in 1 meeting of the Member State Committee. This meeting is organized by WP1 in collaboration with WP4	1.000 €	Participation of 1 staff member 1 meeting = 1 person x 1.000€
Travel and subsistence for participation in Final Conference: Participation Member State Committee Delegate & Competent Authority	3.000 €	3 persons x 1.000€
Participation of staff members from pilot practice implementers	1.000 €	Participation of 1 staff member x1 person x 1.000€

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Travel and subsistence for participation in:		
Stakeholder meetings/workshops within the country	2.000 €	We are planning 3 meetings and workshops with stakeholders in Lithuania (6 persons per meeting). We are calculating, that travel and subsistence costs an average of 100 euros per person, taking into account that the meeting will be within the country.
Four on-site workshops (2022 & 2023) (In 2021 only virtual/online workshops)	4.000 €	Participation of staff members in 4 on-site workshops = 4 workshops x 1.000€
Four on-site training sessions	8.000 €	Participation of 2 persons in 4 on-site training = 2 persons x 4 sessions x 1.000€
Travel and subsistence costs for 1 workshop for participating countries for 1 person (3 countries)	2.000 €	2 workshopsX1 person
Travel and subsistence costs for 6 trainings for implementing countries for 2 persons	4.857 €	6 trainings x 2 personsaverage
Total C.1 Travel:	**31.857,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
Dissemination materials design and print	2.000 €	
Costs evaluation software (WP3)	500 €	userlicence
Wp5Renting of venue incl. technical equipment Participating AND implementing country	1.000 €	
WP5 Catering Participating AND implementing country	500 €	
WP5 Translation and proof reading): esp. for training curricula/materials, training tools, reports, other country-specific materials.	2.143 €	
WP6. meetings/workshops within countries	1.050,00 €	Costs of renting the venue + catering
Total Costs of C.2 Other goods and services	**7.192,86 €**	
Total Costs (€) of (C)	**39.049,86€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**8.970,85€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**137.125,87€**	

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Applicant No. &Short Name	**15. MINISTRY FOR HEALTH - MENTAL HEALTH SERVICES MFH-MALTA**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Scientific Officer A	**9005,00**	**13,00**	117.065,00
Senior Scientific Officer B	**8272,00**	**3,00**	24.816,00
Senior Scientific Officer C	**11995,00**	**4.5**	53.977,50
Senior Scientific Officer D	**5269,00**	**12,00**	63.228,00
Administrative officer	**3128,00**	**7,00**	21.896,00
Financial Officer	**2375,00**	**7,00**	16.625,00
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	6.674,00 €	47,00	**297.607,50 €**
	Justification		
	Malta will be taking part in both technical work packages with a view to implement /pilot at least 1 best practice and to draft a national suicide prevention strategy. Senior Scientific Officer A will work WP1 x1PM, WP2X1PM, WP3X1PM, WP4X1PM, WP5X5PM & WP6X4PM. Senior Scientific Officer B will work in WP5X2PM & WP6X1PM Senior Scientific Officer C will work in WP3X1PM, WP5X3PM & WP6X1PM. Senior Scientific Officer D will work in WP2X1PM, WP3X1PM, WP4X1PM, WP5X5PM & WP6X4PM. Administrative officer will work in WP3X2PM, WP4X1PM, WP5X3PM & WP6X1PM. Financial Officer will work in WP3X2PM, WP4X1PM, WP5X3PM & WP6X1PM.		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
WP1. Travel and subsistence for participation in (on-site) annual Consortium/ General Assembly (GA) meetings in M12 and M24	€ 4.800	2 meetings x 2 persons x 1.200€ Participation of Policy Member State Committee Delegate MFH - MHS Malta & Competent Authority in M12 and M24	
WP1. Participation of stakeholders/pilot implementers (Malta is implementing both Best Practices)	€ 4.800	Participation of staff member of stakeholders/pilot implementers of the 2 Best Practices in 2 Consortium/GA meeting in M12 and M24 = 2 meetings x 2 person x 1.200€	

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WP1. Participation of staff member from MFH - MHS (in 1 meeting of the Member State Committee. This meeting is organized by WP1 in collaboration with WP4 in M30	€ 1.200	Participation of 1 staff member 1 meeting = 1 person x 1.200€
WP2. Travel and subsistence Participation Policy Member State Committee Delegate & Competent Authority in Final Conference	€ 3.600	3 persons x 1.200€
WP5. Stakeholder meetings/workshops within the country- Malta	1.000,00 €	Travel and subsistence costs for approx. 6-7 meetings with stakeholders or 3 meetings X 6 persons. Travel and subsistence costs of EUR 100 per person.
WP5. Four on-site workshops (2022 & 2023) (In 2021 only virtual/online workshops)- European level	4.800,00 €	Participation of staff members in 4 on-site workshops = 4 x 1.200€
WP5. Four on-site training sessions- European level	9.600,00 €	Participation of 2 persons in 4 on-site training = 2 persons x 4 sessions x 1.200€
WP6. Travel and subsistence costs for 2 workshops - European level	€ 2.400	2 workshopsX1 person x 1,200
WP6. Travel and subsistence costs for 6 training for implementing countries for 2 persons -European level	€ 14.400	6 trainings x 2 persons average x 1,200
Total C.1 Travel:	**49.000,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
WP1. Auditing of Project	€5000	Auditing of project for Certification
WP2. Translation of dissemination materials	€2.000	translation of JA dissemination materials
WP3. Costsevaluationsoftware	€500,00	User license
WP5 Renting of venue incl. technical equipment () & Catering (lump-sum) Malta is implementing country	€ 3.540	Venue and catering are around 30 euro per person exc VAT, if 2workshops are done with 50 people per workshop = 3000 Euro exc VAT or 3540Euro inc VAT
WP6. Renting of venue incl. technical equipment & Catering Malta is implementing country	€ 3.540	Venue and catering are around 30 euro per person exc VAT, if 2workshops are done with 50 people per workshop = 3000 Euro exc VAT or 3540 Euro inc VAT
WP5. Translation and proof reading): esp. for training curricula/materials, training tools, reports, other country-specific materials.	€ 3.500	
Total Costs of C.2 Other goods and services	**13.080,00 €**	
Total Costs (€) of (C)	**67.080,00€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**25.528,13€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**390.215,63€**	

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Applicant No. &Short Name	**16. TRIMBOS INSTITUTE-TI NETHERLANDS**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Scientific Officer	8.792,84 €	15,55	136.728,66€
Junior Scientific Officer	4.678,14 €	16,50	77.189,26€
Administrative and/or Financial Officer	6.522,24 €	1,00	6.522,24€
Head of department	9.943,61 €	12,00	119.323,28€
		Total Person-month	**Total costs (€) for (A)**
	7.675,05€	45,05	339.763,43€
	Justification		
	Head of Department: WP 1, WP3 (lead) WP4 (co-lead) and WP 5. Senior Scientific Officers: WP1, WP 2, WP 3 (lead), WP4 (co-lead) Junior Scientific Officer: WP1, WP2, WP3 (lead), WP4 (co-lead) Administrative and Financial Officer: WP1 (administrative and financial management (for all other WPs).		

(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**
Total Costs (€) of (B)	**0,00€**	
	Justification	
(C.1) Travel	**Costs (€)**	**Justification**
Travel and subsistence for participation in (on-site) annual General Assembly (GA) meetings: Participation of Member State Policy Committee Delegate & Competent Authority -Trimbos , M12 M24	4.000,00 €	2 meetings x 2 persons x 1.000€
Annual Meetings /extra costs for back to back two executive board meetings back to back with the annual meetings M12 M24	2.000,00 €	2 persons X 2 extra nightsX2 annual meetings x250 € per extra night subsistence
Participation of Trimbos staff members (in 1 meeting back-to-back with the MS Policy Committee meeting) M30	1.000,00 €	2 persons X 2 extra nights x250 € per extra night subsistence
Travel and subsistence for participation in Member States Policy Committee This meeting is co-organized with WP4) M30	2.000,00 €	Participation of 2 staff members in 1 meeting Participation of Trimbos staff
Participation of staff member from MoH Netherlands (in 1 meeting co-organized with WP4 meeting - reduced costs)	1.000,00 €	Participation of 1 staff member 1 meeting

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Travel and subsistence for participation in Final Conference: Participation Member State Policy Committee Delegate Ministry & Competent Authority -Trimbos	1.000,00	1 person x 1.000€
Participation of staff members/stakeholders	1.000,00	1 extra person x 1 travel for each WP (-co) leader
Final conference/extra costs for executive board meeting back to back with the final conference	600, 00	1 person x 2 extra nights X 300€ per extra night subsistence
Travel for dissemination of research results and data at conferences (WP3)	4.500,00 €	Attending two conferences with two persons (2x2x1000) incl conference fee (2 x 250,-)
Attending policy level meetings outside the JA (WP4)	4.000,00 €	Attending two meetings with two persons (2x2x1000)
Four on-site workshops (2022 & 2023) - partly outside Germany (In 2021 only virtual/online workshops)	4.000,00 €	Participation of staff members in 4 on-site workshops = 4 workshops x 1.000€
Participation in at least two on-site training sessions	4.000,00 €	Participation of 2 persons in 2 on-site training = 2 persons x 4 sessions x 1.000€
Travel and subsistence costs for 2 workshops for implementing countries	2.000,00 €	2 workshopsX1 person
Travel and subsistence costs for at least 2 trainings for implementing countries for 2 persons	4.857,00 €	2 trainingsx2 persons (average)
Total C.1 Travel:	**35.957,00** €	
(C.2) Equipment	**Costs (€)**	**Justification**
(C3) Other Goods and Services	**Costs (€)**	**Justification**
Costs evaluation software (WP3)	2.000,00 €	The licencing fees of evaluation software to run the higher level analyses
Printing and lay-out (WP3)	800,00 €	
Publishing costs (WP3)	5.000,00 €	
certificate of financial statements	3.400,00€	
Translation and dissemination of materials (WP2)	2.000,00 €	
Total Costs of C.3 Other goods and services	**13.200,00** €	
Total Costs (€) of (C)	**49.157,00€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**27.224,43€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**416.144,86€**	

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Applicant No. &Short Name	**17. NORWEGIAN DIRECTORATE OF HEALTH- HDIR NORWAY**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated PMs**	**Sum Cost (€)**
Senior Officer wp1		1,00	
Senior Officer wp2		1,50	
Senior Officer wp3		5,40	
Senior Officer wp4		3,00	
Senior Officer wp6		11,85	
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:		22,75	
	Justification		
	***The competent Authority of Norway will cover the salary costs for the Norwegian participation through its own budget.** The Norwegian team will participate: in WP1-WP4 activities and inWP6: Implementation of WP6 best practice, SANA, participation in workshops and capacity building activities, and reporting		

(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**
Total Costs (€) of (B)	**0,00€**	
	Justification	

(C) Other Direct costs		
(C.1) Travel	**Costs (€)**	**Justification**
WP1 Annual Consortium /GA meetings, M12 & M24. Participation from the Ministry (MS Policy Committee Delegate) and Competent Authority	4.000,00 €	2 meetings x 2 persons x 1.000€ During these Annual Consortium Meetings, the meeting of the MS Policy Committee will be held.
WP 1 Annual Consortium meetings, in M12 & M24participation of BP implementer	2.000,00 €	2 meetings x 1 person x 1.000€
WP1 Participation of staff member from MoH in 1 meeting of the Member State Policy Committee. This meeting is organized by WP1 in collaboration with WP4 in M30	1.000,00 €	Participation Participation from the Ministry (MS Policy Committee Delegate) 1meeting x 1 person x 1.000€
WP2 Travel and subsistence costs Final conference/Annual Consortium/GA meeting in M30	4.000,00 €	1 MS Policy Committee Delegate+ 2 staff members +1 Implementer 1meeting x 4 persons x 1.000€
WP6Travel and subsistence costs	6.856,57 €	Travel and subsistence costs for workshops and training
Total C.1 Travel:	**17.857,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
		n/a

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(C.3) Other Goods and Services	**Costs (€)**	**Justification**
WP3	500,00 €	Cost of evaluation software
wp2	2.000,00 €	Dissemination materials translation and printing
WP6. Costs of meetings/workshops within countries	1.050,00 €	Costs of renting the venue + catering
Total Costs of C.2 Other goods and services	**3.550,00 €**	
Total Costs (€) of (C)	**21.406,57€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**1.498,46€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**22.905,03€**	

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Applicant No. &Short Name	**18. INSTITUTE OF PUBLIC HEALTH OF SERBIA "DR MILAN JOVANOVIC BATUT"-IPHS SERBIA**			
(If affiliated entity: Affiliated to which Applicant number/Short name)				
(A) Direct personnel costs				
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**	
Public Health Expert	1.803,00 €	19,09	34.419,27	
			0,00 €	
		Total Person-month	**Total costs (€) for (A)**	
Average monthly costs:		19,09	**34.419,27 €**	
	Justification			
	Participation in: WP1:1 PM; WP2: 1,5PM; WP3 0 PM, WP4:2,5 PM, WP5: 10,5 PM; WP6: 4 PM Serbia will participate in Situation Analysis & Needs Assessment as well as training activities in WP5 &WP6 , in dissemination activities (WP2), and in policy dialogues and sustainability planning (WP1&WP4)			
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**		
Total Costs (€) of (B)	**0,00**			
	Justification			
(C) Other Direct costs				
(C.1) Travel	**Costs (€)**	**Justification**		
WP1 Travel and subsistence for participation in (on-site) annual Consortium meetings: Participation of Member State Policy Committee Delegate Ministry of Serbia or other relevant institution/body+ Competent Authority in M12 and M24	4.000,00 €	2 meetings x 2 persons x 1.000€		
WP1 Participation of staff member from Ministry of Serbia or other relevant institution/body (in 1 meeting of the Member State Policy Committee. This meeting is organized by WP1 in collaboration with WP4 M30	1.000,00 €	Participation of 1 staff member 1 meeting = 1 person x 1.000€		
WP2 **Travel and subsistence for participation in Final Conference:** Participation Member State Policy Committee Delegate & Competent Authority	3.000,00 €	3 persons x 1.000€		
WP5 Stakeholder meetings/workshops within Serbia	1.000,00 €	For the travel cost EUR 1000 for 3 persons to participate at 3 stakeholder		

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		meetings.
WP5 Four on-site workshops (2022 & 2023) (In 2021 only virtual/online workshops)	4.000,00 €	Participation of staff members in 4 on-site workshops = 4 workshops x 1.000€
WP5 Four on-site training sessions	8.000,00 €	Participation of 2 persons in 4 on-site training = 2 persons x 4 sessions x 1.000€
WP6 Travel and subsistence costs for 1 workshop for participating countries for 1 person (3 countries)	2.000,00 €	1 workshopsX1 person
WP6 Travel and subsistence costs for 6 trainings for implementing countries for 2 persons	4.857,00 €	6 trainings x2 persons average
Total C.1 Travel:	**27.857,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
(WP2)Translation of dissemination materials	2.000,00 €	Dissemination materials translation and printing
WP5 Renting of venue incl. technical equipment for within the country meetings	500,00 €	
Wp5. Catering for within the country meetings	230,00 €	
WP5. Translation and proofreading): esp. for training curricula/materials, training tools, reports, other country-specific materials.	2.142,43 €	
WP6. Costs of meetings/workshops within countries	1.050,00 €	Costs of renting the venue + catering
Total Costs of C.2 Other goods and services	**5.922,86 €**	
Total Costs (€) of (C)	**33.779,86€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**4.773,94€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**72.973,07€**	

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Applicant No. &Short Name	**19.NACIONALNI INŠTITUT ZA JAVNO ZDRAVJE - NATIONAL INSTITUTE OF PUBLIC HEALTH NIJZ- SLOVENIA**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Head of Department			0,00 €
Senior Scientific Officer	4.000,00 €	17,98	71.920,00 €
Junior Scientific Officer	3.000,00 €	27,59	82.770,00 €
Administrative and/or Financial Officer	3.000,00 €	8,21	24.630,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	3.333,33 €	53,78	**179.320,00 €**
	Justification		
	Scientific Officers will be involved in coordination WP1, Dissemination WP2, Evaluation WP3 and Sustainability activities WP4. The two Officers will participate in all activities, meetings and training in WP5 and implement the best practice. They will also participate in WP6 ,activities meeting and trainings The Administrative and/or Financial Officer will be responsible for financial management, administration and reporting in all WPs		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
WP1 Annual meetings, M12 & M24	4.000,00 €	2 meetings x 2 persons x 1.000€	
WP 1 Annual meetings, implementers (1 for each best practice) M12 & M24	4.000,00 €	2 meetings x 2 persons x 1.000€	
WP1 Participation of staff member from MoH in 1 meeting of the Member State Policy Committee. This meeting is organized by WP1 in collaboration with WP4 M30	1.000,00 €	1meetings x 1 person x 1.000€	
WP2 Final Conference Member State Policy Committee Delegate & Competent Authority M36	3.000,00 €	3 persons x 1 travel x 1.000€	
WP2 Final Conference, implementers (1 for each best practice) M36	2.000,00 €	2 persons x 1 travel for each 2GP implementer	

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WP 5 Travel and subsistence costs for meetings/workshops with stakeholders within countries	2.000,00 €	Meetings and workshops for country stakeholders involved in pilot implementation approx. 3 meetings with stakeholders (3 persons per meeting). Travel and subsistence costs of EUR 100 per person.
WP5 Travel and subsistence costs of participating countries for participation in... (1 person per country) = 1 x 4 x 14 Host countries (Germany, Italy, and possibly other European participating MS). For 2021 only virtual/online workshops.	4.000,00 €	4 (onsite) 2-days WP workshops in 2022 & 2023
WP5 Travel and subsistence costs of participants to 4 on-site training	8.000,00 €	2 persons per country participating in WP5: 2 x 4
WP6 Travel and subsistence costs for 2 workshops for implementing country	2.000,00 €	1 person x 1 travel
WP6 Travel and subsistence costs for	4.857,00 €	6 trainings for implementing countries for 2 persons
Total C.1 Travel:	**34.857,00 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
WP2	2.000,00 €	Translation of dissemination materials
WP5 Translation and proofreading	2.143,00 €	esp. for training curricula/materials, training tools, reports, other country-specific materials.
WP5 Costs of meetings/workshops within countries	1.500,00 €	Costs of renting the venue + catering
Costs evaluation software (WP3)	500,00 €	User licenses
WP6. Costs of meetings/workshops within countries	1.050,00 €	Costs of renting the venue + catering
Total Costs of C.2 Other goods and services	**7.193,00 €**	
Total Costs (€) of (C)	**42.050,00€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**15.495,90€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**€ 236.865,90€**	

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Applicant No. &Short Name	**20.SERVICIO MURCIANO DE SALUD-SMS SPAIN**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Project Manager /Senior Scientific Officer -SMS	€ 6.558,00	9,85	64.596,30 €
Project Manager /Senior Scientific Officer -SMS	€ 9.006,00	4,00	36.024,00 €
Senior Researcher - SMS	€ 8.721,00	4,30	37.500,30 €
Project Manager&Advisor-SMS	€ 5.649,00	0,75	4.236,75 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	7.071,00 €	18,90	**142.357,35 €**
	Justification		
	Project Manager and Senior Scientific Officer - Regional Coordinator of WP5 Responsible for coordinating all the activities of the wp5 of all the affiliated entities of Spain that participate in this WP/ Project Manager, Scientific Officer - Regional coordinator of WP6 suicide prevention, responsible for the implementation of the project in each regional health area in Murcia and in affiliated entities in Spain /Senior Researcher - design the healthcare process to be implemented in the pilot areas of health and developing the suicide prevention implementation/Project Manager-Technician advisor of implementation and responsible of dissemination activities		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Travel and subsistence for participation in (on-site) annual General Assembly (GA) meetings: Participation of Member State Committee Delegate & Competent Authority THL in M12 amd M24	€ 4.000,00	2 meetings x 2 persons x 1.000€	
Participation of stakeholders/pilot implementers	€ 4.000,00	Participation of staff member of stakeholders/pilot implementers in 2 GA meetings = 2 meetings x 2 person x 1.000€	

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Member State Policy Committee Meeting This meeting is organized by WP1 in collaboration with WP4 in M30	€ 1.000,00	Participation of 1 staff member 1 meeting= 1 person x 1.000€
Travel and subsistence for participation in Final Conference: Participation Member Stat Policy Committee Delegate & Competent Authority	€ 3.000,00	3 persons x 1.000€
Participation of staff members from pilot practice implementers	€ 2.000,00	Participation of 1 staff member = 2 person x 1.000€
Stakeholder meetings/workshops within the country	2.000,00 €	In this concept we are planning to have a meeting in Murcia for the professionals from the affiliated entities of Spain, with the professionals of the Beneficiary Entity SMS, and the rest of the entities in Murcia. We are planning 6 people, one of each of the affiliated entities. We are calculating an average of 330 euros per person, taking into account that the meeting will be within the country, the date could be in the middle of the project. This meeting will be to make an evaluation of the actions in the middle of the project and to plan the responsibilities of spreading the knowledge of the project as better as possible within the different communities of Spain.
Four on-site workshops (2022 & 2023) (In 2021 only virtual/online workshops)	4.000,00 €	Participation of staff members in 4 on-site workshops = 4 workshops x 1.000€
Four on-site training sessions	8.000,00 €	Participation of 2 persons in 4 on-site training = 2 persons x 4 sessions x 1.000€
Travel and subsistence costs for 2 workshops for implementing countries	€ 2.000,00	2 workshopsX1 person
Travel and subsistence costs for 6 trainings for implementing countries for 2 persons	€ 4.857,00	6 trainings x2 persons average
Total C.1 Travel:	**34.856,57 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**

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We will prepare brochures, promotional and prevention material, posters, banners. We will reproduce strategy documents for dissemination.	2.000,00 €	
Renting of venue incl. technical equipment Participating AND implementing country	1.000,00 €	Costs for renting
Catering Participating AND implementing country	500,00 €	Costs for catering
Translation and proof reading): esp. for training curricula/materials, training tools, reports, other country-specific materials.	2.142,86 €	
WP6. Costs of meetings/workshops within countries	1.050,00 €	Costs of renting the venue + catering
Total Costs of C.2 Other goods and services	**6.692,86 €**	
Total Costs (€) of (C)	**41.549,43€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**12.873,47 €**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**196.780,25€**	

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Applicant No. & Short Name	20.1 FUNDACIÓN PARA LA FORMACIÓN E INVESTIGACIÓN SANITARIAS DE LA REGIÓN DE MURCIA FFIS -FFIS		
(If affiliated entity: Affiliated to which Applicant number/Short name)	20. SMS SPAIN		
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-month	Sum Cost (€)
Senior Project Manager& Researcher-FFIS	€ 4.923,00	13,90	68.429,70 €
Project ManagementTechnician-FFIS	€ 2.909,00	5,28	15.342,34 €
		Total Person-month	Total costs (€) for (A)
Average monthly costs:	2.610,50 €	19,18	83.772,04 €
	Justification		
	Senior Project Manager and Researcher, Coordinate and support for the SMS, all the activities related to all the WPs in which Spain participates in the Joint Action, communication and evaluation activities / Project Management Technician, support financial, reporting and evaluation activities of the affiliated entities of Spain, communication activities.		
(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification	
Total Costs (€) of (B)	0,00		
	Justification		
(C) Other Direct costs			
(C.1) Travel	Costs (€)	Justification	
Total C.1 Travel:	0,00 €		
(C.2) Equipment	Costs (€)	Justification	
	-		
(C.3) Other Goods and Services	Costs (€)	Justification	
Total Costs of C.2 Other goods and services	0,00 €		
Total Costs (€) of (C)	0,00€		
(D) Indirect costs	Total Costs (€)		
(Max 7% on A, B, and C)	5.864,04€	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	89.636,08€		

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Applicant No. & Short Name	**20.2 SERVICIO CATALÁN DE SALUD CATSALUT**		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**20. SMS SPAIN**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Scientific Officer -CatSalut	€ 6.000,00	6,20	37.200,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	2.000,00 €	6,20	**37.200,00 €**
	Justification		
	WP5 & WP6 Senior Scientific Officer, responsible for the implementation of the project in each health area of Catalunya, responsible of the suicide prevention strategy on the Region of Catalunya based on the best practice Suicide Prevention.		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Total C.1 Travel:	**0,00 €**		
(C.2) Equipment	**Costs (€)**	**Justification**	
	-		
(C.3) Other Goods and Services	**Costs (€)**	**Justification**	
Total Costs of C.2 Other goods and services	**0,00 €**		
Total Costs (€) of (C)	**0,00€**		
(D) Indirect costs	**Total Costs (€)**		
(Max 7% on A, B, and C)	**2.604,00€**	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	**39.804,00€**		

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Applicant No. & Short Name	20.3. CONSEJERÍA DE MUJER, IGUALDAD, LGTBI, FAMILIAS Y POLÍTICA SOCIAL DE LA REGIÓN DE MURCIA CONSEJERIA DE MUJER (CARM)		
(If affiliated entity: Affiliated to which Applicant number/Short name)	20. SMS SPAIN		
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-month	Sum Cost (€)
Scientific Researcher- Consejeria de la Mujer	€ 4.544,00	1,65	7.497,60 €
Legal Advisor-Consejeria de la Mujer	€ 5.506,00	4,55	25.050,48 €
		Total Person-month	Total costs (€) for (A)
Average monthly costs:	3.349,87 €	6,20	32.548,08 €
	Justification		
	Scientific Researcher, collaborate to design the healthcare process to be implemented in the pilot areas of Health, integrating the public network of Social Services in the region, responsible for the implementation of the project in each area of health in the Region, from the field of social services./Legal Adviser, legal advice on all aspects of implementation best practice in WP5in the field of Social Services in the region		
(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification	
Total Costs (€) of (B)	0,00€		
	Justification		
(C) Other Direct costs			
(C.1) Travel	Costs (€)	Justification	
Total C.1 Travel:	0,00 €		
(C.2) Equipment	Costs (€)	Justification	
	-		
(C.3) Other Goods and Services	Costs (€)	Justification	
Total Costs of C.2 Other goods and services	0,00 €		
Total Costs (€) of (C)	0,00€		
(D) Indirect costs	Total Costs (€)		
(Max 7% on A, B, and C)	2.278,37€	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	34.826,45€		

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Applicant No. &Short Name	**20.4. SERVICIO ANDALUZ DE SALUD -SAS**		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**20. SMS SPAIN**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Senior Political Officer- SAS	€ 5.460,00	1,55	8.463,00 €
Scientific Officer and Researcher- SAS	€ 3.500,00	1,15	4.025,00 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	2.986,67 €	2,70	**12.488,00 €**
	Justification		
	WP6 Senior Political Officer - Coordinate actions for the dissemination of the project at the policy level in the Andalusia Region /Scientific Officer and Researcher, developing the suicide prevention strategy at regional level (Andalusia Region) based on the best practice, Suicide Prevention.		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Total C.1 Travel:	**0,00 €**		
(C.2) Equipment	**Costs (€)**	**Justification**	
	-	<	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**	
Total Costs of C.2 Other goods and services	**0,00 €**		
Total Costs (€) of (C)	**0,00€**		
(D) Indirect costs	**Total Costs (€)**		
(Max 7% on A, B, and C)	**874,16€**	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	**13.362,16€**		

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Applicant No. & Short Name	**20.5 FUNDACIÓN PÚBLICA ANDALUZA PROGRESO Y SALUD -FPS**		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**20. SMS SPAIN**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Project Manager- FPS	€ 4.291,00	1,70	7.294,70 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	1.430,33 €	1,70	**7.294,70 €**
	Justification		
	Project Manager, coordinate and support for the Andalusia Region in all the activities related of the Joint Action.		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Total C.1 Travel:	**0,00 €**		
(C.2) Equipment	**Costs (€)**	**Justification**	
	-		
(C.3) Other Goods and Services	**Costs (€)**	**Justification**	
Total Costs of C.2 Other goods and services	**0,00 €**		
Total Costs (€) of (C)	**0,00€**		
(D) Indirect costs	**TotalCosts (€)**		
(Max 7% on A, B, and C)	**510,63€**	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	**7.805,33€**		

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Applicant No. & Short Name	20.6 SERVICIO MADRILEÑO DE SALUD SERMAS		
(If affiliated entity: Affiliated to which Applicant number/Short name)	20. SMS SPAIN		
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-month	Sum Cost (€)
Senior Scientific Officer - SERMAS	€ 5.250,00	1,35	7.087,50 €
Senior Technical Researcher- SERMAS	€ 4.614,00	1,35	6.228,90 €
		Total Person-month	Total costs (€) for (A)
Average monthly costs:	3.288,00 €	2,70	13.316,40 €
	Justification		
	WP6 Senior Scientific Officer and researcher, Head of Action Plan in Mental Health and Suicide Prevention Programs Coordinate actions for the dissemination of the project at the policy level. Support to Suicide Prevention Program / Senior Technical Researcher, responsible for the development, monitoring and evaluation of Action in the Region of Madrid.		
(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification	
Total Costs (€) of (B)	0,00€		
	Justification		
(C) Other Direct costs			
(C.1) Travel	Costs (€)	Justification	
Total C.1 Travel:	0,00 €		
(C.2) Equipment	Costs (€)	Justification	
	-		
(C.3) Other Goods and Services	Costs (€)	Justification	
Total Costs of C.2 Other goods and services	0,00 €		
Total Costs (€) of (C)	0,00€		
(D) Indirect costs	Total Costs (€)		
(Max 7% on A, B, and C)	932,15€	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	14.248,55€		

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Applicant No. &Short Name	**20.7 SERVICIO NAVARRO DE SALUD-OSASUNBIDEA - SNS-O**		
(If affiliated entity: Affiliated to which Applicant number/Short name)	**20. SMS SPAIN**		
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Scientific Researcher -SNS-O	€ 4.881,00	2,70	13.178,51 €
		Total Person-month	**Total costs (€) for (A)**
Average monthly costs:	1.626,98 €	2,70	**13.178,51 €**
	Justification		
	Scientific Researcher, in charge of the suicide prevention strategy on the Navarra Region, based on the best practice Suicide Prevention, coordinate actions for the dissemination of the project at the policy level in Navarra Region.		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Direct costs			
(C.1) Travel	**Costs (€)**	**Justification**	
Total C.1 Travel:	**0,00 €**		
(C.2) Equipment	**Costs (€)**	**Justification**	
	-		
(C.3) Other Goods and Services	**Costs (€)**	**Justification**	
Total Costs of C.2 Other goods and services	**0,00 €**		
Total Costs (€) of (C)	**0,00€**		
(D) Indirect costs	**Total Costs (€)**		
(Max 7% on A, B, and C)	**922,50€**	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	**14.101,00€**		

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Applicant No. &Short Name	20.8 SERVICIO VASCO DE SALUD –OSAKIDETZA OSAKIDETZA		
(If affiliated entity: Affiliated to which Applicant number/Short name)	20. SMS SPAIN		
(A) Direct personnel costs			
Staff function	Monthly Cost	Estimated Person-month	Sum Cost (€)
Scientific Researcher- OSAKIDETZA	€ 6.825,00	2,70	18.427,50 €
		Total Person-month	Total costs (€) for (A)
Average monthly costs:	2.275,00 €	2,70	18.427,50 €
	Justification		
	WP6 Scientific Researcher, in charge of the suicide prevention strategy on Basque Country Region based on the best practice Suicide Prevention.		
(B) Direct costs of Subcontracting	Costs (€)	Task(s) justification	
Total Costs (€) of (B)	0,00€		
	Justification		
(C) Other Direct costs			
(C.1) Travel	Costs (€)	Justification	
Total C.1 Travel:	0,00 €		
(C.2) Equipment	Costs (€)	Justification	
	-		
(C.3) Other Goods and Services	Costs (€)	Justification	
Total Costs of C.2 Other goods and services	0,00 €		
Total Costs (€) of (C)	0,00€		
(D) Indirect costs	Total Costs (€)		
(Max 7% on A, B, and C)	1.289,93€	Flat rate of 7% on A, B, and C.	
Total estimated eligible costs	19.717,43		

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

Applicant No. &Short Name	**21.PUBLIC HEALTH AGENCY OF SWEDEN-FOHM/PHAS SWEDEN**		
(If affiliated entity: Affiliated to which Applicant number/Short name)			
(A) Direct personnel costs			
Staff function	**Monthly Cost**	**Estimated Person-month**	**Sum Cost (€)**
Project Coordinator	6.800,00 €	13,00	88.400,00 €
1 Expertise responsible for national activities	6.800,00 €	6,00	40.800,00 €
Communications officer	5.700,00 €	3,00	17.100,00 €
		Total Person-month	**Totalcosts (€) for (A)**
Average monthl ycosts:	6.433,33 €	22,00	**146.300,00 €**
	Justification		
	In WP1 and WP2 the main activities are carried out by the national project coordinator. In WP2 there is also a communications officer involved. In WP3 and WP4 the project coordinator will receive assistance from an expert responsible for some of the national activities. WP6 which involves the greatest amount of work will be completed by the project coordinator together with the national expert and the communications officer.		
(B) Direct costs of Subcontracting	**Costs (€)**	**Task(s) justification**	
Total Costs (€) of (B)	**0,00€**		
	Justification		
(C) Other Directcosts			
(C.1) Travel	**Costs (€)**	**Justification**	
WP1	7.000,00 €	2 annual consortium meetings M12,M24 X 3 people 1 Member State Policy Committee meeting M30 X 1 person	
WP2	4.000,00 €	Travel and subsistence for participation in Final Conference M36 : Participation Member State Policy Committee Delegate & Competent Authority (3 persons); Participation of staff member from pilot practice implementers (1 person)	
WP6	6.856,47 €	Travel and subsistence costs for 2 workshops for implementing countries (1 person per workshop); Travel and subsistence costs for 6 trainings for 2 persons.	

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Total C.1 Travel:	**17.856,47 €**	
(C.2) Equipment	**Costs (€)**	**Justification**
	-	
(C.3) Other Goods and Services	**Costs (€)**	**Justification**
WP 2	2.000,00 €	Translation of materials
WP 3	500,00 €	License evaluation software
WP6. Costs of meetings/workshops within countries	1.050,00 €	Costs of renting the venue technical equipment & catering
Total Costs of C.2 Other goods and services	**3.550,00 €**	
Total Costs (€) of (C)	**21.406,57€**	
(D) Indirect costs	**Total Costs (€)**	
(Max 7% on A, B, and C)	**11.739,46€**	Flat rate of 7% on A, B, and C.
Total estimated eligible costs	**179.446,03€**	

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

2.10 Previous and current grants relevant to the programme

Name/title, number and duration of the grant	Institution(s)/beneficiaries involved	Total amount of EU contribution
Strengthened International HeAlth Regulations and Preparedness in the EU - Joint Action [SHARPJA] 01/04/2019 - 31/03/2022 No 848096 HP-JA-2018	NPHO, Greece BMSGPK, Austria CIPH, Croatia MoSA, Estonia THL, Finland MOH, France SAM, Lithuania MHS, Malta HDIR, Norway NIPH, Norway IPHS, Serbia PHAS, Sweden	€ 7 900 000,00
European Joint Action on Vaccination [EU-JAV] 01/08/2018 - 31/07/2021 No 801495 HP-JA-2017	NPHO, Greece, CIPH, Croatia, THL, Finland, INSERM, France, SAM, Lithuania, MHS, Malta, PHAS, Sweden	€ 3 530 231,97
Joint Action on integrating prevention, testing and linkage to care strategies across HIV, viral hepatitis, TB and STIs in Europe (INTEGRATE) [INTEGRATE]*01/09/2017 - 28/02/2021,* No 761319 HP-JA-2016	NPHO, Greece, CIPH, Croatia, NIHD, Estonia, MHS, Malta	€ 1 999 877,08
European Joint Action on antimicrobial resistance and associated infections [EU-JAMRAI] 01/09/2017 - 28/02/2021 No 761296 HP-JA-2016	NPHO, Greece, GÖG, Austria, CIPH, Croatia MOH, France, INSERM, France, HDIR, Norway, NIPH, Norway, Norwegian Medical Agency, Norway, NIJZ, Slovenia, FFIS, Spain, SERMAS, Spain, PHAS, Sweden	€ 4 178 162,75
Joint Action on HIV and Co-infection Prevention and Harm Reduction [HA-REACT] 01/10/2015 - 31/01/2019 No 677085 HP-JA-2014	NPHO, Greece CIPH, Croatia NIHD, Estonia THL, Finland MHS, Malta	€ 2 999 747,09
Common Approach for REfugees and other migrants' health [CARE] 01/04/2016 - 31/03/2017 No 717317 HP-HA-2015	NPHO, Greece CIPH, Croatia MHS, Malta	€ 1 689 045,11
Tobacco Cessation Guidelines For High Risk Groups [Tob-G] Coordinator 01/06/2015 - 30/11/2017 No. 664292 HP-PJ-2014	NPHO, Greece SU - HSMTC, Hungary	€ 541 890,80
InfAct (Information for Action) 01/03/2018 – 31/05/2021 No 801553 HP-JA-2017	BMSGPK, Austria, CIPH, Croatia, MHS SHSO, Cyprus, MoSA, Estonia, THL, Finland, UNIMIB,Italy, MHS, Malta, HDIR, Norway, NIPH, Norway, NIJZ, Slovenia; PHAS, Sweden	€ 3 999 191,48
Preparedness and action at points of entry [Healthy GateWays]; 01/05/2018 –	BMSGPK, Austria; CIPH, Croatia MHS, Malta; PHAS, Sweden	€3 000 000,00

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30/04/2021 No 801493 HP-JA-2017		
Joint Action supporting the eHealth Network [eHAction] 01/06/2018 - 31/05/2021 No 801558 HP-JA-2017	BMSGPK, Austria; MHSSHSO, Cyprus; MoHCZ, Czechia; MoSA, Estonia; THL, Finland; MOH, France; ÁEEK, Hungary; SU - HSMTC, Hungary; SAM, Lithuania; MHS, Malta	€ 2 699 978,06
Supporting Member States voluntary cooperation in the area of pricing through the Euripid Collaboration [EURIPID] 01/02/2019-31/01/2022 No 826652 HP-JA-2018	GÖG, Austria	*€ 299 994,00*
European Network for Health Technology Assessment – Joint Action 1- 3, EUnetHTA JA1, JA2 and JA3 (HP), 01/06/2016 - 31/05/2021 No 724130HP-ADHOC-2014-2020-JA-2015	GÖG, Austria; NCPHA, Bulgaria; CIPH, Croatia; MHSSHSO, Cyprus; MoHCZ, Czechia; THL, Finland SU - HSMTC, Hungary; MHS, Malta HDIR, Norway	€ 11 999 798,74
Joint Action to support the eHealth Network [JAseHN], 01/05/2015 - 30/06/2018 No 677102HP-JA-2014	GÖG, Austria THL, Finland MOH, France ÁEEK, Hungary SU - HSMTC, Hungary MHS, Malta HDIR, Norway	€ 2 400 000,00
Promoting Implementation of Recommendations on Policy, Information and Data for Rare Diseases [RD-ACTION], 01/06/2015 - 31/07/2018 No 677024HP-JA-2014	GÖG, Austria MOH, France INSERM, France HDIR, Norway	€ 4 379 979,00
Joint Action on Implementation of Validated Best Practices in Nutrition [Best-ReMaP] 01/10/2020 - 30/09/2023 No 951202HP-JA-2019	GÖG, Austria; NCPHA, Bulgaria; CIPH, Croatia; MHS SHSO, Cyprus MoSA, Estonia THL, Finland SAM, Lithuania MHS, Malta NIJZ, Slovenia	€ 6 000 000,00
Joint Action Health Equity Europe [JAHEE] 01/06/2018-30/11/2021 No 801600 HP-JA-2017	NCPHA, Bulgaria CIPH, Croatia MHS SHSO, Cyprus NIHD, Estonia/ THL, Finland MOH, France / BZgA, Germany IPHS, Serbia/ NIJZ, Slovenia ;PHAS, Sweden	€ 2 499 997,02
Innovative Partnership for Action Against Cancer [iPAAC] 01/04/2018-31/03/2021 No 801520 HP-JA-2017	NCPHA, Bulgaria/ CIPH, Croatia MHS SHSO, Cyprus/ THL, Finland SAM, Lithuania/ MHS, Malta IPHS, Serbia NIJZ, Slovenia	€ 4 500 000,00
Joint Action on Tobacco Control [JATC] 1/10/2017-15/12/2020 No 761297 HP-JA-2016	NCPHA, Bulgaria/ MHSSHSO, Cyprus DOHI, Iceland /MNIPR, Italy MHS, Malta/ PHAS, Sweden	€ 1 995 334,21
Implementing good practices for	NCPHA, Bulgaria/ CIPH, Croatia	€ 4 999 999,56

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chronic diseases [CHRODIS-PLUS] 01/09/2017 - 30/11/2020 No 761307HP-JA-2016	THL, Finland/ SU - HSMTC, Hungary DOHI, Iceland/ MHS, Malta NIJZ, Slovenia/ SAS, Spain	
Managing Frailty. A comprehensive approach to promote a disability-free advanced age in Europe: the ADVANTAGE initiative [ADVANTAGE] 01/01/2017-31/12/2019 No 724099HP-JA-2015	NCPHA, Bulgaria/ CIPH, Croatia MHS SHSO, Cyprus/ MoHCZ, Czech THL, Finland/ MOH, France/ NIPH, Norway Norwegian National Advisory Unit on Ageing and Health (Ageing and Health), Norway/ NIJZ, Slovenia/ SERMAS, Spain	€ 3 442 455,01
Joint Action on Nutrition and Physical Activity [JANPA] 01/09/2015-30/11/2017 No 677063 HP-JA-2014	NCPHA, Bulgaria/ CIPH, Croatia NIHD, Estonia/THL, Finlan/ MOH, France/ MHS, Malta/ HDIR, Norway/ NIJZ, Slovenia	€ 1 200 000,00
Joint Action on implementation of digitally enabled integrated person-centred care [JADECARE] 01/10/2020-30/09/2023 No 951442 HP-JA-2019	CIPH, Croatia/ MoHCZ, Czechia/ MoSA, Estonia/ ÁEEK, Hungary/ SU - HSMTC, Hungary/ LR, Italy SMS and FFIS,Spain	€ 3 999 226,00
Joint Action on Rare Cancers [JARC] 01/10/2016-30/09/2019 No 724161 HP-JA-2015	CIPH, Croatia/ MHS SHSO, Cyprus/ MoHCZ, Czechia/ INSERM, France MHS, Malta/ FFIS-CARM, Spain	€ 1 499 848,04
Efficient response to highly dangerous and emerging pathogens at EU level [EMERGE] 01/06/2015 - 31/03/2019 No 677066HP-JA-2014	CIPH, Croatia. THL, Finland. NSERM, France. PHAS, Sweden	€ 3 499 873,00
facilitatinG the Authorisation of Preparation Process for blood and tissues and cells [GAPP] 01/05/2019-30/04/2021 No 785269 HP-JA-2016	MHS SHSO, Cyprus MHS, Malta SAS, Spain	€ 1 199 824,37
Market surveillance of medical devices [JAMS] 17/10/2016-16/01/2020 No 723964 HP-JA-2015	MHS SHSO, Cyprus	€ 849 487,69
Local Strategies to Reduce Underage and Heavy Episodic Drinking [Localize It] [738055] – Project 01/04/2017-30/09/2019 No 738055 HP-PJ-2016	MoHCZ, Czechia	*€ 745 979,00*
BRidging Information and Data Generation for Evidence-based Health Policy and Research [BRIDGE Health] 01/05/2015-31/10/2017 No 664691 HP-PJ-2014	THL, Finland INSERM, France	€ 3 473 044,23
VASCERN Registries [VASCERN	INSERM, France	€ 393 922,26

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Registries] 01/05/2020-30/04/2023 No 947651 HP-PJ-2019		
Codification for Rare Diseases [RDCODE] 01/01/2019-30/06/2021 No 826607 HP-PJ-2018	INSERM, France MHS, Malta	€ 749 884,35
Orphanet Network [ONW] 01/06/2018-30/06/2021 No 831390 HP-PJ-2018	INSERM, France	€ 2 639 245,52
EUropean Refugees - HUman Movement and Advisory Network [EUR-HUMAN] 01/01/2016-31/12/2016 No 717319 HP-HA-2015	UD, FPH, Hungary	€ 1 251 841,13
Frailty management Optimisation through EIP AHA Commitments and Utilisation of Stakeholders input [FOCUS] [664367] – Project 01/05/2015-30/04/2018 No 664367 HP-PJ-2014	MNIPR, Italy	€ 1 427 779,00
RESPOND H2020 Improving the Preparedness of Health Systems to Reduce Mental Health and Psychosocial Concerns resulting from the COVID-19 Pandemic 1/12/2020-- 30/11/2023 N° 101016127	LR, Italy	€ 6.265.778
Remote Assessment of Disease and Relapse in Central Nervous System Disorders 1/4/2016 -31/3/2022 N° 115902 H2020-EU.3.1.7.	FBF Italy	€ 11.000.000
Vigilance and Inspection for the Safety of Transfusion, Assisted Reproduction and Transplantation [VISTART], 10/10/2015 - 09/02/2019 No 676969HP-JA-2014	SAM, Lithuania HDIR, Norway	€ 2 328 664,00
EUPAP – An European Physical Activity on Prescription model [EUPAP] 01/03/2019-28/02/2022 No 847174 HP-PJ-2018	MHS, Malta PHAS, Sweden	€ 1 346 154,90
TRANSfusion and transplantation: PrOtection and SElection of donors [TRANSPOSE] 01/09/2017-29/02/2020 No 738145 HP-PJ-2016	MHS, Malta	€ 522 170,23

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STAD in Europe [SIE] [709661] – Project 01/06/2016 – 31/05/2019 No 709661 HP-PJ-2015	TI, Netherlands	€ 698 416,59
Joint Action on Dementia 2015-2018 [DEM 2] 01/03/2016-31/10/2019 No 678481 HP-JA-2014	HDIR, Norway, TI, Netherlands	€ 1 498 710,30
Joint Market Surveillance Actions on medical devices intended to be re-sterilized focusing on information in the Instruction for use and validation data necessary for the re-sterilisation by the user [COENJA2014] 01/11/2015-30/04/2017 No 676988 HP-JA-2014	HDIR, Norway	€ 199 999,00
CANCON - European Guide on Quality Improvement in Comprehensive Cancer Control; 24.2.2014 - 23.4.2017; JA 2012 2203	NIJZ, Slovenia	€5.999.985,00
PARENT - Cross Border Patient Registries Initiative 2.5.20112 - 1.2.2016 JA 20122 23 02	NIJZ, Slovenia	€3.360.548,01
HepCare Europe: [HEPCARE EUROPE] [709844] – Project 01/05/2016-31/10/2019 No 709844 HP-PJ-2015	SAS, Spain	€ 1 069 977,67
PaEdiatric Transplantation European Registry [PETER] 01/07/2020-30/06/2023 No 947629 HP-PJ-2019	SERMAS, Spain	€ 399 962,84
Personalized Knowledge Transfer and Access to Tailored Evidence-Based Assets on Integrated Care: SCIROCCO Exchange [SCIROCCO Exchange] 01/01/2019-31/08/2021 No 826676 HP-PJ-2018	Osakidetza, Spain	€ 1 589 751,69
Advancing Care Coordination and Telehealth deployment at Scale [ACT-at-Scale] 04/03/2016-03/03/2019 No 709770 HP-PJ-2015	Osakidetza, Spain	€ 2 072 432,18
LaRge-scalE implementation of COmmunity based mental health care for people with seVere and Enduring mental ill	Netherlands (Trimbos), Bulgaria (NCPHA), Croatia (CIPH), Germany, North Macedonia, Montenegro, Romania, Moldova, Spain	€ 3 500 000

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health in EuRopE, RECOVER-E. 01/01/2018-31/12/2012. No 779362.		
EU Compass for Mental Health and Wellbeing 2015-2018	All Member States were involved. Commissioned by CHAFEA. Consortium consisted of the Netherlands (Trimbos), Belgium, Portugal and Finland	€ 800 000

2.11. Current applications relevant to the programme

CIPH is involved in JATC2 and NFP4HEALTH as competent authority and in TEHDAS as aff. Entity NPHO is involved in JATC2.
CIPH is involved in JATC2, NFP4HEALTH, JA TERROR, JADECARE, IPAAC, Best-ReMap, SHARP JA, U-JAV, InfAct, Integrate, EUnetHTA and JA Healthy Gateways as competent authority and in JA TEHDAS as aff. Entity NPHO is involved in JATC2

2.12 Exceptional Utility

All Criteria for exceptional utility of grants Articles 7(2), 7(3) and 8(1) of the Programme Regulation, for Joint actions may receive co-funding of 80% of the total eligible cost, provided that the proposals meet the relevant eligibility and selection criteria for the type of grant as described under its headi ng (see below) and the following specific criteria for exceptional utility:
For Actions co-financed with Member State authorities:

1. at least 30% of the budget must be allocated to Member States whose GNI per inhabitant is less than 90% of the EU average. This is to encourage the participation of Member States with a low GNI; Almost 52% of the budget is allocated to Member States whose GNI per inhabitant is less than 90% of the EU average.
2. actions must involve bodies from at least 14 countries participati ng in the programme, of which at least four must have a GNI per inhabitant less than 90% of the EU average. This is to promote wide geographical coverage and the participation of national authorities of Member States with a low GNI JA ImpleMental involves 21 countries, 12 meet the criteria of a GNI per inhabitant less than 90% of the EU average.

2.13 .Collaborating stakeholders

The Joint Action is a multifaceted policy initiative and has a wide geographical and institutional coverage, and thus has a diverse array of stakeholders that can be informed, engaged and benefit from the lessons learned in the JA. A tailored approach is therefore needed to effectively reach out to them. The JA ImpleMENTAL Coordinator and Executive Board is in the process of contacti ng and engaging with the following stakeholders identified as main stakeholders: Mental health user and family associations, People with lived experience of a suicide attempt and survivors of bereavement due to death by suicide, Specific institutions/organizations in the area of Mental Health, Health and Mental Health Professionals, Media professionals, Policy makers within and outside the mental health sector. This list of target groups of stakeholders should be considered provisional, as one specific task that will be dedicated to the mapping of stakeholders in wp2, will be used to complete this list at the very beginning of the Joint Action. As the list of involved stakeholders should not be too long, so as to ensure effective communication and collaboration, priority will be assigned to specific stakeholder groups and their role will be delineated. As the list of involved stakeholders should not be too long, so as to ensure effective communication and collaboration, priority will be assigned to specific stakeholder groups and their role will be delineated. Priority will be assigned to patients and families associations (e.g. EUFAMI, GAMIAN), consonant with the patient-centered care paradigm and the two best practices (the one on mental health service delivery reform is explicitly centered on recovery and patient-centered care). The associations should be active on a European level. Moreover, civil society organizations operating at the EU level will also be prioritized so as to ensure dissemination and sust ainable

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implementation of the two best practices. Recruitment criteria and process will be discussed in the initial phase of the JA.

Below is a table summarizing all countries, international organizations, stakeholders and experts already participating in the joint action.

Institution	Contract Person (full name)	Country & City
WHO Regional Office for Europe Division of NCDs and Promotion of Health through the Life-course WHO Regional Office for Europe UN City, Marmorvej 51, DK-2100 Copenhagen, Denmark	Dr Dan Chisholm Programme Manager for Mental Health +45 45 33 67 84 (office) + 45 29 10 89 59 (mobile) chisholmd@who.int Skype: chisholmd	Copenhagen, Denmark
Federal public service HEALTH,FOOD CHAIN SAFETY AND ENVIRONMENThttps://www.health.belgium.be/en/food	Jacob Bernard bernard.jacob@health.fgov.b Sarah Morsink sarah.morsink@health.fgov.be	Belgium
Central Denmark EU Office CDEU mhp@centraldenmark.eu	Maria Heilskou Pedersen Specialkonsulent/Senior EU-advisor mhp@centraldenmark.eu Tel: + 32 2 880 34 16 tel:+32478782483	Central Denmark EU Office Bruxelles
Public Health England	Nicolas Ventosa Nicolas.Ventosa@phe.gov.uk Gregor Henderson<Gregor.Henderson@phe.gov.uk	UK

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ESTIMATED BUDGET FOR THE ACTION

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	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 %[3]	Maximum EU contribution[4]	Maximum grant amount[5]	Income generated by the action	Financial contributions given by third parties to the beneficiaries	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[6]	Actual	Actual	Actual	Flat-rate[7] 7%							
	a	b	c	d = 0.07 * (a+b+c)	e = a+b+c+d	f	g = e * f	h	i	j	k = i + j
1. NPHO	400 772.07	0.00	132 249.43	37 311.51	570 333.01	80.00	456 266.41	456 266.41	0.00	0.00	0.00
2. BMSGPK	0.00	0.00	0.00	0.00	0.00	80.00	0.00	0.00	0.00	0.00	0.00
- GÖG	451 827.76	14 400.00	73 756.57	37 798.90	577 783.23	80.00	462 226.58	462 226.58	0.00	0.00	0.00
Σ beneficiary	451 827.76	14 400.00	73 756.57	37 798.90	577 783.23		462 226.58	462 226.58	0.00	0.00	0.00
3. NCPHA	27 675.00	0.00	33 780.00	4 301.85	65 756.85	80.00	52 605.48	52 605.48	0.00	0.00	0.00
4. CIPH	270 310.67	0.00	70 849.43	23 881.21	365 041.31	80.00	292 033.05	292 033.05	0.00	0.00	0.00
5. MHS CYPRUS	282 186.35	0.00	44 853.15	22 892.77	349 932.27	80.00	279 945.82	279 945.82	0.00	0.00	0.00
6. MZCR	62 367.26	0.00	15 073.24	5 420.84	82 861.34	80.00	66 289.07	66 289.07	0.00	0.00	0.00
- NIMH	135 447.34	0.00	22 333.33	11 044.65	168 825.32	80.00	135 060.26	135 060.26	0.00	0.00	0.00
Σ beneficiary	197 814.60	0.00	37 406.57	16 465.49	251 686.66		201 349.33	201 349.33	0.00	0.00	0.00
7. MSAE	153 932.47	0.00	39 621.50	13 548.78	207 102.75	80.00	165 682.20	165 682.20	0.00	0.00	0.00
- NIHD	10 372.39	0.00	2 428.50	896.06	13 696.95	80.00	10 957.56	10 957.56	0.00	0.00	0.00
Σ beneficiary	164 304.86	0.00	42 050.00	14 444.84	220 799.70		176 639.76	176 639.76	0.00	0.00	0.00
8. THL	175 050.00	29 000.00	21 406.57	15 781.96	241 238.53	80.00	192 990.82	192 990.82	0.00	0.00	0.00
9. MOH FRANCE	83 000.00	0.00	20 392.86	7 237.50	110 630.36	80.00	88 504.29	88 504.29	0.00	0.00	0.00
- INSERM	33 200.00	0.00	5 500.00	2 709.00	41 409.00	80.00	33 127.20	33 127.20	0.00	0.00	0.00

ESTIMATED BUDGET FOR THE ACTION

	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 %[3]	Maximum EU contribution[4]	Maximum grant amount[5]	Income generated by the action	Financial contributions given by third parties to the beneficiaries	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[6]	Actual	Actual	Actual	Flat-rate[7] 7%							
	a	b	c	d = 0.07 * (a+b+c)	e = a+b+c+d	f	g = e * f	h	i	j	k = i + j
Σ beneficiary	116 200.00	0.00	25 892.86	9 946.50	152 039.36		121 631.49	121 631.49	0.00	0.00	0.00
10. BZgA	601 187.69	0.00	113 495.00	50 027.79	764 710.48	80.00	611 768.38	611 768.38	0.00	0.00	0.00
11. OKFO	116 350.00	0.00	20 728.29	9 595.48	146 673.77	80.00	117 339.02	117 339.02	0.00	0.00	0.00
- SU	119 850.00	0.00	35 092.86	10 846.00	165 788.86	80.00	132 631.09	132 631.09	0.00	0.00	0.00
- UD	119 775.00	0.00	15 428.29	9 464.23	144 667.52	80.00	115 734.02	115 734.02	0.00	0.00	0.00
Σ beneficiary	355 975.00	0.00	71 249.44	29 905.71	457 130.15		365 704.13	365 704.13	0.00	0.00	0.00
12. DOHI	166 250.00	0.00	27 907.00	13 590.99	207 747.99	80.00	166 198.39	166 198.39	0.00	0.00	0.00
13. LOMBARDY REGION	16 000.00	0.00	0.00	1 120.00	17 120.00	80.00	13 696.00	13 696.00	0.00	0.00	0.00
- ASST LECCO	94 200.00	0.00	71 242.86	11 581.00	177 023.86	80.00	141 619.09	141 619.09	0.00	0.00	0.00
- UNIMIB	82 200.00	0.00	5 000.00	6 104.00	93 304.00	80.00	74 643.20	74 643.20	0.00	0.00	0.00
- MNIPR	97 400.00	0.00	33 750.00	9 180.50	140 330.50	80.00	112 264.40	112 264.40	0.00	0.00	0.00
- POLIMI	71 500.00	0.00	12 000.00	5 845.00	89 345.00	80.00	71 476.00	71 476.00	0.00	0.00	0.00
- FBF	106 350.00	0.00	6 500.00	7 899.50	120 749.50	80.00	96 599.60	96 599.60	0.00	0.00	0.00
Σ beneficiary	467 650.00	0.00	128 492.86	41 730.00	637 872.86		510 298.29	510 298.29	0.00	0.00	0.00
14. SAM	89 105.16	0.00	39 049.86	8 970.85	137 125.87	80.00	109 700.70	109 700.70	0.00	0.00	0.00
15. MFH	297 607.50	0.00	67 080.00	25 528.13	390 215.63	80.00	312 172.50	312 172.50	0.00	0.00	0.00
16. TRIMBOS	339 763.43	0.00	49 157.00	27 224.43	416 144.86	80.00	332 915.89	332 915.89	0.00	0.00	0.00

ESTIMATED BUDGET FOR THE ACTION

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

	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 %[3]**	**Maximum EU contribution[4]**	**Maximum grant amount[5]**	**Income generated by the action**	**Financial contributions given by third parties to the beneficiaries**	**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[6]	Actual	Actual	Actual	Flat-rate[7] 7%							
	a	b	c	d = 0.07 * (a+b+c)	e = a+b+c+d	f	g = e * f	h	i	j	k = i + j
17. HDIR	0.00	0.00	21 406.57	1 498.46	22 905.03	80.00	18 324.02	18 324.02	0.00	0.00	0.00
18. IPHS	34 419.27	0.00	33 779.86	4 773.94	72 973.07	80.00	58 378.46	58 378.46	0.00	0.00	0.00
19. NIJZ	179 320.00	0.00	42 050.00	15 495.90	236 865.90	80.00	189 492.72	189 492.72	0.00	0.00	0.00
20. SMS	142 357.35	0.00	41 549.43	12 873.47	196 780.25	80.00	157 424.20	157 424.20	0.00	0.00	0.00
- FFIS	83 772.04	0.00	0.00	5 864.03	89 636.07	80.00	71 708.86	71 708.86	0.00	0.00	0.00
- CatSalut	37 200.00	0.00	0.00	2 604.00	39 804.00	80.00	31 843.20	31 843.20	0.00	0.00	0.00
- Consej- Mujer	32 548.08	0.00	0.00	2 278.37	34 826.45	80.00	27 861.16	27 861.16	0.00	0.00	0.00
- SAS	12 488.00	0.00	0.00	874.16	13 362.16	80.00	10 689.73	10 689.73	0.00	0.00	0.00
- FPS	7 294.70	0.00	0.00	510.63	7 805.33	80.00	6 244.26	6 244.26	0.00	0.00	0.00
- SERMAS	13 316.40	0.00	0.00	932.15	14 248.55	80.00	11 398.84	11 398.84	0.00	0.00	0.00
- SNS-O	13 178.51	0.00	0.00	922.50	14 101.01	80.00	11 280.81	11 280.81	0.00	0.00	0.00
- Osakidetza	18 427.50	0.00	0.00	1 289.93	19 717.43	80.00	15 773.94	15 773.94	0.00	0.00	0.00
Σ beneficiary	360 582.58	0.00	41 549.43	28 149.24	430 281.25		344 225.00	344 225.00	0.00	0.00	0.00
21. FOHM/PHAS	146 300.00	0.00	21 406.57	11 739.46	179 446.03	80.00	143 556.82	143 556.82	0.00	0.00	0.00
Σ consortium	5 124 301.94	43 400.00	1 138 868.17	441 459.93	6 748 030.04	80.00[7]	5 398 424.04	5 398 424.04	0.00	0.00	0.00

[1] See Article 6 for the eligibility conditions.

ESTIMATED BUDGET FOR THE ACTION

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

[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 (see Article 6.2.D).
[3] See Article 5.2 for the reimbursement rate.
[4] This is the theoretical amount of the EU contribution, if the reimbursement rate is applied to all the budgeted costs. This theoretical amount is capped by the 'maximum grant amount'.
[5] The 'maximum grant amount' is the maximum grant amount decided by the Agency. It normally corresponds to the requested grant, but may be lower.
[6] See Article 5 for the cost forms.
[7] Flat rate : 7% of eligible direct costs.

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

BUNDESMINISTERIUM FUER SOZIALES, GESUNDHEIT, PFLEGE UND KONSUMENTENSCHUTZ (BMSGPK), established in Radetzkystrasse 2, WIEN 1030, Austria, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('2')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

NATSIONALEN CENTAR PO OBSHTESTVENO ZDRAVE I ANALIZI (NCPHA), established in ACAD IVAN GESHOV BLVD 15, SOFIA 1431, Bulgaria, VAT number: BG176094665, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('3')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO (CIPH), established in ROCKEFELLEROVA 7, ZAGREB 10000, Croatia, VAT number: HR75297532041, (‘the beneficiary’), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No (‘4’)

in Grant Agreement No 101035969 (‘the Grant Agreement’)

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency (‘the EU’), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

ORGANISMOS KRATIKON YPIRESION YGEIAS (MHS CYPRUS), established in PRODROMOU 1 AND CHILONOS 17, NICOSIA 1448, Cyprus, VAT number: CY18007761X, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('5')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

MINISTERSTVO ZDRAVOTNICTVI CESKE REPUBLIKY (MZCR), established in PALACKEHO NAMESTI 375/4, PRAHA 12801, Czech Republic, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('6')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

SOTSIAALMINISTEERIUM (MSAE), established in Suur-Ameerika 1, TALLINN 10122, Estonia, (‘the beneficiary’), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No (‘7’)

in Grant Agreement No 101035969 (‘the Grant Agreement’)

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency (‘the EU’), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

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

hereby agrees

to become beneficiary No (‘8’)

in Grant Agreement No 101035969 (‘the Grant Agreement’)

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency (‘the EU’), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

MINISTERE DES AFFAIRES SOCIALES ET DE LA SANTE (MOH FRANCE), established in AVENUE DUQUESNE 14, PARIS CEDEX 75350, France, VAT number: N/A, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('9')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

BUNDESZENTRALE FUR GESUNDHEITLICHE AUFKLARUNG (BZgA), established in MAARWEG 149-161, KOLN 50825, Germany, VAT number: DE122948246, (‘the beneficiary’), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No (‘10’)

in Grant Agreement No 101035969 (‘the Grant Agreement’)

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency (‘the EU’), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

ORSZAGOS KORHAZI FOIGAZGATOSAG (OKFO), established in DIOS AROK 3, BUDAPEST 1125, Hungary, VAT number: HU15845883, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('11')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

EMBAETTI LANDLAEKNIS (DOHI), established in BARONSSTIG 47, REYKJAVIK 101, Iceland, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('12')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

REGIONE LOMBARDIA (LOMBARDY REGION), established in PIAZZA CITTA DI LOMBARDIA 1, MILANO 20124, Italy, VAT number: IT12874720159, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('13')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

LIETUVOS RESPUBLIKOS SVEIKATOS APSAUGOS MINISTERIJA (SAM), established in VILNIAUS G 33, VILNIUS LT 01506, Lithuania, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('14')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

Ministry for Health - Government of Malta (MFH), established in Palazzo Castellania, Merchants Street 15, Valletta VLT 200, Malta, VAT number: MT12979127, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('15')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

STICHTING TRIMBOS- INSTITUUT, NETHERLANDS INSTITUTE OF MENTAL HEALTH AND ADDICTION (TRIMBOS), established in DA COSTAKADE 45, UTRECHT 3521 VS, Netherlands, VAT number: NL805514806B01, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('16')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

HELSEDIREKTORATET (HDIR), established in VITAMINVEIEN 4, OSLO 0213, Norway, VAT number: NO983544622, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('17')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

INSTITUT ZA ZASTITU ZDRAVLJA SRBIJEDR MILAN JOVANOVIC BATUT (IPHS), established in DR SUBOTICA STREET 5, BEOGRAD 11000, Serbia, VAT number: RS102000930, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('18')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

NACIONALNI INSTITUT ZA JAVNO ZDRAVJE (NIJZ), established in TRUBARJEVA CESTA 2, LJUBLJANA 1000, Slovenia, VAT number: SI44724535, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('19')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

SERVICIO MURCIANO DE SALUD (SMS), established in C CENTRAL 7, MURCIA 30100, Spain, VAT number: ESQ8050008E, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('20')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

FOLKHALSOMYNDIGHETEN (FOHM/PHAS), established in NOBELS VAG 18, SOLNA 171 82, Sweden, VAT number: SE202100654501, ('the beneficiary'), represented for the purpose of signing this Accession Form by the undersigned,

hereby agrees

to become beneficiary No ('21')

in Grant Agreement No 101035969 ('the Grant Agreement')

between ETHNIKOS ORGANISMOS DIMOSIAS YGEIAS **and** the European Health and Digital Executive Agency ('the EU'), represented by the European Commission ('the Commission'),

for the action entitled JA on Implementation of Best Practices in the area of Mental Health (JA-02-2020).

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 it in accordance with the Agreement, with all the obligations and conditions it sets out.

SIGNATURE

For the beneficiary/new beneficiary/new coordinator

Associated with document Ref. Ares(2021)5882948 - 27/09/2021

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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**	**Reimbursement rate %** [3]	**Maximum EU contribution** [4]	**Requested EU contribution**
	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 [6] 7%							
	a	b	c	d = 0,07 * (a + b + c)	e= a+ b + c + d	f	g	h= f + g	i	j	k
[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). A beneficiary that receives an operating grant during the duration of the action cannot claim any indirect costs for the year(s) covered by the operating grant (see Article 6.2.D).

[3] See Article 5.2 for the reimbursement rate

[4] This is the theoretical amount of EU contribution that the system calculates automatically (by multiplying the reimbursement rate by the total costs declared). The amount you request (in the column 'requested EU contribution') may have to be less.

[5] See Article 5 for the cost forms.

[6] Flat rate : 7% of eligible direct costs.

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ANNEX 5

MODEL FOR THE CERTIFICATE ON THE FINANCIAL STATEMENT (CFS)

This document sets out:

- the objectives and scope of the independent report of factual findings on costs declared under a EU grant agreement financed under the Health Programme (2014-2020) or Consumer Programme (2014-2020) and

- a model for the certificate on the financial statement (CFS).

1. Background and subject matter

[OPTION 1 for actions with one RP and NO interim payments: Within 60 days of the end of the reporting period, the coordinator must submit to the Commission a **final report**, which should include (among other documents and unless otherwise specified in Article 15 of the Grant Agreement) a **certified financial statement** (CFS; see proposed model below) for each beneficiary and (if applicable) each affiliated entity, if:

- it requests an EU contribution of EUR 150 000 or more as reimbursement of actual costs and

- the maximum EU contribution indicated for that beneficiary/affiliated entity in the estimated budget (see Annex 2) as reimbursement of actual costs is EUR 200 000 or more.*]*

[OPTION 2 for actions with several RPs and interim payments: Within 60 days of the end of each reporting period, the coordinator must submit to the Commission a **periodic report**, which should include (among other documents and unless otherwise specified in Article 15 of the Grant Agreement) a **certified financial statement** (CFS; see proposed model below) for each beneficiary and (if applicable) each affiliated entity, if:

- the cumulative amount of EU contribution the beneficiary/affiliated entity requests as reimbursement of actual costs is EUR 150 000 or more and

- the maximum EU contribution indicated for that beneficiary/affiliated entity in the estimated budget (see Annex 2) as reimbursement of actual costs is EUR 200 000 or more.

The CFS must be submitted every time the cumulative amount of payments requested (i.e. including in previous financial statements) reaches the threshold (i.e. a first certificate once the cumulative amount reaches 150 000, a second certificate once it reaches 300 000, a third certificate once it reaches 450 000, etc.).

Once the threshold is reached, the CFS must cover all reporting periods for which no certificate has yet been submitted.*]*

The beneficiary must provide the CFS for itself and, if applicable, for its affiliated entity(ies).

The **purpose** of the audit on which the CFS is based is to give the Agency 'reasonable assurance'[1] that costs declared as eligible costs under the grant (and, if relevant, receipts generated in the course of the action) are being claimed by the beneficiary in accordance with the relevant legal and financial provisions of the Grant Agreement.

The **scope** of the audit is limited to the verification of eligible costs included in the CFS. The audit must be conducted in line with point 3 below.

Certifying auditors must carry out the audits in compliance with generally accepted **audit standards** and indicate which standards they have applied. They must bear in mind that, to establish a CFS, they must carry out a compliance audit and not a normal statutory audit. The eligibility criteria in the Grant Agreement always override normal accounting practices.

The beneficiary and the auditor are expected to address any **questions on factual data or detailed calculations** before the financial statement and the accompanying certificate are submitted. It is also recommended that the beneficiary take into account the auditor's preliminary comments and suggestions in order to avoid a qualified opinion or reduce the scope of the qualifications.

Since the certificate is the main source of assurance for cost claims and payments, it will be easier to consider amounts as eligible if a **non-qualified certificate** is provided.

The submission of a certificate does not affect the Agency's right to carry out its **own assessment or audits**. Neither does the reimbursement of costs covered by a certificate preclude the Agency or the Commission, the European Anti-Fraud Office or the European Court of Auditors from carrying out checks, reviews, audits and investigations in accordance with Article 17 of the Grant Agreement.

The Agency expects the certificates to be issued by auditors according to the highest professional standards.

2. Auditors who may deliver a certificate

The beneficiary is free to choose a **qualified external auditor**, including its usual external auditor, provided that:

- the external auditor is **independent** from the beneficiary and
- the provisions of **Directive 2006/43/EC**[2] are complied with.

[1] This means a high degree of confidence.

[2] 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 or similar national regulations (OJ L 157, 9.6.2006, p. 87).

Independence is one of the qualities that permit the auditor to apply unbiased judgement and objective consideration to established facts to arrive at an opinion or a decision. It also means that the auditor works without direction or interference of any kind from the beneficiary.

Auditors are considered as providing services to the beneficiary/affiliated entity under a **purchase contract** within the meaning of Article 9 of the Grant Agreement. This means that the costs of the CFS may normally be declared as costs incurred for the action, if the cost eligibility rules set out in Articles 6 and 9.1.1 of the Grant Agreement are fulfilled (especially: best value for money and no conflict of interests; see also below eligibility of costs of other goods and services). Where the beneficiary/affiliated entity uses its usual external auditor, it is presumed that they already have an agreement that complies with these provisions and there is no obligation to find new bids. Where the beneficiary/affiliated entity uses an external auditor who is not their usual external auditor, it must select an auditor following the rules set out in Article 9.1.1.

Public bodies can choose an external auditor or a competent public officer. In the latter case, the auditor's independence is usually defined as independence from the audited beneficiary 'in fact and in appearance'. A preliminary condition is that this officer was not involved in any way in drawing up the financial statements. Relevant national authorities establish the legal capacity of the officer to carry out audits of that specific public body. The certificate should refer to this appointment.

3. Audit methodology and expected results

3.1 Verification of eligibility of the costs declared

The auditor must conduct its verification on the basis of inquiry and analysis, (re)computation, comparison, other accuracy checks, observation, inspection of records and documents and by interviewing the beneficiary (and the persons working for it).

The auditor must examine the following documentation:

- the Grant Agreement and any amendments to it;
- the periodical and/or final report(s);
- *for personnel costs*
  - salary slips;
  - time sheets;
  - contracts of employment;
  - other documents (e.g. personnel accounts, social security legislation, invoices, receipts, etc.);
  - proofs of payment;
- *for subcontracting*
  - the call for tender;
  - tenders (if applicable);
  - justification for the choice of subcontractor;
  - contracts with subcontractors;
  - invoices;
  - declarations by the beneficiary;
  - proofs of payment;

  - other documents: e.g. national rules on public tendering if applicable, EU Directives, etc.;
- *for travel and subsistence costs*
  - the beneficiary's internal rules on travel;
  - transport invoices and tickets (if applicable);
  - declarations by the beneficiary;
  - other documents (proofs of attendance such as minutes of meetings, reports, etc.);
  - proofs of payment;
- *for equipment costs*
  - invoices;
  - delivery slips / certificates of first use;
  - proofs of payment;
  - depreciation method of calculation;
- *for costs of other goods and services*
  - invoices;
  - proofs of payment; and
  - other relevant accounting documents.

General eligibility rules

The auditor must verify that the costs declared comply with the general eligibility rules set out in Article 6.1 of the Grant Agreement.

In particular, the costs must:
- be actually incurred;
- be linked to the subject of the Grant Agreement and indicated in the beneficiary's estimated budget (i.e. the latest version of Annex 2);
- be necessary to implement the action which is the subject of the grant;
- be reasonable and justified, and comply with the requirements of sound financial management, in particular as regards economy and efficiency;[3]
- have been incurred during the action, as defined in Article 3 of the Grant Agreement (with the exception of the invoice for the audit certificate and costs relating to the submission of the final report);
- not be covered by another EU or Euratom grant (see below ineligible costs);
- be identifiable, verifiable and, in particular, recorded in the beneficiary's accounting records and determined according to the applicable accounting standards of the country where it is established and its usual cost-accounting practices;
- comply with the requirements of applicable national laws on taxes, labour and social security;
- be in accordance with the provisions of the Grant Agreement (see, in particular, Articles 6 and 9-11a) and
- have been converted to euro at the rate laid down in Article 15.6 of the Grant Agreement:

[3] To be assessed in particular on the basis of the procurement and selection procedures for service providers.

- o for beneficiaries with accounts established in a currency other than the euro:
  Costs incurred in another currency must be converted into euros at the average of the daily exchange rates published in the C series of the EU Official Journal determined over the corresponding reporting period.
  If no daily euro exchange rate is published in the EU Official Journal for the currency in question, the rate used must be the average of the monthly accounting rate established by the Commission and published on its website;
- o for beneficiaries with accounts established in euro:
  Costs incurred in another currency should be converted into euros applying the beneficiary's usual accounting practice.

The auditor must verify whether expenditure includes **VAT** and, if so, verify that the beneficiary:

- cannot recover the VAT (this must be supported by a statement from the competent body) and
- is not a public body acting as a public authority.

The auditor should base his/her audit approach on the **confidence level** following a review of the beneficiary's internal control system. When using sampling, the auditor should indicate and justify the sampling size.

Specific eligibility rules

In addition, the auditor must verify that the costs declared comply with the specific cost eligibility rules set out in Article 6.2 and Articles 9.1.1, 10.1.1, 11.1.1, 11a.1.1 and 11a.2.1 of the Grant Agreement.

Personnel costs

The auditor must verify that:

- personnel costs have been charged and paid in respect of the actual time devoted by the beneficiary's personnel to implementing the action (justified on the basis of time sheets or other relevant time-recording system);
- personnel costs were calculated on the basis of annual gross salary, wages or fees (plus obligatory social charges, but excluding any other costs) specified in an employment or other type of contract, not exceeding the average rates corresponding to the beneficiary's usual policy on remuneration;
- the work was carried out during the period of implementation of the action, as defined in Article 3 the Grant Agreement and
- the personnel costs are not covered by another EU or Euratom grant (see below ineligible costs);
- for additional remunerations: the 2 conditions set out in Article 6.2.A.1 are met (i.e. that 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 and that the criteria used to calculate the supplementary payments are objective and generally applied by the beneficiary, regardless of the source of funding used);
- for in-house consultants: the 3 conditions set out in Article 6.2.A.2 of the Grant Agreement are met (i.e. that the in-house consultant works under the beneficiary's

instructions, that the result of the work carried out belongs to the beneficiary, and that the costs are not significantly different from those for personnel performing similar tasks under an employment contract).

The auditor should have assurance that the management and accounting system ensures proper allocation of the personnel costs to various activities carried out by the beneficiary and funded by various donors.

Subcontracting costs

The auditor must verify that:

- the subcontracting complies with best value for money (or lowest price) and that there was no conflict of interests;
- the subcontracting was necessary to implement the action for which the grant is requested;
- the subcontracting was provided for in Annex 1 and Annex 2 or agreed to by the Agency at a later stage;
- the subcontracting is supported by accounting documents in accordance with national accounting law
- public bodies have complied with the national rules on public procurement.

Travel and subsistence costs

The auditor must verify that travel and subsistence costs:

- have been charged and paid in accordance with the beneficiary's internal rules or usual practices;
- are not covered by another EU or Euratom grant (see below ineligible costs);
- were incurred for travels linked to action tasks set out in Annex 1 of the Grant Agreement.

Equipment costs

The auditor must verify that:

- the equipment is purchased, rented or leased at normal market prices;
- public bodies have complied with the national rules on public procurement;
- the equipment is written off, depreciation has been calculated according to the tax and accounting rules applicable to the beneficiary and only the portion of the depreciation corresponding to the duration of the action has been declared and
- the costs are not covered by another EU or Euratom grant (see below ineligible costs).

Costs of other goods and services

The auditor must verify that:

- the purchase complies with best value for money (or lowest price) and that there was no conflict of interests;
- public bodies have complied with the national rules on public procurement;
- the costs are not covered by another EU or Euratom grant (see below ineligible costs).

Ineligible costs

The auditor must verify that the beneficiary has not declared any costs that are ineligible under Article 6.4 of the Grant Agreement:

- costs relating to 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;
- excessive or reckless expenditure;
- deductible VAT;
- VAT incurred by a public body acting as a public authority;
- costs incurred during suspension of the implementation of the action;
- in-kind contributions from third parties;
- costs declared under other EU or Euratom grants (including those awarded by a Member State and financed by the EU or Euratom budget or 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;
- costs incurred for permanent staff of a national administration for activities that are part of its normal activities (i.e. not undertaken only because of the grant);
- costs incurred for staff or representatives of EU institutions, bodies or agencies.

3.2 Verification of receipts

The auditor must verify that the beneficiary has declared receipts within the meaning of Article 5.3.3 of the Grant Agreement, i.e.:

- income generated by the action (e.g. from the sale of products, services and publications, conference fees) and
- financial contributions given by third parties, specifically to be used for costs that are eligible under the action.

3.3 Verification of the beneficiary's accounting system

The auditor must verify that:

- the accounting system (analytical or other suitable internal system) makes it possible to identify **sources of financing** for the action and related expenses incurred during the contractual period and
- expenses/income under the grant have been recorded systematically using a numbering system that **distinguishes** them from expenses/income for other projects.

Certificate on the financial statement (CFS)

To
[Beneficiary/affiliated entity's full name
address]

We, [**full name of the audit firm/organisation**], established in [full address/city/country], represented for signature of this audit certificate by [name and function of an authorised representative],

hereby certify

that:

1. We have **conducted an audit** relating to the costs declared in the financial statement of [name of beneficiary/affiliated entity] (the *[*'beneficiary'*][*'affiliated entity'*]*), to which this audit certificate is attached and which is to be presented to the Consumers, Health, Agriculture and Food Executive Agency under Grant Agreement No [insert number] — [insert acronym], covering costs for the following reporting period(s): [insert reporting period(s)].

2. We confirm that our audit was **carried out in accordance with generally accepted auditing standards** in compliance with ethical rules and on the basis of the provisions of the **Grant Agreement** and its Annexes (and in particular the audit methodology described in Annex 5).

3. The financial statement was examined and all necessary tests of *[*all*][*[X]%*]* of the supporting documentation and accounting records were carried out in order to obtain **reasonable assurance that**, in our opinion and on the basis of our audit

   – total **costs** of **EUR** [**insert number**] ([insert amount in words]) are eligible, i.e.:
   – actual;
   – determined in accordance with the *[*beneficiary's*][*affiliated entity's*]* accounting principles;
   – incurred during the period referred to in Article 3 of the Grant Agreement;
   – recorded in the *[*beneficiary's*][*affiliated entity's*]* accounts (at the date of this audit certificate);
   – comply with the specific eligibility rules in Article 6.2 of the Grant Agreement;
   – do not contain costs that are ineligible under Article 6.4 of the Grant Agreement, in particular:
     – costs relating to return on capital;
     – debt and debt service charges;
     – provisions for future losses or debts;
     – interest owed;
     – doubtful debts;
     – currency exchange losses;

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  - bank costs charged by the *[*beneficiary's*][*affiliated entity's*]* bank for transfers from the Agency;
  - excessive or reckless expenditure;
  - deductible VAT;
  - VAT incurred by a public body acting as a public authority;
  - costs incurred during suspension of the implementation of the action;
  - in-kind contributions provided by third parties;
  - costs declared under other EU or Euratom grants (including those awarded by a Member State and financed by the EU or Euratom budget or awarded by bodies other than the Agency for the purpose of implementing the EU or Euratom budget); in particular, indirect costs if the *[*beneficiary*][*affiliated entity*]* is already receiving an operating grant financed by the EU or Euratom budget in the same period;
  - costs incurred for permanent staff of a national administration, for activities that are part of its normal activities (i.e. not undertaken only because of the grant);
  - costs incurred for staff or representatives of EU institutions, bodies or agencies;
- *[*are claimed according to the euro conversion rate referred to in Article 15.6 of the Grant Agreement;*]*

- total **receipts** of **EUR** [**insert number**] ([insert amount in words]) have been declared under Article 5.3.3 of the Grant Agreement and

- the *[*beneficiary's*][*affiliated entity's*]* **accounting procedures** are in compliance with the accounting rules of the state in which it is established and permit direct reconciliation of the costs incurred for the implementation of the action covered by the EU grant with the overall statement of accounts relating to its overall activity.

*[*However, our audit opinion is **qualified** for:

- costs of EUR [**insert number**]

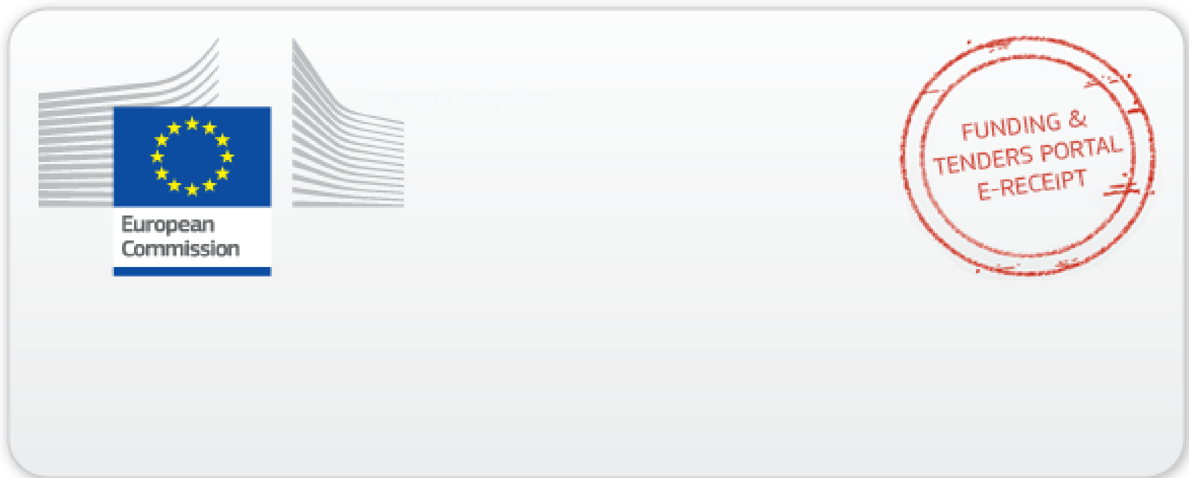
- receipts of EUR [**insert number**]

which in our opinion do not comply with the applicable rules.*]*

4. We are qualified/authorised to deliver this audit certificate *[*(for additional information, see appendix to this certificate)*]*.

5. The *[*beneficiary*][*affiliated entity*]* paid a **price** of EUR [insert number]) (including VAT of EUR [insert number]) for this audit certificate. ***[OPTION 1:*** These costs are eligible (i.e. incurred within 60 days of the end of the action referred to in Article 3 of the Grant Agreement) and included in the financial statement.***][OPTION 2:*** These costs were not included in the financial statement.***]***

Date, signature and stamp



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