EUROPEAN HEALTH AND DIGITAL EXECUTIVE AGENCY (HADEA)

Director

GRANT AGREEMENT

Project 101133273 — VAX-Action

PREAMBLE

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

on the one part,

the **European Health and Digital Executive Agency (HADEA)** ('EU executive agency' or 'granting authority'), under the powers delegated by the European Commission ('European Commission'),

and

on the other part,

1. 'the coordinator':

UNIVERSIDADE NOVA DE LISBOA (UNL), PIC 960782479, established in CAMPUS DE CAMPOLIDE, LISBOA 1099 085, Portugal,

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

2. **UNIVERSITA CATTOLICA DEL SACRO CUORE (UCSC)**, PIC 999915771, established in LARGO GEMELLI 1, MILANO 20123, Italy,

3. **INSTITUT PASTEUR (IP)**, PIC 999993080, established in RUE DU DOCTEUR ROUX 25-28, PARIS CEDEX 15 75724, France,

4. **THE ASSOCIATION OF SCHOOLS OF PUBLIIC HEALTH IN THE EUROPEAN REGION (ASPHER)**, PIC 939959004, established in AVENUE DE TERVUEREN 153, BRUSSELS 1150, Belgium,

5. **INSTITUTUL NATIONAL DE MANAGEMENT AL SERVICIILOR DE SANATATE (INMSS)**, PIC 986042346, established in STRADA VASELOR 31, BUCURESTI 021253, Romania,

6. **INSTITUTO DE SAUDE PUBLICA DA UNIVERSIDADE DO PORTO (ISPUP)**, PIC 945022889, established in PRACA GOMES TEIXEIRA - EDIFICIO GOMES TEIXEIRA, PORTO 4050 290, Portugal,

7. **INSTITUT POSTGRADUALNIHO VZDELAVANI VE ZDRAVOTNICTVI (IPVZ (IPME))**, PIC 881473242, established in Ruska 2412/85, PRAHA 100 00, Czechia,

8. **UNIVERSITA DEGLI STUDI DI PAVIA (UNIPV)**, PIC 999893752, established in STRADA NUOVA 65, PAVIA 27100, Italy,

9. **UNIVERSITA VITA-SALUTE SAN RAFFAELE (UNISR)**, PIC 999854467, established in VIA OLGETTINA 58, MILANO 20132, Italy,

Unless otherwise specified, references to 'beneficiary' or 'beneficiaries' include the coordinator and affiliated entities (if any).

If only one beneficiary signs the grant agreement ('mono-beneficiary grant'), all provisions referring to the 'coordinator' or the 'beneficiaries' will be considered — mutatis mutandis — as referring to the beneficiary.

The parties referred to above have agreed to enter into the Agreement.

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

The Agreement is composed of:

Preamble

Terms and Conditions (including Data Sheet)

Annex 1	Description of the action[1]
Annex 2	Estimated budget for the action
Annex 2a	Additional information on unit costs and contributions (if applicable)
Annex 3	Accession forms (if applicable)[2]
Annex 3a	Declaration on joint and several liability of affiliated entities (if applicable)[3]
Annex 4	Model for the financial statements
Annex 5	Specific rules (if applicable)

[1] Template published on Portal Reference Documents.
[2] Template published on Portal Reference Documents.
[3] Template published on Portal Reference Documents.

TERMS AND CONDITIONS

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DATA SHEET

1. General data

Project summary:

Project summary
Vaccine hesitancy is the delay in acceptance or refusal of vaccines despite their availability. It is not a new problem, but a problem increasingly being recognized globally, and poses an academic and political concern. Its main implication reflects in lower-than-expected vaccine uptake rates. Two main strategies to lessen vaccine hesitancy stand out: targeted at people at large (communication campaigns, fact-checking, etc.) and at frontline healthcare workers, FHW, (training, manuals, etc.). However, it is yet not clear what works well, for whom, when, and under which circumstances. VAX-ACTION aims to support EU Member States and relevant stakeholders to implement a combination of tailored, evidence-based interventions aimed to reduce vaccine hesitancy. It addresses the need to understand what type of interventions are now available, which are effective, how to translate effective interventions to new contexts, and to explain the unsuccessful ones to create opportunities for learning and redesign. VAX-ACTION key relevance is to design and implement interventions and recommendations built on sound theory, existing evidence, and best practices of principles in health evaluation. We use a co-design model to engage FHW, and targeted populations (i.e., newly arrived migrants, hesitant parents, people of low socio-economic status) to tailor interventions regarding recently approved vaccines such as Covid-19 and mpox, and long-standing vaccines in national vaccination programmes. Interventions will be conducted in target regions in Portugal, Italy, France, Romania, and Czechia. Interventions are designed and evaluated in two settings per target region (the intervention group and control group, 1:1). The recommendations for embedding improvement and change will be prioritised along with tailored dissemination and evaluation strategies. This will support scale up and translation to other member states, WHO European Region members and other countries.

Keywords:

– Vaccine hesitancy; Health evaluation; Complex interventions, Frontline healthcare workers; Targeted populations

Project number: 101133273

Project name: Vax-Action: tackling effectively vaccine hesitancy in Europe

Project acronym: VAX-Action

Call: EU4H-2022-PJ-5

Topic: EU4H-2022-PJ-16

Type of action: EU4H Project Grants

Granting authority: European Health and Digital Executive Agency

Grant managed through EU Funding & Tenders Portal: Yes (eGrants)

Project starting date: fixed date: 1 December 2023

Project end date: 31 May 2026

Project duration: 30 months

Consortium agreement: Yes

2. Participants

List of participants:

N°	Role	Short name	Legal name	Ctry	PIC	Total eligible costs (BEN and AE)	Max grant amount
1	COO	UNL	UNIVERSIDADE NOVA DE LISBOA	PT	960782479	392 155.00	313 724.00
2	BEN	UCSC	UNIVERSITA CATTOLICA DEL SACRO CUORE	IT	999915771	209 720.00	167 776.00
3	BEN	IP	INSTITUT PASTEUR	FR	999993080	328 490.00	262 792.00

N°	Role	Short name	Legal name	Ctry	PIC	Total eligible costs (BEN and AE)	Max grant amount
4	BEN	ASPHER	THE ASSOCIATION OF SCHOOLS OF PUBLIIC HEALTH IN THE EUROPEAN REGION	BE	939959004	73 830.00	59 064.00
5	BEN	INMSS	INSTITUTUL NATIONAL DE MANAGEMENT AL SERVICIILOR DE SANATATE	RO	986042346	241 820.00	193 456.00
6	BEN	ISPUP	INSTITUTO DE SAUDE PUBLICA DA UNIVERSIDADE DO PORTO	PT	945022889	209 720.00	167 776.00
7	BEN	IPVZ (IPME)	INSTITUT POSTGRADUALNIHO VZDELAVANI VE ZDRAVOTNICTVI	CZ	881473242	209 720.00	167 776.00
8	BEN	UNIPV	UNIVERSITA DEGLI STUDI DI PAVIA	IT	999893752	33 705.00	26 964.00
9	BEN	UNISR	UNIVERSITA VITA-SALUTE SAN RAFFAELE	IT	999854467	33 705.00	26 964.00
Total						1 732 865.00	1 386 292.00

Coordinator:

– UNIVERSIDADE NOVA DE LISBOA (UNL)

3. Grant

Maximum grant amount, total estimated eligible costs and contributions and funding rate:

Total eligible costs (BEN and AE)	Funding rate (%)	Maximum grant amount (Annex 2)	Maximum grant amount (award decision)
1 732 865.00	80	1 386 292.00	1 386 292.00

Grant form: Budget-based

Grant mode: Action grant

Budget categories/activity types:

- A. Personnel costs
  - A.1 Employees, A.2 Natural persons under direct contract, A.3 Seconded persons
  - A.4 SME owners and natural person beneficiaries
- B. Subcontracting costs
- C. Purchase costs
  - C.1 Travel and subsistence
  - C.2 Equipment
  - C.3 Other goods, works and services
- D. Other cost categories
  - D.1 Financial support to third parties
- E. Indirect costs

Cost eligibility options:

- Standard supplementary payments
- Limitation for subcontracting
- Travel and subsistence:
  - Travel: Unit or Actual costs
  - Accommodation: Unit or Actual costs

- Subsistence: Unit or Actual costs

- Equipment: depreciation only

- Costs for providing financial support to third parties (actual cost; max amount for each recipient: EUR 0.00)

- Indirect cost flat-rate: 7% of the eligible direct costs (categories A-D, except volunteers costs and exempted specific cost categories, if any)

- VAT: Yes

- Other ineligible costs

Budget flexibility: Yes (no flexibility cap)

4. Reporting, payments and recoveries

4.1 Continuous reporting (art 21)

Deliverables: see Funding & Tenders Portal Continuous Reporting tool

4.2 Periodic reporting and payments

Reporting and payment schedule (art 21, 22):

Reporting					Payments	
Reporting periods			Type	Deadline	Type	Deadline (time to pay)
RP No	Month from	Month to				
					Initial prefinancing	30 days from entry into force/10 days before starting date/ financial guarantee (if required) – whichever is the latest
1	1	18	Periodic report	60 days after end of reporting period	Interim payment	90 days from receiving periodic report
2	19	30	Periodic report	60 days after end of reporting period	Final payment	90 days from receiving periodic report

Prefinancing payments and guarantees:

Prefinancing payment		Prefinancing guarantee		
Type	Amount	Guarantee amount	Division per participant	
Prefinancing 1 (initial)	415 887.60	n/a	1 - UNL	n/a
			2 - UCSC	n/a
			3 - IP	n/a
			4 - ASPHER	n/a
			5 - INMSS	n/a
			6 - ISPUP	n/a
			7 - IPVZ (IPME)	n/a
			8 - UNIPV	n/a

Prefinancing payment		Prefinancing guarantee		
Type	Amount	Guarantee amount	Division per participant	
			9 - UNISR	n/a

Reporting and payment modalities (art 21, 22):

Mutual Insurance Mechanism (MIM): No

Restrictions on distribution of initial prefinancing: The prefinancing may be distributed only if the minimum number of beneficiaries set out in the call condititions (if any) have acceded to the Agreement and only to beneficiaries that have acceded.

Interim payment ceiling (if any): 90% of the maximum grant amount

No-profit rule: Yes

Late payment interest: ECB + 3.5%

Bank account for payments:

PT50078101120000000454516

Conversion into euros: Double conversion

Reporting language: Language of the Agreement

4.3 Certificates (art 24):

Certificates on the financial statements (CFS):

Conditions:

Schedule: interim/final payment, if threshold is reached

Standard threshold (beneficiary-level):

- financial statement: requested EU contribution to costs ≥ EUR 325 000.00

4.4 Recoveries (art 22)

First-line liability for recoveries:

Beneficiary termination: Beneficiary concerned

Final payment: Coordinator

After final payment: Beneficiary concerned

Joint and several liability for enforced recoveries (in case of non-payment):

Limited joint and several liability of other beneficiaries — up to the maximum grant amount of the beneficiary

Joint and several liability of affiliated entities — n/a

5. Consequences of non-compliance, applicable law & dispute settlement forum

Applicable law (art 43):

Standard applicable law regime: EU law + law of Belgium

Dispute settlement forum (art 43):

Standard dispute settlement forum:

EU beneficiaries: EU General Court + EU Court of Justice (on appeal)

Non-EU beneficiaries: Courts of Brussels, Belgium (unless an international agreement provides for the enforceability of EU court judgements)

6. Other

Specific rules (Annex 5): Yes

Standard time-limits after project end:

Confidentiality (for X years after final payment): 5

Record-keeping (for X years after final payment): 5 (or 3 for grants of not more than EUR 60 000)

Reviews (up to X years after final payment): 5 (or 3 for grants of not more than EUR 60 000)

Audits (up to X years after final payment): 5 (or 3 for grants of not more than EUR 60 000)

Extension of findings from other grants to this grant (no later than X years after final payment): 5 (or 3 for grants of not more than EUR 60 000)

Impact evaluation (up to X years after final payment): 5 (or 3 for grants of not more than EUR 60 000)

CHAPTER 1 GENERAL

ARTICLE 1 — SUBJECT OF THE AGREEMENT

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

ARTICLE 2 — DEFINITIONS

For the purpose of this Agreement, the following definitions apply:

Actions — The project which is being funded in the context of this Agreement.

Grant — The grant awarded in the context of this Agreement.

EU grants — Grants awarded by EU institutions, bodies, offices or agencies (including EU executive agencies, EU regulatory agencies, EDA, joint undertakings, etc.).

Participants — Entities participating in the action as beneficiaries, affiliated entities, associated partners, third parties giving in-kind contributions, subcontractors or recipients of financial support to third parties.

Beneficiaries (BEN) — The signatories of this Agreement (either directly or through an accession form).

Affiliated entities (AE) — Entities affiliated to a beneficiary within the meaning of Article 187 of EU Financial Regulation 2018/1046[4] which participate in the action with similar rights and obligations as the beneficiaries (obligation to implement action tasks and right to charge costs and claim contributions).

Associated partners (AP) — Entities which participate in the action, but without the right to charge costs or claim contributions.

Purchases — Contracts for goods, works or services needed to carry out the action (e.g. equipment, consumables and supplies) but which are not part of the action tasks (see Annex 1).

Subcontracting — Contracts for goods, works or services that are part of the action tasks (see Annex 1).

In-kind contributions — In-kind contributions within the meaning of Article 2(36) of EU Financial

[4] For the definition, see Article 187 Regulation (EU, Euratom) 2018/1046 of the European Parliament and of the Council of 18 July 2018 on the financial rules applicable to the general budget of the Union, amending Regulations (EU) No 1296/2013, (EU) No 1301/2013, (EU) No 1303/2013, (EU) No 1304/2013, (EU) No 1309/2013, (EU) No 1316/2013, (EU) No 223/2014, (EU) No 283/2014, and Decision No 541/2014/EU and repealing Regulation (EU, Euratom) No 966/2012 ('EU Financial Regulation') (OJ L 193, 30.7.2018, p. 1): "**affiliated entities** [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 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".

Regulation 2018/1046, i.e. non-financial resources made available free of charge by third parties.

Fraud — Fraud within the meaning of Article 3 of EU Directive 2017/1371[5] and Article 1 of the Convention on the protection of the European Communities' financial interests, drawn up by the Council Act of 26 July 1995[6], as well as any other wrongful or criminal deception intended to result in financial or personal gain.

Irregularities — Any type of breach (regulatory or contractual) which could impact the EU financial interests, including irregularities within the meaning of Article 1(2) of EU Regulation 2988/95[7].

Grave professional misconduct — Any type of unacceptable or improper behaviour in exercising one's profession, especially by employees, including grave professional misconduct within the meaning of Article 136(1)(c) of EU Financial Regulation 2018/1046.

Applicable EU, international and national law — Any legal acts or other (binding or non-binding) rules and guidance in the area concerned.

Portal — EU Funding & Tenders Portal; electronic portal and exchange system managed by the European Commission and used by itself and other EU institutions, bodies, offices or agencies for the management of their funding programmes (grants, procurements, prizes, etc.).

CHAPTER 2 ACTION

ARTICLE 3 — ACTION

The grant is awarded for the action **101133273** — **VAX-Action** ('action'), as described in Annex 1.

ARTICLE 4 — DURATION AND STARTING DATE

The duration and the starting date of the action are set out in the Data Sheet (see Point 1).

CHAPTER 3 GRANT

ARTICLE 5 — GRANT

5.1 Form of grant

The grant is an action grant[8] which takes the form of a budget-based mixed actual cost grant (i.e. a

[5] Directive (EU) 2017/1371 of the European Parliament and of the Council of 5 July 2017 on the fight against fraud to the Union's financial interests by means of criminal law (OJ L 198, 28.7.2017, p. 29).
[6] OJ C 316, 27.11.1995, p. 48.
[7] Council Regulation (EC, Euratom) No 2988/95 of 18 December 1995 on the protection of the European Communities financial interests (OJ L 312, 23.12.1995, p. 1).
[8] For the definition, see Article 180(2)(a) EU Financial Regulation 2018/1046: '**action grant**' means an EU grant to finance "an action intended to help achieve a Union policy objective".

grant based on actual costs incurred, but which may also include other forms of funding, such as unit costs or contributions, flat-rate costs or contributions, lump sum costs or contributions or financing not linked to costs).

5.2 Maximum grant amount

The maximum grant amount is set out in the Data Sheet (see Point 3) and in the estimated budget (Annex 2).

5.3 Funding rate

The funding rate for costs is 80% of the action's eligible costs.

Contributions are not subject to any funding rate.

5.4 Estimated budget, budget categories and forms of funding

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

It contains the estimated eligible costs and contributions for the action, broken down by participant and budget category.

Annex 2 also shows the types of costs and contributions (forms of funding)[9] to be used for each budget category.

If unit costs or contributions are used, the details on the calculation will be explained in Annex 2a.

5.5 Budget flexibility

The budget breakdown may be adjusted — without an amendment (see Article 39) — by transfers (between participants and budget categories), as long as this does not imply any substantive or important change to the description of the action in Annex 1.

However:

- changes to the budget category for volunteers (if used) always require an amendment
- changes to budget categories with lump sums costs or contributions (if used; including financing not linked to costs) always require an amendment
- changes to budget categories with higher funding rates or budget ceilings (if used) always require an amendment
- addition of amounts for subcontracts not provided for in Annex 1 either require an amendment or simplified approval in accordance with Article 6.2
- other changes require an amendment or simplified approval, if specifically provided for in Article 6.2
- flexibility caps: not applicable.

[9] See Article 125 EU Financial Regulation 2018/1046.

ARTICLE 6 — ELIGIBLE AND INELIGIBLE COSTS AND CONTRIBUTIONS

In order to be eligible, costs and contributions must meet the **eligibility** conditions set out in this Article.

6.1 General eligibility conditions

The **general eligibility conditions** are the following:

(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 4 (with the exception of costs relating to the submission of the final periodic report, which may be incurred afterwards; see Article 21)

(iii) they must be declared under one of the budget categories set out in Article 6.2 and 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 or contributions (if any):

(i) they must be declared under one of the budget categories set out in Article 6.2 and Annex 2

(ii) the units must:

- be actually used or produced by the beneficiary in the period set out in Article 4 (with the exception of units relating to the submission of the final periodic report, which may be used or produced afterwards; see Article 21)

- be necessary for the implementation of the action and

(iii) the number of units must be identifiable and verifiable, in particular supported by records and documentation (see Article 20)

(c) for flat-rate costs or contributions (if any):

(i) they must be declared under one of the budget categories set out in Article 6.2 and Annex 2

(ii) the costs or contributions to which the flat-rate is applied must:

- be eligible
- relate to the period set out in Article 4 (with the exception of costs or contributions relating to the submission of the final periodic report, which may be incurred afterwards; see Article 21)

(d) for lump sum costs or contributions (if any):

(i) they must be declared under one of the budget categories set out in Article 6.2 and Annex 2

(ii) the work must be properly implemented by the beneficiary in accordance with Annex 1

(iii) the deliverables/outputs must be achieved in the period set out in Article 4 (with the exception of deliverables/outputs relating to the submission of the final periodic report, which may be achieved afterwards; see Article 21)

(e) for unit, flat-rate or lump sum costs or contributions according to usual cost accounting practices (if any):

(i) they must fulfil the general eligibility conditions for the type of cost concerned

(ii) the cost accounting practices must be applied in a consistent manner, based on objective criteria, regardless of the source of funding

(f) for financing not linked to costs (if any): the results must be achieved or the conditions must be fulfilled as described in Annex 1.

In addition, for direct cost categories (e.g. personnel, travel & subsistence, subcontracting and other direct costs) only costs that are directly linked to the action implementation and can therefore be attributed to it directly are eligible. They must not include any indirect costs (i.e. costs that are only indirectly linked to the action, e.g. via cost drivers).

6.2 Specific eligibility conditions for each budget category

For each budget category, the **specific eligibility conditions** are as follows:

Direct costs

A. Personnel costs

A.1 Costs for employees (or equivalent) are eligible as personnel costs if they fulfil the general eligibility conditions and are related to personnel working for the beneficiary under an employment contract (or equivalent appointing act) and assigned to the action.

They must be limited to salaries, social security contributions, taxes and other costs linked to the remuneration, if they arise from national law or the employment contract (or equivalent appointing act) and be calculated on the basis of the costs actually incurred, in accordance with the following method:

{daily rate for the person

multiplied by

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

The daily rate must be calculated as:

{annual personnel costs for the person

divided by

215}.

The number of day-equivalents declared for a person must be identifiable and verifiable (see Article 20).

The total number of day-equivalents declared in EU grants, for a person for a year, cannot be higher than 215.

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

- 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

- 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 and **A.3 Costs for natural persons working under a direct contract** other than an employment contract and costs for **seconded persons by a third party against payment** are also eligible as personnel costs, if they are assigned to the action, fulfil the general eligibility conditions and:

(a) work under conditions similar to those of an employee (in particular regarding the way the work is organised, the tasks that are performed and the premises where they are performed) and

(b) the result of the work belongs to the beneficiary (unless agreed otherwise).

They must be calculated on the basis of a rate which corresponds to the costs actually incurred for the direct contract or secondment and must not be significantly different from those for personnel performing similar tasks under an employment contract with the beneficiary.

A.4 The work of **SME owners** for the action (i.e. owners of beneficiaries that are small and medium-sized enterprises[10] not receiving a salary) or **natural person beneficiaries** (i.e. beneficiaries that are natural persons not receiving a salary) may be declared as personnel costs, if they fulfil the general

[10] For the definition, see Commission Recommendation 2003/361/EC: micro, small or medium-sized enterprise (SME) are enterprises

- engaged in an economic activity, irrespective of their legal form (including, in particular, self- employed persons and family businesses engaged in craft or other activities, and partnerships or associations regularly engaged in an economic activity) and

- employing fewer than 250 persons (expressed in 'annual working units' as defined in Article 5 of the Recommendation) and which have an annual turnover not exceeding EUR 50 million, and/or an annual balance sheet total not exceeding EUR 43 million.

eligibility conditions and are calculated as unit costs in accordance with the method set out in Annex 2a.

B. Subcontracting costs

Subcontracting costs for the action (including related duties, taxes and charges, such as non-deductible or non-refundable value added tax (VAT)) are eligible, if they are calculated on the basis of the costs actually incurred, fulfil the general eligibility conditions and are awarded using the beneficiary's usual purchasing practices — provided these ensure subcontracts with best value for money (or if appropriate the lowest price) and that there is no conflict of interests (see Article 12).

Beneficiaries that are 'contracting authorities/entities' within the meaning of the EU Directives on public procurement must also comply with the applicable national law on public procurement.

Subcontracting may cover only a limited part of the action.

The tasks to be subcontracted 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 (or may be approved ex post in the periodic report, if the use of subcontracting does 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; 'simplified approval procedure').

C. Purchase costs

Purchase costs for the action (including related duties, taxes and charges, such as non-deductible or non-refundable value added tax (VAT)) are eligible if they fulfil the general eligibility conditions and are bought using the beneficiary's usual purchasing practices — provided these ensure purchases with best value for money (or if appropriate the lowest price) and that there is no conflict of interests (see Article 12).

Beneficiaries that are 'contracting authorities/entities' within the meaning of the EU Directives on public procurement must also comply with the applicable national law on public procurement.

C.1 Travel and subsistence

Purchases for **travel, accommodation** and **subsistence** must be calculated as follows:

- travel: as unit costs in accordance with the method set out in Annex 2a if covered by Decision C(2021)35[11] or otherwise as costs actually incurred and in line with the beneficiary's usual practices on travel

- accommodation: as unit costs in accordance with the method set out in Annex 2a if covered by Decision C(2021)35[12] or otherwise as costs actually incurred and in line with the beneficiary's usual practices on travel

- subsistence: as unit costs in accordance with the method set out in Annex 2a if covered by

[11] Commission Decision of 12 January 2021 authorising the use of unit costs for travel, accommodation and subsistence costs under an action or work programme under the 2021-2027 multi-annual financial framework (C(2021)35).

[12] Commission Decision of 12 January 2021 authorising the use of unit costs for travel, accommodation and subsistence costs under an action or work programme under the 2021-2027 multi-annual financial framework (C(2021)35).

Decision C(2021)35[13] or otherwise as costs actually incurred and in line with the beneficiary's usual practices on travel.

C.2 Equipment

Purchases of **equipment, infrastructure or other assets** used for the action must be declared as depreciation costs, calculated on the basis of the costs actually incurred and written off in accordance with international accounting standards and the beneficiary's usual accounting practices.

Only the portion of the costs that corresponds to the rate of actual use for the action during the action duration can be taken into account.

Costs for **renting or leasing** equipment, infrastructure or other assets are also eligible, if they do not exceed the depreciation costs of similar equipment, infrastructure or assets and do not include any financing fees.

C.3 Other goods, works and services

Purchases of **other goods, works and services** must be calculated on the basis of the costs actually incurred.

Such goods, works and services include, for instance, consumables and supplies, promotion, dissemination, protection of results, translations, publications, certificates and financial guarantees, if required under the Agreement.

D. Other cost categories

D.1 Financial support to third parties

Costs for providing financial support to third parties (in the form of **grants, prizes** or similar forms of support; if any) are eligible, if and as declared eligible in the call conditions, if they fulfil the general eligibility conditions, are calculated on the basis of the costs actually incurred and the support is implemented in accordance with the conditions set out in Annex 1.

These conditions must ensure objective and transparent selection procedures and include at least the following:

(a) for grants (or similar):

(i) the maximum amount of financial support for each third party ('recipient'); this amount may not exceed the amount set out in the Data Sheet (see Point 3) or otherwise agreed with the granting authority

(ii) the criteria for calculating the exact amount of the financial support

(iii) the different types of activity that qualify for financial support, on the basis of a closed list

(iv) the persons or categories of persons that will be supported and

(v) the criteria and procedures for giving financial support

[13] Commission Decision of 12 January 2021 authorising the use of unit costs for travel, accommodation and subsistence costs under an action or work programme under the 2021-2027 multi-annual financial framework (C(2021)35).

(b) for prizes (or similar):

(i) the eligibility and award criteria

(ii) the amount of the prize and

(iii) the payment arrangements.

Indirect costs

E. Indirect costs

Indirect costs will be reimbursed at the flat-rate of 7% of the eligible direct costs (categories A-D, except volunteers costs and exempted specific cost categories, if any).

Contributions

Not applicable

6.3 Ineligible costs and contributions

The following costs or contributions are **ineligible**:

(a) costs or contributions that do not comply with the conditions set out above (Article 6.1 and 6.2), in particular:

(i) costs related to return on capital and dividends paid by a beneficiary

(ii) debt and debt service charges

(iii) provisions for future losses or debts

(iv) interest owed

(v) currency exchange losses

(vi) bank costs charged by the beneficiary's bank for transfers from the granting authority

(vii) excessive or reckless expenditure

(viii) deductible or refundable VAT (including VAT paid by public bodies acting as public authority)

(ix) costs incurred or contributions for activities implemented during grant agreement suspension (see Article 31)

(x) in-kind contributions by third parties

(b) costs or contributions declared under other EU grants (or grants awarded by an EU Member State, non-EU country or other body implementing the EU budget), except for the following cases:

(i) Synergy actions: not applicable

(ii) if the action grant is combined with an operating grant[14] running during the same period and the beneficiary can demonstrate that the operating grant does not cover any (direct or indirect) costs of the action grant

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

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

(e) other :

(i) country restrictions for eligible costs: not applicable

(ii) costs or contributions declared specifically ineligible in the call conditions.

6.4 Consequences of non-compliance

If a beneficiary declares costs or contributions that are ineligible, they will be rejected (see Article 27).

This may also lead to other measures described in Chapter 5.

CHAPTER 4 GRANT IMPLEMENTATION

SECTION 1 CONSORTIUM: BENEFICIARIES, AFFILIATED ENTITIES AND OTHER PARTICIPANTS

ARTICLE 7 — BENEFICIARIES

The beneficiaries, as signatories of the Agreement, are fully responsible towards the granting authority for implementing it and for complying with all its obligations.

They must implement the Agreement to their best abilities, in good faith and in accordance with all the obligations and terms and conditions it sets out.

They must have the appropriate resources to implement the action and implement the action under their own responsibility and in accordance with Article 11. If they rely on affiliated entities or other participants (see Articles 8 and 9), they retain sole responsibility towards the granting authority and the other beneficiaries.

They are jointly responsible for the *technical* implementation of the action. If one of the beneficiaries fails to implement their part of the action, the other beneficiaries must ensure that this part is implemented by someone else (without being entitled to an increase of the maximum grant amount and subject to an amendment; see Article 39). The *financial* responsibility of each beneficiary in case of recoveries is governed by Article 22.

[14] For the definition, see Article 180(2)(b) of EU Financial Regulation 2018/1046: '**operating grant**' means an EU grant to finance "the functioning of a body which has an objective forming part of and supporting an EU policy".

The beneficiaries (and their action) must remain eligible under the EU programme funding the grant for the entire duration of the action. Costs and contributions will be eligible only as long as the beneficiary and the action are eligible.

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

(a) Each beneficiary must:

(i) keep information stored in the Portal Participant Register up to date (see Article 19)

(ii) inform the granting authority (and the other beneficiaries) immediately of any events or circumstances likely to affect significantly or delay the implementation of the action (see Article 19)

(iii) submit to the coordinator in good time:

- the prefinancing guarantees (if required; see Article 23)
- the financial statements and certificates on the financial statements (CFS) (if required; see Articles 21 and 24.2 and Data Sheet, Point 4.3)
- the contribution to the deliverables and technical reports (see Article 21)
- any other documents or information required by the granting authority under the Agreement

(iv) submit via the Portal data and information related to the participation of their affiliated entities.

(b) The coordinator must:

(i) monitor that the action is implemented properly (see Article 11)

(ii) act as the intermediary for all communications between the consortium and the granting authority, unless the Agreement or granting authority specifies otherwise, and in particular:

- submit the prefinancing guarantees to the granting authority (if any)
- request and review any documents or information required and verify their quality and completeness before passing them on to the granting authority
- submit the deliverables and reports to the granting authority
- inform the granting authority about the payments made to the other beneficiaries (report on the distribution of payments; if required, see Articles 22 and 32)

(iii) distribute the payments received from the granting authority to the other beneficiaries without unjustified delay (see Article 22).

The coordinator may not delegate or subcontract the above-mentioned tasks to any other beneficiary or third party (including affiliated entities).

However, coordinators which are public bodies may delegate the tasks set out in Point (b)(ii) last indent and (iii) above to entities with 'authorisation to administer' which they have created or which are controlled by or affiliated to them. In this case, the coordinator retains sole responsibility for the payments and for compliance with the obligations under the Agreement.

Moreover, coordinators which are 'sole beneficiaries'[15] (or similar, such as European research infrastructure consortia (ERICs)) may delegate the tasks set out in Point (b)(i) to (iii) above to one of their members. The coordinator retains sole responsibility for compliance with the obligations under the Agreement.

The beneficiaries must have **internal arrangements** regarding their operation and co-ordination, to ensure that the action is implemented properly.

If required by the granting authority (see Data Sheet, Point 1), these arrangements must be set out in a written **consortium agreement** between the beneficiaries, covering for instance:

- the internal organisation of the consortium
- the management of access to the Portal
- different distribution keys for the payments and financial responsibilities in case of recoveries (if any)
- additional rules on rights and obligations related to background and results (see Article 16)
- settlement of internal disputes
- liability, indemnification and confidentiality arrangements between the beneficiaries.

The internal arrangements must not contain any provision contrary to this Agreement.

ARTICLE 8 — AFFILIATED ENTITIES

Not applicable

ARTICLE 9 — OTHER PARTICIPANTS INVOLVED IN THE ACTION

9.1 Associated partners

Not applicable

9.2 Third parties giving in-kind contributions to the action

Other third parties may give in-kind contributions to the action (i.e. personnel, equipment, other goods, works and services, etc. which are free-of-charge), if necessary for the implementation.

Third parties giving in-kind contributions do not implement any action tasks. They may not charge costs or contributions to the action and the costs for the in-kind contributions are not eligible.

[15] For the definition, see Article 187(2) EU Financial Regulation 2018/1046: "Where several entities satisfy the criteria for being awarded a grant and together form one entity, that entity may be treated as the **sole beneficiary**, including where it is specifically established for the purpose of implementing the action financed by the grant."

The third parties and their in-kind contributions should be set out in Annex 1.

9.3 Subcontractors

Subcontractors may participate in the action, if necessary for the implementation.

Subcontractors must implement their action tasks in accordance with Article 11. The costs for the subcontracted tasks (invoiced price from the subcontractor) are eligible and may be charged by the beneficiaries, under the conditions set out in Article 6. The costs will be included in Annex 2 as part of the beneficiaries' costs.

The beneficiaries must ensure that their contractual obligations under Articles 11 (proper implementation), 12 (conflict of interest), 13 (confidentiality and security), 14 (ethics), 17.2 (visibility), 18 (specific rules for carrying out action), 19 (information) and 20 (record-keeping) also apply to the subcontractors.

The beneficiaries must ensure that the bodies mentioned in Article 25 (e.g. granting authority, OLAF, Court of Auditors (ECA), etc.) can exercise their rights also towards the subcontractors.

9.4 Recipients of financial support to third parties

If the action includes providing financial support to third parties (e.g. grants, prizes or similar forms of support), the beneficiaries must ensure that their contractual obligations under Articles 12 (conflict of interest), 13 (confidentiality and security), 14 (ethics), 17.2 (visibility), 18 (specific rules for carrying out action), 19 (information) and 20 (record-keeping)also apply to the third parties receiving the support (recipients).

The beneficiaries must also ensure that the bodies mentioned in Article 25 (e.g. granting authority, OLAF, Court of Auditors (ECA), etc.) can exercise their rights also towards the recipients.

ARTICLE 10 — PARTICIPANTS WITH SPECIAL STATUS

10.1 Non-EU participants

Participants which are established in a non-EU country (if any) undertake to comply with their obligations under the Agreement and:

- to respect general principles (including fundamental rights, values and ethical principles, environmental and labour standards, rules on classified information, intellectual property rights, visibility of funding and protection of personal data)
- for the submission of certificates under Article 24: to use qualified external auditors which are independent and comply with comparable standards as those set out in EU Directive 2006/43/EC[16]
- for the controls under Article 25: to allow for checks, reviews, audits and investigations (including on-the-spot checks, visits and inspections) by the bodies mentioned in that Article (e.g. granting authority, OLAF, Court of Auditors (ECA), etc.).

[16] 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).

Special rules on dispute settlement apply (see Data Sheet, Point 5).

10.2 Participants which are international organisations

Participants which are international organisations (IOs; if any) undertake to comply with their obligations under the Agreement and:

- to respect general principles (including fundamental rights, values and ethical principles, environmental and labour standards, rules on classified information, intellectual property rights, visibility of funding and protection of personal data)

- for the submission of certificates under Article 24: to use either independent public officers or external auditors which comply with comparable standards as those set out in EU Directive 2006/43/EC

- for the controls under Article 25: to allow for the checks, reviews, audits and investigations by the bodies mentioned in that Article, taking into account the specific agreements concluded by them and the EU (if any).

For such participants, nothing in the Agreement will be interpreted as a waiver of their privileges or immunities, as accorded by their constituent documents or international law.

Special rules on applicable law and dispute settlement apply (see Article 43 and Data Sheet, Point 5).

10.3 Pillar-assessed participants

Pillar-assessed participants (if any) may rely on their own systems, rules and procedures, in so far as they have been positively assessed and do not call into question the decision awarding the grant or breach the principle of equal treatment of applicants or beneficiaries.

'Pillar-assessment' means a review by the European Commission on the systems, rules and procedures which participants use for managing EU grants (in particular internal control system, accounting system, external audits, financing of third parties, rules on recovery and exclusion, information on recipients and protection of personal data; see Article 154 EU Financial Regulation 2018/1046).

Participants with a positive pillar assessment may rely on their own systems, rules and procedures, in particular for:

- record-keeping (Article 20): may be done in accordance with internal standards, rules and procedures

- currency conversion for financial statements (Article 21): may be done in accordance with usual accounting practices

- guarantees (Article 23): for public law bodies, prefinancing guarantees are not needed

- certificates (Article 24):

    - certificates on the financial statements (CFS): may be provided by their regular internal or external auditors and in accordance with their internal financial regulations and procedures

- certificates on usual accounting practices (CoMUC): are not needed if those practices are covered by an ex-ante assessment

and use the following specific rules, for:

- recoveries (Article 22): in case of financial support to third parties, there will be no recovery if the participant has done everything possible to retrieve the undue amounts from the third party receiving the support (including legal proceedings) and non-recovery is not due to an error or negligence on its part

- checks, reviews, audits and investigations by the EU (Article 25): will be conducted taking into account the rules and procedures specifically agreed between them and the framework agreement (if any)

- impact evaluation (Article 26): will be conducted in accordance with the participant's internal rules and procedures and the framework agreement (if any)

- grant agreement suspension (Article 31): certain costs incurred during grant suspension are eligible (notably, minimum costs necessary for a possible resumption of the action and costs relating to contracts which were entered into before the pre-information letter was received and which could not reasonably be suspended, reallocated or terminated on legal grounds)

- grant agreement termination (Article 32): the final grant amount and final payment will be calculated taking into account also costs relating to contracts due for execution only after termination takes effect, if the contract was entered into before the pre-information letter was received and could not reasonably be terminated on legal grounds

- liability for damages (Article 33.2): the granting authority must be compensated for 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 only if the damage is due to an infringement of the participant's internal rules and procedures or due to a violation of third parties' rights by the participant or one of its employees or individual for whom the employees are responsible.

Participants whose pillar assessment covers procurement and granting procedures may also do purchases, subcontracting and financial support to third parties (Article 6.2) in accordance with their internal rules and procedures for purchases, subcontracting and financial support.

Participants whose pillar assessment covers data protection rules may rely on their internal standards, rules and procedures for data protection (Article 15).

The participants may however not rely on provisions which would breach the principle of equal treatment of applicants or beneficiaries or call into question the decision awarding the grant, such as in particular:

- eligibility (Article 6)

- consortium roles and set-up (Articles 7-9)

- security and ethics (Articles 13, 14)

- IPR (including background and results, access rights and rights of use), communication, dissemination and visibility (Articles 16 and 17)

- information obligation (Article 19)

- payment, reporting and amendments (Articles 21, 22 and 39)

- rejections, reductions, suspensions and terminations (Articles 27, 28, 29-32)

If the pillar assessment was subject to remedial measures, reliance on the internal systems, rules and procedures is subject to compliance with those remedial measures.

Participants whose assessment has not yet been updated to cover (the new rules on) data protection may rely on their internal systems, rules and procedures, provided that they ensure that personal data is:

- processed lawfully, fairly and in a transparent manner in relation to the data subject

- collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes

- adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed

- accurate and, where necessary, kept up to date

- kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the data is processed and

- processed in a manner that ensures appropriate security of the personal data.

Participants must inform the coordinator without delay of any changes to the systems, rules and procedures that were part of the pillar assessment. The coordinator must immediately inform the granting authority.

Pillar-assessed participants that have also concluded a framework agreement with the EU, may moreover — under the same conditions as those above (i.e. not call into question the decision awarding the grant or breach the principle of equal treatment of applicants or beneficiaries) — rely on the provisions set out in that framework agreement.

SECTION 2 RULES FOR CARRYING OUT THE ACTION

ARTICLE 11 — PROPER IMPLEMENTATION OF THE ACTION

11.1 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, the call conditions and all legal obligations under applicable EU, international and national law.

11.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 28).

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 12 — CONFLICT OF INTERESTS

12.1 Conflict of interests

The beneficiaries must take all measures to prevent any situation where the impartial and objective implementation of the Agreement could be compromised for reasons involving family, emotional life, political or national affinity, economic interest or any other direct or indirect interest (‘conflict of interests’).

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

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

12.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 28) and the grant or the beneficiary may be terminated (see Article 32).

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 13 — CONFIDENTIALITY AND SECURITY

13.1 Sensitive information

The parties must keep confidential any data, documents or other material (in any form) that is identified as sensitive in writing (‘sensitive information’) — during the implementation of the action and for at least until the time-limit set out in the Data Sheet (see Point 6).

If a beneficiary requests, the granting authority may agree to keep such information confidential for a longer period.

Unless otherwise agreed between the parties, they may use sensitive information only to implement the Agreement.

The beneficiaries may disclose sensitive information to their personnel or other participants involved in the action only if they:

(a) need to know it in order to implement the Agreement and

(b) are bound by an obligation of confidentiality.

The granting authority may disclose sensitive information to its staff and to other EU institutions and bodies.

It may moreover disclose sensitive information to third parties, if:

(a) this is necessary to implement the Agreement or safeguard the EU financial interests and

(b) the recipients of the information are bound by an obligation of confidentiality.

The confidentiality obligations no longer apply if:

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

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

(c) the disclosure of the sensitive information is required by EU, international or national law.

Specific confidentiality rules (if any) are set out in Annex 5.

13.2 Classified information

The parties must handle classified information in accordance with the applicable EU, international or national law on classified information (in particular, Decision 2015/444[17] and its implementing rules).

Deliverables which contain classified information must be submitted according to special procedures agreed with the granting authority.

Action tasks involving classified information may be subcontracted only after explicit approval (in writing) from the granting authority.

Classified information may not be disclosed to any third party (including participants involved in the action implementation) without prior explicit written approval from the granting authority.

Specific security rules (if any) are set out in Annex 5.

13.3 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 28).

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 14 — ETHICS AND VALUES

14.1 Ethics

The action must be carried out in line with the highest ethical standards and the applicable EU, international and national law on ethical principles.

Specific ethics rules (if any) are set out in Annex 5.

14.2 Values

The beneficiaries must commit to and ensure the respect of basic EU values (such as respect for

[17] Commission Decision 2015/444/EC, Euratom of 13 March 2015 on the security rules for protecting EU classified information (OJ L 72, 17.3.2015, p. 53).

human dignity, freedom, democracy, equality, the rule of law and human rights, including the rights of minorities).

Specific rules on values (if any) are set out in Annex 5.

14.3 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 28).

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 15 — DATA PROTECTION

15.1 Data processing by the granting authority

Any personal data under the Agreement will be processed under the responsibility of the data controller of the granting authority in accordance with and for the purposes set out in the Portal Privacy Statement.

For grants where the granting authority is the European Commission, an EU regulatory or executive agency, joint undertaking or other EU body, the processing will be subject to Regulation 2018/1725[18].

15.2 Data processing by the beneficiaries

The beneficiaries must process personal data under the Agreement in compliance with the applicable EU, international and national law on data protection (in particular, Regulation 2016/679[19]).

They must ensure that personal data is:

- processed lawfully, fairly and in a transparent manner in relation to the data subjects
- collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes
- adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed
- accurate and, where necessary, kept up to date
- kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the data is processed and
- processed in a manner that ensures appropriate security of the data.

[18] Regulation (EU) 2018/1725 of the European Parliament and of the Council of 23 October 2018 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC (OJ L 295, 21.11.2018, p. 39).

[19] Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (‘GDPR’) (OJ L 119, 4.5.2016, p. 1).

The beneficiaries may grant their personnel access to personal data only if it is strictly necessary for implementing, managing and monitoring the Agreement. The beneficiaries must ensure that the personnel is under a confidentiality obligation.

The beneficiaries must inform the persons whose data are transferred to the granting authority and provide them with the Portal Privacy Statement.

15.3 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 28).

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 16 — INTELLECTUAL PROPERTY RIGHTS (IPR) — BACKGROUND AND RESULTS —ACCESS RIGHTS AND RIGHTS OF USE

16.1 Background and access rights to background

The beneficiaries must give each other and the other participants access to the background identified as needed for implementing the action, subject to any specific rules in Annex 5.

‘Background’ means any data, know-how or information — whatever its form or nature (tangible or intangible), including any rights such as intellectual property rights — that is:

(a) held by the beneficiaries before they acceded to the Agreement and

(b) needed to implement the action or exploit the results.

If background is subject to rights of a third party, the beneficiary concerned must ensure that it is able to comply with its obligations under the Agreement.

16.2 Ownership of results

The granting authority does not obtain ownership of the results produced under the action.

‘Results’ means any tangible or intangible effect of the action, such as data, know-how or information, whatever its form or nature, whether or not it can be protected, as well as any rights attached to it, including intellectual property rights.

16.3 Rights of use of the granting authority on materials, documents and information received for policy, information, communication, dissemination and publicity purposes

The granting authority has the right to use non-sensitive information relating to the action and materials and documents received from the beneficiaries (notably summaries for publication, deliverables, as well as any other material, such as pictures or audio-visual material, in paper or electronic form) for policy, information, communication, dissemination and publicity purposes — during the action or afterwards.

The right to use the beneficiaries’ materials, documents and information is granted in the form of a royalty-free, non-exclusive and irrevocable licence, which includes the following rights:

(a) **use for its own purposes** (in particular, making them available to persons working for the granting authority or any other EU service (including institutions, bodies, offices, agencies, etc.) or EU Member State institution or body; copying or reproducing them in whole or in part, in unlimited numbers; and communication through press information services)

(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** (including shortening, summarising, inserting other elements (e.g. 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) **storage** in paper, electronic or other form

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

(g) the right to authorise **third parties** to act on its behalf or sub-license to third parties the modes of use set out in Points (b), (c), (d) and (f), if needed for the information, communication and publicity activity of the granting authority

(h) **processing**, analysing, aggregating the materials, documents and information received and **producing derivative works**.

The rights of use are granted for the whole duration of the industrial or intellectual property rights concerned.

If materials or documents are subject to moral rights or third party rights (including intellectual property rights or rights of natural persons on their image and voice), the beneficiaries must ensure that they comply with their obligations under this Agreement (in particular, by obtaining the necessary licences and authorisations from the rights holders concerned).

Where applicable, the granting authority will insert the following information:

> "© – [year] – [name of the copyright owner]. All rights reserved. Licensed to the [name of granting authority] under conditions."

16.4 Specific rules on IPR, results and background

Specific rules regarding intellectual property rights, results and background (if any) are set out in Annex 5.

16.5 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 28).

Such a breach may also lead to other measures described in Chapter 5.

ARTICLE 17 — COMMUNICATION, DISSEMINATION AND VISIBILITY

17.1 Communication — Dissemination — Promoting the action

Unless otherwise agreed with the granting authority, the beneficiaries must promote the action and its results by providing targeted information to multiple audiences (including the media and the public), in accordance with Annex 1 and in a strategic, coherent and effective manner.

Before engaging in a communication or dissemination activity expected to have a major media impact, the beneficiaries must inform the granting authority.

17.2 Visibility — European flag and funding statement

Unless otherwise agreed with the granting authority, communication activities of the beneficiaries related to the action (including media relations, conferences, seminars, information material, such as brochures, leaflets, posters, presentations, etc., in electronic form, via traditional or social media, etc.), dissemination activities and any infrastructure, equipment, vehicles, supplies or major result funded by the grant must acknowledge EU support and display the European flag (emblem) and funding statement (translated into local languages, where appropriate):

Funded by the
European Union

Co-funded by the
European Union

The emblem must remain distinct and separate and cannot be modified by adding other visual marks, brands or text.

Apart from the emblem, no other visual identity or logo may be used to highlight the EU support.

When displayed in association with other logos (e.g. of beneficiaries or sponsors), the emblem must be displayed at least as prominently and visibly as the other logos.

For the purposes of their obligations under this Article, the beneficiaries may use the emblem without first obtaining approval from the granting authority. This does not, however, give them the right to

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

17.3 Quality of information — Disclaimer

Any communication or dissemination activity related to the action must use factually accurate information.

Moreover, it must indicate the following disclaimer (translated into local languages where appropriate):

> "Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or [name of the granting authority]. Neither the European Union nor the granting authority can be held responsible for them."

17.4 Specific communication, dissemination and visibility rules

Specific communication, dissemination and visibility rules (if any) are set out in Annex 5.

17.5 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 28).

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 18 — SPECIFIC RULES FOR CARRYING OUT THE ACTION

18.1 Specific rules for carrying out the action

Specific rules for implementing the action (if any) are set out in Annex 5.

18.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 28).

Such a breach may also lead to other measures described in Chapter 5.

SECTION 3 GRANT ADMINISTRATION

ARTICLE 19 — GENERAL INFORMATION OBLIGATIONS

19.1 Information requests

The beneficiaries must provide — during the action or afterwards and in accordance with Article 7 — any information requested in order to verify eligibility of the costs or contributions declared, proper implementation of the action and compliance with the other obligations under the Agreement.

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

19.2 Participant Register data updates

The beneficiaries must keep — at all times, during the action or afterwards — their information stored in the Portal Participant Register up to date, in particular, their name, address, legal representatives, legal form and organisation type.

19.3 Information about events and circumstances which impact the action

The beneficiaries must immediately inform the granting authority (and the other beneficiaries) of any of the following:

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

(i) changes in their legal, financial, technical, organisational or ownership situation (including changes linked to one of the exclusion grounds listed in the declaration of honour signed before grant signature)

(ii) linked action information: not applicable

(b) **circumstances** affecting:

(i) the decision to award the grant or

(ii) compliance with requirements under the Agreement.

19.4 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the grant may be reduced (see Article 28).

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 20 — RECORD-KEEPING

20.1 Keeping records and supporting documents

The beneficiaries must — at least until the time-limit set out in the Data Sheet (see Point 6) — keep records and other supporting documents to prove the proper implementation of the action in line with the accepted standards in the respective field (if any).

In addition, the beneficiaries must — for the same period — keep the following to justify the amounts declared:

(a) for actual costs: adequate records and supporting documents to prove the costs declared (such as contracts, subcontracts, invoices and accounting records); in addition, the beneficiaries' usual accounting 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 documents

(b) for flat-rate costs and contributions (if any): adequate records and supporting documents to prove the eligibility of the costs or contributions to which the flat-rate is applied

(c) for the following simplified costs and contributions: the beneficiaries do not need to keep specific records on the actual costs incurred, but must keep:

(i) for unit costs and contributions (if any): adequate records and supporting documents to prove the number of units declared

(ii) for lump sum costs and contributions (if any): adequate records and supporting documents to prove proper implementation of the work as described in Annex 1

(iii) for financing not linked to costs (if any): adequate records and supporting documents to prove the achievement of the results or the fulfilment of the conditions as described in Annex 1

(d) for unit, flat-rate and lump sum costs and contributions according to usual cost accounting practices (if any): the beneficiaries must keep any adequate records and supporting documents to prove that their cost accounting practices have been applied in a consistent manner, based on objective criteria, regardless of the source of funding, and that they comply with the eligibility conditions set out in Articles 6.1 and 6.2.

Moreover, the following is needed for specific budget categories:

(e) for personnel costs: time worked for the beneficiary under the action must be supported by declarations signed monthly by the person and their supervisor, unless another reliable time-record system is in place; the granting authority may accept alternative evidence supporting the time worked for the action declared, if it considers that it offers an adequate level of assurance

(f) additional record-keeping rules: not applicable

The records and supporting documents must be made available upon request (see Article 19) or in the context of checks, reviews, audits or investigations (see Article 25).

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 25), the beneficiaries must keep these 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 granting authority may accept non-original documents if they offer a comparable level of assurance.

20.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, costs or contributions insufficiently substantiated will be ineligible (see Article 6) and will be rejected (see Article 27), and the grant may be reduced (see Article 28).

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 21 — REPORTING

21.1 Continuous reporting

The beneficiaries must continuously report on the progress of the action (e.g. **deliverables, milestones, outputs/outcomes, critical risks, indicators,** etc; if any), in the Portal Continuous Reporting tool and in accordance with the timing and conditions it sets out (as agreed with the granting authority).

Standardised deliverables (e.g. progress reports not linked to payments, reports on cumulative expenditure, special reports, etc; if any) must be submitted using the templates published on the Portal.

21.2 Periodic reporting: Technical reports and financial statements

In addition, the beneficiaries must provide reports to request payments, in accordance with the schedule and modalities set out in the Data Sheet (see Point 4.2):

- for additional prefinancings (if any): an **additional prefinancing report**
- for interim payments (if any) and the final payment: a **periodic report**.

The prefinancing and periodic reports include a technical and financial part.

The technical part includes an overview of the action implementation. It must be prepared using the template available in the Portal Periodic Reporting tool.

The financial part of the additional prefinancing report includes a statement on the use of the previous prefinancing payment.

The financial part of the periodic report includes:

- the financial statements (individual and consolidated; for all beneficiaries/affiliated entities)
- the explanation on the use of resources (or detailed cost reporting table, if required)
- the certificates on the financial statements (CFS) (if required; see Article 24.2 and Data Sheet, Point 4.3).

The **financial statements** must detail the eligible costs and contributions for each budget category and, for the final payment, also the revenues for the action (see Articles 6 and 22).

All eligible costs and contributions incurred should be declared, even if they exceed the amounts indicated in the estimated budget (see Annex 2). Amounts that are not declared in the individual financial statements will not be taken into account by the granting authority.

By signing the financial statements (directly in the Portal Periodic Reporting tool), the beneficiaries confirm that:

- the information provided is complete, reliable and true
- the costs and contributions declared are eligible (see Article 6)
- the costs and contributions can be substantiated by adequate records and supporting documents (see Article 20) that will be produced upon request (see Article 19) or in the context of checks, reviews, audits and investigations (see Article 25)
- for the final periodic report: all the revenues have been declared (if required; see Article 22).

Beneficiaries will have to submit also the financial statements of their affiliated entities (if any). In case of recoveries (see Article 22), beneficiaries will be held responsible also for the financial statements of their affiliated entities.

21.3 Currency for financial statements and conversion into euros

The financial statements must be drafted in euro.

Beneficiaries with general accounts 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* (ECB website), calculated over the corresponding reporting period.

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

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

21.4 Reporting language

The reporting must be in the language of the Agreement, unless otherwise agreed with the granting authority (see Data Sheet, Point 4.2).

21.5 Consequences of non-compliance

If a report submitted does not comply with this Article, the granting authority may suspend the payment deadline (see Article 29) and apply other measures described in Chapter 5.

If the coordinator breaches its reporting obligations, the granting authority may terminate the grant or the coordinator's participation (see Article 32) or apply other measures described in Chapter 5.

ARTICLE 22 — PAYMENTS AND RECOVERIES — CALCULATION OF AMOUNTS DUE

22.1 Payments and payment arrangements

Payments will be made in accordance with the schedule and modalities set out in the Data Sheet (see Point 4.2).

They will be made in euro to the bank account indicated by the coordinator (see Data Sheet, Point 4.2) and must be distributed without unjustified delay (restrictions may apply to distribution of the initial prefinancing payment; see Data Sheet, Point 4.2).

Payments to this bank account will discharge the granting authority from its payment obligation.

The cost of payment transfers will be borne as follows:

- the granting authority 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.

Payments by the granting authority will be considered to have been carried out on the date when they are debited to its account.

22.2 Recoveries

Recoveries will be made, if — at beneficiary termination, final payment or afterwards — it turns out that the granting authority has paid too much and needs to recover the amounts undue.

The general liability regime for recoveries (first-line liability) is as follows: At final payment, the coordinator will be fully liable for recoveries, even if it has not been the final recipient of the undue amounts. At beneficiary termination or after final payment, recoveries will be made directly against the beneficiaries concerned.

Beneficiaries will be fully liable for repaying the debts of their affiliated entities.

In case of enforced recoveries (see Article 22.4):

- the beneficiaries will be jointly and severally liable for repaying debts of another beneficiary under the Agreement (including late-payment interest), if required by the granting authority (see Data Sheet, Point 4.4)

- affiliated entities will be held liable for repaying debts of their beneficiaries under the Agreement (including late-payment interest), if required by the granting authority (see Data Sheet, Point 4.4).

22.3 Amounts due

22.3.1 Prefinancing payments

The aim of the prefinancing is to provide the beneficiaries with a float.

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

For **initial prefinancings** (if any), the amount due, schedule and modalities are set out in the Data Sheet (see Point 4.2).

For **additional prefinancings** (if any), the amount due, schedule and modalities are also set out in the Data Sheet (see Point 4.2). However, if the statement on the use of the previous prefinancing payment shows that less than 70% was used, the amount set out in the Data Sheet will be reduced by the difference between the 70% threshold and the amount used.

Prefinancing payments (or parts of them) may be offset (without the beneficiaries' consent) against amounts owed by a beneficiary to the granting authority — up to the amount due to that beneficiary.

For grants where the granting authority is the European Commission or an EU executive agency, offsetting may also be done against amounts owed to other Commission services or executive agencies.

Payments will not be made if the payment deadline or payments are suspended (see Articles 29 and 30).

22.3.2 Amount due at beneficiary termination — Recovery

In case of beneficiary termination, the granting authority will determine the provisional amount due for the beneficiary concerned. Payments (if any) will be made with the next interim or final payment.

The **amount due** will be calculated in the following step:

Step 1 — Calculation of the total accepted EU contribution

Step 1 — Calculation of the total accepted EU contribution

The granting authority will first calculate the 'accepted EU contribution' for the beneficiary for all reporting periods, by calculating the 'maximum EU contribution to costs' (applying the funding rate to the accepted costs of the beneficiary), taking into account requests for a lower contribution to costs and CFS threshold cappings (if any; see Article 24.5) and adding the contributions (accepted unit, flat-rate or lump sum contributions and financing not linked to costs, if any).

After that, the granting authority will take into account grant reductions (if any). The resulting amount is the 'total accepted EU contribution' for the beneficiary.

The **balance** is then calculated by deducting the payments received (if any; see report on the distribution of payments in Article 32), from the total accepted EU contribution:

{total accepted EU contribution for the beneficiary

minus

{prefinancing and interim payments received (if any)}}.

If the balance is **positive**, the amount will be included in the next interim or final payment to the consortium.

If the balance is **negative**, it will be **recovered** in accordance with the following procedure:

The granting authority will send a **pre-information letter** to the beneficiary concerned:

- formally notifying the intention to recover, the amount due, the amount to be recovered and the reasons why and
- requesting observations within 30 days of receiving notification.

If no observations are submitted (or the granting authority decides to pursue recovery despite the observations it has received), it will confirm the amount to be recovered and ask this amount to be paid to the coordinator (**confirmation letter**).

The amounts will later on also be taken into account for the next interim or final payment.

22.3.3 Interim payments

Interim payments reimburse the eligible costs and contributions claimed for the implementation of the action during the reporting periods (if any).

Interim payments (if any) will be made in accordance with the schedule and modalities set out the Data Sheet (see Point 4.2).

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 **interim payment** will be calculated by the granting authority in the following steps:

Step 1 — Calculation of the total accepted EU contribution

Step 2 — Limit to the interim payment ceiling

Step 1 — Calculation of the total accepted EU contribution

The granting authority will calculate the 'accepted EU contribution' for the action for the reporting period, by first calculating the 'maximum EU contribution to costs' (applying the funding rate to the accepted costs of each beneficiary), taking into account requests for a lower contribution to costs, and CFS threshold cappings (if any; see Article 24.5) and adding the contributions (accepted unit, flat-rate or lump sum contributions and financing not linked to costs, if any).

After that, the granting authority will take into account grant reductions from beneficiary termination (if any). The resulting amount is the 'total accepted EU contribution'.

Step 2 — Limit to the interim payment ceiling

The resulting amount is then capped to ensure that the total amount of prefinancing and interim payments (if any) does not exceed the interim payment ceiling set out in the Data Sheet (see Point 4.2).

Interim payments (or parts of them) may be offset (without the beneficiaries' consent) against amounts owed by a beneficiary to the granting authority — up to the amount due to that beneficiary.

For grants where the granting authority is the European Commission or an EU executive agency, offsetting may also be done against amounts owed to other Commission services or executive agencies.

Payments will not be made if the payment deadline or payments are suspended (see Articles 29 and 30).

22.3.4 Final payment — Final grant amount — Revenues and Profit — Recovery

The final payment (payment of the balance) reimburses the remaining part of the eligible costs and contributions claimed for the implementation of the action (if any).

The final payment will be made in accordance with the schedule and modalities set out in the Data Sheet (see Point 4.2).

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

The **final grant amount for the action** will be calculated in the following steps:

Step 1 — Calculation of the total accepted EU contribution

Step 2 — Limit to the maximum grant amount

Step 3 — Reduction due to the no-profit rule

Step 1 — Calculation of the total accepted EU contribution

The granting authority will first calculate the 'accepted EU contribution' for the action for all reporting periods, by calculating the 'maximum EU contribution to costs' (applying the funding rate to the total accepted costs of each beneficiary), taking into account requests for a lower contribution to costs, CFS threshold cappings (if any; see Article 24.5) and adding the contributions (accepted unit, flat-rate or lump sum contributions and financing not linked to costs, if any).

After that, the granting authority will take into account grant reductions (if any). The resulting amount is the 'total accepted EU contribution'.

Step 2 — Limit to the maximum grant amount

If the resulting amount is higher than the maximum grant amount set out in Article 5.2, it will be limited to the latter.

Step 3 — Reduction due to the no-profit rule

If the no-profit rule is provided for in the Data Sheet (see Point 4.2), the grant must not produce a profit (i.e. surplus of the amount obtained following Step 2 plus the action's revenues, over the eligible costs and contributions approved by the granting authority).

'Revenue' is all income generated by the action, during its duration (see Article 4), for beneficiaries that are profit legal entities.

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

The **balance** (final payment) is then calculated by deducting the total amount of prefinancing and interim payments already made (if any), from the final grant amount:

{final grant amount

minus

{prefinancing and interim payments made (if any)}}.

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

The final payment (or part of it) may be offset (without the beneficiaries' consent) against amounts owed by a beneficiary to the granting authority — up to the amount due to that beneficiary.

For grants where the granting authority is the European Commission or an EU executive agency, offsetting may also be done against amounts owed to other Commission services or executive agencies.

Payments will not be made if the payment deadline or payments are suspended (see Articles 29 and 30).

If the balance is **negative**, it will be **recovered** in accordance with the following procedure:

The granting authority will send a **pre-information letter** to the coordinator:

- formally notifying the intention to recover, the final grant amount, the amount to be recovered and the reasons why

- requesting observations within 30 days of receiving notification.

If no observations are submitted (or the granting authority decides to pursue recovery despite the observations it has received), it will confirm the amount to be recovered (**confirmation letter**), together with a **debit note** with the terms and date for payment.

If payment is not made by the date specified in the debit note, the granting authority will **enforce recovery** in accordance with Article 22.4.

22.3.5 Audit implementation after final payment — Revised final grant amount — Recovery

If — after the final payment (in particular, after checks, reviews, audits or investigations; see Article 25) — the granting authority rejects costs or contributions (see Article 27) or reduces the grant (see Article 28), it will calculate the **revised final grant amount** for the beneficiary concerned.

The **beneficiary revised final grant amount** will be calculated in the following step:

Step 1 — Calculation of the revised total accepted EU contribution

Step 1 — Calculation of the revised total accepted EU contribution

The granting authority will first calculate the 'revised accepted EU contribution' for the beneficiary, by calculating the 'revised accepted costs' and 'revised accepted contributions'.

After that, it will take into account grant reductions (if any). The resulting 'revised total accepted EU contribution' is the beneficiary revised final grant amount.

If the revised final grant amount is lower than the beneficiary's final grant amount (i.e. its share in the final grant amount for the action), it will be **recovered** in accordance with the following procedure:

The **beneficiary final grant amount** (i.e. share in the final grant amount for the action) is calculated as follows:

{{total accepted EU contribution for the beneficiary

divided by

total accepted EU contribution for the action}

multiplied by

final grant amount for the action}.

The granting authority will send a **pre-information letter** to the beneficiary concerned:

- formally notifying the intention to recover, the amount to be recovered and the reasons why and

- requesting observations within 30 days of receiving notification.

If no observations are submitted (or the granting authority decides to pursue recovery despite the observations it has received), it will confirm the amount to be recovered (**confirmation letter**), together with a **debit note** with the terms and the date for payment.

Recoveries against affiliated entities (if any) will be handled through their beneficiaries.

If payment is not made by the date specified in the debit note, the granting authority will **enforce recovery** in accordance with Article 22.4.

22.4 Enforced recovery

If payment is not made by the date specified in the debit note, the amount due will be recovered:

(a) by offsetting the amount — without the coordinator or beneficiary's consent — against any amounts owed to the coordinator or beneficiary by the granting authority.

In exceptional circumstances, to safeguard the EU financial interests, the amount may be offset before the payment date specified in the debit note.

For grants where the granting authority is the European Commission or an EU executive agency, debts may also be offset against amounts owed by other Commission services or executive agencies.

(b) by drawing on the financial guarantee(s) (if any)

(c) by holding other beneficiaries jointly and severally liable (if any; see Data Sheet, Point 4.4)

(d) by holding affiliated entities jointly and severally liable (if any, see Data Sheet, Point 4.4)

(e) by taking legal action (see Article 43) or, provided that the granting authority is the European Commission or an EU executive agency, by adopting an enforceable decision under Article 299 of the Treaty on the Functioning of the EU (TFEU) and Article 100(2) of EU Financial Regulation 2018/1046.

The amount to be recovered will be increased by **late-payment interest** at the rate set out in Article 22.5, from the day following the payment date in the debit note, up to and including the date the full payment is received.

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 2015/2366[20] applies.

For grants where the granting authority is an EU executive agency, enforced recovery by offsetting or enforceable decision will be done by the services of the European Commission (see also Article 43).

22.5 Consequences of non-compliance

22.5.1 If the granting authority 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 the rate specified in the

[20] Directive (EU) 2015/2366 of the European Parliament and of the Council of 25 November 2015 on payment services in the internal market, amending Directives 2002/65/EC, 2009/110/EC and 2013/36/EU and Regulation (EU) No 1093/2010, and repealing Directive 2007/64/EC (OJ L 337, 23.12.2015, p. 35).

Data Sheet (Point 4.2). 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 on 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).

If payments or the payment deadline are suspended (see Articles 29 and 30), payment will not be considered as late.

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.

22.5.2 If the coordinator breaches any of its obligations under this Article, the grant may be reduced (see Article 28) and the grant or the coordinator may be terminated (see Article 32).

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 23 — GUARANTEES

23.1 Prefinancing guarantee

If required by the granting authority (see Data Sheet, Point 4.2), the beneficiaries must provide (one or more) prefinancing guarantee(s) in accordance with the timing and the amounts set out in the Data Sheet.

The coordinator must submit them to the granting authority in due time before the prefinancing they are linked to.

The guarantees must be drawn up using the template published on the Portal and fulfil the following conditions:

(a) be provided by a bank or approved financial institution established in the EU or — if requested by the coordinator and accepted by the granting authority — by a third party or a bank or financial institution established outside the EU offering equivalent security

(b) the guarantor stands as first-call guarantor and does not require the granting authority to first have recourse against the principal debtor (i.e. the beneficiary concerned) and

(c) remain explicitly in force until the final payment and, if the final payment takes the form of a recovery, until five months after the debit note is notified to a beneficiary.

They will be released within the following month.

23.2 Consequences of non-compliance

If the beneficiaries breach their obligation to provide the prefinancing guarantee, the prefinancing will not be paid.

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 24 — CERTIFICATES

24.1 Operational verification report (OVR)

Not applicable

24.2 Certificate on the financial statements (CFS)

If required by the granting authority (see Data Sheet, Point 4.3), the beneficiaries must provide certificates on their financial statements (CFS), in accordance with the schedule, threshold and conditions set out in the Data Sheet.

The coordinator must submit them as part of the periodic report (see Article 21).

The certificates must be drawn up using the template published on the Portal, cover the costs declared on the basis of actual costs and costs according to usual cost accounting practices (if any), and fulfil the following conditions:

(a) be provided by a qualified approved external auditor which is independent and complies with Directive 2006/43/EC[21] (or for public bodies: by a competent independent public officer)

(b) the verification must be carried out according to the highest professional standards to ensure that the financial statements comply with the provisions under the Agreement and that the costs declared are eligible.

The certificates will not affect the granting authority's right to carry out its own checks, reviews or audits, nor preclude the European Court of Auditors (ECA), the European Public Prosecutor's Office (EPPO) or the European Anti-Fraud Office (OLAF) from using their prerogatives for audits and investigations under the Agreement (see Article 25).

If the costs (or a part of them) were already audited by the granting authority, these costs do not need to be covered by the certificate and will not be counted for calculating the threshold (if any).

24.3 Certificate on the compliance of usual cost accounting practices (CoMUC)

Not applicable

24.4 Systems and process audit (SPA)

Not applicable

24.5 Consequences of non-compliance

[21] 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).

If a beneficiary does not submit a certificate on the financial statements (CFS) or the certificate is rejected, the accepted EU contribution to costs will be capped to reflect the CFS threshold.

If a beneficiary breaches any of its other obligations under this Article, the granting authority may apply the measures described in Chapter 5.

ARTICLE 25 — CHECKS, REVIEWS, AUDITS AND INVESTIGATIONS — EXTENSION OF FINDINGS

25.1 Granting authority checks, reviews and audits

25.1.1 Internal checks

The granting authority may — during the action or afterwards — check the proper implementation of the action and compliance with the obligations under the Agreement, including assessing costs and contributions, deliverables and reports.

25.1.2 Project reviews

The granting authority may carry out reviews on the proper implementation of the action and compliance with the obligations under the Agreement (general project reviews or specific issues reviews).

Such project reviews may be started during the implementation of the action and until the time-limit set out in the Data Sheet (see Point 6). They will be formally notified to the coordinator or beneficiary concerned and will be considered to start on the date of the notification.

If needed, the granting authority may be assisted by independent, outside experts. If it uses outside experts, the coordinator or beneficiary concerned will be informed and have the right to object on grounds of commercial confidentiality or conflict of interest.

The coordinator or beneficiary concerned must cooperate diligently and 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 granting authority may request beneficiaries to provide such information to it directly. Sensitive information and documents will be treated in accordance with Article 13.

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

For **on-the-spot visits**, the beneficiary concerned must allow access to sites and premises (including to the outside experts) 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 **project review report** will be drawn up.

The granting authority will formally notify the project review report to the coordinator or beneficiary concerned, which has 30 days from receiving notification to make observations.

Project reviews (including project review reports) will be in the language of the Agreement.

25.1.3 Audits

The granting authority may carry out audits on the proper implementation of the action and compliance with the obligations under the Agreement.

Such audits may be started during the implementation of the action and until the time-limit set out in the Data Sheet (see Point 6). They will be formally notified to the beneficiary concerned and will be considered to start on the date of the notification.

The granting authority may use its own audit service, delegate audits to a centralised service or use external audit firms. If it uses an external firm, the beneficiary concerned will be informed and have the right to object on grounds of commercial confidentiality or conflict of interest.

The beneficiary concerned must cooperate diligently and provide — within the deadline requested — any information (including complete accounts, individual salary statements or other personal data) to verify compliance with the Agreement. Sensitive information and documents will be treated in accordance with Article 13.

For **on-the-spot** visits, the beneficiary concerned must allow access to sites and premises (including for the external audit firm) 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 auditors will formally notify the draft audit report to the beneficiary concerned, which has 30 days from receiving notification to make observations (contradictory audit procedure).

The **final audit report** will take into account observations by the beneficiary concerned and will be formally notified to them.

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

25.2 European Commission checks, reviews and audits in grants of other granting authorities

Where the granting authority is not the European Commission, the latter has the same rights of checks, reviews and audits as the granting authority.

25.3 Access to records for assessing simplified forms of funding

The beneficiaries must give the European Commission access to their statutory records for the periodic assessment of simplified forms of funding which are used in EU programmes.

25.4 OLAF, EPPO and ECA audits and investigations

The following bodies may also carry out checks, reviews, audits and investigations — during the action or afterwards:

- the European Anti-Fraud Office (OLAF) under Regulations No 883/2013[22] and No 2185/96[23]

- the European Public Prosecutor's Office (EPPO) under Regulation 2017/1939

- the European Court of Auditors (ECA) under Article 287 of the Treaty on the Functioning of the EU (TFEU) and Article 257 of EU Financial Regulation 2018/1046.

If requested by these bodies, the beneficiary concerned must provide full, accurate and complete information in the format requested (including complete accounts, individual salary statements or other personal data, including in electronic format) and allow access to sites and premises for on-the-spot visits or inspections — as provided for under these Regulations.

To this end, the beneficiary concerned must keep all relevant information relating to the action, at least until the time-limit set out in the Data Sheet (Point 6) and, in any case, until any ongoing checks, reviews, audits, investigations, litigation or other pursuits of claims have been concluded.

25.5 Consequences of checks, reviews, audits and investigations — Extension of results of reviews, audits or investigations

25.5.1 Consequences of checks, reviews, audits and investigations in this grant

Findings in checks, reviews, audits or investigations carried out in the context of this grant may lead to rejections (see Article 27), grant reduction (see Article 28) or other measures described in Chapter 5.

Rejections or grant reductions after the final payment will lead to a revised final grant amount (see Article 22).

Findings in checks, reviews, audits or investigations during the action implementation may lead to a request for amendment (see Article 39), to change the description of the action set out in Annex 1.

Checks, reviews, audits or investigations that find systemic or recurrent errors, irregularities, fraud or breach of obligations in any EU grant may also lead to consequences in other EU grants awarded under similar conditions ('extension to other grants').

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

25.5.2 Extension from other grants

Results of checks, reviews, audits or investigations in other grants may be extended to this grant, if:

(a) the beneficiary concerned is found, in other EU 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

[22] 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 248, 18/09/2013, p. 1).

[23] Council Regulation (Euratom, EC) No 2185/96 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).

(b) those findings are formally notified to the beneficiary concerned — together with the list of grants affected by the findings — within the time-limit for audits set out in the Data Sheet (see Point 6).

The granting authority will formally notify the beneficiary concerned of the intention to extend the findings and the list of grants affected.

If the extension concerns **rejections of costs or contributions**: the 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 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.

If the extension concerns **grant reductions**: the notification will include:

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

(b) the **correction rate for extrapolation**, established on the basis of the systemic or recurrent errors and the principle of proportionality.

The beneficiary concerned has **60 days** from receiving notification to submit observations, revised financial statements or to propose a duly substantiated **alternative correction method/rate**.

On the basis of this, the granting authority will analyse the impact and decide on the implementation (i.e. start rejection or grant reduction procedures, either on the basis of the revised financial statements or the announced/alternative method/rate or a mix of those; see Articles 27 and 28).

25.6 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, costs or contributions insufficiently substantiated will be ineligible (see Article 6) and will be rejected (see Article 27), and the grant may be reduced (see Article 28).

Such breaches may also lead to other measures described in Chapter 5.

ARTICLE 26 — IMPACT EVALUATIONS

26.1 Impact evaluation

The granting authority may carry out impact evaluations of the action, measured against the objectives and indicators of the EU programme funding the grant.

Such evaluations may be started during implementation of the action and until the time-limit set out

in the Data Sheet (see Point 6). They will be formally notified to the coordinator or beneficiaries and will be considered to start on the date of the notification.

If needed, the granting authority may be assisted by independent outside experts.

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

26.2 Consequences of non-compliance

If a beneficiary breaches any of its obligations under this Article, the granting authority may apply the measures described in Chapter 5.

CHAPTER 5 CONSEQUENCES OF NON-COMPLIANCE

SECTION 1 REJECTIONS AND GRANT REDUCTION

ARTICLE 27 — REJECTION OF COSTS AND CONTRIBUTIONS

27.1 Conditions

The granting authority will — at beneficiary termination, interim payment, final payment or afterwards — reject any costs or contributions which are ineligible (see Article 6), in particular following checks, reviews, audits or investigations (see Article 25).

The rejection may also be based on the extension of findings from other grants to this grant (see Article 25).

Ineligible costs or contributions will be rejected.

27.2 Procedure

If the rejection does not lead to a recovery, the granting authority will formally notify the coordinator or beneficiary concerned of the rejection, the amounts and the reasons why. The coordinator or beneficiary concerned may — within 30 days of receiving notification — submit observations if it disagrees with the rejection (payment review procedure).

If the rejection leads to a recovery, the granting authority will follow the contradictory procedure with pre-information letter set out in Article 22.

27.3 Effects

If the granting authority rejects costs or contributions, it will deduct them from the costs or contributions declared and then calculate the amount due (and, if needed, make a recovery; see Article 22).

ARTICLE 28 — GRANT REDUCTION

28.1 Conditions

The granting authority may — at beneficiary termination, final payment or afterwards — reduce the grant for a beneficiary, if:

(a) the beneficiary (or a person having powers of representation, decision-making or control, or person essential for the award/implementation of the grant) has committed:

(i) substantial errors, irregularities or fraud or

(ii) serious breach of obligations under this Agreement or during its award (including improper implementation of the action, non-compliance with the call conditions, submission of false information, failure to provide required information, breach of ethics or security rules (if applicable), etc.), or

(b) the beneficiary (or a person having powers of representation, decision-making or control, or person essential for the award/implementation of the grant) has committed — in other EU 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 (see Article 25).

The amount of the reduction will be calculated for each beneficiary concerned and proportionate to the seriousness and the duration of the errors, irregularities or fraud or breach of obligations, by applying an individual reduction rate to their accepted EU contribution.

28.2 Procedure

If the grant reduction does not lead to a recovery, the granting authority will formally notify the coordinator or beneficiary concerned of the reduction, the amount to be reduced and the reasons why. The coordinator or beneficiary concerned may — within 30 days of receiving notification — submit observations if it disagrees with the reduction (payment review procedure).

If the grant reduction leads to a recovery, the granting authority will follow the contradictory procedure with pre-information letter set out in Article 22.

28.3 Effects

If the granting authority reduces the grant, it will deduct the reduction and then calculate the amount due (and, if needed, make a recovery; see Article 22).

SECTION 2 SUSPENSION AND TERMINATION

ARTICLE 29 — PAYMENT DEADLINE SUSPENSION

29.1 Conditions

The granting authority may — at any moment — suspend the payment deadline if a payment cannot be processed because:

(a) the required report (see Article 21) has not been submitted or is not complete or additional information is needed

(b) there are doubts about the amount to be paid (e.g. ongoing audit extension procedure, queries

about eligibility, need for a grant reduction, etc.) and additional checks, reviews, audits or investigations are necessary, or

(c) there are other issues affecting the EU financial interests.

29.2 Procedure

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

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

If the conditions for suspending the payment deadline are no longer met, the suspension will be **lifted** — and the remaining time to pay (see Data Sheet, Point 4.2) will resume.

If the suspension exceeds two months, the coordinator may request the granting authority to confirm if the suspension will continue.

If the payment deadline has been suspended due to the non-compliance of the report and the revised report is not submitted (or was submitted but is also rejected), the granting authority may also terminate the grant or the participation of the coordinator (see Article 32).

ARTICLE 30 — PAYMENT SUSPENSION

30.1 Conditions

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

(a) a beneficiary (or a person having powers of representation, decision-making or control, or person essential for the award/implementation of the grant) 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 its award (including improper implementation of the action, non-compliance with the call conditions, submission of false information, failure to provide required information, breach of ethics or security rules (if applicable), etc.), or

(b) a beneficiary (or a person having powers of representation, decision-making or control, or person essential for the award/implementation of the grant) has committed — in other EU 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.

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

30.2 Procedure

Before suspending payments, the granting authority will send a **pre-information letter** to the beneficiary concerned:

- formally notifying the intention to suspend payments and the reasons why and
- requesting observations within 30 days of receiving notification.

If the granting authority does not receive observations or decides to pursue the procedure despite the observations it has received, it will confirm the suspension (**confirmation letter**). Otherwise, it will formally notify that the procedure is discontinued.

At the end of the suspension procedure, the granting authority will also inform the coordinator.

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

If the conditions for resuming payments are met, the suspension will be **lifted**. The granting authority will formally notify the beneficiary concerned (and the coordinator) and set the suspension end date.

During the suspension, no prefinancing will be paid to the beneficiaries concerned. For interim payments, the periodic reports for all reporting periods except the last one (see Article 21) must not contain any financial statements from the beneficiary concerned (or 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.

ARTICLE 31 — GRANT AGREEMENT SUSPENSION

31.1 Consortium-requested GA suspension

31.1.1 Conditions and procedure

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

The coordinator must submit a request for **amendment** (see Article 39), with:

- the reasons why
- the date the suspension takes effect; this date may be before the date of the submission of the amendment request and
- the expected date of resumption.

The suspension will **take effect** on the day specified in the amendment.

Once circumstances allow for implementation to resume, the coordinator must immediately request another **amendment** of the Agreement to set the suspension end date, the resumption date (one day after suspension end date), extend the duration and make other changes necessary to adapt the action to the new situation (see Article 39) — unless the grant has been terminated (see Article 32). The suspension will be **lifted** with effect from the suspension end date set out in the amendment. This date may be before the date of the submission of the amendment request.

During the suspension, no prefinancing will be paid. Costs incurred or contributions for activities implemented during grant suspension are not eligible (see Article 6.3).

31.2 EU-initiated GA suspension

31.2.1 Conditions

The granting authority may suspend the grant or any part of it, if:

(a) a beneficiary (or a person having powers of representation, decision-making or control, or person essential for the award/implementation of the grant) 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 its award (including improper implementation of the action, non-compliance with the call conditions, submission of false information, failure to provide required information, breach of ethics or security rules (if applicable), etc.), or

(b) a beneficiary (or a person having powers of representation, decision-making or control, or person essential for the award/implementation of the grant) has committed — in other EU 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

(c) other:

(i) linked action issues: not applicable

(ii) additional GA suspension grounds: not applicable.

31.2.2 Procedure

Before suspending the grant, the granting authority will send a **pre-information letter** to the coordinator:

- formally notifying the intention to suspend the grant and the reasons why and
- requesting observations within 30 days of receiving notification.

If the granting authority does not receive observations or decides to pursue the procedure despite the observations it has received, it will confirm the suspension (**confirmation letter**). Otherwise, it will formally notify that the procedure is discontinued.

The suspension will **take effect** the day after the confirmation notification is sent (or on a later date specified in the notification).

Once the conditions for resuming implementation of the action are met, the granting authority will formally notify the coordinator a **lifting of suspension letter**, in which it will set the suspension end date and invite the coordinator to request an amendment of the Agreement to set the resumption date (one day after suspension end date), extend the duration and make other changes necessary to adapt the action to the new situation (see Article 39) — unless the grant has been terminated (see

Article 32). The suspension will be **lifted** with effect from the suspension end date set out in the lifting of suspension letter. This date may be before the date on which the letter is sent.

During the suspension, no prefinancing will be paid. Costs incurred or contributions for activities implemented during suspension are not eligible (see Article 6.3).

The beneficiaries may not claim damages due to suspension by the granting authority (see Article 33).

Grant suspension does not affect the granting authority's right to terminate the grant or a beneficiary (see Article 32) or reduce the grant (see Article 28).

ARTICLE 32 — GRANT AGREEMENT OR BENEFICIARY TERMINATION

32.1 Consortium-requested GA termination

32.1.1 Conditions and procedure

The beneficiaries may request the termination of the grant.

The coordinator must submit a request for **amendment** (see Article 39), with:

- the reasons why
- the date the consortium ends work on the action ('end of work date') and
- the date the termination takes effect ('termination date'); this date must be after the date of the submission of the amendment request.

The termination will **take effect** on the termination date specified in the amendment.

If no reasons are given or if the granting authority considers the reasons do not justify termination, it may consider the grant terminated improperly.

32.1.2 Effects

The coordinator must — within 60 days from when termination takes effect — submit a **periodic report** (for the open reporting period until termination).

The granting authority will calculate the final grant amount and final payment on the basis of the report submitted and taking into account the costs incurred and contributions for activities implemented before the end of work date (see Article 22). Costs relating to contracts due for execution only after the end of work are not eligible.

If the granting authority does not receive the report within the deadline, only costs and contributions which are included in an approved periodic report will be taken into account (no costs/contributions if no periodic report was ever approved).

Improper termination may lead to a grant reduction (see Article 28).

After termination, the beneficiaries' obligations (in particular Articles 13 (confidentiality and security), 16 (IPR), 17 (communication, dissemination and visibility), 21 (reporting), 25 (checks, reviews, audits and investigations), 26 (impact evaluation), 27 (rejections), 28 (grant reduction) and 42 (assignment of claims)) continue to apply.

32.2 Consortium-requested beneficiary termination

32.2.1 Conditions and procedure

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

The coordinator must submit a request for **amendment** (see Article 39), with:

- the reasons why
- the opinion of the beneficiary concerned (or proof that this opinion has been requested in writing)
- the date the beneficiary ends work on the action ('end of work date')
- the date the termination takes effect ('termination date'); this date must be after the date of the submission of the amendment request.

If the termination concerns the coordinator and is done without its agreement, the amendment request must be submitted by another beneficiary (acting on behalf of the consortium).

The termination will **take effect** on the termination date specified in the amendment.

If no information is given or if the granting authority considers that the reasons do not justify termination, it may consider the beneficiary to have been terminated improperly.

32.2.2 Effects

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

(i) a **report on the distribution of payments** to the beneficiary concerned

(ii) a **termination report** from the beneficiary concerned, for the open reporting period until termination, containing an overview of the progress of the work, the financial statement, the explanation on the use of resources, and, if applicable, the certificate on the financial statement (CFS; see Articles 21 and 24.2 and Data Sheet, Point 4.3)

(iii) a second **request for amendment** (see Article 39) with other amendments needed (e.g. reallocation of the tasks and the estimated budget of the terminated beneficiary; addition of a new beneficiary to replace the terminated beneficiary; change of coordinator, etc.).

The granting authority will calculate the amount due to the beneficiary on the basis of the report submitted and taking into account the costs incurred and contributions for activities implemented before the end of work date (see Article 22). Costs relating to contracts due for execution only after the end of work are not eligible.

The information in the termination report must also be included in the periodic report for the next reporting period (see Article 21).

If the granting authority does not receive the termination report within the deadline, only costs and contributions which are included in an approved periodic report will be taken into account (no costs/ contributions if no periodic report was ever approved).

If the granting authority does not receive the report on the distribution of payments within the deadline, it will consider that:

- the coordinator did not distribute any payment to the beneficiary concerned and that
- the beneficiary concerned must not repay any amount to the coordinator.

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

If the second request for amendment is rejected by the granting authority (because it calls into question the decision awarding the grant or breaches the principle of equal treatment of applicants), the grant may be terminated (see Article 32).

Improper termination may lead to a reduction of the grant (see Article 31) or grant termination (see Article 32).

After termination, the concerned beneficiary's obligations (in particular Articles 13 (confidentiality and security), 16 (IPR), 17 (communication, dissemination and visibility), 21 (reporting), 25 (checks, reviews, audits and investigations), 26 (impact evaluation), 27 (rejections), 28 (grant reduction) and 42 (assignment of claims)) continue to apply.

32.3 EU-initiated GA or beneficiary termination

32.3.1 Conditions

The granting authority may terminate the grant 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 the action or the legal, financial, technical, organisational or ownership situation of a beneficiary is likely to substantially affect the implementation of the action or calls into question the decision to award the grant (including changes linked to one of the exclusion grounds listed in the declaration of honour)

(c) following termination of one or more beneficiaries, the necessary changes to the Agreement (and their impact on the action) would call into question the decision awarding the grant or breach the principle of equal treatment of applicants

(d) implementation of the action has become impossible or the changes necessary for its continuation would call into question the decision awarding the grant or breach the principle of equal treatment of applicants

(e) a beneficiary (or person with unlimited liability for its debts) is subject to bankruptcy proceedings or similar (including insolvency, winding-up, administration by a liquidator or court, arrangement with creditors, suspension of business activities, etc.)

(f) a beneficiary (or person with unlimited liability for its debts) is in breach of social security or tax obligations

(g) a beneficiary (or person having powers of representation, decision-making or control, or person

essential for the award/implementation of the grant) has been found guilty of grave professional misconduct

(h) a beneficiary (or person having powers of representation, decision-making or control, or person essential for the award/implementation of the grant) has committed fraud, corruption, or is involved in a criminal organisation, money laundering, terrorism-related crimes (including terrorism financing), child labour or human trafficking

(i) a beneficiary (or person having powers of representation, decision-making or control, or person essential for the award/implementation of the grant) was created under a different jurisdiction with the intent to circumvent fiscal, social or other legal obligations in the country of origin (or created another entity with this purpose)

(j) a beneficiary (or person having powers of representation, decision-making or control, or person essential for the award/implementation of the grant) has committed:

  (i) substantial errors, irregularities or fraud or

  (ii) serious breach of obligations under this Agreement or during its award (including improper implementation of the action, non-compliance with the call conditions, submission of false information, failure to provide required information, breach of ethics or security rules (if applicable), etc.)

(k) a beneficiary (or person having powers of representation, decision-making or control, or person essential for the award/implementation of the grant) has committed — in other EU 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 25)

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

(m) other:

  (i) linked action issues: not applicable

  (ii) additional GA termination grounds: not applicable.

32.3.2 Procedure

Before terminating the grant or participation of one or more beneficiaries, the granting authority will send **a pre-information letter** to the coordinator or beneficiary concerned:

- formally notifying the intention to terminate and the reasons why and
- requesting observations within 30 days of receiving notification.

If the granting authority does not receive observations or decides to pursue the procedure despite the observations it has received, it will confirm the termination and the date it will take effect (**confirmation letter**). Otherwise, it will formally notify that the procedure is discontinued.

For beneficiary terminations, the granting authority will — at the end of the procedure — also inform the coordinator.

The termination will **take effect** the day after the confirmation notification is sent (or on a later date specified in the notification; 'termination date').

32.3.3 Effects

(a) for **GA termination**:

The coordinator must — within 60 days from when termination takes effect — submit a **periodic report** (for the last open reporting period until termination).

The granting authority will calculate the final grant amount and final payment on the basis of the report submitted and taking into account the costs incurred and contributions for activities implemented before termination takes effect (see Article 22). Costs relating to contracts due for execution only after termination are not eligible.

If the grant is terminated for breach of the obligation to submit reports, the coordinator may not submit any report after termination.

If the granting authority does not receive the report within the deadline, only costs and contributions which are included in an approved periodic report will be taken into account (no costs/contributions if no periodic report was ever approved).

Termination does not affect the granting authority's right to reduce the grant (see Article 28) or to impose administrative sanctions (see Article 34).

The beneficiaries may not claim damages due to termination by the granting authority (see Article 33).

After termination, the beneficiaries' obligations (in particular Articles 13 (confidentiality and security), 16 (IPR), 17 (communication, dissemination and visibility), 21 (reporting), 25 (checks, reviews, audits and investigations), 26 (impact evaluation), 27 (rejections), 28 (grant reduction) and 42 (assignment of claims)) continue to apply.

(b) for **beneficiary termination**:

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

(i) a **report on the distribution of payments** to the beneficiary concerned

(ii) a **termination report** from the beneficiary concerned, for the open reporting period until termination, containing an overview of the progress of the work, the financial statement, the explanation on the use of resources, and, if applicable, the certificate on the financial statement (CFS; see Articles 21 and 24.2 and Data Sheet, Point 4.3)

(iii) a **request for amendment** (see Article 39) with any amendments needed (e.g. reallocation of the tasks and the estimated budget of the terminated beneficiary; addition of a new beneficiary to replace the terminated beneficiary; change of coordinator, etc.).

The granting authority will calculate the amount due to the beneficiary on the basis of the

report submitted and taking into account the costs incurred and contributions for activities implemented before termination takes effect (see Article 22). Costs relating to contracts due for execution only after termination are not eligible.

The information in the termination report must also be included in the periodic report for the next reporting period (see Article 21).

If the granting authority does not receive the termination report within the deadline, only costs and contributions included in an approved periodic report will be taken into account (no costs/ contributions if no periodic report was ever approved).

If the granting authority does not receive the report on the distribution of payments within the deadline, it will consider that:

- the coordinator did not distribute any payment to the beneficiary concerned and that
- the beneficiary concerned must not repay any amount to the coordinator.

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

If the request for amendment is rejected by the granting authority (because it calls into question the decision awarding the grant or breaches the principle of equal treatment of applicants), the grant may be terminated (see Article 32).

After termination, the concerned beneficiary's obligations (in particular Articles 13 (confidentiality and security), 16 (IPR), 17 (communication, dissemination and visibility), 21 (reporting), 25 (checks, reviews, audits and investigations), 26 (impact evaluation), 27 (rejections), 28 (grant reduction) and 42 (assignment of claims)) continue to apply.

SECTION 3 OTHER CONSEQUENCES: DAMAGES AND ADMINISTRATIVE SANCTIONS

ARTICLE 33 — DAMAGES

33.1 Liability of the granting authority

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

The granting authority cannot be held liable for any damage caused by any of the beneficiaries or other participants involved in the action, as a consequence of the implementation of the Agreement.

33.2 Liability of the beneficiaries

The beneficiaries must compensate the granting authority 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, provided that it was caused by gross negligence or wilful act.

The liability does not extend to indirect or consequential losses or similar damage (such as loss of

profit, loss of revenue or loss of contracts), provided such damage was not caused by wilful act or by a breach of confidentiality.

ARTICLE 34 — ADMINISTRATIVE SANCTIONS AND OTHER MEASURES

Nothing in this Agreement may be construed as preventing the adoption of administrative sanctions (i.e. exclusion from EU award procedures and/or financial penalties) or other public law measures, in addition or as an alternative to the contractual measures provided under this Agreement (see, for instance, Articles 135 to 145 EU Financial Regulation 2018/1046 and Articles 4 and 7 of Regulation 2988/95[24]).

SECTION 4 FORCE MAJEURE

ARTICLE 35 — FORCE MAJEURE

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

'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 other participants involved in the action), and
- proves to be inevitable in spite of exercising all due diligence.

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.

CHAPTER 6 FINAL PROVISIONS

ARTICLE 36 — COMMUNICATION BETWEEN THE PARTIES

36.1 Forms and means of communication — Electronic management

EU grants are managed fully electronically through the EU Funding & Tenders Portal ('Portal').

All communications must be made electronically through the Portal, in accordance with the Portal Terms and Conditions and using the forms and templates provided there (except if explicitly instructed otherwise by the granting authority).

[24] Council Regulation (EC, Euratom) No 2988/95 of 18 December 1995 on the protection of the European Communities financial interests (OJ L 312, 23.12.1995, p. 1).

Communications must be made in writing and clearly identify the grant agreement (project number and acronym).

Communications must be made by persons authorised according to the Portal Terms and 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 their appointment letter (see Portal Terms and Conditions).

If the electronic exchange system is temporarily unavailable, instructions will be given on the Portal.

36.2 Date of communication

The sending date for communications made through the Portal will be the date and time of sending, as indicated by the time logs.

The receiving date for communications made through the Portal will be the date and time the communication is accessed, as indicated by the time logs. Formal notifications that have not been accessed within 10 days after sending, will be considered to have been accessed (see Portal Terms and Conditions).

If a communication is exceptionally made on paper (by e-mail or postal service), general principles apply (i.e. date of sending/receipt). Formal notifications by registered post with proof of delivery will be considered to have been received either on 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 Portal can be accessed via the Europa website.

The address for paper communications to the granting authority (if exceptionally allowed) is the official mailing address indicated on its website.

For beneficiaries, it is the legal address specified in the Portal Participant Register.

ARTICLE 37 — INTERPRETATION OF THE AGREEMENT

The provisions in the Data Sheet take precedence over the rest of the Terms and Conditions of the Agreement.

Annex 5 takes precedence over the Terms and Conditions; the Terms and Conditions take precedence over the Annexes other than Annex 5.

Annex 2 takes precedence over Annex 1.

ARTICLE 38 — CALCULATION OF PERIODS AND DEADLINES

In accordance with Regulation No 1182/71[25], 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.

'Days' means calendar days, not working days.

ARTICLE 39 — AMENDMENTS

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 directly in the Portal Amendment tool.

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 granting authority may request additional information.

If the party receiving the request agrees, it must sign the amendment in the tool within 45 days of receiving notification (or any additional information the granting authority has requested). If it does not agree, it must formally notify its disagreement within the same deadline. The deadline may be extended, if necessary for the assessment of the request. If no notification is received within the deadline, the request is considered to have been rejected.

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

An amendment **takes effect** on the date of entry into force or other date specified in the amendment.

ARTICLE 40 — ACCESSION AND ADDITION OF NEW BENEFICIARIES

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

40.1 Accession of the beneficiaries mentioned in the Preamble

The beneficiaries which are not coordinator must accede to the grant by signing the accession form (see Annex 3) directly in the Portal Grant Preparation tool, within 30 days after the entry into force of the Agreement (see Article 44).

They will assume the rights and obligations under the Agreement with effect from the date of its entry into force (see Article 44).

If a beneficiary does not accede to the grant within the above deadline, the coordinator must — within 30 days — request an amendment (see Article 39) to terminate the beneficiary and make any changes necessary to ensure proper implementation of the action. This does not affect the granting authority's right to terminate the grant (see Article 32).

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 directly in the Portal Amendment tool.

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

Additions are also possible in mono-beneficiary grants.

ARTICLE 41 — TRANSFER OF THE AGREEMENT

In justified cases, the beneficiary of a mono-beneficiary grant may request the transfer of the grant to a new beneficiary, provided that this would not call into question the decision awarding the grant or breach the principle of equal treatment of applicants.

The beneficiary must submit a request for **amendment** (see Article 39), with

- the reasons why
- the accession form (see Annex 3) signed by the new beneficiary directly in the Portal Amendment tool and
- additional supporting documents (if required by the granting authority).

The new beneficiary will assume the rights and obligations under the Agreement with effect from the date of accession specified in the accession form (see Annex 3).

ARTICLE 42 — ASSIGNMENTS OF CLAIMS FOR PAYMENT AGAINST THE GRANTING AUTHORITY

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

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

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

ARTICLE 43 — APPLICABLE LAW AND SETTLEMENT OF DISPUTES

43.1 Applicable law

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

Special rules may apply for beneficiaries which are international organisations (if any; see Data Sheet, Point 5).

43.2 Dispute settlement

If a dispute concerns the interpretation, application or validity of the Agreement, the parties must bring action before the EU General Court — or, on appeal, the EU Court of Justice — under Article 272 of the Treaty on the Functioning of the EU (TFEU).

For non-EU beneficiaries (if any), such disputes must be brought before the courts of Brussels, Belgium — unless an international agreement provides for the enforceability of EU court judgements.

For beneficiaries with arbitration as special dispute settlement forum (if any; see Data Sheet, Point 5), the dispute will — in the absence of an amicable settlement — be settled in accordance with the Rules for Arbitration published on the Portal.

If a dispute concerns administrative sanctions, offsetting or an enforceable decision under Article 299 TFEU (see Articles 22 and 34), the beneficiaries must bring action before the General Court — or, on appeal, the Court of Justice — under Article 263 TFEU.

For grants where the granting authority is an EU executive agency (see Preamble), actions against offsetting and enforceable decisions must be brought against the European Commission (not against the granting authority; see also Article 22).

ARTICLE 44 — ENTRY INTO FORCE

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

SIGNATURES

For the coordinator	For the granting authority

ANNEX 1

EU4Health Programme (EU4H)

Description of the action (DoA)

Part A

Part B

DESCRIPTION OF THE ACTION (PART A)

COVER PAGE

Part A of the Description of the Action (DoA) must be completed directly on the Portal Grant Preparation screens.

PROJECT *Grant Preparation (General Information screen) — Enter the info.*	
Project number:	101133273
Project name:	Vax-Action: tackling effectively vaccine hesitancy in Europe
Project acronym:	VAX-Action
Call:	EU4H-2022-PJ-5
Topic:	EU4H-2022-PJ-16
Type of action:	EU4H-PJG
Service:	HADEA/A/01
Project starting date:	fixed date: 1 December 2023
Project duration:	30 months

TABLE OF CONTENTS

PROJECT SUMMARY

Project summary

Grant Preparation (General Information screen) — Provide an overall description of your project (including context and overall objectives, planned activities and main achievements, and expected results and impacts (on target groups, change procedures, capacities, innovation etc)). This summary should give readers a clear idea of what your project is about.

Use the project summary from your proposal.

Vaccine hesitancy is the delay in acceptance or refusal of vaccines despite their availability. It is not a new problem, but a problem increasingly being recognized globally, and poses an academic and political concern. Its main implication reflects in lower-than-expected vaccine uptake rates. Two main strategies to lessen vaccine hesitancy stand out: targeted at people at large (communication campaigns, fact-checking, etc.) and at frontline healthcare workers, FHW, (training, manuals, etc.). However, it is yet not clear what works well, for whom, when, and under which circumstances. VAX-ACTION aims to support EU Member States and relevant stakeholders to implement a combination of tailored, evidence-based interventions aimed to reduce vaccine hesitancy. It addresses the need to understand what type of interventions are now available, which are effective, how to translate effective interventions to new contexts, and to explain the unsuccessful ones to create opportunities for learning and redesign. VAX-ACTION key relevance is to design and implement interventions and recommendations built on sound theory, existing evidence, and best practices of principles in health evaluation. We use a co-design model to engage FHW, and targeted populations (i.e., newly arrived migrants, hesitant parents, people of low socio-economic status) to tailor interventions regarding recently approved vaccines such as Covid-19 and mpox, and long-standing vaccines in national vaccination programmes. Interventions will be conducted in target regions in Portugal, Italy, France, Romania, and Czechia. Interventions are designed and evaluated in two settings per target region (the intervention group and control group, 1:1). The recommendations for embedding improvement and change will be prioritised along with tailored dissemination and evaluation strategies. This will support scale up and translation to other member states, WHO European Region members and other countries.

LIST OF PARTICIPANTS

PARTICIPANTS

Grant Preparation (Beneficiaries screen) — Enter the info.

Number	Role	Short name	Legal name	Country	PIC
1	COO	UNL	UNIVERSIDADE NOVA DE LISBOA	PT	960782479
2	BEN	UCSC	UNIVERSITA CATTOLICA DEL SACRO CUORE	IT	999915771
3	BEN	IP	INSTITUT PASTEUR	FR	999993080
4	BEN	ASPHER	THE ASSOCIATION OF SCHOOLS OF PUBLIIC HEALTH IN THE EUROPEAN REGION	BE	939959004
5	BEN	INMSS	INSTITUTUL NATIONAL DE MANAGEMENT AL SERVICIILOR DE SANATATE	RO	986042346
6	BEN	ISPUP	INSTITUTO DE SAUDE PUBLICA DA UNIVERSIDADE DO PORTO	PT	945022889
7	BEN	IPVZ (IPME)	INSTITUT POSTGRADUALNIHO VZDELAVANI VE ZDRAVOTNICTVI	CZ	881473242
8	BEN	UNIPV	UNIVERSITA DEGLI STUDI DI PAVIA	IT	999893752
9	BEN	UNISR	UNIVERSITA VITA-SALUTE SAN RAFFAELE	IT	999854467

LIST OF WORK PACKAGES

Work packages

Grant Preparation (Work Packages screen) — Enter the info.

Work Package No	Work Package name	Lead Beneficiary	Effort (Person-Months)	Start Month	End Month	Deliverables
WP1	Management and coordination	1 - UNL	30.00	1	30	D1.1 – Project Handbook D1.2 – Data Management plan D1.3 – Updated data management plan
WP2	Europe-wide interventions mapping and critical appraisal	9 - UNISR	12.00	1	6	D2.1 – Review report
WP3	Oversight of interventions and external evaluation	1 - UNL	36.00	10	27	D3.1 – Synthesis report on the design of interventions D3.2 – External evaluators training manual D3.3 – Implementation analysis report in target regions D3.4 – Synthesis report
WP4	Interventions targeting FHW for vaccine promotion towards hesitant users	3 - IP	154.00	10	25	D4.1 – Protocols design of tailored interventions (FHW) D4.2 – Implementation reports of interventions (FHW) D4.3 – Final report on effectiveness and implementation quality of interventions (FHW)
WP5	Interventions targeting vulnerable populations' misconceptions and knowledge	5 - INMSS	74.00	10	25	D5.1 – Protocols design of tailored interventions (targeted populations) D5.2 – Implementation reports of interventions (targeted populations) D5.3 – Final report on effectiveness and implementation quality of interventions (targeted populations)

Work packages

Grant Preparation (Work Packages screen) — Enter the info.

Work Package No	Work Package name	Lead Beneficiary	Effort (Person-Months)	Start Month	End Month	Deliverables
WP6	Recommendations, communication, dissemination and exploitation	4 - ASPHER	12.00	1	30	D6.1 – Plan for exploitation actions D6.2 – Plan for results dissemination D6.3 – Website and logo development D6.4 – Biannual newsletter 1 D6.5 – Biannual newsletter 2 D6.6 – Biannual newsletter 3 D6.7 – Biannual newsletter 4 D6.8 – Policy briefs on vaccine hesitancy D6.9 – Biannual newsletter 5 D6.10 – Policy Report with recommendations

Work package WP1 – Management and coordination

Work Package Number	WP1	Lead Beneficiary	1. UNL
Work Package Name	Management and coordination		
Start Month	1	End Month	30

Objectives

General objective
To manage and coordinate the project, arrange meetings, monitoring and evaluation of the project, to grant the financial management, and the writing, delivering and management of progress reports and to ensure that project findings and results strictly adhere to national and European laws governing privacy, data protection, and voluntary project participation, as well as to oversee its implementation and the implementation of interventions, besides the handling of data and responsible dissemination.

Specific objectives
1. Ensure that all consortium members adhere to a single internal guideline for shared working practices. As an illustration, we will decide on procedures for project implementation roles, on how to publish and disseminating results, and for data sharing between members in accordance with our data management plan. They will be founded on general ethical standards based on well-established existing regulations, such the worldwide COPE regulations on publication ethics.
2. To ensure that a unified external guideline outlining the relationship between the program and wider participants is followed by all consortium members (as well as any extra people sponsored via this program).
3. To make sure that the procedures for conducting interventions adhere to the best practices for conducting an implementing research's outcomes. For instance, to guarantee that all participants taking part in the project a) do so voluntarily and are aware of their choice to decline or stop taking part at any moment without experiencing any detrimental effects, b) have a thorough understanding of the project's objectives, the handling of their personal data, and how interventions and evaluation will actually be conducted (including what participation entails and how long participants data will be processed and stored for); c) have an understanding of any potential risks and harms; and d) are aware that they are taking part in research intervention.
4. To make sure that all consortium participants (as well as anyone else who receives funding from this program) are aware of the European principles of responsible research and innovation (RRI). Overall, the work package leader will look for and promote chances for stakeholders to influence the structure and direction of the project in a successful way.

Intended outcomes are to run the project successfully until the end, always granting the objectives are accomplished, and the interventions are successfully implemented, financial support is well applied, and tasks and activities are meet. It is also a role of the coordination team to make sure internal and external communication works properly, always making efforts to bring members of the consortium alight with the project's goals.

Description

Task No: T1.1
Task Name: Creation of Internal documentation [M1-M3]
Description: on ethical, administrative, financial, technical, and scientific management:
• Creation of a project handbook that details project management processes, roles, and responsibilities, as well as project guidelines and ethics, basic project practises for interventions and data gathering, storage, sharing, and publications guidelines.
• Creation of guidelines and information sheets on the project technical and financial implications, and ethics that each team can utilize when speaking with their interventions and research teams.
• Creation of an informational handout for interventions' implementation. This document will be used to summarize information about the interventions, the interventions subject matter, how participants personal data will be processed, and specifics on how these will actually be conducted. The information handout will be developed and translated by the management team. It will be written in English by the management team, and translated to other languages, when necessary, by the local teams.
• Creation of written consent forms to gain written consent from all individuals who participate in the interventions. It will be prepared by the management and coordination team and translated to other languages, when necessary, by the local teams.

The task is conducted by UNL (average 1 FTE per month). Costs associated with P*M of WP leaders in management meetings were allocated to the WP they lead.
Participants: UNL (COO)
In-kind Contributions and Subcontracting: No

Task No: T1.2
Task Name: Ethical reporting [M4-M30]
Description: Involve managing all aspects of the project in accordance with the technical and financial ethics and defined regulations, and it will last the duration of the project. For members of the consortium, it also entails the creation of Consortium rules and strategies for implementing interventions, and rules for collecting, storage, and sharing of information, and publication. The rules will be in accordance with national laws governing interventions, and the gathering, sharing, storage, and publication of data. The ethical project's management will be under the direction of the Project coordinator.
The task is conducted by UNL (average 1 FTE per month). Costs associated with P*M of WP leaders in management meetings were allocated to the WP they lead.
Participants: UNL (COO)
In-kind Contributions and Subcontracting: No

Task No: T1.3
Task Name: Technical and scientific project reporting [M4-M30]
Description:
• Tracking the technical development of the actions and ensuring that they are in line with the goal of the project.
• Keeping an eye on the timely completion and technical quality of the project's actions and setting up restorative technical measures when necessary or appropriate.
• Inform administrative and governmental organisations about deviations and restorative actions and procedures.
• Arrange and oversee regular technical progress meetings and create meeting follow ups and minutes.
• Control the process of creating the technical progress reports.
• Check the technical accuracy of the deliverables and any other technical document in accordance with the standards set by science.
The task is conducted by UNL (average 1 FTE per month). Costs associated with P*M of WP leaders in management meetings were allocated to the WP they lead.
Participants: UNL (COO)
In-kind Contributions and Subcontracting: No

Task No: T1.4
Task Name: Administrative and financial reporting [M4-M30]
Description:
• Corresponding with the European Commission on behalf of the Consortium.
• Administering the EU grant by distributing funds among the partners and activities in accordance with the Grant Agreement and the Consortium's decisions.
• Coordinating the submission of interim and final reports to the European Commission.
• Advising the consortium members on the financial rules
• Giving consortium members financial rules advice.
• Provide guidance on authorship, ownership, access rights, data protection, and licencing issues.
• Ensuring the Consortium Agreement is up to date and maintained throughout the project.
The task is conducted by UNL (average 1 FTE per month). Costs associated with P*M of WP leaders in management meetings were allocated to the WP they lead.
Participants: UNL (COO)
In-kind Contributions and Subcontracting: No

Work package WP2 – Europe-wide interventions mapping and critical appraisal

Work Package Number	WP2	**Lead Beneficiary**	9. UNISR
Work Package Name	Europe-wide interventions mapping and critical appraisal		
Start Month	1	**End Month**	6

Objectives
General objective To identify the content and outcomes of interventions aimed to address vaccine hesitancy in the northern hemisphere to inform the design of a robust and cohesive action plan to reduce vaccine hesitancy in EU member states and beyond (aim of intervention stage – WPs 3, 4 and 5). Specific objectives 1. to map public health evidence and research results on large-scale vaccination programs in Europe and north America. 2. to map interventions aimed to address vaccine hesitancy regarding new and well-stablished vaccines and vaccination programs (Covid-19, mpox, national immunizations programs for children) in Europe and north America; 3. to identify successful and unsuccessful interventions designs aimed to address vaccine hesitancy in Europe and north America, including challenges in the implementation, evaluation designs, and the feasibility of scaling-up solutions that are context-sensitive; 4. to identify significant similarities or dissimilarities in the designs and outcomes of interventions aimed to address vaccine hesitancy in northern countries where political and academic concern towards this Intended outcomes WP2 aims to provide answers to the following questions: • Which public health evidence on large-scale vaccination programs are used in the design and implementation of interventions aimed to increase vaccine uptake? • Which challenges have been undermining the feasibility of such interventions in diverse populations and regions? • Which successful pilot activities exist and the extent to which they have, or not, been informing the implementation to other populations and regions?

Description
Task No: T2.1 Task Name: Systematic review of interventions aimed to address vaccine hesitancy in the northern hemisphere [M1-M6] Description: This task consists of reviewing the interventions made so far to address vaccine hesitancy in the northern hemisphere to inform future interventions design and compile a report on that to inform the next stage of the project and WP's. The research teams are composed of elements experienced in systematic reviews. The process of systematic review includes several steps: 1. The creation of the research question; 2. The creation of a protocol, carrying out its procedures (items 1 and 3 to 8 will be present in the protocol for developing the systematic review). 3. Definition of the inclusion and exclusion criteria. 4. Development of the research strategy and searching the literature to find studies. 5. Selection of the studies. 6. Evaluation of the studies' quality. 7. Data extraction. 8. Data analysis and evaluation of the quality of the evidence. 9. Results dissemination and publication. The task is led by Uni-SR and includes UNIPV in equal time sharing (average 1 FTE per month each). Participants: Uni-SR (COO), UNIPV (BEN) In-kind Contributions and Subcontracting: No Task No: T2.2 Task Name: Literature review in selected countries [M1-M6] Description: This task consists of reviewing national academic and grey literature of interventions made so far to address vaccine hesitancy in the countries represented in the consortium. The research teams are composed of elements who are fluent in Portuguese, Italian, French, Romanian and Czech. The task is led by Uni-SR and includes UNIPV in equal time sharing (average 1 FTE per month each). Participants: Uni-SR (COO), UNIPV (BEN) In-kind Contributions and Subcontracting: No

Work package WP3 – Oversight of interventions and external evaluation

Work Package Number	WP3	**Lead Beneficiary**	1. UNL

Work Package Name	Oversight of interventions and external evaluation		
Start Month	10	End Month	27

Objectives

General objective
The general objective of WP3 is twofold: to oversee the overall consistency of tailored and evidence-based interventions designed for frontline health workers (WP4) and targeted populations (WP5) in the different target regions, and to design and implement the external evaluation plan of those interventions.

Specific objectives
1. To contribute to the design and implementation of interventions aimed at increasing knowledge and skills that promote adherence to vaccination in different contexts.
2. To help implementers in WP 4 and 5 to make the necessary adjustments to the intervention plans to improve its effectiveness.
3. To determine the extent to which the intended actions build a constructive dialogue with all the protagonists involved in the field of vaccination is likely to contribute to reduce vaccine hesitancy in the selected interventions.
4. To describe and analyse the unpredictable effects of interventions that may compromise the reduction of vaccine hesitancy.
5. To promote a space for dialogue and reflection within the consortium to strengthen the knowledge production towards the project's overall goal.

Intended outcomes
WP3 aims to provide answers to the following questions:
• Is it possible to design common frameworks of interventions aimed to reduce vaccine hesitancy intended for frontline healthcare workers and targeted populations?
• Did the different interventions produce the expected outcomes? If yes, what one can learn to scale them up to other contexts (regions and countries)?
• If no, which driving forces prevented them to happen and which strategies can overcome such limitations? What conditions determine the observed effects?
• What one can learn from the way the interventions were implemented with the different target audiences in different countries?
• What is the suitability of this overall design of interventions to effectively reduce vaccine hesitancy and consolidate vaccination coverage in Europe?

Description

Task No: T3.1
Task Name: Overview of the development of intervention protocols [M10-M12]
Description: The task is aimed to ensure that the tools and methodologies designed by WP 4 and 5 for the interventions meet the project's main objectives. The task ensures the feasibility and cohesion of the interventions, and their suitability for the Target Regions.
The task involves ongoing meetings with leaders of WP 4 and 5. The objective is to develop a comprehensive and shared understanding of the background, scope, methodology and structure of the interventions to be implemented. The meeting seek to ensure a consensus regarding the strategies and methodologies of interventions and the overall issues to be ensured in the implementation phase.
The task is led by UNL (average 2 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.
Participants: UNL (COO)
In-kind Contributions and Subcontracting: No

Task No: T3.2
Task Name: Online focus groups with advisory board [M11]
Description: To give consistency to task 3.1, a focus group with the project's advisory board will be conducted, in which they are consulted in relation to the planned interventions. Suggestions are then passed to WP 4 and 5 leaders to review their design of interventions.
The task is led by UNL (average 2 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.
Participants: UNL (COO)

In-kind Contributions and Subcontracting: No

Task No: T3.3
Task Name: Evaluability assessment report [M11-M13]
Description: Based on tasks 4.2, 4.3, 5.2, and 5.3 by WPs 4 and 5, an evaluability report is written to allow these WPs leaders to improve the planning of interventions, deepening the conceptual framework, and defining the logical model of evaluation.
The task is led by UNL (average 2 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.
Participants: UNL (COO)
In-kind Contributions and Subcontracting: No

Task No: T3.4
Task Name: Training of external evaluators [M14-M15]
Description: To proceed with the implementation analysis of the interventions by WP 4 and 5, it will be necessary to select and train local evaluators who will apply the external evaluation model to each intervention in all target regions. The syllabus of the training of external evaluators will be adapted from the syllabus of the curricular unit on evaluation currently taught to public health residents in the post-graduate specialization course offered at UNL. UNL will prepare a manual to train external evaluators to monitor the interventions implementation.
To guarantee the objectivity of the external evaluation, these evaluators are not the persons who conduct the interventions and internally evaluate them in WPs 4 and 5.
The task is led by UNL (average 2 FTE per month). Involves all implementing partners (average 1 FTE per target region).
Participants: UNL (COO), IP (BEN), IPME (BEN), INMSS (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Task No: T3.5
Task Name: Implementation analysis (external monitoring) [M16-M21]
Description: As a first step, analyses of quantitative data on the implementation of interventions will be carried out to verify whether the achieved results met predefined quantitative objectives (e.g. number of sessions, of participants, time invested, financial resources, procedures). Therefore, a normative analysis is carried out, which analyses the reports and records of the planned interventions. As to qualitative analyses, they seek to evaluate the processes employed to achieve the results. Semi-structured interviews will be used (n=40-60 in each Target Region). They will be applied to the participants of interventions in WPs 4 and 5, the implementers and internal evaluators. The interview guide will integrate the external evaluation model and the interviews shall be conducted until data saturation is obtained. Document analysis will be conducted using a predefined analysis grid. Complementary analyses on local stakeholders help to understand their role in determining the observed effects, which is key to inform the recommendations for scaling up conducted by WP6.
The task is led by UNL (average 2 FTE per month). Involves all implementing partners (average 1 FTE per target region).
Participants: UNL (COO), IP (BEN), IPME (BEN), INMSS (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Task No: T3.6
Task Name: External analysis report of interventions [M22-M26]
Description:With the results of the normative analyses (external monitoring in task 3.5) combined with pre- and post-intervention internal evaluations by WPs 4 and 5 (tasks 4.4, 5.4, 4.6 and 5.6), an external evaluation report is produced to provide an integrated approach to the outcomes of all interventions undertaken in VAX-ACTION in different target regions.
The task is led by UNL (average 2 FTE per month). Involves all implementing partners (average 1 FTE per target region).
Participants: UNL (COO), IP (BEN), IPME (BEN), INMSS (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Task No: T3.7
Task Name: Final Seminar [M27]
Description: A final seminar is held to present the results of the analysis of the implementation of interventions undertaken by WPs 4 and 5. This seminar is open to all of those involved in the interventions and the advisory board so that it is possible to discuss the achieved results against the project's main objectives and to contribute to the definition of recommendations for WP6. After the seminar, UNL writes a final assessment report which updates the implementation analysis report with the recommendations achieved among the WP leaders and the advisory board in the final seminar.
The task is led by UNL (average 2 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.

Participants: UNL (COO)
In-kind Contributions and Subcontracting: No

Work package WP4 – Interventions targeting FHW for vaccine promotion towards hesitant users

Work Package Number	WP4	Lead Beneficiary	3. IP
Work Package Name	Interventions targeting FHW for vaccine promotion towards hesitant users		
Start Month	10	End Month	25

Objectives

General objective
To tailor, implement and evaluate interventions designed for frontline health workers (FHW) in five partner countries, which them to accompany vaccine hesitant users and patients.

Specific objectives
1. To assure the development of tailored intervention protocols targeting FHW in five partner countries, according to the overall design (WP3) and to country- and region-specific needs and constraints.
2. To design a internal detailed evaluation protocol, that captures effectiveness and implementation quality across and specifically for each target region.
3. To assure implementation of interventions to FHW in the five target regions, according to the tailored intervention protocols
4. To assure data collection according to the detailed internal evaluation protocol in the five target regions

Intended outcomes
WP4 aims to provide answers to the following questions:
• Is it possible to tailor a common framework for interventions to FHW that takes country- and region-specific needs and constraints into account?
• Which effectiveness and implementation quality could be achieved by such tailored interventions?
• Which are the overall and specific barriers encountered in the tailoring process and the implementation of such tailored interventions based on a common framework?

Description

Task No: T4.1
Task Name: Development of intervention and evaluation protocols for FHW [M10-M11]
Description: The task aims to develop evaluation protocols for each country and region, in which a tailored intervention for FHW will be implemented and evaluated. The development will start from a common framework and tailor according to country- and region-specific needs and barriers. The task ensures the precise and relevant evaluation of effectiveness and implementation quality in all project sites. The task involves the development of a generic protocol, it's revision and discussion with WP3 and partner countries – and with interventions in parallel tailored to countries and regions – and the submission to relevant institutional or national review boards. Internal evaluation is designed to be conducted in two settings per target region. An intervention group of approximately 50 FHW will receive the intervention. A control group of approximately 50 FHW will not receive any intervention related to the project. Evaluations will mainly be based on questionnaires administered to FHW (intervention and control groups) and relevant stakeholders, as well as focus groups and individual interviews. Collected information will be structured by knowledge, attitudes, professional practice around consultation with vaccine hesitant patients and users; and satisfaction with the interventions. The participants to be included will correspond to the FHW group targeted by the interventions in each country and region (Task 4.5). All communications are ensured through online meetings.
The task is coordinated by IP (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.
Participants: IP (COO)
In-kind Contributions and Subcontracting: No

Task No: T4.2
Task Name: Analysis of applicability of the intervention framework and the evaluation framework in target regions [M12]

Description: The task aims to analyse the applicability of the intervention framework for FHW in each target region. The task ensures that all relevant needs and constraints for FHW training in implementing countries will be known and taken into account. The task involves development of a generic intervention protocol, its communication to implementing countries (partners, stakeholders, FHW), and collection of feedback from countries. This analysis will mainly be based on meetings. Principal elements to adapt to the countries and regions include: FHW group targeted (general practitioners, nurses, midwives, pharmacists, …), level of professional experience (initial or continued training), specific practice settings (specific vulnerable populations, …), specific vaccinations (HPV, influenza, …).
The task is coordinated by IP (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.
Participants: IP (COO)
In-kind Contributions and Subcontracting: No

Task No: T4.3
Task Name: Co-construction of tailored intervention protocols for each target region [M13]
Description: The task aims to develop intervention protocols for each country and region. The task ensures the feasibility and relevance of the interventions to each country and region. The task involves the revision of the generic intervention protocol taking into account the previously collected needs and constraints (Tasks 4.1 and 4.2). The protocols will be finalised in an iterative way in adherence with principals of co-construction. Interventions will be translated as relevant into local languages and pilot tested among FHW.
The task is coordinated by IP (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.
Participants: IP (COO)
In-kind Contributions and Subcontracting: No

Task No: T4.4
Task Name: Implementation of internal evaluation protocol (pre-intervention internal evaluation) [M14-M15]
Description: The task aims to collect baseline data among participating FHW and institutions (intervention and control group). The task ensures the scientific quality of the evidence produced by the internal evaluation of the interventions. The task involves administration of questionnaires and data entry into a multi-site project database.
The task is coordinated by IP (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).
Participants: IP (COO), IPME (BEN), INMSS (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Task No: T4.5
Task Name: Implementation of tailored interventions [M16-M21]
Description: The task aims to implement the tailored intervention protocols to the FHW groups in participating regions (intervention group only). The implementation closely according to the protocols ensures that the effectiveness and implementation quality can be evaluated. The task involves enrolment, motivation and support of participating FHW and potentially relevant institutions involved in interventions; and organisation of the delivery of interventions as per protocol.
The task is coordinated by IP (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).
Participants: IP (COO), IPME (BEN), INMSS (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Task No: T4.6
Task Name: Implementation of internal evaluation protocol (post-intervention internal evaluation) [M22-M23]
Description: The task aims to collect post-intervention data among participating FHW and institutions (intervention and control group) to compare with pre-intervention internal evaluations (task 4.4). The task ensures the scientific quality of the evidence produced by the internal evaluation of the interventions. The task involves administration of questionnaires, conduct of interviews and focus groups, and data entry into a multi-site project database.
The task is coordinated by IP (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).
Participants: IP (COO), IPME (BEN), INMSS (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Task No: T4.7
Task Name: Data analysis and interpretation, report writing [M24-M25]
Description: The task aims to analyse the collected pre- and post-intervention data with goal to produce evidence on

the effectiveness and implementation quality of the interventions. The task ensures the interpretability of the overall evaluation of the intervention framework for FHW. The task involves management and analysis of the central database, the interpretation of results and drafting of a report. During interpretation – and in an iterative way with additional analysis, partner countries will be involved to assure appropriate and complete data analysis. Partner countries will finalise country-specific reports for in-country communication.
The task is coordinated by IP (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).
Participants: IP (COO), IPME (BEN), INMSS (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Work package WP5 – Interventions targeting vulnerable populations' misconceptions and knowledge

Work Package Number	WP5	**Lead Beneficiary**	5. INMSS
Work Package Name	Interventions targeting vulnerable populations' misconceptions and knowledge		
Start Month	10	**End Month**	25

Objectives

General objective
To tailor, implement and evaluate interventions designed to reduce vaccine hesitancy among targeted populations by addressing misconceptions and increasing knowledge about vaccines and related diseases.

Specific objectives
1. To assure the development of tailored intervention protocols targeting specific population groups (i.e., newly arrived migrants, hesitant parents, people of low socio-economic status) in five partner countries, according to the overall design (WP3) and to country- and region-specific needs and constraints.
2. To design a detailed internal evaluation protocol, that captures effectiveness and implementation quality across and specifically for each target region.
3. To assure implementation of interventions to the targeted groups in the five target regions, according to the tailored intervention protocols
4. To assure data collection according to the detailed internal evaluation protocol in five partner countries

Intended outcomes
WP5 aims to provide answers to the following questions:
• Is it possible to tailor a common framework for interventions to the targeted populations that takes country- and region-specific needs and constraints into account?
• Which effectiveness and implementation quality could be achieved by such tailored interventions?
• Which are the overall and specific barriers encountered in the tailoring process and the implementation of such tailored interventions based on a common framework?

Description

Task No: T5.1
Task Name: Development of intervention and evaluation protocols for targeted populations [M10-M11]
Description: The task aims to develop evaluation protocols for each country and region, in which a tailored intervention for targeted populations (e.g., newly arrived migrants, hesitant parents, people of low socio-economic status) will be implemented and evaluated. The development will start from a common framework and tailor according to country- and region-specific needs and barriers. The task ensures the precise and relevant evaluation of effectiveness and implementation quality in all project sites. The task involves the development of a generic protocol, it's revision and discussion with WP3 and partner countries – and with interventions in parallel tailored to countries and regions – and the submission to relevant institutional or national review boards.
The methodology of interventions selected by this WP builds on humour correction («use of humour in messages correcting or criticizing vaccine misinformation»), communicating the weight of evidence and scientific consensus around vaccines and related myths («explaining which standpoint is supported by evidence and scientific consensus especially using visual exemplar such as photo of scientist(s) or pie charts») and incorporating warnings about encountering misinformation (e.g., «on Twitter or during a Google Search»).

Evaluation is designed to be conducted with two groups per target region. An intervention group of approximately 90 persons will receive the intervention. A control group of approximately 90 persons will not receive any intervention related to the project. Evaluations will mainly be based on questionnaires administered to intervention and control groups and relevant stakeholders, as well as focus groups and individual interviews. Collected information will be structured by knowledge, attitudes and behaviours around misinformation, and satisfaction with the interventions. The participants to be included will correspond to the groups targeted by the interventions in each target region. All communications are ensured through online meetings.
The task is coordinated by INMSS (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.
Participants: INMSS (COO)
In-kind Contributions and Subcontracting: No

Task No: T5.2
Task Name: Analysis of applicability of the intervention framework and the evaluation framework in target regions [M12]
Description: The task aims to analyse the applicability of the intervention framework for the targeted populations in each target region. The task ensures that all relevant needs and constraints for educational sessions will be known and taken into account. The task involves development of a generic intervention protocol, its communication to implementing countries (partners, stakeholders), and collection of feedback from countries. This analysis will mainly be based on meetings. Principal elements to adapt to the countries and regions include specificities of the target groups (living conditions, socioeconomic contexts, reasons for hesitancy, …).
The task is coordinated by INMSS (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.
Participants: INMSS (COO)
In-kind Contributions and Subcontracting: No

Task No: T5.3
Task Name: Co-construction of tailored intervention protocols for each target region [M13]
Description: The task aims to develop intervention protocols for each country and region. The task ensures the feasibility and relevance of the interventions to each country and region. The task involves the revision of the generic intervention protocol taking into account the previously collected needs and constraints (Tasks 5.1 and 5.2). The protocols will be finalised in an iterative way in adherence with principals of co-construction. Interventions will be translated as relevant into local languages and pilot-tested among persons with eligibility criteria.
Participants: INMSS (COO)
In-kind Contributions and Subcontracting: No

Task No: T5.4
Task Name: Implementation of internal evaluation protocol (pre-intervention internal evaluation) [M14-M15]
Description: The task is coordinated by INMSS (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.
Participants: INMSS (COO), IPME (BEN), IP (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Task No: T5.5
Task Name: Implementation of tailored interventions [M16-M21]
Description: The task aims to implement the tailored intervention protocols to the target populations in participating regions (intervention group only). The implementation closely according to the protocols ensures that the effectiveness and implementation quality can be evaluated. The task involves enrolment, motivation and support of participants, and organisation of the delivery of interventions as per protocol. The interventions will be structured as group educational sessions in the presence of family doctors / community nurses / health mediators in low educated and poor communities, with organization of 3 ongoing educational sessions for groups of up to 30 participants (up to 90 participants in each target region), inviting also influential persons at community level (priest, mayor, etc), and video interventions, such as movie describing the disease, the consequences of non-vaccination/the benefits of vaccine, etc. Other tools which will be used are flyers/booklets using photographs, positive key messages, easy to understand and acceptable by the population.
The task is coordinated by INMSS (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).
Participants: INMSS (COO), IPME (BEN), IP (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Task No: T5.6
Task Name: Implementation of internal evaluation protocol (post-intervention internal evaluation) [M22-M23]

Description: The task aims to collect post-intervention data among participants (intervention and control group) to compare with pre-intervention internal evaluations (task 5.4). The task ensures the scientific quality of the evidence produced by the internal evaluation of the interventions.
The task involves administration of questionnaires, conduct of interviews and focus groups, and data entry into a multi-site project database.
The task is coordinated by INMSS (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).
Participants: INMSS (COO), IPME (BEN), IP (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Task No: T5.7
Task Name: Data analysis and interpretation, report writing [M24-M25]
Description: The task aims to analyse the collected pre- and post-intervention data with goal to produce evidence on the effectiveness and implementation quality of the interventions. The task ensures the interpretability of the overall evaluation of the intervention framework for the targeted populations. The task involves management and analysis of the central database, the interpretation of results and drafting of a report. During interpretation – and in an iterative way with additional analysis, partner countries will be involved to assure appropriate and complete data analysis. Partner countries will finalise country-specific reports for in-country communication.
The task is coordinated by INMSS (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).
Participants: INMSS (COO), IPME (BEN), IP (BEN), UCSC (BEN), ISPUP (BEN)
In-kind Contributions and Subcontracting: No

Work package WP6 – Recommendations, communication, dissemination and exploitation

Work Package Number	WP6	**Lead Beneficiary**	4. ASPHER
Work Package Name	Recommendations, communication, dissemination and exploitation		
Start Month	1	**End Month**	30

Objectives

General Objective
To engage in dialog with relevant stakeholders, providing target-country specific and EU wide recommendations to deal with vaccine hesitancy, distributing these recommendations and the project work and results widely to relevant audiences (public health and health care communities, EU and country specific stakeholders, and the broader public).

Specific Objectives
1. To design and develop recommendations targeted at specific populations, health care professionals and health care authorities for each Target Region analysed, based on which wider recommendations are proposed for tailored interventions aimed at other target audiences, regions and member states.
2. To share and communicate project outcomes among policy makers, health professionals, advocacy groups, and researchers, over the period of the project and at the end, using a variety of methods, including active participation.
3. To conduct a high-level European policy conference to discuss implications for EU policy approaches, research and ‘best practice’ dissemination.
4. To track the number of visits for the website, social media and contacts with domestic and foreign media.

Intended outcomes
To engage stakeholders at all levels and assess solutions based on country-specific factors and further to communicate country specific and EU-wide recommendations to combat vaccine hesitancy to relevant actors in public health, health care and policy arenas based on the implemented pilot activities so that they may be sustained and scaled up across EU country settings after the project period.

Description

Task No: T6.1
Task Name: Plan writing for exploitation actions and results dissemination [M1-M3]
Description: Detailed plan for exploitation actions will be discussed by partners in online partners’ meeting, devised

internally and actioned. It will identify target groups, potential partners and other project stakeholders across the EU required to ensure good exploitation of the project results and recommendations.
The plan for Results Dissemination will describe plans for the dissemination of knowledge gained during the work. It will identify goals, dissemination locations and events, and evaluate and choose appropriate methods. Relevant forums and stakeholders for dissemination and communication will be identified such as EU Health Policy Platform and European Health Forum Gastein, and EU Coalition for Vaccination.
Both plans for exploitation actions and results dissemination are meant to be included in the project handbook (D.1.1).
The task is coordinated by ASPHER (average 0.4 FTE per month).
Participants: ASPHER (COO)
In-kind Contributions and Subcontracting: No

Task No: T6.2
Task Name: Project website, branding and social media [M4-M30]
Description: A public project web site will be designed and implemented with information on the project itself, partners, work packages, and objectives. Content, activities and results will be added as the project develops with the site acting as a repository for deliverables. The site will be maintained after the project period through ASPHER ensuring the sustained availability of the project information and results.
A logo will be developed with input from partners and used on the web site and in publications, to support the recognition and branding of the project.
A social media presence will be cultivated on relevant platforms to reach for example professionals (LinkedIn), broader public health community (Twitter) and the general public (Facebook).
The task is coordinated by ASPHER (average 0.4 FTE per month).
Participants: ASPHER (COO)
In-kind Contributions and Subcontracting: No

Task No: T6.3
Task Name: Newsletter and press releases and other dissemination [M6-M30]
Description: A biannual newsletter will be published starting in M6 to provide punctual updates to inform on project activities and results in an accessible format. Press releases will be released on specific actions as needed.
A full-day pre-conference workshop at the European Public Health (EPH) Conference at latter stages of the project is foreseen to allow partners to disseminate results and experiences from the project to relevant communities and identify pathways for future action, sustainability and upscaling of project results and recommendations. The EPH Conference is an annual scientific conference on public health issues in Europe organised by the European Public Health Association that will engage all participants and ensure presentation to major stakeholders who will be onsite.
The task is coordinated by ASPHER (average 0.4 FTE per month).
Participants: ASPHER (COO)
In-kind Contributions and Subcontracting: No

Task No: T6.4
Task Name: Policy briefs [M28-M29]
Description: Based on the learning systematized by WP3, policy briefs with country specific recommendations to deal with vaccine hesitancy will be produced based on the outcomes from each of the interventions in the project. They will include identified best practices and lessons learned.
The task is coordinated by ASPHER (average 0.4 FTE per month).
Participants: ASPHER (COO)
In-kind Contributions and Subcontracting: No

Task No: T6.5
Task Name: Policy report [M30]
Description: A policy report with recommendations on the best strategies to deal with vaccine hesitancy at the European level will be produced. The results of the country-specific pilot actions and policy briefs (task 6.4) will be extrapolated to the wider European level with recommendations on how they may be implemented in a wide variety of settings.
The task is coordinated by ASPHER (average 0.4 FTE per month).
Participants: ASPHER (COO)
In-kind Contributions and Subcontracting: No

STAFF EFFORT

Staff effort per participant

Grant Preparation (Work packages - Effort screen) — Enter the info.

Participant	WP1	WP2	WP3	WP4	WP5	WP6	Total Person-Months
1 - UNL	30.00		36.00				66.00
2 - UCSC				28.00	12.00		40.00
3 - IP				42.00	12.00		54.00
4 - ASPHER						12.00	12.00
5 - INMSS				28.00	26.00		54.00
6 - ISPUP				28.00	12.00		40.00
7 - IPVZ (IPME)				28.00	12.00		40.00
8 - UNIPV		6.00					6.00
9 - UNISR		6.00					6.00
Total Person-Months	30.00	12.00	36.00	154.00	74.00	12.00	318.00

LIST OF DELIVERABLES

Deliverables

Grant Preparation (Deliverables screen) — Enter the info.

The labels used mean:

Public — fully open (⚠ automatically posted online)
Sensitive — limited under the conditions of the Grant Agreement
EU classified —RESTREINT-UE/EU-RESTRICTED, CONFIDENTIEL-UE/EU-CONFIDENTIAL, SECRET-UE/EU-SECRET under Decision 2015/444

Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
D1.1	Project Handbook	WP1	1 - UNL	R — Document, report	SEN - Sensitive	3
D1.2	Data Management plan	WP1	1 - UNL	DMP — Data Management Plan	SEN - Sensitive	3
D1.3	Updated data management plan	WP1	1 - UNL	DMP — Data Management Plan	SEN - Sensitive	16
D2.1	Review report	WP2	9 - UNISR	R — Document, report	PU - Public	6
D3.1	Synthesis report on the design of interventions	WP3	1 - UNL	R — Document, report	PU - Public	13
D3.2	External evaluators training manual	WP3	1 - UNL	R — Document, report	PU - Public	15
D3.3	Implementation analysis report in target regions	WP3	1 - UNL	R — Document, report	PU - Public	22
D3.4	Synthesis report	WP3	1 - UNL	R — Document, report	PU - Public	27
D4.1	Protocols design of tailored interventions (FHW)	WP4	3 - IP	R — Document, report	PU - Public	13
D4.2	Implementation reports of interventions (FHW)	WP4	3 - IP	R — Document, report	PU - Public	21
D4.3	Final report on effectiveness and	WP4	3 - IP	R — Document, report	PU - Public	25

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Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
	implementation quality of interventions (FHW)					
D5.1	Protocols design of tailored interventions (targeted populations)	WP5	5 - INMSS	R — Document, report	PU - Public	13
D5.2	Implementation reports of interventions (targeted populations)	WP5	5 - INMSS	R — Document, report	PU - Public	21
D5.3	Final report on effectiveness and implementation quality of interventions (targeted populations)	WP5	5 - INMSS	R — Document, report	PU - Public	25
D6.1	Plan for exploitation actions	WP6	4 - ASPHER	R — Document, report	SEN - Sensitive	3
D6.2	Plan for results dissemination	WP6	4 - ASPHER	R — Document, report	SEN - Sensitive	3
D6.3	Website and logo development	WP6	4 - ASPHER	DEC —Websites, patent filings, videos, etc	PU - Public	4
D6.4	Biannual newsletter 1	WP6	4 - ASPHER	R — Document, report	PU - Public	6
D6.5	Biannual newsletter 2	WP6	4 - ASPHER	R — Document, report	PU - Public	12
D6.6	Biannual newsletter 3	WP6	4 - ASPHER	R — Document, report	PU - Public	18
D6.7	Biannual newsletter 4	WP6	4 - ASPHER	R — Document, report	PU - Public	24
D6.8	Policy briefs on vaccine hesitancy	WP6	4 - ASPHER	R — Document, report	PU - Public	29
D6.9	Biannual newsletter 5	WP6	4 - ASPHER	R — Document, report	PU - Public	30

Deliverables

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Deliverable No	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month)
D6.10	Policy Report with recommendations	WP6	4 - ASPHER	R — Document, report	PU - Public	30

Deliverable D1.1 – Project Handbook

Deliverable Number	D1.1	Lead Beneficiary	1. UNL
Deliverable Name	Project Handbook		
Type	R — Document, report	Dissemination Level	SEN - Sensitive
Due Date (month)	3	Work Package No	WP1

Description
Elaboration of Project Handbook. It includes: - Guidelines and information sheets on the project technical and financial implications to share with implementers - Electronic handout for interventions implementation for regional teams - Consent forms for interventions Electronic in English.

Deliverable D1.2 – Data Management plan

Deliverable Number	D1.2	Lead Beneficiary	1. UNL
Deliverable Name	Data Management plan		
Type	DMP — Data Management Plan	Dissemination Level	SEN - Sensitive
Due Date (month)	3	Work Package No	WP1

Description
- Elaboration of the data management plan (mandatory deliverable) Electronic in English.

Deliverable D1.3 – Updated data management plan

Deliverable Number	D1.3	Lead Beneficiary	1. UNL
Deliverable Name	Updated data management plan		
Type	DMP — Data Management Plan	Dissemination Level	SEN - Sensitive
Due Date (month)	16	Work Package No	WP1

Description
Update on the Data Management Plan (mandatory deliverable) Electronic in English.

Deliverable D2.1 – Review report

Deliverable Number	D2.1	Lead Beneficiary	9. UNISR
Deliverable Name	Review report		

Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	6	**Work Package No**	WP2

Description
Completion of review report. It meets the mandatory deliverable of mapping public health findings and evidence on large-scale vaccination. The intended outcome of this review is to provide evidence on the following specific action-level indicators: - Number of items (public health findings) mapped; - Number of outcomes (analysis, reports, recommendations, etc.) produced on the basis of the information identified by the mapping; - Number of Member States implementing solutions and recommendations produced on the basis of the information identified by the mapping; - Number of implementation plans produced; - Number of pilot activities initiated; - Number of Member States participating in pilot activities; - Number of pilot projects considered successful for upscaling; - Number of sustainability plans, toolkits and policy recommendations for upscaling pilot projects per Member State involved; - Number of Member States and/or Regions, which gave a commitment to sustain the implementation or support uptake. Electronic in English.

Deliverable D3.1 – Synthesis report on the design of interventions

Deliverable Number	D3.1	**Lead Beneficiary**	1. UNL
Deliverable Name	Synthesis report on the design of interventions		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	13	**Work Package No**	WP3

Description
Completion of synthesis report on the design of interventions aimed at the targeted populations and FHW to reduce vaccine hesitancy in selected countries, including the evaluability analysis. Electronic in English.

Deliverable D3.2 – External evaluators training manual

Deliverable Number	D3.2	**Lead Beneficiary**	1. UNL
Deliverable Name	External evaluators training manual		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	15	**Work Package No**	WP3

Description
Completion of external evaluators training manual. Electronic in English.

Deliverable D3.3 – Implementation analysis report in target regions

Deliverable Number	D3.3	Lead Beneficiary	1. UNL
Deliverable Name	Implementation analysis report in target regions		
Type	R — Document, report	Dissemination Level	PU - Public
Due Date (month)	22	Work Package No	WP3

Description
Completion of implementation analysis report in target regions. Electronic in English.

Deliverable D3.4 – Synthesis report

Deliverable Number	D3.4	Lead Beneficiary	1. UNL
Deliverable Name	Synthesis report		
Type	R — Document, report	Dissemination Level	PU - Public
Due Date (month)	27	Work Package No	WP3

Description
Completion of synthesis report on a novel intervention framework to reduce vaccine hesitancy in Europe. It meets the mandatory deliverable of implementation report from the pilot action. The intended outcome of this review is to provide evidence on additional specific-action level indicators. The additional specific action-level indicators Vax-Action compromises to deliver are of a qualitative nature, which itself is a significant contribution to academic and translational debates on vaccine hesitancy in Europe. These indicators summarize the outcomes of WP3 that is devoted to conduct also the external evaluation of all interventions/pilot activities in the target regions (under the leadership of WPs 4 and 5): • The extent to which the different interventions produced the expected outcomes: - If yes, what one can learn to scale them up to other contexts (regions and countries) - If no, which forces (circumstances, reasons) prevented them to happen, and which strategies can overcome such limitations. • The extent to which the design of interventions undertaken in Vax-Action (aimed at FHW and targeted populations) are suitable to effectively reduce vaccine hesitancy and consolidate vaccination coverage in Europe. • The extent to which the design of interventions undertaken in Vax-Action followed or not the interventions mapped out in WP2; thus, whether Vax-Action suggests different or complementary approaches to tackle more effectively vaccine hesitancy in Europe. Electronic in English.

Deliverable D4.1 – Protocols design of tailored interventions (FHW)

Deliverable Number	D4.1	Lead Beneficiary	3. IP
Deliverable Name	Protocols design of tailored interventions (FHW)		
Type	R — Document, report	Dissemination Level	PU - Public
Due Date (month)	13	Work Package No	WP4

Description

Completion of protocols design of tailored interventions for FHW in target regions Electronic in English.

Deliverable D4.2 – Implementation reports of interventions (FHW)

Deliverable Number	D4.2	**Lead Beneficiary**	3. IP
Deliverable Name	Implementation reports of interventions (FHW)		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	21	**Work Package No**	WP4

Description
Completion of implementation reports of interventions for FHW in target regions Electronic in English.

Deliverable D4.3 – Final report on effectiveness and implementation quality of interventions (FHW)

Deliverable Number	D4.3	**Lead Beneficiary**	3. IP
Deliverable Name	Final report on effectiveness and implementation quality of interventions (FHW)		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	25	**Work Package No**	WP4

Description
Completion of final report on effectiveness and implementation quality of interventions aimed at FHW. Electronic in English.

Deliverable D5.1 – Protocols design of tailored interventions (targeted populations)

Deliverable Number	D5.1	**Lead Beneficiary**	5. INMSS
Deliverable Name	Protocols design of tailored interventions (targeted populations)		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	13	**Work Package No**	WP5

Description
Completion of protocols design of tailored interventions for targeted populations in target regions Electronic in English.

Deliverable D5.2 – Implementation reports of interventions (targeted populations)

Deliverable Number	D5.2	**Lead Beneficiary**	5. INMSS

Deliverable Name	Implementation reports of interventions (targeted populations)		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	21	**Work Package No**	WP5

Description
Completion of implementation reports of interventions for targeted populations in target regions Electronic in English.

Deliverable D5.3 – Final report on effectiveness and implementation quality of interventions (targeted populations)

Deliverable Number	D5.3	**Lead Beneficiary**	5. INMSS
Deliverable Name	Final report on effectiveness and implementation quality of interventions (targeted populations)		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	25	**Work Package No**	WP5

Description
Completion of final report on effectiveness and implementation quality of interventions aimed at targeted populations in target regions Electronic in English.

Deliverable D6.1 – Plan for exploitation actions

Deliverable Number	D6.1	**Lead Beneficiary**	4. ASPHER
Deliverable Name	Plan for exploitation actions		
Type	R — Document, report	**Dissemination Level**	SEN - Sensitive
Due Date (month)	3	**Work Package No**	WP6

Description
Completion of guidelines plan for exploitation actions. It meets the mandatory deliverable of dissemination and exploitation plan. Electronic in English

Deliverable D6.2 – Plan for results dissemination

Deliverable Number	D6.2	**Lead Beneficiary**	4. ASPHER
Deliverable Name	Plan for results dissemination		
Type	R — Document, report	**Dissemination Level**	SEN - Sensitive
Due Date (month)	3	**Work Package No**	WP6

Description

Completion of guidelines plan for results dissemination. It meets the mandatory deliverable of dissemination and exploitation plan. Electronic in English

Deliverable D6.3 – Website and logo development

Deliverable Number	D6.3	**Lead Beneficiary**	4. ASPHER
Deliverable Name	Website and logo development		
Type	DEC —Websites, patent filings, videos, etc	**Dissemination Level**	PU - Public
Due Date (month)	4	**Work Package No**	WP6

Description
Delivery of website and logo development. It meets the mandatory deliverable of having a public website dedicated to the project. Electronic in English.

Deliverable D6.4 – Biannual newsletter 1

Deliverable Number	D6.4	**Lead Beneficiary**	4. ASPHER
Deliverable Name	Biannual newsletter 1		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	6	**Work Package No**	WP6

Description
Edition of biannual newsletter. Electronic in English.

Deliverable D6.5 – Biannual newsletter 2

Deliverable Number	D6.5	**Lead Beneficiary**	4. ASPHER
Deliverable Name	Biannual newsletter 2		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	12	**Work Package No**	WP6

Description
Edition of biannual newsletter. Electronic in English.

Deliverable D6.6 – Biannual newsletter 3

Deliverable Number	D6.6	Lead Beneficiary	4. ASPHER
Deliverable Name	Biannual newsletter 3		
Type	R — Document, report	Dissemination Level	PU - Public
Due Date (month)	18	Work Package No	WP6

Description
Edition of biannual newsletter. Electronic in English.

Deliverable D6.7 – Biannual newsletter 4

Deliverable Number	D6.7	Lead Beneficiary	4. ASPHER
Deliverable Name	Biannual newsletter 4		
Type	R — Document, report	Dissemination Level	PU - Public
Due Date (month)	24	Work Package No	WP6

Description
Edition of biannual newsletter. Electronic in English.

Deliverable D6.8 – Policy briefs on vaccine hesitancy

Deliverable Number	D6.8	Lead Beneficiary	4. ASPHER
Deliverable Name	Policy briefs on vaccine hesitancy		
Type	R — Document, report	Dissemination Level	PU - Public
Due Date (month)	29	Work Package No	WP6

Description
Publication of policy briefs on vaccine hesitancy in the target regions. Electronic in English.

Deliverable D6.9 – Biannual newsletter 5

Deliverable Number	D6.9	Lead Beneficiary	4. ASPHER
Deliverable Name	Biannual newsletter 5		
Type	R — Document, report	Dissemination Level	PU - Public
Due Date (month)	30	Work Package No	WP6

Description

Edition of biannual newsletter. Electronic in English.

Deliverable D6.10 – Policy Report with recommendations

Deliverable Number	D6.10	**Lead Beneficiary**	4. ASPHER
Deliverable Name	Policy Report with recommendations		
Type	R — Document, report	**Dissemination Level**	PU - Public
Due Date (month)	30	**Work Package No**	WP6

Description
Publication of policy Report with recommendations on the best strategies to deal with vaccine hesitancy at the European level. Electronic in English.

Associated with document Ref. Ares(2023)6408308 - 21/09/2023

LIST OF MILESTONES

Milestones

Grant Preparation (Milestones screen) — Enter the info.

Milestone No	Milestone Name	Work Package No	Lead Beneficiary	Means of Verification	Due Date (month)
1	Planning of ethical, technical, scientific, administrative and financial management	WP1	1-UNL	Completion of D1.1 and D1.2	3
2	Update on Data Management Plan	WP1	1-UNL	Completion of D1.3	16
3	Completion of research phase	WP2	9-UNISR	Completion of D2.1	6
4	Planning stage (of overall interventions)	WP3	1-UNL	Completion of D3.1	13
5	Training stage (external evaluators)	WP3	1-UNL	Completion of D3.2	15
6	Monitoring stage (overall interventions)	WP3	1-UNL	Completion of D3.3	22
7	External evaluation stage (overall interventions)	WP3	1-UNL	Completion of D3.4	27
8	Planning stage (FHW)	WP4	3-IP	Completion of D4.1	13
9	Intervention stage (FHW)	WP4	3-IP	Completion of D4.2	21
10	Learning stage (FHW)	WP4	3-IP	Completion of D4.3	25
11	Planning stage (targeted populations)	WP5	5-INMSS	Completion of D5.1	13
12	Intervention stage (targeted populations)	WP5	5-INMSS	Completion of D5.2	21
13	Learning stage (targeted populations)	WP5	5-INMSS	Completion of D5.3	25
14	Partnership agreements, guidelines writing and branding identity	WP6	4-ASPHER	Completion of D6.1 and D6.2	3
15	Extensive external communication	WP6	4-ASPHER	Completion of D6.3, D6.4, D6.5, D6.6, D6.7 and D6.9	30
16	Specialized reporting	WP6	4-ASPHER	Completion of D6.8 and D6.10	30

LIST OF CRITICAL RISKS

Critical risks & risk management strategy

Grant Preparation (Critical Risks screen) — Enter the info.

Risk number	Description	Work Package No(s)	Proposed Mitigation Measures
1	Failing the verification and review the technical quality of the deliverables and any other technical document in line with the standards (low)	WP1	• applying supervision tasks early on, including the creation of internal documents (e.g., project handbook, guidelines and information sheets, informational handout for interventions' implementation, written consent forms) • partners' previous experience of undertaking health interventions involvement of the ASPHER's advisory board to liaise with national authorities
2	Ethical clearance from local authorities is not obtained simultaneously in all target regions (low)	WP1	• applying supervision tasks early on, including the creation of internal documents (e.g., project handbook, guidelines and information sheets, informational handout for interventions' implementation, written consent forms) • partners' previous experience of undertaking health interventions involvement of the ASPHER's advisory board to liaise with national authorities
3	Literature review might be time-consuming (low)	WP2	• regular monitoring • assignment of full-time equivalents to this task • partners' previous experience of undertaking extensive literature reviews • use of UNCOVER methods, and reference management software and infrastructure • regular monitoring • assignment of full-time equivalents to this task • partners' previous experience in overseeing the design and undertaking evaluations of complex health interventions
4	Failure in overseeing the overall consistency design of interventions and conduct their evaluations (low)	WP3	• regular monitoring • assignment of full-time equivalents to this task • partners' previous experience in overseeing the design and undertaking evaluations of complex health interventions
5	Frontline healthcare workers might hesitate to take part in the interventions due to lack of time and/or confidence (high)	WP4	• regular monitoring • assignment of full-time equivalents to this task • consent form • flexible timeline (possibility to expand the lifespan of interventions – dependent on available resources)

Critical risks & risk management strategy

Grant Preparation (Critical Risks screen) — Enter the info.

Risk number	Description	Work Package No(s)	Proposed Mitigation Measures
			• partners' previous experience of undertaking interventions with Frontline healthcare workers regarding vaccines and vaccination • involvement of the ASPHER's advisory board to liaise with stakeholders in the target regions
6	Targeted populations might hesitate to take part in the interventions due to lack of time and/or confidence (high)	WP5	• regular monitoring • assignment of full-time equivalents to this task • consent form • flexible timeline (possibility to expand the lifespan of interventions – dependent on available resources) • partners' previous experience of undertaking interventions with targeted populations regarding vaccines and vaccination • involvement of the ASPHER's advisory board to liaise with stakeholders in the target regions
7	Failures in recommendations and communication (low)	WP6	• Previous experience by WPLs ensure full compliance with tasks and deliverables • WP design, tasks and deliverables ensures a cohesive plan of communication, exploitation and drawing of recommendations

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TECHNICAL DESCRIPTION (PART B)

PROJECT	
Project name:	Vax-Action: tackling effectively vaccine hesitancy in Europe
Project acronym:	VAX-ACTION
Coordinator contact:	Tiago Correia, UNL

TABLE OF CONTENTS

ABBREVIATIONS

ASPHER	Association of Public Health Schools in Europe
ECDC	European Centre for Disease Prevention and Control
EU	European Union
FHW	Frontline Healthcare Workers
GP	General Practitioner
HPV	Human papillomavirus
MMR	Measles, Mumps, and Rubella
mpox	monkeypox virus
PC	Project coordinator
SAGE	WHO Strategic Advisory Group of Experts
TIP	Tailoring Immunization Programmes
ToTs	Trainers of trainers
US	United States of America
WHO	World Health Organization
WP	Work package

PROJECT SUMMARY

Project summary

Vaccine hesitancy is the delay in acceptance or refusal of vaccines despite their availability. It is not a new problem, but a problem increasingly being recognized globally, and poses an academic and political concern. Its main implication reflects in lower-than-expected vaccine uptake rates. Two main strategies to lessen vaccine hesitancy stand out: targeted at people at large (communication campaigns, fact-checking, etc.) and at frontline healthcare workers, FHW, (training, manuals, etc.). However, it is yet not clear what works well, for whom, when, and under which circumstances. VAX-ACTION aims to support EU Member States and relevant stakeholders to implement a combination of tailored, evidence-based interventions aimed to reduce vaccine hesitancy. It addresses the need to understand what type of interventions are now available, which are effective, how to translate effective interventions to new contexts, and to explain the unsuccessful ones to create opportunities for learning and redesign. VAX-ACTION key relevance is to design and implement interventions and recommendations built on sound theory, existing evidence, and best practices of principles in health evaluation. We use a co-design model to engage FHW, and targeted populations (i.e., newly arrived migrants, hesitant parents, people of low socio-economic status) to tailor interventions regarding recently approved vaccines such as Covid-19 and mpox, and long-standing vaccines in national vaccination programmes. Interventions will be conducted in target regions in Portugal, Italy, France, Romania, and Czechia. Interventions are designed and evaluated in two settings per target region (the intervention group and control group, 1:1). The recommendations for embedding improvement and change will be prioritised along with tailored dissemination and evaluation strategies. This will support scale up and translation to other member states, WHO European Region members and other countries.

#§PRJ-SUM-PS§# #@REL-EVA-RE@# #@PRJ-OBJ-PO@#

1. RELEVANCE

1.1 Background and general objectives

Background and general objectives

Describe the background and rationale of the project.

How is the project relevant to the scope of the call? How does the project address the general objectives of the call? What is the project's contribution to the priorities of the call?

- **VAX-ACTION objectives**

The **main objective** of **VAX-ACTION** is to support EU Member States and relevant stakeholders to implement a combination of tailored, evidence-based interventions aimed to reduce vaccine hesitancy. The combination will be based on evaluation of effectiveness of interventions that build on the existing evidence. Attending to the objectives of the call, interventions will be conducted with selected target regions in 5 EU member states (Portugal, Italy, France, Romania, and Czechia). The recommendations for embedding improvement and change will be prioritised along with tailored dissemination and evaluation strategies. This will support scale up and translation to other member states, WHO European Region members and other countries where there have been gaps in implementation of evidence-based action to address vaccine hesitancy.

The key relevance of VAX-ACTION to the scope of this call is that our interventions and recommendations build on sound theory, existing evidence, and best practice in application of evaluation. We use a co-design model to engage Frontline Healthcare Workers (FHWs), specific population groups (e.g., newly arrived migrants, hesitant parents, people of low socio-economic status) to tailor interventions to their requirements and the specific issues raised by recently approved vaccines for emergent diseases/infections/virus such as Covid-19 and mpox, mass vaccination and loss of trust in long-standing vaccines included in national vaccination programmes.

VAX-ACTION addresses the need to understand what type of interventions are now available, which are effective, how to translate effective interventions to new contexts, and to explain the unsuccessful ones to create opportunities for learning and redesign. We will:

1) Undertake comprehensive mapping of interventions already in place in Europe and other countries where there are opportunities to learn from action by political, academic, health system and civil society actors to address vaccine hesitancy.
2) Design new interventions to lessen vaccine hesitancy with the public civil society and frontline healthcare workers based on the evidence gathered in the mapping of current interventions and by ongoing EU funded projects addressing behaviours and knowledge towards vaccines and vaccination.
3) Evaluate the extent to which it is possible to set a common framework of interventions and evaluations to reduce vaccine hesitancy in the EU context so that results can be upscaled and translated to EU countries not included in this consortium and beyond.

Evidence from routine and emergency vaccination programs (e.g., covid-19 pandemic and mpox outbreak) showed that vaccine hesitancy is a continuum, multi-dimensional and occurs in some population groups in high, middle, and low-income countries. More comprehensive actions to minimise vaccine hesitancy must be integral to the design of vaccination programmes, whether planned or in response to emerging outbreaks.

- **Defining vaccine hesitancy**

The WHO Strategic Advisory Group of Experts (SAGE) on Immunization (2014)[1] definition of Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccine services. Vaccine hesitancy is complex and context-specific, varying across time, place, and vaccines.
Vaccine Hesitancy is:

- A global problem that varies between and within countries;
- Context, time, place, program, and vaccine specific;
- Not a new problem but a problem increasingly being recognized;
- More likely with new or newly introduced vaccines than with older locally well-accepted vaccines, with mass campaigns than with routine immunization delivered by known professionals.

The Impact of Vaccine Hesitancy is:

[1] SAGE: Strategic Advisory Group of Experts on Immunization. (2014). *Report of SAGE working group revised report vaccine hesitancy*. WHO - World Health Organization. https://www.asset-scienceinsociety.eu/sites/default/files/sage_working_group_revised_report_vaccine_hesitancy.pdf

- Reflected in lower-than-expected country vaccine uptake rates and within country subgroup uptake rates;
- Hidden if overall uptake is the only metric considered and pockets of un and under immunized people are not identified;
- Difficult to assess precisely across the globe and regionally due variations in the definition and gaps in data on vaccine acceptance and population coverage within and between countries;
- A complex and multi-layered, structural, and social behavioural phenomenon;

Several factors influence attitudes towards vaccination and can potentiate or reduce hesitancy. These **determinants of vaccine hesitancy,** summarised in the Table 1 (see below), can be organized into three categories: contextual, individual and group influences, and vaccine/vaccination-specific influences.[2]

Understanding the Determinants of Vaccine Hesitancy and diagnosis of the root(s) of the problem in each setting is fundamental to the development of appropriate and targeted interventions. Moreover, gaps in the evidence-base regarding the effectiveness of various interventions in practice means there is a need to address this by collating and evaluating promising interventions.

Table 1 - Working Group Determinants of Vaccine Hesitancy Matrix

CONTEXTUAL INFLUENCES Influences arising due to historic, socio-cultural, environmental, health system/institutional, economic, or political factors	a. Communication and media environment b. Influential leaders, immunization program gatekeepers and anti- or pro-vaccination lobbies. c. Historical influences d. Religion/culture/ gender/socio-economic e. Politics/policies f. Geographic barriers g. Perception of the pharmaceutical industry
INDIVIDUAL AND GROUP INFLUENCES Influences arising from personal perception of the vaccine or influences of the social/peer environment	a. Personal, family and/or community members' experience with vaccination, including pain b. Beliefs, attitudes about health and prevention c. Knowledge/awareness d. Health system and providers-trust and personal experience. e. Risk/benefit (perceived, heuristic) f. Immunisation as a social norm vs. not needed/harmful
VACCINE/ VACCINATIONSPECIFIC ISSUES Directly related to vaccine or vaccination	a. Risk/ Benefit (epidemiological and scientific evidence) b. Introduction of a new vaccine or new formulation or a new recommendation for an existing vaccine c. Mode of administration d. Design of vaccination program/Mode of delivery (e.g., routine program or mass vaccination campaign) e. Reliability and/or source of supply of vaccine and/or vaccination equipment f. Vaccination schedule g. Costs and practical barriers to receiving immunisation h. The strength of the recommendation and/or knowledge base and/or attitude of frontline healthcare workers i. Alternative and supplementary interventions

- **Vaccine hesitancy in Europe and beyond**

According to a recent study published in *Nature communications* investigating vaccine hesitancy in 23 countries around the world in 2021, despite the availability of vaccines that are highly successful in significantly lowering the chances of death and serious illness, uptake is less than optimal, and the COVID-19 pandemic continues to impact significantly on the functioning of healthcare systems. [3] It is reported misperceptions about the COVID-19 vaccine's safety, effectiveness, hazards, and risks, as well as mistrust in the organisations in charge of vaccination programs, as contributing factors. This study concluded that "more than three-quarters (75.2%) of the 23,000 respondents report vaccine acceptance,

[2] SAGE: Strategic Advisory Group of Experts on Immunization. (2014). *Report of SAGE working group revised report vaccine hesitancy*. WHO - World Health Organization. https://www.asset-scienceinsociety.eu/sites/default/files/sage_working_group_revised_report_vaccine_hesitancy.pdf

[3] Lazarus, J.V., Wyka, K., White, T. M. et al. (2022). Revisiting COVID-19 vaccine hesitancy around the world using data from 23 countries in 2021. *Nature Communications*, 13, 3801. https://doi.org/10.1038/s41467-022-31441-x

up from 71.5% one year earlier" (from a sample of 1000 people per country included in the study). According to the authors, there are still many obstacles to be solved before continued COVID-19 vaccination interventions may succeed in increasing coverage in the future. The expansion of vaccine access in low- and middle-income nations is one of them, as is increasing immunisation among individuals who report having less vaccine confidence.

Evidence in the EU shows that in France, Germany, Italy, Luxembourg, Spain, and Sweden, 13% of the people in the sample claimed they did want to be immunised.[4] The six nations appeared to be divided into three groups: Spain, with the lowest rate at 7%; Germany, Italy, Sweden, and Luxembourg in the middle; and France, with the higher rate (at 21%). Although the position of Sweden is contradictory given the levels of social exclusion among migrants in the larger cities in recent years and the rise of far-right wing parties. Hesitation varies greatly depending on economic factors as well. Namely, the economically vulnerable (those with monthly net household incomes below the median, which are not homeowners, and those who are unemployed) exhibit significantly higher hesitancy rates. One of the categories with the slightest hesitation (7%) is the retired population. Economic and health vulnerability are inversely correlated, with individuals with underlying medical concerns showing less hesitation. The fact that someone tested positive for COVID-19 makes no difference in hesitation. But there was an evident political gradient in vaccination hesitancy, ranging from 10% of those with Left-Wing beliefs to over 15% with Right-wing beliefs. The ability of the government to handle the COVID-19 situation is where one of the biggest discrepancies exists: people who have low confidence in the government are twice as likely to be vaccine-hesitant than people who have high confidence.

Evidence in the US also shows signs of concern. A study with a sample of 6037 Americans, concluded that more than 20% of people expressed reluctance to receive the vaccine, voicing doubts about its efficiency and safety as well as the seriousness of the disease. Employment outside the home, and poverty were indicators of unwillingness. On the other hand, people who either had a family member or themselves had tested positive for COVID-19 were more inclined to accept immunisation. The study also showed that most respondents favoured requiring vaccinations for university students and employees. Most respondents chose to get their shots in a doctor's office. Lower-income and conservative ideology, but not race, were strongly associated with vaccine hesitancy. The study proved that COVID vaccinations have predictive value and that mandatory vaccination programs will probably be accepted. Still, they concluded that they urgent need more efficient, focused programmes to boost vaccine uptake and reduce vaccine hesitancy in the US.[5]

Canada is another country where vaccine hesitancy also has been studied. A cross-sectional study design analysing data from a survey gathered in the Canadian provinces of Alberta, Ontario, and Quebec shows the extent to which knowledge on vaccine hesitancy is critical. People who are unemployed, have low educational attainment, and/or have low incomes are more likely to be vaccine reluctant. Additionally, greater reluctance to receive the COVID-19 vaccine was highly correlated with COVID-19 conspiracy theory beliefs and overall attitudes toward vaccinations. On the other hand, less vaccine hesitation was linked to vaccination factors such as pro-vaccine behaviours, friends and family opinions, trust in scientists and the government, and the country where a vaccine is produced. They also concluded that conspiracy theories are distinct from vaccine criticism and worries. The findings from the Canadian reality suggest that rather than concentrating only on COVID-19, it is essential to give honest and nuanced health messages to address legitimate mistrust toward political and scientific actors and bridge the population gap regarding general perceptions concerning vaccines.[6]

- **To tackle vaccine hesitancy: aiming at the population and frontline healthcare workers**

Evidence on current resources used to increase vaccine uptake in Europe and beyond (A call for immediate action to increase COVID-19 vaccination uptake to prepare for the third pandemic winter | Nature Communications), co-authored by partners involved in VAX-ACTION, highlights challenges to overcome regarding routine vaccine uptake.[7] Namely, many adult unvaccinated people still do not want to be vaccinated. Consequently, many children with parents in these circumstances are not being vaccinated either. Also, that in some countries, many at-risk groups have not yet received vaccinations, despite significant efforts to increase availability and motivation (e.g., elderly adults, residents of low-income areas, immigrants, migrants, those without a place to live, and inmates). Doubts about the safety

[4] Borga, L.G., Clark, A.E., D'Ambrosio, C. et al. (2022). Characteristics associated with COVID-19 vaccine hesitancy. *Scientific Reports*, 12, 12435 (2022). https://doi.org/10.1038/s41598-022-16572-x

[5] El-Mohandes, A., White, T.M., Wyka, K. et al. (2021). COVID-19 vaccine acceptance among adults in four major US metropolitan areas and nationwide. *Scientific Reports*, 11, 21844. https://doi.org/10.1038/s41598-021-00794-6

[6] Santavicca, T., Ngov, C., Frounfelker, R., Miconi, D., Levinsson, A., & Rousseau, C. (2023). COVID-19 vaccine hesitancy among young adults in Canada. Canadian journal of public health, 114(1), 10–21. https://doi.org/10.17269/s41997-022-00693-x

[7] Betsch, C., Schmid, P., Verger, P. et al. A call for immediate action to increase COVID-19 vaccination uptake to prepare for the third pandemic winter. Nat Commun 13, 7511 (2022). https://doi.org/10.1038/s41467-022-34995-y

or efficacy of vaccines, a lack of faith in authority, administrative and logistical challenges, and others are significant impediments to vaccination uptake. In addition, exposure to false information, information overload, or conflicting information might worsen these problems. [8]

The second problem is that individuals have different personal experiences with symptoms of both pathogens and vaccine, which interfere with people's intention to get vaccinated. For instance, many people who have had COVID-19 before will have had a mild sickness and may not feel the need to get vaccinated after recovering.

Third, alterations in policy may diminish the perceived value of immunisations. As an illustration, some nations (e.g., Germany) have explored mandatory restrictions but have yet to pass them, while others, like Austria, decided against implementing COVID-19-related required rules before doing so. Also, the booster shot was initially incorporated into France's green pass program before being quickly discontinued. While this was happening, authorities frequently did not enforce the laws or let them expire. In Germany, certain federal states removed the requirement for healthcare workers to obtain specific immunisations, perhaps due to a shortage of healthcare staff. So, in many countries, the general population and FHWs, the group most usually targeted by required rules, may have received inconsistent messages due to these shifts regarding the value and necessity of vaccination.

In addition to initiatives driven and/or informed by international agencies, it is necessary to consider other local-scale, bottom-up experiences about which little is known in terms of background, intended, and achieved objectives.[9] Overall, two main strategies stand out: one targeted directly to people (communication campaigns, fact-checking, etc..); one targeted to FHWs involved in immunisation (training, manuals, etc.). However, it is yet not clear what works well, for whom, when, and under which circumstances. The reasons include a lack of monitoring and/or evaluation strategies in the design of initiatives; short-term initiatives whose impacts on changing behaviours (either the targeted populations or FHWs) can only be modest.

So, developing tools and training for FHWs and providers, and caregivers is essential. However, there must also be a structure in place for monitoring and evaluating the effectiveness of this training. To uncover vaccination-related concerns, frequent vaccine hesitancy monitoring is essential. To effectively engage the public, FHWs, and local and national authorities, it is critical to understand better the contextual and socio-ecological factors influencing vaccine hesitancy.

It is essential to note that a respondent's opinions on vaccination may be influenced by a doctor's advice or by the employer. For instance, compared to a recommendation from one's employer, which varied from 3.3% in China to 55.6% in Russia in 2021, reported hesitancy associated with a hypothetical doctor's suggestion ranged from 4.9% in China to 43.6% in Russia. Notably, among those who said they were hesitant to get vaccinated, prospective vaccine adoption was higher in India (63.5%), Kenya (38%), Brazil (36.8%), Turkey (29.9%), South Korea (28.4%), and Russia (26.5%) if one's doctor suggested getting vaccinated.[10] This help to explain the description of the individual and community reasons for hesitancy, leading on more naturally discussion of interventions at the different levels.

Lazarus, Wyka, and White, et al. (2022), also show that a factor influencing vaccine hesitancy is false beliefs about the risks and benefits of vaccines, which can also indicate that respondents have less faith in the science underlying vaccine development. Although most respondents to a global survey conducted in late 2019 and early 2020, said that science played an essential role in their society. In this study perceived importance of science was defined as respecting government funding of scientific research, feeling it is crucial to be a global leader in scientific achievement, and having faith in scientists to act in the public's best interests.[11]

This shows why FHWs must be aware of the various sociocultural discussions surrounding vaccinations, like vaccine-related beliefs, anti- and pro-vaccination viewpoints, and official public health campaigns. The public discussions surrounding vaccinations affect the patients who come into the consulting room, directly affecting the FHWs capacity to deliver high-quality care and counselling. Additionally, FHWs are among the attendees of these sessions. They all participate in and have varying views on these discussions. Arguments for FHWs as hesitant persons are safety and efficacy concerns,

[8] Rodrigues, F., Block, S., & Sood, S. (2022). What Determines Vaccine Hesitancy: Recommendations from Childhood Vaccine Hesitancy to Address COVID-19 Vaccine Hesitancy. Vaccines, 10(1), 80. https://doi.org/10.3390/vaccines10010080

[9] Betsch, C.; Schmid, P.; Heinemeier, D.; Korn, L.; Holtmann, C.; Böhm, R. (2018). Beyond confidence: Development of a measure assessing the 5C psychological antecedents of vaccination. PLoS ONE, 13, e0208601.

[10] Lazarus, J.V., Wyka, K., White, T. M. et al. (2022). Revisiting COVID-19 vaccine hesitancy around the world using data from 23 countries in 2021. Nature Communications, 13, 3801. https://doi.org/10.1038/s41467-022-31441-x

[11] Cadeddu, C., Daugbjerg, S., Ricciardi, W. & Rosano, A. (2020). Beliefs towards vaccination and trust in the scientific community in Italy. Vaccine 38,
6609–6617.

preference for physiological immunity, distrust in government and health organisations, autonomy, and personal freedom (Eniola & Sykes, 2021).[12]

Indeed, despite their expert status, professional training, and supplementary knowledge, they are also influenced by public discourses and form judgments about vaccines and other medical procedures. The starting point is, therefore, that it is critical to expose FHWs to research on these public discussions to give them a grasp of the discursive factors influencing vaccine hesitancy, i.e., the wide range of the discussions, the diverse actors involved, the actions these actors take in the public forums, and the values linked to these actions.

The importance of gender in vaccination hesitancy will be considered in interventions aimed at targeted populations. Has anyone been denied immunisations because of barriers linked to gender and gender equity, whether they identify as male, female, or another gender identity? Assessing issues of equal access to and benefits from vaccination programmes regarding gender equity is necessary. Gender may affect immunisation in two ways: a) on the side of people's health-seeking behaviours and b) on the side of health services. By using gender understanding and taking action to create gender-responsive interventions, it is possible to implement more effective immunisation programmes and expand coverage for all. VAX-ACTION will work with target countries and partners to achieve this goal by addressing gender-related healthcare barriers and developing programmes, interventions, and policies encouraging gender equality.

To complement this, it is necessary to study healthcare practitioners' knowledge of vaccination hesitancy in their particular geographic region. This is particularly important as they interact daily with vaccine-hesitant parents and other vulnerable and critical groups. With this information, health personnel are better prepared to convince vaccine-hesitant parents and other groups of their expertise.

1.2 Needs analysis and specific objectives

Needs analysis and specific objectives

Describe how the objectives of the project are based on a sound needs analysis in line with the specific objectives of the call. What issue/challenge/gap does the project aim to address?

The objectives should be clear, measurable, realistic and achievable within the duration of the project. For each objective, define appropriate indicators for measuring achievement (including a unit of measurement, baseline value and target value).

The project addresses the general objectives of the call by aiming to increase effectiveness and create ways for mass vaccination among the Eu member states and beyond. This proposal supports the policy priority of responding to the COVID-19 crisis and carries out the general objective of the EU4Health Programme of protecting people in the Union from serious cross-border threats to health mentioned in the call document.

VAX-ACTION intends to assist Member States and pertinent parties in putting the findings of current, pertinent research for vaccination into practice. By mapping intervention on vaccine hesitancy, VAX-ACTION will face the challenge of historic proportions posed to the nations by the COVID-19 pandemic and currently other diseases like mpox and bird flu, to design and evaluate the efficacy of interventions when people necessitate rapid vaccination responses, like the creation of vaccination schedules, the installation of suitable infrastructure, and the provision of conveniently accessible, adequately resourced vaccination services.

While doing so, it will engage in outreach and communication efforts to promote widespread vaccination uptake, and reduce vaccine hesitancy and misinformation about associated dangers, an endeavour that is made more difficult by the urgency of the possibility of a pandemic scenario.

Namely, the project's contributions to the priorities of the call are stated in the table 2 below.

Table 2 – VAX-ACTION expected contribution to the call

Expected impact referred in the call	VAX-ACTION expected contribution
a) **mapping public health evidence and research results on COVID-19 large-scale vaccination that could be relevant for uptake, including findings, from Member States and outside of the Union;**	VAX-ACTION will achieve the call aim by mapping vaccine hesitancy interventions made so far, making previous research usable and analysing the performance of prior interventions and research that will assist to redefine future interventions, and its efficacy both in the EU and other

[12] Eniola, K., & Sykes, J. (2021). "Four reasons for COVID-19 vaccine hesitancy among health care workers, and ways to counter them", *Quick Tips, A Blog form the FPM Journal*, Accessed February 21, 2023, https://www.aafp.org/pubs/fpm/blogs/inpractice/entry/countering_vaccine_hesitancy.html

	countries.
b) **identifying challenges and assess the feasibility to implement solutions in Member States, based on the mapping and taking country-specific factors into account;**	VAX-ACTION will identify the problems the implementations of the interventions currently face in the field by considering the specificities of target countries and regions, their uniqueness and particular determinants and facing-challenges.
c) **developing implementation plans and pilot activities to respond to the current pandemic context or future health crises, or to optimize current routine vaccination practices, including catch-up vaccination;**	VAX-ACTION will tackle this objective by developing and design interventions based on previous research findings and activities, optimizing resources already made available by previous investments and activities, including regular immunisation procedures now in place, and follow-up vaccination intentions;
d) **implementing the pilot activities in volunteering Member States including the activities identified as potentially most effective (e.g., training programmes for health professionals, awareness-raising campaigns to tackle vaccine hesitancy, health preparedness training programmes, infrastructure initiatives, dedicated events for the exchange of good practices, risk communication and community engagement etc.);**	VAX-ACTION will evaluate and implement pilot activities in the Member States of the consortium, with the possibility of extending these activities to countries outside Europe, including those that had the highest likelihood of success, such as training courses for FHWs and public awareness campaigns to combat vaccine hesitancy among hesitant parents and vulnerable groups, like migrants. Also, health readiness training courses, infrastructure improvements, specific gatherings for the exchange of best practices, developing strategies to evaluate best practices of risk communication, and community involvement are outputs of this project.
e) **identifying successful pilot activities and based on these, develop a robust sustainability plan for continued implementation and toolkits and recommendations for upscaling in other Member States.**	By mapping and identifying effective pilot projects and activities, VAX-ACTION will create a strong research-grounded sustainability strategy for ongoing implementations and interventions as well as toolkits and suggestions for scaling up in additional EU countries, and beyond such as the US and Canada.

1.3 Complementarity with other actions and innovation — European added value

Complementarity with other actions and innovation

Explain how the project builds on the results of past activities carried out in the field and describe its innovative aspects. Explain how the activities are complementary to other activities carried out by other organisations.

Illustrate the European dimension of the activities: trans-national dimension of the project; impact/interest for a number of EU countries; possibility to use the results in other countries, potential to develop mutual trust/cross-border cooperation among EU countries, etc.

Which countries will benefit from the project (directly and indirectly)? Where will the activities take place?

There is a growing academic and political concern around hesitancy. Documents from WHO and ECDC provide guidance on the topic. The WHO document refers to a training programme aimed to give health care workers the information, abilities, self-assurance, and resources they need to fulfil their job as advisors. It offers a systematic method to help FHWs with interpersonal communication during COVID-19 vaccine consultations and is adapted to particular patient perspectives on immunisation. The curriculum is intended for FHWs who are directly involved in COVID-19 vaccine consultations, as well as for managers of clinical and immunisation programs, trainers of trainers (ToTs), bodies and organisations of FHWs, and champions and supporters of immunization. [13]

The ECDC programme refers to a programme that aims to help FHWs in their job so they can confidently advise patients to get the COVID-19 vaccination. To help providing and creating communication techniques and resources they may use to promote fruitful discussions during vaccine consultations, the COVID-19 vaccination to patients, and encourage the use of COVID-19 vaccination among them. The programme also intends to help parents to get sensitive about the importance of vaccination. According to the ECDC programme one of the most crucial facets of a primary healthcare

[13] World Health Organization. Regional Office for Europe. (2021). Communicating with patients about COVID-19 vaccination: evidence-based guidance for effective conversations to promote COVID-19 vaccine uptake. World Health Organization. Regional Office for Europe. https://apps.who.int/iris/handle/10665/340751. License: CC BY-NC-SA 3.0 IGO

professional's job is assisting parents in understanding vaccination and supporting their decision to safeguard their children. The process of effectively interacting with and responding to patient concerns may take effort, expertise, and time. Family physicians, nurses, and other health care workers who offer vaccinations should feel at ease while addressing vaccination and encouraging carers to have children immunised. So, they focus on these two groups with their specific programmes, providing guidance, and preparing and delivering diverse resources including flipbooks, webinars, and other materials.[14]

European Commission also is attentive. There is massive funding of roughly €15 000 000 by the EU for six ongoing consortiums devoted to vaccines and vaccination: JITSUVAX (grant agreement No 964728). IMMUNION (101018210); VAX-TRUST (965280); RISE-Vac (101018353); AcToVax4NAM (101018349); RIVER-EU (964353RIVER-EU).

The key objectives of each EU project are:

- JITSUVAX is looking at vaccine misunderstandings that can make individuals less inclined to accept vaccination. It is used various strategies to battle this false information and assist medical personnel in patient communication. The strategy involves locating and debunking the vaccination-resistance claims made on social media and elsewhere. In addition, a survey measuring healthcare workers' attitudes and vaccination-related behaviours was created and put to the test. Subsequent phases involved designing and testing strategies to counteract disinformation, such as training, applications, and computer games, then utilising this questionnaire to measure and compare outcomes across six nations. The project developed training procedures, apps, and guidance documents to help healthcare workers fight misinformation around vaccines.[15]
- IMMUNION objective is to enhance EU and national initiatives, particularly the Coalition for Vaccination, by increasing stakeholder collaboration to address issues with access to accurate information about vaccinations. This was done by building on lessons learned from regional, national, and global vaccination efforts accomplished through public health experts' and the general public's training and communication tactics.[16] Based on the 2018 Council recommendation for enhanced cooperation against diseases preventable by vaccination, the Coalition supports dispelling misconceptions about immunisation and vaccinations, disseminating best practices, and providing factual information to the general public. To increase vaccination uptake, combat disinformation, and promote awareness, the Coalition releases statements and plans advocacy campaigns using diverse communication tools.[17]
- VAX-TRUST's objective is to provide healthcare workers with specialised current information on vaccine hesitancy in their particular local area and country from a comparative perspective; this information is being acquired through (A) a review of prior research on vaccine hesitancy, (B) an analysis of individual, socio-demographic determinants of vaccine hesitancy, (C) an analysis of macro-level determinants of vaccine hesitancy and their interaction with socio-demographic ones, and (D) qualitative research (cf. Project – VAX-TRUST). These entail particular measures designed with healthcare experts in the project's Target regions. Given that some healthcare workers are vaccine apprehensive, the project provides tools, assistance, and peer support to help them deal with a variety of vaccination-related attitudes and make it easier for them to deal with it in their careers. These interventions are to be tested for usability and transferability. VAX-TRUST's intervention tools are meant to be distributed to medical and nursing students, as well as to Target Regions, the seven countries of the consortium, and the European region.[18]
- RISE-Vac intends to enhance the health of the prison population in Europe by expanding vaccine availability, fostering vaccine knowledge, and encouraging vaccination uptake. Most people who are incarcerated come from socially disadvantaged neighbourhoods, which frequently have poor access to healthcare, a high illness burden, and low socioeconomic and educational levels. Prisons may serve as a venue for providing those held in custody with proper and professional medical care and immunisation programmes. RISE-Vac partnership brings together multisectoral talents, strong experience, and well-established networks to address this public health concern. By combining prospectively collected data on (i) attitudes towards and knowledge of vaccines among prison population and staff, (ii) vaccination status, and (iv) vaccination uptake while incarcerated. RISE-Vac use state-of-the-art methodologies to compile existing evidence on vaccination strategies and services targeted at people in prison, and offers tools and data-driven, evidence-based solutions to help guide decisions by supporting the notion that prison health equals public health.[19]
- The AcToVax4NAM initiative aims to increase vaccine uptake in the EU while lowering access

[14] "Let's talk about protection: enhancing childhood vaccination uptake" (Abril, 25 2016), Online https://www.ecdc.europa.eu/en/publications-data/lets-talk-about-protection-enhancing-childhood-vaccination-uptake
[15] "JITSUVAX - Jiu Jitsu with misinformation in the age of Covid" (https://jitsuvax.github.io/).
[16] IMMUNION (2021-2023) | EuroHealthNet
[17] The IMMNION Project (https://coalitionforvaccination.com/about/coalition-for-vaccination).
[18] Project – VAX-TRUST
[19] RISE-Vac • WEPHREN (tghn.org)

disparities. Its goal is to enhance vaccine uptake among Recently Arrived Migrants by improving vaccination literacy and access while ensuring more equal and secure access circumstances. The project uses a life cycle approach and focuses on vaccine-preventable diseases (VPDs) that are covered under the National Immunization Program. Following the rationale of promoting equitable access to vaccines, COVID-19 immunisation is considered in all project operations. Moreover, the research explores the effects of the political and cultural situations in each consortium nations to identify strategies for overcoming systemic impediments and addressing vaccination literacy at the institutional or system level to aid social workers, frontline healthcare workers, and non-medical personnel dealing with Recently Arrived Migrants.[20]

- RIVER-EU (Reducing Inequalities in Vaccine uptake in the European Region - Engaging Underserved communities) seeks to collaborate with eight target communities to improve access to vaccination services for children and adolescents in selected underserved communities, reducing inequity in measles, mumps, rubella (MMR) and human papillomavirus (HPV) vaccines. Due to their unusually high vaccination coverage rates for either the MMR or HPV, three communities have been chosen as "empowering examples" by the project. Namely, the Somali Community in Finland, the Arab Israeli community in Israel, or the Bangladeshi community in the United Kingdom. The identification, analysis, and, when appropriate and practical, the 'translation' of vaccine enablers in the "empowering examples" groups will help the design and implementation of interventions to enhance vaccine uptake in the five selected underprivileged communities. Minorities who are racially, religiously, or culturally distinct are more likely to experience health system obstacles while trying to get medical care, which is a significant factor in the relatively low vaccination rates among these groups. Most racial, religious, and cultural minorities in Europe have much lower vaccination rates than the overall population.[21]

Additionally, the European Centre for Disease Prevention and Control (ECDC) and the Association of Public Health Schools in Europe (ASPHER) are working together to help European institutions to react to emergencies regarding vaccination as health crisis events can occur anytime. ECDC/ASPHER[22] conducted a training needs assessment in the second half of 2021 with the intent of determining the training requirements of European FHWs in the areas of vaccination and vaccine acceptance, gathering data on their interest and preferences for potential future courses on these topics, and gaining an overview of other ongoing projects and courses.

The evidence collected shows that interpersonal communication, advising, and the role and responsibility of parents and FHWs is of vital importance to reduce hesitancy and increase vaccine uptake. Also, that vaccine hesitancy needs to be considered within the broader concern of vaccine uptake regarding long-standing vaccination programs. Indeed, there is a need to enhance catch-up vaccination in routine childhood programmes to improve vaccination coverage or sustain high levels of vaccination to avoid potential life-threatening outbreaks of vaccine-preventable diseases.[23]

The assessment results reveal that these professionals generally have medium-low knowledge of the epidemiology and clinical characteristics of diseases that are preventable by vaccination, with significant gaps in their knowledge of vaccinations and confidence in their ability to respond to questions about vaccination. Some cited knowledge gaps include understanding high-risk populations, adverse vaccine reactions, and practical strategies for relieving patients' and parents'/caregivers' concerns.

Regardless of educational background, FHWs must increase their communication skills and better understand vaccination's purpose, development, effectiveness, and safety topics. As a consequence of their improved knowledge and confidence regarding vaccination, how to explain it, and how to respond to specific questions, they will be better able to instil greater confidence in vaccinations in the target demographics for certain vaccines.[24]

ASPHER/ECDC course "Promoting vaccine acceptance and uptake - Communication approaches for frontline health workers" utilises a competency-based curriculum and an adult learning approach. It seeks to provide FHWs with the information, understanding, and self-assurance to employ communication and behaviour change approaches and practical instruments that will increase the possibility of vaccine acceptance. Their main objectives are to demonstrate a wide-ranging understanding of the continuum of vaccination acceptance, to describe how the socioeconomic determinants of health

[20] Access to vaccination – Access to vaccination (accesstovaccination4nam.eu)
[21] RIVER-EU - H2020 project to reduce inequalities in vaccine uptake
[22] https://vaccine-schedule.ecdc.europa.eu/
[23] ASPHER website https://www.aspher.org/
[24] ECDC/ASPHER/ Vaccine Acceptance Curriculum. Promoting vaccination acceptance and uptake – Communication strategies for frontline health workers (Access February 2022). Available online: Vaccine Acceptance Curriculum FHWs ECDC.pdf

affect vaccination behaviour and acceptability and apply health risk communication principles to meet the FHW learning goals of vaccination acceptance.[25]

The outcomes of that project are taken into consideration to inform a train-the-trainer course on vaccination acceptance for FHWs, using qualitative and quantitative research techniques and a mixed-methods approach encompassing: a) a systematic literature review (with Europe as the focus region); b) an online poll with questions aimed at necessary parties in EU member states; c) Listing of initiatives from various national and international organisations or projects financed by the EU. Named "A train the trainers' vaccine acceptance curriculum", promoting vaccination acceptance and uptake – communication strategies for FHWs.[26]

A fundamental element for creating this curriculum was the belief that vaccination acceptance required a person-centred and collaborative approach. According to research, trainers are more adept at learning and imparting a person-centred and partnership approach when they can apply the training technique themselves. Active learning approaches are essential for both learning and teaching communication skills. This curriculum was developed with the premise that trainers needed exposure to the materials, methodology, and skills that they would instruct FHWs to implement the desired training methods properly.[27]

Although all these ongoing efforts are expected to deliver promising results, they lack a joint framework of interventions which needs to be further maximised so that pilot activities can turn into large-scale vaccination actions.

VAX-ACTION now aims to do a suggestion for action that supports it, and the existing evidence on the intervention's target all aligned throughout the design phase of complex interventions. Such a proposal will incorporate outcomes assessment and evaluation of how these have been achieved and the degree to which the interventions have reached the planned objectives. As there is yet no evidence as to the success or not of these interventions, VAX-ACTION aims to mapping and evaluate such success or unsuccess of interventions.

The gap this call draws attention to, and VAX-ACTION aims to fulfil is the urgent need to support the identification and implementation of key public health findings obtained as a result of the surge in initiatives in the field of vaccination, notably:

1) Although not limited to the latest outbreak events, VAX-ACTION will be grounded on many of those initiatives that have already shown encouraging results that can be further enhanced from pilot activities into widespread vaccination campaigns, whether for COVID-19 or routine vaccination, in particular catch-up vaccination that was neglected during the peak of the COVID-19 pandemic;
2) The need to contribute to improve vaccine updates and immunisation rates, by evaluating the best practices and implementing strategies and activities to increase vaccination coverage that go beyond the European regions and the COVID-19 case;
3) Helping implementing vaccination programmes and interventions, including, enhancing vaccination interventions strategies and planning, advancing personnel planning and organisation, and administering vaccinations as intended by countries and the needs of the moment (e.g., new delivery models such as mobile units, preparing for future outbreaks);
4) Evaluate if the findings may be used to future public health emergencies requiring mass vaccination or to extensive routine immunisation programmes in the Member States and beyond.

2. QUALITY

2.1 Concept and methodology

Concept and methodology

Outline the approach and methodology behind the project. Explain why they are the most suitable for achieving the project's objectives.

[25] Cf. ECDC/ASPHER/ Vaccine Acceptance Curriculum. Promoting vaccination acceptance and uptake – Communication strategies for frontline health workers (Access February 2022). Available online: Vaccine Acceptance Curriculum FHWs ECDC.pdf

[26] Cf. ECDC/ASPHER/ Vaccine Acceptance Curriculum. Promoting vaccination acceptance and uptake – Communication strategies for frontline health workers (Access February 2022). Available online: Vaccine Acceptance Curriculum FHWs ECDC.pdf

[27] A Train the Trainer Vaccine Acceptance Curriculum. Promoting vaccination acceptance and uptake – Communication strategies for frontline health workers (Access February 2022). Available online: Vaccine-acceptance-curriculum-ToT_plus_script_v2

a) Key concepts

1. **Vaccine hesitancy:** According to SAGE on Immunization, vaccine hesitancy describes a delay in accepting or refusing a vaccination despite availability of vaccine services. Influencing elements include confidence, complacency, and ease of usage. Vaccine hesitancy is complex and context-specific, varying across time, place, and vaccines. It is influenced by factors such as complacency, convenience, and confidence.[28]
2. **Frontline healthcare workers:** a FHW is anyone who works in a healthcare or social care setting. These settings include, but are not limited to, state-funded and private organisations providing services in the following areas: disability, older persons, nursing homes, acute and non-acute hospitals, community hospitals, mental health, social inclusion, palliative care, chronic illness, primary care (GP, dental, pharmacies, physiotherapy clinics), health and well-being, hospice, rehabilitation, home care, paramedics, and community services (e.g. youth, substance abuse, suicide prevention, community development).[29]
3. **Vaccine reluctant person**: Individuals (including caregivers who may agree to some vaccinations while rejecting others, delay vaccinations, or accept vaccinations but are undecided about doing so. Reluctancy regards apprehension or refusal of specific vaccines for a variety of reasons.[30]
4. **Health intervention:** 'an act performed for, with or on behalf of a person or population whose purpose is to assess, improve, maintain, promote or modify health, functioning or health conditions'.[31] Such formulation integrates (or suggests) a wide range of concepts (e.g. individuals and target groups, a broad idea of health and its determinants, responsible actors and institutions), related to the different intervention components, that reflect the complexity associated with health interventions, elements that should be considered in their planning, implementation and evaluation.[32]
5. **Evaluation:** *Evaluation, (from French) évalue, é (out) + valuer (from latin) valere* – "be strong, be well; be of value, be worth": Means making a value judgment regarding an intervention or any of its components, with the aim of helping decision-making. This judgment may result from the application of criteria and norms (normative assessment) or be based on a scientific procedure (evaluative research). Evaluative research will dominate the evaluation process in VAX-ACTION. Evaluative research means the process that consists of make an *ex-post* judgment of an intervention using scientific methods based on a given baseline. More specifically, it consists in analysing the pertinence, the theoretical background, the productivity, the effects and performance of an intervention, as well as the existing relationships between the intervention and the context in which it is situated, usually with the aim of supporting the decision-making process.[33]

b) Methodology

Methodologically speaking, the setup of VAX-ACTION consortium and overall rationale of functioning follow the WHO procedure for Tailoring Immunization Programmes (TIP) in five phases.

1. Planning: has been started when preparing the VAX-ACTION proposal and will continue after the funding decision through WP1 devoted to ensuring the coordination of the consortium.
2. Situation analysis: is ensured by the previous engagement of several partners in other funded projects on related topics;
3. Research: literature review of existing interventions and applied methodologies on the study of vaccine hesitancy (WP2);
4. Intervention: design tailored health interventions based on evidence intended to frontline healthcare workers (WP4) and targeted population (viz. parents, migrants, and other vulnerable groups) (WP5) in target regions, based on the overall assessment by WP3 to ensure the cohesion of interventions and

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[28] SAGE: Strategic Advisory Group of Experts on Immunization. (2014). *Report of SAGE working group revised report vaccine hesitancy*. WHO - World Health Organization. https://www.asset-scienceinsociety.eu/sites/default/files/sage_working_group_revised_report_vaccine_hesitancy.pdf

[29] Reference: https://www.hpsc.ie/notifiablediseases/casedefinitions/healthcareworkerdefinition as cited by ECDC/ASPHER/ Vaccine Acceptance Curriculum. Promoting vaccination acceptance and uptake – Communication strategies for frontline health workers. (Access February 2022). Available online: Vaccine Acceptance Curriculum FHWs ECDC.pdf

[30] Report of the SAGE working group on vaccine hesitancy 2014, pp. 7-9.

[31] WHO. (2020). *International Classification of Health Interventions: ICHI Reference Guide*. WHO - World Health Organization.

[32] Clark, A. M. (2013). What are the components of complex interventions in healthcare? Theorizing approaches to parts, powers, and the whole intervention. *Social Science & Medicine*, *93*, 185–193. https://doi.org/10.1016/j.socscimed.2012.03.035

[33] Contandriopoulos, A.-P., Champagne, F., Denis, J.-L., & Raynald, P. (1997). A avaliação na área da saúde: Conceitos e métodos. In Z. M. de A. Hartz (Ed.), *Avaliação em Saúde: Dos modelos conceituais à prática na análise da implantação de programas* (pp. 29–47). FIOCRUZ.

adhesion to the project's overall objectives;
5. Conclusion: through outreach communication and recommendation policies intended to inform governments and legal institutions (WP6).

These methodological elements are tightly knit together in the following way. Knowledge from careful situation analysis gathered from previous related projects in which several partners have been working together will guide the systematic literature review of existing interventions and applied methodologies on the study of vaccine hesitancy in Europe, Canada, and the US (WP2). Then, WP3 will oversee the design of intervention intended to frontline healthcare workers (WP4) and targeted populations (WP5), after which it will undertake the external evaluation of the processes and outcomes to ensure the quality, applicability and transferability. Based on these elements, we will draw recommendations for the EU, national and regional public health authorities, and healthcare professionals (WP6).

A methodological principle of VAX-ACTION is to involve stakeholders in all these phases of the research and innovation activities. To do so, the consortium benefits from the involvement of the ASPHER's advisory board throughout the project lifespan in pre-scheduled meetings to share concerns, preliminary data, and collect informal recommendation. The advisory board, composed of health experts and institutions, is not formally present in the consortium structure because it is part of ASPHER, who is already one of the partners and WP leaders of VAX-ACTION.

The methodological approach of the different WPs is detailed as follows, which build from a cohesive rationale linking the aim, relevance, objectives and overall contribution to the call.

WP2: mapping of evidence and practice on vaccine hesitancy (research phase)
Aim
To identify the content and outcomes of interventions aimed to address vaccine hesitancy in the northern hemisphere to inform the design of a robust and cohesive action plan of interventions to reduce vaccine hesitancy in EU member states during the intervention stage.
Relevance
The relevance regards the lack of systematized knowledge about interventions addressing vaccine hesitancy already in place. This is of particular importance to design sustained and inclusive interventions, based on which toolkits and recommendations can be upscaled to different targets, be them regions and specific population groups. The mapping of current interventions and knowledge takes particular attention to their aims and design; the extent to which 'grounding' (bottom-up) experiences are emerging beyond the international knowledge; the extent to which interventions are evidence-based, and the extent to which processes and outcomes are being assessed. This is so because there is little knowledge about whether local initiatives are correctly monitored and their outcomes feedback international guidelines and best practices. Widening the search to US and Canada allows to compare different vaccine hesitancy contexts, interventions made so far and their efficacy. It adds depth to the evidence collected, which is as helpful as necessary to foster future broader recommendations, also meeting the call requirements. Recommendations can be made and adapted according to each country's socio-cultural reality instead of designing interventions and measures on vaccine hesitancy equal to everyone, without considering such essential differences.
Objectives
1. to map public health evidence and research results on large-scale vaccination programs in Europe and north America 2. to map interventions aimed to address vaccine hesitancy regarding new and well-stablished vaccines and vaccination programs (Covid-19, mpox, national immunizations programs for children); 3. to identify successful and unsuccessful interventions designs aimed to address vaccine hesitancy, including challenges in the implementation, evaluation designs, and the feasibility of scaling-up solutions that are context-sensitive; 4. to identify significant similarities or dissimilarities in the designs and outcomes of interventions; 5. to identify the extent to which 'grounding' (bottom-up) experiences are evidence-based, build on current international knowledge and guidelines, and whether they are internationally reported; 6. to systematize the mapping of interventions in a way that can be used by third parties.
Overall contribution to the call
- mapping public health evidence and research results on large-scale vaccination programs that could be relevant for uptake, including findings, from Member States and outside of the European Union; - identifying challenges and assessing the feasibility of implementing solutions in Member States based on the mapping and taking country-specific factors into account. - identifying successful pilot activities and, based on these, developing a robust sustainability plan for continued implementation and toolkits and recommendations for upscaling in other EU Member States.
Methodological approach
Literature review is the best way to start mapping the field of vaccine hesitancy, to properly inform our future actions, namely the implementation analysis of past interventions, and design of future interventions and its evaluation. This is a critical step towards the creation of an innovative and common framework for helping vaccine hesitancy decrease and uptake increase. Since vaccine hesitancy may contribute to declines in vaccine uptake, which in turn has significant ramifications for the efficacy of vaccination programs, our goal in mapping this field is to help understanding the state of the art in the current moment. The analytical focus of the review relies on: • Frontline healthcare workers due to increasing difficulties in developing trusting connections with users;

- Reasons underpinning people's criticism against healthcare procedures, authorities, and principles of evidence-based medicine;
- The frameworks of action used to inform interventions aimed to reduce vaccine hesitancy;
- The outcomes of these frameworks and application in different settings

The review method employed is the systematic review. It compiles all empirical data that satisfies eligibility requirements to address a particular research question. It makes use of explicit, systematic approaches that are chosen to minimise bias, resulting in more accurate data from which judgements can be made.[34] The systematic review offers a number of benefits:[35]

- Describe the literary writing process, including the selection of the works or the evaluation of the research quality, is usually reproducible and tends to be impartial.
- Through the use of explicit methods, it is hoped to reduce bias by conducting comprehensive bibliographical research and critically evaluating individual studies, to address our research question.
- We will use pre-established systematic methods for identifying all pertinent published and unpublished documents for our question, evaluating the quality of those articles, extracting data, and synthesising results.

WP3 + WP4 + WP5: interventions design, implementation, and evaluation (intervention phase)
Aim
Building on the knowledge gathered in the research phase, it aims to design, implement and evaluate tailored interventions aimed at frontline healthcare workers and targeted social groups in the selected countries to inform the design of broader recommendations and toolkits to apply in other EU countries and elsewhere.
Relevance
It seeks to overcome the lack of systematised knowledge about the interventions already in place, the extent to which 'grounding' (bottom-up) experiences not yet described internationally are emerging, the extent to which interventions are evidence-based, and the extent to which interventions' processes and outcomes are duly evaluated. Current projects and evidence have yet not provided integrated answers as to what works for whom, when, why and how to scale up good results regarding integrated actions aimed both at the population (communication campaigns) and frontline healthcare workers (training, manuals, etc.), and about hesitancy regarding new vaccines and long-established vaccines in national immunization programs.
Objectives
1. To design cohesive interventions and ensure their successful implementation aiming at frontline health workers and targeted populations in selected target regions; 2. To help implementers to make the necessary adjustments to the intervention plan to improve its effectiveness; 3. To design and implement both internal and external evaluation plans of the interventions undertaken in the project; 4. To determine the extent to which the intended actions aimed to scaling up to other target-audiences, regions and member state are likely to be effectively implemented; 5. To describe and analyse unpredictable effects of interventions that may compromise the conduction of interventions; 6. To promote a space for dialogue and reflection among partners involved in the implementation of different interventions.
Overall contribution to the call
- identifying challenges and assess the feasibility of implementing solutions in the Member States, based on the mapping of vaccine hesitancy and designing interventions taking country-specific factors into account; - developing implementation plans and pilot activities to respond to the current pandemic context or future health crises and to optimise current routine vaccination practices; - implementing the pilot activities in volunteering Member States, including the activities identified as potentially most effective; - to take action to create gender-responsive interventions, to implement more effective immunisation programmes and expand coverage for all. VAX-ACTION will work with target countries and partners to achieve this goal by addressing gender-related healthcare barriers and developing programmes, interventions, and policies encouraging gender equality.
Methodological approach
Interventions aimed at FHWs seek to address their role in accompanying vaccine hesitant users and patients. In WP4 we will tailor, implement, and evaluate specific interventions aimed at providing FHW with knowledge and skills to promote vaccination in an appropriate way to patients and users who hesitate about acceptance and uptake of recommended vaccines. FHW have essential roles in vaccine promotion: 1) providing the information about vaccination 2) offering vaccination, facilitating access to administration and administering it 3) motivating the users to accept and accompany the deliberation in case of doubts or hesitation. How well FHW take on these roles depends in particular on a) their understanding of their individual roles, b) their individual level of knowledge and their perception of their own knowledge about the vaccine recommendation, c) their attitudes toward this recommendation, and d) the feasibility of

[34] Cochrane Handbook for Systematic Reviews of Interventions. [Online]: https://community.cochrane. org/handbook-sri/chapter-1-introduction/11-cochrane/12-systematic-reviews/122-what-systematic-review

[35] Siddaway, AP., Wood, AM., Hedges LV. (2019). How to do a systematic review: a best practice guide for conducting and reporting narrative reviews, meta-analyses, and meta-syntheses. *Annu Rev Psychol*. 70:747- 70

the roles given competing professional priorities and constraints. However, according to current evidence, FHWs do not always play these essential roles, and for some vaccinations and settings, their action is insufficient.[36] It is therefore important to provide guidance and training to FHW to better assume these essential roles.

Regarding FHW, we focus on the role in motivating the users to accept and accompanying the deliberation in case of doubts or hesitation. This will target critical situations in which:

- FHWs need to accompany a user or patient who initially refuses vaccination;
- FHWs need to accompany the deliberation of a user or patient who doubts, has extensive need of further information and debate, or makes the decision depend on the social environment;
- FHWs do not offer vaccination due to anticipation of refusal by the user or patient.

Guidance and training for this specific role in motivation implies assuring high level of knowledge about the recommended vaccination and the related policy, providing communication skills that can be adapted to the situation and the user, and a high level of professional motivation to assure the role despite constraints.[37]

In WP4, we focus on FHW's roles in vaccine promotion, but interventions to guide and train them in these roles may include sessions aiming at reflecting on their own attitudes towards specific vaccine recommendations. This is in particular relevant in situations where FHW do not systematically offer vaccination due to their own doubts about the recommendation.[38]

Most FHW have an obligation for continued professional education, but there is little offer and incentive to train specifically on motivating hesitant users for vaccine acceptance.[39] Similarly, FHW initial education usually contains sessions on vaccination, however rarely on vaccine promotion techniques. Training on motivational interviewing and automatic reminders to providers have been shown effective in increasing coverage rates, but it remains unclear how effective and feasible such interventions are in addressing specifically vaccine hesitant users and patients.

As to the interventions aimed at targeted populations (WP5) (e.g., newly arrived migrants, hesitant parents, people of low socio-economic status), they seek to tackle misinformation and disinformation, and to improve perceptions, attitudes, and behaviours amongst those in most need.

The methodological design of these interventions is aligned with the current evidence[40], which includes aiming at humour correction («use of humour in messages correcting or criticizing vaccine misinformation»)[41], science communication («explaining which standpoint is supported by evidence and scientific consensus especially using visual exemplar such as photo of scientist(s) or pie charts»)[42] and incorporating warnings about encountering misinformation (e.g., «on Twitter or during a Google Search»)[43].

For the proper implementation in the target regions, the design of tailored interventions will be guided through specific toolkit(s), drawn from the evidence gathered by WP2 and the knowledge by WP3 on the implementation of complex health interventions (detailed below).

The implementation will be performed in three phases: (1) preparation and intervention coordinator training, (2) readiness assessment and implementation and (3) reflection and refinement of the intervention toolkit.

Given that VAX-ACTION aims to draw recommendations for actions based on existing evidence and on tailored interventions (aim of WP6), there is need to incorporate outcomes assessment and evaluation of how these have been achieved and the degree to which the interventions have reached the planned objectives. As there is yet no evidence as to the success or not of these interventions, this leads us to a broader approach to a health intervention, namely that of a **complex intervention** which refers to interventions that because they involve multiple and interacting components, target diverse target groups and/or behaviours and comprise a wide range of outcomes, are difficult to standardise, requiring flexibility in their design and implementation.[44]

The development of complex interventions is performed by WP3 and requires a design process that aligns the

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[36] Bocquier A, Michel M, Giraudeau B, Bonnay S, Gagneux-Brunon A, Gauchet A, Gilberg S, Le Duc-Banaszuk AS, Mueller JE, Chevreul K, Thilly N, on behalf of the PrevHPV Study Group. Impact of a school- and primary care-based multicomponent intervention on HPV vaccination coverage among French adolescents: a cluster randomised controlled trial protocol (the PrevHPV study). BMJ Open 2022; 12:e057943. doi:10.1136/bmjopen-2021-057943

[37] Dempsey AF, Pyrznawoski J, Lockhart S, Barnard J, Campagna EJ, Garrett K, et al. Effect of a Health Care Professional Communication Training Intervention on Adolescent Human Papillomavirus Vaccination: A Cluster Randomized Clinical Trial. JAMA Pediatr. 7 mai 2018;172(5):e180016.

[38] Collange, Verger, Launay O, Pulcini C. Knowledge, attitudes, beliefs and behaviors of General Practitioners/Family Physicians toward their own vaccination: A systematic review . HUMAN VACCINES & IMMUNOTHERAPEUTICS. 2016, VOL. 0, NO. 0, 1–11. http://dx.doi.org/10.1080/21645515.2015.1138024

[39] Lucas Ramanathan P, Baldesberger N, Dietrich LG, Speranza C, Lüthy A, Buhl A, Gisin M, Koch R, Nicca D, Suggs LS, Huber BM, Deml MJ, Tarr PE. Int J Public Health. Health Care Professionals' Interest in Vaccination Training in Switzerland: A Quantitative Survey. 2022;67:1604495. doi: 10.3389/ijph.2022.1604495.

[40] A systematic review of communication interventions for countering vaccine misinformation. Hannah S Whitehead, Clare E French, Deborah M Caldwell, Louise Letley, Sandra Mounier-Jack. https://pubmed.ncbi.nlm.nih.gov/36628653/

[41] Vraga EK, Kim SC, Cook J. Testing Logic-based and Humor-based Corrections for Science, Health, and Political Misinformation on Social Media. J Broadcast Electron Media 2019;63:393–414. https://doi.org/10.1080/08838151.2019.1653102

[42] GN, Dixon, BW, McKeever, AE, Holton, C, Clarke, G, Eosco, The Power of a Picture: Overcoming Scientific Misinformation by Communicating Weight-of-Evidence Information with Visual Exemplars. Journal of Communication.65:639-59

[43] Kim SC, Vraga EK, Cook J. An Eye Tracking Approach to Understanding Misinformation and Correction Strategies on Social Media: the Mediating Role of Attention and Credibility to Reduce HPV Vaccine Misperceptions. Health Commun 2020:1–10. https://pubmed.ncbi.nlm.nih.gov/32633151/

[44] Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: The new Medical Research Council guidance. *BMJ*, *337*, a1655. https://doi.org/10.1136/bmj.a1655

available evidence on the object of the intervention with a theoretical framework that explains the intended change and a proposal for action that promotes it. Outcome measurement and evaluation of how these have been achieved and the extent to which the intervention has met the proposed objectives should be integrated into the design.
The evaluation designed for VAX-ACTION includes both internal and external evaluation plans: the former is conducted by the implementation teams under the supervision of WPs4 and 5, while the latter is conducted by external evaluators to be hired locally under the training and supervision by WP3.
Evaluation has the goal to understand *why* — and to *what extent* — intended and unintended results were achieved and to analyse the implications of the results. Evaluation can inform planning, programming, budgeting, implementation and reporting and can contribute to evidence-based policymaking, development effectiveness and organizational effectiveness.
Both evaluations complement each other to foster the accountability and learning of both expected and unexpected results by examining the results chain, processes, contextual factors, and causality using appropriate criteria such as relevance, effectiveness, efficiency, impact and/or sustainability. The processes of evaluation should offer credible, useful evidence-based information that allows the timely incorporation of its findings, recommendations, and lessons into the decision-making processes of organizations and stakeholders (UNEG, 2017; WHO, 2013).[45]

Internal and external evaluations will consist of measuring the range of interventions undertaken and their impact, applying methods for addressing gaps in data, introducing goal-based, process-based, and outcomes-based methods (these may involve testing, participation, and data collection, financial reports, performance evaluation), including the assessment of risk, quality, schedule, recommendations (detailed description of WPs 3, 4 and 5 in section 4.2).
Internal evaluation of WP4 is designed so that interventions are conducted in two settings per target region: the intervention group of approximately 50 FHW will receive the intervention, and the control group of approximately 50 FHW will not. Similarly, internal evaluation of WP5 is designed so that interventions are conducted with two groups per target region: the intervention group of approximately 90 persons will receive the intervention, and the control group of approximately 90 persons will not.
As to the external evaluation by WP3, the aim is to analyse quantitative data on the implementation of interventions to verify whether the achieved results met predefined quantitative objectives (e.g. number of sessions, of participants, time invested, financial resources, procedures). Therefore, a normative analysis is carried out, which analyses the reports and records of the planned interventions undertaken by WPs 4 and 5. Qualitative analyses are also included to evaluate the processes employed to achieve the results. Semi-structured interviews will be used (n=40-60 in each target Region). They will be applied to the participants of interventions in WPs 4 and 5 and also the implementers, and internal evaluators. The interview guide will integrate the external evaluation model and the interviews shall be conducted until data saturation is obtained. Document analysis will be conducted using a predefined analysis grid. Complementary analyses on local stakeholders help to understand their role in determining the observed effects, which is key to inform the recommendations for scaling up conducted by WP6.
As it stands out, the use of comparative frameworks of analysis is key to achieve the aim of this phase. WPs 4 and 5 are designed to allow two levels of comparisons: across and within countries. Cross-country comparisons result from that the five selected countries, which differ significantly in size, healthcare availability, and vaccination rates, and there is a mix of countries with and without mandatory vaccination laws. Internal country comparisons seek to better control circumstantial biases in trying to understand national-level features (see below). Therefore, within each country, we have chosen preferred regional areas (referred to as Target Regions) based on hesitancy rates and the relative strength of the country's increased risk for diseases that can be prevented by vaccination and that incorporate some fundamental national traits (see below).
As to participants' recruitment, frontline healthcare workers aimed at WP4 are recruited through the establishment of collaboration protocols with institutions involved administering vaccines in the target regions. These protocols will be established by ASPHER. Regarding the targeted populations of WP5 (e.g., newly arrived migrants, hesitant parents, people of low socio-economic status), recruitment is done by 1) a register-based recruitment strategy and 2) a community-focused recruitment strategy. The register-based recruiting technique involves selecting people or families to participate in interventions based on random samples taken from the official data bases that handle resident's registrations (including names, nationality and place of birth, income, and employment). The community-focused recruitment strategy entails finding community leaders to identify the community resource personnel (such as language translators, cultural advisors) to connect, encourage, engage, and support interaction among the groups. This may include invitation to talks and distribution of study materials e.g., in migrant settings and in parents' associations as well as the distribution of leaflets, brochures, and explanations of the interventions among the communities to give them in-depth perspectives on the interventions' goals.[46] Though the best methods for enlisting participants from low socioeconomic backgrounds include also (a) word-of-mouth recommendations, (b) referrals from governmental or community organisations, (c) flyers and posters placed around the envisage neighbourhoods, (d) participation in community activities, and (e) information sharing at community or interagency meetings, that we may mobilized at any time and when necessary to recruit these groups. Keeping in contact with participants throughout the

[45] UNEG. (2017). *Norms & Standards for Evaluation*. United Nations Evaluation Group.
WHO. (2013). *WHO evaluation practice handbook*. World Health Organization (WHO). https://apps.who.int/iris/handle/10665/96311

[46] Reiss, K., Dragano, N., Ellert, U., Fricke, J., Greiser, K.H., Keil, T., Krist, L., Moebus, S., Pundt, N., Schlaud, M., Yesil-Jürgens, R., Zeeb, H., Zimmermann, H., Razum, O., Jöckel, K-H., & Becher, H. (2014). Comparing sampling strategies to recruit migrants for an epidemiological study. Results from a German feasibility study. European Journal of Public Health, 24 (5): 721–726. https://academic.oup.com/eurpub/article/24/5/721/2837352.

program has also been found to be helpful. The combination of these strategies is what appear to work better for the targeted populations. [47]

WP6: communication and recommendation policies (conclusion)
Aim
The aim of recommendations, communication, dissemination and exploitation will be to engage in dialog with relevant stakeholders, providing target-country specific and EU wide recommendations to deal with vaccine hesitancy, distributing these recommendations and the project work and results widely to relevant audiences (public health and health care communities, EU and country specific stakeholders, and the broader public).
Relevance
It will be relevant to be in good communication with stakeholders at all levels in order to identify challenges and assess country specific and EU-wide solutions to ensure that relevant actors are informed and engage them in sustainable implementation of the identified good practice interventions on vaccine hesitancy beyond the project period. The relevant lead partner ASPHER offers structured processes of sharing evidence-based public health models of innovation and good practice, linking into the academic public health community as it operates across the political spectrum in relevant health, social, and employment fields to ensure consistent, coherent, and effective action to sustain and improve health for all.
Objectives
1. To design and develop recommendations targeted at specific populations, health care professionals and health care authorities for each Target Region analysed, based on which wider recommendations are proposed for tailored interventions aimed at other target audiences, regions, and member states. 2. To share and communicate project outcomes among policy makers, health professionals, advocacy groups, parents, and researchers, over the period of the project and at the end, using a variety of methods, including active participation. 3. To conduct high level European policy conference to discuss implications for EU policy approaches, research and 'best practice' dissemination.
Overall contribution to the call
It contributes to the call by engaging stakeholders at all levels in dialog to help identify challenges and assess solutions based on country-specific factors and further to communicate country specific and EU-wide recommendations to combat vaccine hesitancy to relevant actors in public health, health care and policy arenas based on the implemented pilot activities so that they may be sustained and scaled up across EU country settings after the project period.
Methodological approach
To achieve this objective VAX-ACTION will use a range of techniques, such as active involvement, and the dynamic sharing and communication of project outcomes with policymakers, health professionals, advocacy groups, parents, and researchers throughout the project's duration as well as at its conclusion. A comprehensive communication strategy that includes both joint communication and national communication by each partner will be developed and agreed upon before the results of the project can be shared. Interventions' results and important project statements will be disseminated in an accessible manner in both English and each partner nation's native language. To grant effective communication and transfer of knowledge to society, the project's publication strategy will begin with a thorough examination of pertinent, high-quality academic publication venues (ideally gold open access), which will include journals from a variety of disciplines, such as public health, medicine, philosophy, and sociology of health. A strategy for integrating networks of stakeholders and community leaders will be established to distribute results locally, notably through the involvement of the ASPHER's advisory board. Several channels will be used to communicate with the stakeholders (website, newsletters, follow up reports, etc.,). The project's potential policy ramifications will be effectively communicated. As part of the analysis and specification of target audiences, more groups will be added to the diverse range of target audiences.

Justification

a) The methodological approaches of the different phases are suitable for achieving the project and the call objectives because health interventions are opened opportunities for the development of more comprehensive resources for the target groups in the European region and beyond. In addition to training frontline healthcare workers for five nations to better deal with vaccine hesitancy, VAX-ACTION will developing a novel and common framework on vaccine hesitancy that will increase the success of future interventions implementation and at the same time the number of European specialist able to evaluate interventions, which will improve the capacity for future healthcare intervention development and assessment. VAX-ACTION impact may be elevated as a result of reducing healthcare authorities' resistance to creating assessment procedures for treatments.

b) There is no current common framework, not enough tried and confirmed methods to deal with vaccination hesitancy in Europe. VAX-ACTION will generate recommendations based on research for the pan-European context, governmental, and local public health authorities, and countries outside Europe. These suggestions have an influence on addressing the growing mistrust of knowledge in contemporary society on vaccination hesitancy. The fact that healthcare authorities and other

[47] Schnirer, L. & Stack-Cutler, H. (2012). Recruitment and engagement of low-income populations. Service provider and researcher perspectives. CUP. Community-University Partnership for the study of Children, Youth and Families.

specialists do not perceive the need for specialised skills and safety precautions when dealing with vaccination hesitancy and defence of expertise may function as a barrier to this influence. Therefore, the designing of interventions specifically intending for frontline healthcare workers will be a plus. VAX-ACTION creates a possibility for a common healthcare professional intervention that attempts to increase their knowledge on how to deal with vaccine hesitancy. As a result of this action, professionals will be better able to deal with related challenges to expertise, such as misunderstandings, ready-made diagnoses by laypeople, parents' strong belief in false information on the internet, and conflicting attitudes towards knowledgeable frontline healthcare workers.

c) The result of VAX-ACTION is that governments and institutions will be more prepared to address societal issues like vaccination hesitancy that need expert knowledge, expertise, and evidence-based recommendations.

d) Another effect is that VAX-ACTION engagement encourages innovative approaches to healthcare policies, which not only lowers vaccine hesitancy, but may grant the success of future interventions. Also, it will lessen future healthcare workers' vaccine hesitation, which is crucial to foster a pro-vaccine culture (especially among the identified target groups).

Selection of countries and Target Regions

Understanding and mapping vaccination hesitancy depend heavily on people's perceptions and attitudes towards health measures and political decisions on health and vaccination programmes. By designing mapping and evaluating interventions towards this groups, VAX-ACTION will provide resources to help to deal with vaccine-hesitant health care workers, parents, and communities, including migrants by addressing racism, ableism, and inclusion as well as newly arrived migrants. The project will look at approaches through which health policies might encourage medical practitioners, parents and migrants who are hesitant about vaccinations to believe in them. To keep the project and consortium scale reasonable, we have also purposefully restricted the number of nations to 5 EU countries: Portugal, France, Italy, Romania, and Czechia.

The singularity of each nation's healthcare system/or of our partners informed our choice of nations. The size, vaccination coverage, healthcare system, and mix of countries with and without vaccination requirements among these nations all varied significantly. Based on the significance or probability of more interventions on vaccine hesitancy within each country, we have chosen particular regions within each of the countries (henceforth referred to as Target Regions).

Among the EU countries vaccination confidence and vaccination rates vary greatly. given their different policies and socio-cultural specifications, Therefore, countries' differing immunisation schedules do not indicate that some are better than others. They basically take different diseases and healthcare systems into account. The recommended intervals for administration are laid forth in the national immunisation schedules in order to offer the most protection to the populations. The childhood vaccination schedules in all EU/EEA countries include the vaccination against measles, mumps, and rubella, diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, Haemophilus influenzae type B, human papillomavirus (adolescent/pre-adolescent girls). However, in some EU/EEA countries children are offered protection through vaccination also against hepatitis A, influenza, invasive disease caused by Neisseria meningitidis, invasive disease caused by Streptococcus pneumoniae, rotavirus, tuberculosis, varicella. Some EU/EEA countries only immunise people in high-risk groups and children at high risk of infection, despite the World Health Organization's (WHO) recommendation that hepatitis B vaccination should be included in the normal childhood immunisation schedule for all. Also, all EU/EEA countries provide seasonal influenza (flu) recommendations for senior individuals and other high-risk populations.

Across the consortium's member states, as of January 2023, the COVID-19 immunisation rate for the first dose varied between 42.4% in Romania and 86.4% in Portugal. Using ECDC statistics on measles and rubella from 2018, we might observe that all of the consortium's nations had coverage rates of at least 90% for one dose.

Table 3 - Vaccination rate in the consortium European countries for COVID-19 (2023) and Measles and Rubeola (2018)

	COVID-19 (January 2023/first dose)/*relative frequencies**	**Measles and Rubeola (2018/first dose)/*relative frequencies range****
Romania	42.40%	95-99%
Czechia	64.40%	95-99%
France	78.60%	90-94%
Italy	83.50%	90-94%

Portugal	86.40%	90-94%

Sources: * https://www.statista.com/statistics/1196071/covid-19-vaccination-rate-in-europe-by-country/
** https://www.ecdc.europa.eu/en/publications-data/vaccination-coverage-first-doses-measles-and-rubella-containing-vaccine-country-0

Regarding vaccination confidence levels among the consortium's member states, the table below includes several metrics that highlight the disparities between different countries, with some reporting confidence levels above and others below the EU average. This demonstrates how critical it is to provide better solutions and a universal framework which can accommodate everyone's needs while considering their singular characteristics. A framework able to pinpoint the significant factors associated with these discrepancies.

Table 4 - Percentage of respondents in each member state of the consortium agreeing with confidence survey questions (numbers in parentheses denote the country's ranking out of 28 EU member states)

	Vaccines are important for children to have	The MMR vaccine is important for children to have	The seasonal influenza vaccine is important	Vaccines are safe	The MMR vaccine is safe	The seasonal influenza vaccine is safe	Vaccines are effective	Vaccines are compatible with my religious beliefs
Cz	92.9% (8)	81.0% (20)	49.4% (26)	78.6% (21)	76.1% (22)	62.1% (19)	87.3% (15)	79.0% (13)
Fr	85.8% (24)	79.7% (23)	52.4% (21)	69.9% (26)	77.4% (20)	51.8% (28)	82.8% (23)	77.4% (16)
It	91.7% (12)	80.6% (21)	67.5% (8)	85.3% (9)	80.6% (15)	72.9% (10)	90.0% (9)	80.8% (9)
Pt	98.0% (1)	97.2% (1)	77.9% (3)	95.1% (1)	95.8% (1)	79.2% (3)	96.6% (1)	89.0% (4)
Ro	88.1% (20)	87.2% (9)	81.0% (1)	82.2% (15)	85.5% (9)	78.2% (6)	85.2% (20)	74.8% (19)
EU av	90.0%	84.4%	61.7%	82.1%	80.6%	67.8%	86.5%	77.9%

Source: https://health.ec.europa.eu/system/files/2018-11/2018_vaccine_confidence_en_0.pdf ("Vaccine confidence by member state", 2018, p.18).

Portugal

The Portuguese healthcare system has a concentration on universal access to healthcare and a significant emphasis on preventative treatment. Portugal, a medium-sized country in Southern Europe, stands out from many other EU nations due to its relatively high immunisation rates and vaccination confidence. Portugal registers the highest rates of the perception of importance (98%), safety (95,1%) e the efficacy of vaccines (96,6%) in the EU.[48] Hence, the Portuguese case could serve as a contrasting example of the maintenance of overall confidence in vaccines included in National Vaccine Programmes in the EU.

However, recently Portugal showed an increase in vaccination hesitancy, especially during the COVID-19 pandemic. Early in 2021, 19% of Portuguese citizens had reservations about receiving the COVID-19 vaccine. Doubts about the safety and efficacy of vaccines, mistrust of the government, and a perception that the epidemic is not as bad as depicted were the primary causes of vaccination hesitation. Most recent statistics point to a decline in vaccination hesitancy in Portugal.[49] Among parents, educators, and caregivers, there is showed sizable proportion who still put off or refuse some or all of their children's prescribed immunisations.[50]

One of the first populations to receive COVID-19 immunisation was the healthcare workers.

[48] EC. 2018. State of Vaccine Confidence in EU, Brussels: European Commission

[49] Silva, T. M., Estrela, M., Roque, V., Gomes, E. R., Figueiras, A., Roque, F., & Herdeiro, M. T. (2022). Perceptions, knowledge, and attitudes about COVID-19 vaccine hesitancy in older Portuguese adults. Age and Ageing, 51(3), afac013. https://doi.org/10.1093/ageing/afac013

[50] Barros, R., Dantas, M., & Lopes, F. (2022). Como está a correr a vacinação da covid-19? Compare Portugal com os outros países (updated 8 de Março de 2022). Publico. 19.02.2023 Online https://www.publico.pt/interactivo/vacina-covid-19

However, past research has shown mixed findings about vaccine hesitancy among them for COVID-19 and other respiratory infections.[51] Therefore, it is essential to understand if the interventions made so far worked and why some also choose not to immunise against COVID-19.

There have been initiatives to overcome other vulnerable groups' immunisation hesitancy. For instance, the Portuguese government has started a campaign to encourage immigrants and refugees to get the COVID-19 vaccine and has published information on the vaccine in many languages. Several community and non-governmental organisations have also been promoting immunisation among immigrant populations. In general, despite the lack of information on vaccination hesitancy among migrant communities in Portugal, some of the same variables associated with hesitancy in other countries may also be relevant in Portugal.[52]

Target region in Portugal – Porto

Porto is the second largest city in Portugal and has a population of over 237 thousand people. It is also known as the capital of the north of the country and is situated northwest of both Portugal and the Iberian Peninsula. Due to its advantageous geographic location and access to a robust communications network, Porto enjoys easy connectivity to other regions of Portugal and Europe. Porto metropolitan area has 18 municipalities, seven parishes, around 1,300,000 inhabitants and a total area of almost 2400 km2. Portuguese is the predominant nationality of people living in Porto, but around 3% of the population is from other nationalities, like the British nationality as they have had a significant influence ever since *Port wine* was invented. There is also a sizable population of Brazilian people, immigrants from the former colonies in Africa, as well as more recent newcomers from Eastern Europe, as in most Portuguese cities.[53]

Portugal faces geographical variations on vaccine hesitancy rates regarding different vaccine types and for different targeted groups. Inequalities and poverty in the region of Porto is likely to be related to these variations. In December 2021, there were 231 people living on the streets of Porto and 499 living in reception centres, shared apartments, or guesthouse rooms. In total, there are 730 homeless people, which represents an increase of 140 (39 more living on the streets and 101 in shelters) compared to December 2020.[54] The risk of poverty is even rising with inflation increasing due the war in Ukraine. The 1.8 million Portuguese people at risk of poverty include the mostly elderly, women who are single parents with children, unemployed women, retired women, and women who work. This group might increase in 2023, and they might even abandon the category of 'vulnerable people' to become real poor if they face unexpected unemployment or illness as it happened with the recent COVID-19 pandemic.[55]

Italy

Italy is a sizable nation in southern Europe. According to the Italian Ministry of Health, in early 2021, around 18% of Italians were hesitant about vaccinating against COVID-19. The main reasons for vaccine hesitancy included concerns about side effects, a lack of trust in the vaccine and the government, and a belief that the pandemic is not as severe as portrayed. However, more recent data suggest that vaccine hesitancy is decreasing in Italy. [56]

The Italian healthcare system is a mix of public and private healthcare and is known for providing high-quality care to its citizens. All Italian residents are covered by the *Servizio Sanitario Nazionale* (SSN). This publicly funded healthcare system provides access to various medical services, including doctor's visits, hospital stays, and prescription medications. The SSN is funded through labour force, regional and national taxes, and co-payments for some medical services. Private health insurance is also available and can be used to supplement SSN coverage or to access private healthcare providers. Overall, the Italian healthcare system is considered to be high-quality, with a strong emphasis on preventive care and a focus on community health. [57]

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[51] Soares, P.; Rocha, J.V.; Moniz, M.; Gama, A.; Laires, P.A.; Pedro, A.R.; Dias, S.; Leite, A.; Nunes, C. (2021). Factors Associated with COVID-19 Vaccine Hesitancy. *Vaccines*, 9, 300. https://doi.org/10.3390/vaccines9030300

[52] Fonseca, I. C. , Pereira , A.I., & Barros, L. (2021). Portuguese parental beliefs and attitudes towards vaccination, Health psychology and behavioural medicine, 9 (1), 422–435 https://doi.org/10.1080/21642850.2021.1920948

[53] Geografia do Porto (visitar-porto.com): https://www.visitar-porto.com/pt/descobrir/factos/geografia.html#:~:text=Com%20uma%20popula%C3%A7%C3%A3o%20de%20cerca,segunda%20maior%20cidade%20de%20Portugal.

[54] Pinto, Mariana Correia (june 27, 2022). Número de sem abrigo cresce no Porto. *Público*. [Online] https://www.publico.pt/2022/06/27/local/noticia/numero-semabrigo-cresce-porto-sao-730-pessoas-2011560

[55] Faria, Natália (october 28, 2022). Inflação ameaça criar novos pobres em 2023 que podem escapar às estatísticas. *Público*. [Online] https://www.publico.pt/2022/10/28/sociedade/noticia/inflacao-ameaca-criar-novos-pobres-2023-podem-escapar-estatisticas-2025636

[56] Moscardino, U., Musso, P., Inguglia, C., Ceccon, C., Miconi, D., & Rousseau, C. (2022). Sociodemographic and psychological correlates of COVID-19 vaccine hesitancy and resistance in the young adult population in Italy. *Vaccine*, *40*(16), 2379–2387. https://doi.org/10.1016/j.vaccine.2022.03.018

[57] Health Ministry site: http://www.salute.gov.it/portale/documentazione/p6_2_8_3_1.jsp?lingua=italiano&id=20

Adopting a vaccine requirement for students entering schools in 2017 makes this nation an intriguing case study. The decision was made in light of the incidence of illnesses that are preventable by vaccination and the trend towards declining vaccination rates. In reality, measles and rubella cases have been rising rapidly, making Italy one of the EU nations with the highest prevalence rates. Measles cases were explicitly recorded in 2013, 2014, 2015, 2016, 2017, and 2018.[58] Parallel to this, Italy had 20 documented rubella cases between December 2018 and November 2019, down from 12 the year before.[59] All vaccines have seen a rise in immunisation rates, but the measles-mumps-rubella (MMR) vaccination rate, particularly, climbed by 4% from 2016 to 2017 and reached 93.2% in 2018 (Piano Nazionale Prevenzione Vaccinale – PNPV).[60]

Before the mandatory vaccination policy went into effect in Italy, many nationwide studies examined the issue of poor vaccine coverage. According to an initial poll, 83.7% of parents agree to vaccination, 15.6% are reluctant, and 0.7% are against it.[61] Safety concerns were the main reported reason for delaying (38.1%) or stopping (42.4%) vaccination, and anti-vaccination and hesitant parents are significantly more concerned about short-term (85.7 and 79.7% vs 60.4%) and long-term (95.2 and 72.3% vs. 43.7%) vaccine adverse reactions than pro-vaccination parents.[62]

The mandatory vaccination policy in Italy mandated 10 immunisations for children between the ages of 0 and 16 (free of charge). The 10 immunisations protect against: varicella, measles, mumps, rubella, polio, diphtheria, tetanus, HPV, pertussis, and haemophilus influenzae type b. When it comes to youngsters between the ages of 6 and 16 (who must attend compulsory school), the law stipulates penalties that may include paying a fine. Also, children between the ages of 0 and 6 may be prevented from enrolling in school if they have received insufficient or no vaccines. The first data to be made public following the mandatory vaccination law was the immunisation coverage rates for 2017. All vaccines have seen an increase in immunisation rates, but measles, mumps, and rubella (MMR) vaccination rates in particular climbed by 4% between 2016 and 2017 and reached 93.2% in 2018.[63]

Target region in Italy - Rome

Rome is the target region involved in the project and it is the most populous commune in the entire nation and the third-most populous city overall in the European Union. The most populated metropolitan area in Italy is the Metropolitan City of Rome, which has a total population of 4,355,725 people.[64]

Rome has incorporated the recommendations from the National Vaccination Plan (2017-2019) and provided specific implementation guidelines, including the establishment of a Regional Technical Support Board. A study with pregnant woman showed that just 75% of future moms were certain about getting their children vaccinate for the MMR vaccine and 64.3% the hexavalent vaccine. The survey was completed by 58 pregnant women who regularly attended antenatal classes at 36 family health clinics and 2 hospitals in Rome. About 90% of the women were carrying their first child, and the mean age was 32.9 (5.0) years.[65] The safety and effectiveness of vaccines were well-understood by more than 26% of respondents, yet there were substantial percentages of doubt or agreement with some of the most prevalent anti-vaccination beliefs. They concluded that to stop the spread of erroneous information and vaccine safety fears, health care workers, especially midwives, should have improved communication skills with future parents. Which indicates a gender issue here that must also be addressed. Data on vaccination coverage suggested the new mandatory vaccination law was effective: rates for polio immunisation showed a national average of almost 95%, with 11 of the 22 Regions reaching the threshold of 95%, and rates for measles reached rates of 91.68%. However, as preschool education is not mandatory at this age and there are many hesitant parents, this legislative step alone was not enough to ensure vaccine compliance among pre-schoolers.[66]

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https://www.epicentro.iss.it/morbillo/bollettino; and EC. 2018. State of Vaccine Confidence in EU, Brussels: European Commission

[58] NIK 2016. and Source: https://www.epicentro.iss.it/morbillo/; accessed 26.03.2020; https://www.epicentro.iss.it/rosolia/ [26.03.2020]; and https://www.epicentro.iss.it/vaccini/dati_Ita; accessed [26.03.2020].

[59] Health Ministry site: http://www.salute.gov.it/portale/documentazione/p6_2_8_3_1.jsp?lingua=italiano&id=20 [30 May, 2020].

[60] Source: https://www.epicentro.iss.it/morbillo/bollettino

[61] Giambi, C., Fabiani, M., D'Ancona, F., Ferrara, L., Fiacchini, D., Gallo, T., Martinelli, D., Pascucci, M. G., Prato, R., Filia, A., Bella, A., Del Manso, M., Rizzo, C., & Rota, M. C. (2018). Parental vaccine hesitancy in Italy - Results from a national survey. Vaccine, 36(6), 779–787. https://doi.org/10.1016/j.vaccine.2017.12.074

[62] EC. 2018. State of Vaccine Confidence in EU, Brussels: European Commission

[63] Law 119/2017. Disposizioni urgenti in materia di prevenzione vaccinale. Urgent dispositions concerning vaccine prevention.

[64] Cf. Visit Rome Italy - N°1 Rome Travel Guide" [Online]: https://romesite.com/.

[65] Rosso, A., Massimi, A., De Vito, C., Adamo, G., Baccolini, V., Marzuillo, C., Vacchio, M.R., & Villari, P (2019). Knowledge and attitudes on pediatric vaccinations and intention to vaccinate in a sample of pregnant women from the City of Rome, Vaccine, Volume 37 (14): 1954-1963, https://doi.org/10.1016/j.vaccine.2019.02.049.

[66] Rosso, A., Massimi, A., De Vito, C., Adamo, G., Baccolini, V., Marzuillo, C., Vacchio, M.R., & Villari, P (2019). Knowledge and attitudes on pediatric vaccinations and intention to vaccinate in a sample of pregnant women from the City of Rome, Vaccine, Volume 37 (14): 1954-1963, https://doi.org/10.1016/j.vaccine.2019.02.049.

Therefore, the creation of projects' interventions aimed at boosting Rome and Italians residents' confidence in vaccinations is crucial in this context.

Czechia

Czechia is a medium-sized nation located in Central Europe. The foundation of Czechia's healthcare system is statutory, mandated health insurance. The National Institute of Public Health is the network's traditional leader, focusing on diseases that immunisation may prevent. Children must get vaccinations against diseases on the national immunisation schedule. They include MMR, Haemophilus influenzae type B, hepatitis B, tetanus, pertussis, and poliomyelitis. Health insurance covers immunisations in addition to the required childhood vaccinations. Vaccines are given by paediatricians, family practitioners, or nurses.[67] Parents who don't vaccinate their kids risk a fine of up to 400 euros and the exclusion of their kids from preschool. Czechia recorded vaccine coverage rates of over 95% in 2018 (except for hepatitis B, which was 94%).[68]

As of March 11th, 2023, there were 177 doses of COVID-19 vaccine delivered per 100 individuals in Czechia.[69] A new online platform for registering to extend temporary protection has been launched today (30th January 2023).[70]

Nonetheless, measles outbreaks have lately been reported in Czechia, which lost its "measles-free designation" in 2018. In Czechia, the first measles epidemic began in 2014 when 221 cases were reported. With 146 cases of measles, predominantly in one Moravian area, the outbreak recurred in 2017. In Czechia, the most recent measles epidemic began at the end of 2018 and persisted into the first part of 2019. Infants under one year old, young children under the age of four, and people between the ages of 35 and 39 and 45 and 49 were the central populations impacted by the measles epidemic. In all of the Czechia's regions, cases were reported.[71]

The capital city of Prague and the Moravian-Silesian region were substantially more affected than other areas. While there were no immediate national repercussions from the epidemic in 2014, many national actions were already adopted in 2017 and 2018. More precisely, the vaccination schedule was altered by regulation 355/2017 (the first dose is administered every 12 months, and the second dose is administered every five years), and the screening and immunisation of medical staff in a few hospital departments began.[72]

Target region in Czechia - Prague

The City of Prague with around 1.3 million inhabitants, as the most densely populated area in the country, will be the Target region in Czechia. With 290 cases of measles between 2018 and 2019, Prague represents one of the two regions most significantly impacted by the measles outbreak, with no significant socio-demographic variations. Some have got the disease from abroad and many of them have been unvaccinated but also some vaccinated adults have been found with the diseases.[73] The city has residents from all country surrounding nations, which creates a backdrop for various subjectivities about vaccine hesitancy and adds to the difficulties for an intervention's success. So, it is absolutely essential to doing the assessment in the region. The elderly or healthcare professionals were the first populations in much of Europe to get the COVID-19 vaccination. However, Czechia, has implemented a different approach. The first person to receive the shot was Prime Minister, maybe as a gesture to the nation's general trust in immunisations. It was a component of the government's new media push to combat widespread vaccine scepticism, which seems to be so ingrained that senior officials are concerned it may be impossible to get two-thirds of the people to get the vaccine. Early in December, a local pollster named STEM discovered that only 40% of Czechs, one of the lowest percentages in all of Europe, would voluntarily receive vaccinations. In another poll – a regional survey done by the Sinophone Borders Project of Palacky University Olomouc – about 30% of Czechs, the second-lowest percentage among the 13 European nations surveyed, said they would be prepared to receive the COVID-19 vaccine. This percentage is in comparative terms less 1% than French people, 52% of Germans, and 62% of British. Residents of the CR appear to

[67] OECD, State of Health in the EU, Czechia, 2021, Czech Republic: Country Health Profile 2021, Czech Republic: Country Health Profile 2021 | en | OECD
[68] OECD, State of Health in the EU, Czechia, 2021, Czech Republic: Country Health Profile 2021, Czech Republic: Country Health Profile 2021 | en | OECD
[69] https://tradingeconomics.com/czech-republic/coronavirus-vaccination-rate
[70] https://metropolevsech.eu/en/news/kde-prodlouzit-docasnou-ochranu/
[71] OECD, State of Health in the EU, Czechia, 2021, Czech Republic: Country Health Profile 2021, Czech Republic: Country Health Profile 2021 | en | OECD
[72] OECD, State of Health in the EU, Czechia, 2019, Czech Republic: Country Health Profile 2019, https://doi.org/10.1787/058290e9-en
[73] OECD, State of Health in the EU, Czechia, 2019, Czech Republic: Country Health Profile 2019, DOI: https://doi.org/10.1787/058290e9-en

have been hesitant due to government mistrust and a lack of media literacy. So, the action in the Prague region must take these crucial factors into consideration.[74] Among Czech students, between which there were students from the Prague region, 7.4% of participants were vaccine-hesitant, whereas 19.3% of participants were vaccine resistant. The overall COVID-19 vaccine acceptance level among participants was 73.3%. Higher probabilities of vaccine uptake were indicated with trust in the pharmaceutical sector, trust in healthcare providers, and perceived knowledge sufficiency. Contrarily, the likelihood of vaccine hesitancy was predicted to be higher by media and social media influences, personal beliefs, immunity misconceptions, prior COVID-19 infection, doubts about innovative vaccines, and the local availability of vaccines. Overall accounting for the main preventive measures in Czechia to be inclusive of foreign nationals and attentive to cultural differences.[75]

France

The French healthcare system is a mix of public and private healthcare. The *Assurance Maladie* covers all French residents, and it is a publicly funded healthcare system that provides access to a wide range of medical services and care. The *Assurance Maladie* is funded through labour taxes and other taxes and covers many medical costs. In France, the private health insurance can also supplement the public system or access private healthcare providers. Overall, the French healthcare system is considered one of the best in the world, with a strong emphasis on preventive care and a focus on universal access to healthcare. Care is given in a variety of settings under the French health care system, including private clinics for out-of-hospital care, hospitals, health and social services, and residential institutions for old or disabled patients who are considered to be vulnerable. It is based on the principle that patients and residents should have the flexibility and liberty to pick their primary care physician (*médecin traitant*), direct-access specialist, healthcare institution, and residential facility, whether located in the public or private sector.[76]

A survey looking at hesitancy of hospitals personnel in France (78% women, 42 years old on average, 21.5% doctors, and 41% private care facilities) found that about 53% hospital supported the COVID-19 immunisation. Female gender, young age, paramedical, technical, and administrative occupations (i.e., all non-medical professions), lack of past flu vaccination, and work in the private medical care sector were all linked with vaccine hesitation. These findings show that the biggest barriers to immunisation were mistrust of medical authorities and pharmaceutical lobbying. Over two thirds of individuals were concerned about major negative effects and thought that the clinical and biological research was moving too quickly. The majority of participants were eager to learn more about the various vaccines in writing, but those who were most wary of vaccinations preferred oral instruction. Just 35% favoured making vaccinations mandatory. In sum, they concluded that to increase vaccination rates among hospital employees who exhibited a shockingly high hesitant rate, targeted written and spoken awareness campaigns will be required, and that forcing obligatory vaccinations might not be the best idea.[77]

Target region in France – Paris

The target region in France is Paris. With approximately 2 300 000 inhabitants in 2023 in a region with 105.4 km2, Paris is the country's capital and its largest city. By 2022, it ranked as the fourth-most populated city in the European Union and the 30th-most densely inhabited metropolis in the entire globe. It is one of the most significant and prominent cities in the world. Paris receives the second-highest number of tourists in Europe.[78] This increases the risk of disease transmission and the challenges of implementing interventions, respectively. Millions of people visit every day; therefore, interventions must account safety both for those who live there and for those who are just passing. This makes hesitancy a more pressing problem among its inhabitants and entails more challenges in terms of safeguarding for example cultural differences and language barriers in terms of interventions implementations. Regarding the targeted populations, as of 2021, FCWs exhibit comparable patterns of vaccine hesitancy for the COVID-19 and influenza vaccines. Vaccine hesitancy is significantly impacted by media coverage of vaccination side effects. Therefore, it is requested that efforts be made to educate FCWs on the risk/benefit ratio of COVID-19 vaccinations. [79]

France had one of the greatest rates of vaccine hesitancy when it began immunizing its citizens at the beginning of the 2021. But because millions of French people were forced to get the injection by a

[74] Coronavirus: Why are Czechs among Europe's most sceptical when it comes to vaccines? | Euronews

[75] Riad, A., Pokorná, A., Antalová, N., Krobot, M., Zviadadze, N., Serdiuk, I., Koščík, M., & Klugar, M. (2021). Prevalence and Drivers of COVID-19 Vaccine Hesitancy among Czech University Students: National Cross-Sectional Study. Vaccines, 9(9), 948. https://doi.org/10.3390/vaccines9090948

[76] The French health care system The French health care system (cleiss.fr)

[77] Navarre, C., Roy, P., Ledochowski, S., Fabre, M., Esparcieux, A., Issartel, B., Dutertre, M., Blanc-Gruyelle, A. L., Suy, F., Adelaide, L., Pariset, C., Kisterman, J. P., Champagne, H., & Saison, J. (2021). Determinants of COVID-19 vaccine hesitancy in French hospitals. *Infectious diseases now*, *51*(8), 647–653. https://doi.org/10.1016/j.idnow.2021.08.004

[78] Paris, capital of France. Paris Travel Guide. [online]: https://www.introducingparis.com/

[79] Paris, C., Bénézit, F., Geslin, M., Polard, E., Baldeyrou, M., Turmel, V., Tadié, É., Garlantezec, R., & Tattevin, P. (2021). COVID-19 vaccine hesitancy among healthcare workers. Infectious diseases now, 51(5), 484–487. https://doi.org/10.1016/j.idnow.2021.04.001

combination of government pressure and incentives, by the summer of the same year, France turned to one of the highest immunisation rates among the EU nations. The French campaign was so successful that the government has relaxed some of the limitations it imposed in the summer of 2021 in some areas of the nation, like Paris, while keeping additional safety measures, like wearing masks and getting the Covid certificate to enter public places.[80] However some studies show that characteristics related to poverty, immigration, and beliefs in the government are significant drivers of vaccination rates in France, and that after the introduction of the French sanitary and vaccination passes, vaccination inequities tended to expand.[81] Studies on prior vaccines in France had already shown spatial heterogeneities in immunisation rates. Hepatitis B vaccination rates and Measles-Mumps-Rubella vaccination rates have been lowering in the south of France, particularly in the south-east. There have been some proposed causes for this spatial gradient in vaccination rates, including distance from Paris, the seat of political authority, and a sense of local community identification. It is well recognised that social and geographic inequality have an impact on vaccination attitudes and decisions. Polls done in France in 2020 revealed that people with lesser levels of education, money, or faith in the government had a higher propensity to oppose COVID-19 vaccinations.[82] Paris is located in a sizable metropolitan area and has one of the biggest suburban size areas. Hence, factors affecting vaccination rates are expected to vary among this region. This makes continual intervention implementation, evaluation, and design vital and particularly significant among target populations in the Paris region.

Romania

Recent years in Romania have shown an increase in vaccination hesitancy, especially during the COVID-19 pandemic. In 2021 the Romanian Institute for Evaluation and Planning revealed that 47% of Romanians were hesitant to get the COVID-19 vaccination. This was due to several factors, including worries about vaccination efficacy, safety, and vaccine development times.[83] The Romanian government has taken action to combat vaccine hesitancy, establishing public health campaigns and providing incentives like free vaccines. Health insurance, which may be purchased through public insurance, is obligatory for all Romanian residents (available to anyone). The Romania's national health insurance programme is supported by the Romanian's labour taxes, and these give people access to the various medical services. Contrarily, private health insurance is paid for by the insurances premiums and often offers broader benefits than public insurance. The Romanian healthcare system is generally seen to be having difficulties due to problems with underfunding, a lack of medical staff, and outdated medical facilities.[84]

COVID-19 immunisation campaigns began in December 2020 and childhood immunisation began in 2021 in August for children aged 12 to 15 years; kids aged 5 to 11 years began in January 2022. These elements have a major relationship since in Romania, parental agreement is necessary for child immunisation. During the height of the fourth COVID-19 wave in October and November 2021, an analytical cross-sectional survey found significant correlations between parents' educational achievement, place of residence, and COVID-19 vaccination status. The novelty of COVID-19 vaccines (47.32%), worry about bad effects (24.42%), and 'anti-vaccinism' in general (22.13%) were the hesitancy considerations for child vaccination. Only 11.42% of the participants suggested immunisation for kids aged 5 to 11. The study also found that the general public had a greater acceptance rate of vaccines than the medical personnel. Thus, the authors concluded that in general, parental vaccination against COVD-19 and degree of education were associated with the Romanian population's acceptance of COVD-19 vaccinations, and that intervention programmes for public health are crucial.[85]

Target region in Romania – Bucharest

Bucharest is Romania's capital and the largest city. It is the country's financial, media, entertainment, and cultural hub with a large impact on Eastern and South-eastern Europe. It is a city that has a substantial impact on politics, sports, art, fashion, health care, tourism, research, and other fields in Romania and eastern parts of Europe. It is situated less than 60 kilometres north of the Danube River and the Bulgarian

[80] Nick Kostof, September 27, 2021, How France overcome covid-19 Vaccine hesitancy. The wall street journal, https://www.wsj.com/articles/how-france-overcame-covid-19-vaccine-hesitancy-11632735002
[81] Débarre, F., Lecoeur, E., Guimier, L., Jauffret-Roustide, M., Jannot, A-S., (2022). The French Covid-19 vaccination policy did not solve vaccination inequities: a nationwide study on 64.5 million people, European Journal of Public Health, 32 (5): 825–830, https://doi.org/10.1093/eurpub/ckac125
[82] Débarre, F., Lecoeur, E., Guimier, L., Jauffret-Roustide, M., Jannot, A-S., (2022). The French Covid-19 vaccination policy did not solve vaccination inequities: a nationwide study on 64.5 million people, European Journal of Public Health, 32 (5): 825–830, https://doi.org/10.1093/eurpub/ckac125
[83] Romania health system information (who.int)
[84] Romania health system information (who.int)
[85] Manolescu, L. S. C., Zaharia, C. N., Dumitrescu, A. I., Prasacu, I., Radu, M. C., Boeru, A. C., Boidache, L., Nita, I., Necsulescu, A., Medar, C., Cristache, C. M., & Chivu, R. D. (2022). COVID-19 Parental Vaccine Hesitancy in Romania: Nationwide Cross-Sectional Study. *Vaccines*, *10*(4), 493. https://doi.org/10.3390/vaccines10040493

border, in the south-east of Romania. Moreover, it is the most populous capital in South-eastern Europe and one of the EU's most populous cities within city borders. [86] With a surface area of 228 km, Bucharest City makes up 0.8% of Romania's total land area, of which 70% is covered by buildings. According to data from United Nations - World Population Prospects, the current metropolitan area population of Bucharest in 2023 is 1 776,000, a 0.5% decline from 2022. It is less than 10% of the entire population of the nation, of which around 50 % is employed or actively seeking employment. Among this population, approximately 5 % work in the health sector.[87]

According to the national vaccination programme in Romania, studies have revealed that parents' decisions not to vaccinate their children generally have been influenced by a lack of information and a fear of the side effects. As a result, more interventions are required for this particular group of people as well as for health care workers who have a significantly higher hesitancy rate than the general population in this Romania's study in 2022.[88] In this study, out of 1645 participants, 1311 (79.70%) were vaccinated against COVID-19, but only 188 (11.42%) participants vaccinated their children aged 12–18 years. Some of the variables significantly associated with COVID-19 willingness to vaccinate children aged between 12 and 18 years were: level of education, geographic area of residence, and being a COVID-19-vaccinated parent were significantly associated with. These variables explained between 26.7% and 35.7% of the variance of children's vaccination. However, in this study, vaccine acceptability among the general population (79.70%) was higher than the acceptance rate among healthcare professionals working in the medical field (55.91%). Main factors associated with hesitancy in the general population were the belief the vaccine was ineffective (39.22%), concerns about its side effects (22.75%), the thought that getting sick would produce more antibodies than getting the vaccine (17.06%), opposition to vaccination in general (10.47%), or had already contracted COVID-19 disease (3.29%). Although this study's information pertains to the entire nation because Bucharest is one of the most populated cities, it is critical to evaluate and design interventions specifically for this area that can be replicated in other areas.[89]

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2.2 Consortium set-up

Consortium cooperation and division of roles (if applicable)

Describe the participants (Beneficiaries, Affiliated Entities and Associated Partners, if any) and explain how they will work together to implement the project. How will they bring together the necessary expertise? How will they complement each other?

In what way does each of the participants contribute to the project? Show that each has a valid role and adequate resources to fulfil that role.

***Note:** When building your consortium you should think of organisations that can help you reach objectives and solve problems.*

VAX-ACTION is composed of scholars and stakeholders from diverse health settings with wide experience in working for joint projects on vaccines, FHWs training, broad communication strategies and health interventions.

As detailed in section 1.3, VAX-ACTION's partners have been involved in the VAX-TRUST project (UNL is in the management commitment and leads the WP on evaluation of health interventions); and ASPHER leads the ECDC-funded project 'Promoting vaccine acceptance and uptake - Communication approaches for frontline health workers' alongside UNL, IP, ISPUP, UNIPV, Uni-SR.

To set-up the consortium of VAX-ACTION, these partners involved other ASPHER's members who were already studying vaccine hesitancy in countries where political attention is growing, such as the case of Romania and Czechia.

We form a consortium aimed to address vaccine hesitancy in a broad variety of European healthcare systems to make easier the understanding of this phenomenon and scaling up of solutions to other EU member states. The Project Coordinator (PC) – Tiago Correia from UNL – and all partners' representatives will grant that the interventions and recommendations are created in a way that they can be implemented in various healthcare settings, as well as that successful interventions of country-level will be successfully implemented. To do so, the following set of criteria were used to choose the VAX-ACTION consortium:

[86] https://portal.cor.europa.eu/divisionpowers/countries/MembersNLP/Romania/Pages/default.aspx.
[87] http://www1.pmb.ro/pmb/index_en.htm
[88] Manolescu, L. S. C., Zaharia, C. N., Dumitrescu, A. I., Prasacu, I., Radu, M. C., Boeru, A. C., Boidache, L., Nita, I., Necsulescu, A., Medar, C., Cristache, C. M., & Chivu, R. D. (2022). COVID-19 Parental Vaccine Hesitancy in Romania: Nationwide Cross-Sectional Study. Vaccines, 10(4), 493. https://doi.org/10.3390/vaccines10040493
[89] Manolescu, L. S. C., Zaharia, C. N., Dumitrescu, A. I., Prasacu, I., Radu, M. C., Boeru, A. C., Boidache, L., Nita, I., Necsulescu, A., Medar, C., Cristache, C. M., & Chivu, R. D. (2022). COVID-19 Parental Vaccine Hesitancy in Romania: Nationwide Cross-Sectional Study. Vaccines, 10(4), 493. https://doi.org/10.3390/vaccines10040493

- **Quality**. The Consortium's partners complement one another in their jobs and have extensive expertise in the activities they are committed to in order to complete the project's development.
- **Partnership.** A single institution does not bear exclusive responsibility for each work package. The results of the collaborative research will be the results of the consortium. The consortium was established democratically, and all choices were reached in harmony with that principle. WPs are led by a leader and co-leader precisely to ensure the principle of partnership and to ensure the continuity of work in case of unforeseen circumstances.
- **Complementary distribution.** The specialists that each partner's team have in the diverse fields complement one another with the intend of achieving the projects' goals.
- **Flexible thinking.** The skill areas are not tightly segregated, which improves the efficiency of collaboration between partners who have common expertise and does not limit their overall contribution.
- **Achievement.** Instead of designing the project to satisfy the demands of the partners, the partners have been chosen to meet the project needs. As a result, partners' teams cover all the particular areas necessary for the project's development and growth.
- **Duty and responsibility.** All partners indicated their steadfast commitment to taking part in the project's activities and the achievement of its goals. Prior to the proposal's submission, diverse meetings were held to foster responsibilities and assign roles.

Building on the WHO five phases procedure for Tailoring Immunization Programmes (TIP) (see section 2.1), and the abovementioned set of criteria, the VAX-ACTION consortium follows a continuous learning process. Accordingly, each new phase builds on the preceding ones. This is of particular importance given the lack of knowledge of how to transfer good practices due to cultural, educational, and social differences. WP2 reviews current evidence in Europe, Canada in the US, based on which WPs3, 4 and 5 design proper interventions aimed to train frontline healthcare workers and to tackle vaccine misinformation or disinformation among specific population groups. The role of WP3 is two-fold: to oversee the overall consistency of tailored and evidence-based interventions of WPs4 and 5 in the target regions and help them to make the necessary adjustments to the intervention plans to improve its effectiveness, and to design and implement the evaluation plan of those interventions.
The collaborative work among WPs 3, 4 and 5 will inform the conclusion phase (WP6), in which broader recommendations and toolkits are designed to be adapted and used in other EU countries and elsewhere.

2.3 Project teams, staff and experts

Project teams and staff

Describe the project teams and how they will work together to implement the project.

List the staff included in the project budget (budget category A) by function/profile (e.g. project manager, senior expert/, junior expert, trainers/teachers, technical personnel, administrative personnel etc. — use the same profiles as in the detailed budget table, if any) and describe briefly their tasks. Provide CVs of all key actors (if required).

Name and function	Organisation	Role/tasks/professional profile and expertise
Tiago Correia, Project Coordinator; WP1 and WP3 leader	UNL	Representative member of his Institution. Projects' coordination experience in health intervention and evaluation.
Isabel Craveiro, WP3 member	UNL	Experience in teaching, projects development and health research. Evaluation specialist.
Cátia Guerreiro, WP3 member	UNL	Member of WP3 team in Portugal. Experience in the implementation of health actions. Interventions design specialist.
Carlo Signorelli,	Uni-SR	Member of WP2 team in Milano. Representative member of his Institution. Experience in teaching. Public health and hygiene and

WP2 leader		preventive medicine specialist.
Anne Odone, WP1 member	UNIPV	Representative member of her Institution. Experience in Public Health and teaching. Specialist in epidemiology and medical statistics.
Judith Mueller, WP4 leader	IP	Representative member of her Institution. Responsible for implementing WP4 and WP5 in Paris. Specialist in vaccine epidemiology and preventive medicine.
Alena Petrakova, WP4 and WP5 member	IPME	Representative member of her Institution. Responsible for implementing WP4 and WP5 in Prague. Specialist in public health and medical education.
Silvia Gabriela Scintee, WP5 leader	INMSS*	Representative member of her Institution. Responsible for implementing WP4 and WP5 in Bucharest. Specialised in public health and health management training and research.
Marius Ciutan, WP4 and WP5 member	INMSS*	Member of the team implementing WP4 and WP5 in Bucharest. Specialised in Human resource, assessment, and analysis of health services
Chiara Caddedu, WP4 and WP5 member	UCSC	Representative member of her Institution. Responsible for implementing WP4 and WP5 in Rome. Specialist of public health, statistics, and epidemiology.
Robert Otok, WP6 leader	ASPHER	Representative member of his Institution. Specialist in public health.
Lore Leighton, WP6 member	ASPHER	WP6 team member. Experience in biophysics research, public health, communication, and scientific publishing.
Allison McCallum, WP6 member	ASPHER	WP6 team member. Long experience in teaching, public health and health and vaccine implementation programmes.
Nadav Davidovitch, WP6 member	ASPHER	WP6 team member. Specialist in teaching, public health, epidemiology, and consultant.
Henrique Barros, WP4 and WP5 member	ISPUP	Representative member of his Institution. Responsible for implementing WP4 and WP5 in Porto. Medical Doctor. R&D Epidemiology and Research Specialist.
WP4 and WP5 member	ISPUP	Member of the team responsible for implementing WP4 and WP5 in Porto. Specialist in public health and clinical analysis.
WP4 and WP5 member	ISPUP	Member of the team responsible for implementing WP4 and WP5 in Porto. Specialist in public health, science communication, and biomedical pharmacy.
*NSPHMPDB = National School of Public Health Management and Professional Development (the current NATIONAL INSTITUTE OF HEALTH SERVICES MANAGEMENT = NIHSM)		

Outside resources (subcontracting, seconded staff, etc)

If you do not have all skills/resources in-house, describe how you intend to get them (contributions of members, partner organisations, subcontracting, etc.).

If there is subcontracting, please also complete the table in section 4.

Not applicable.

Experts (if applicable)

*Explain if **national** and/or **international experts** will be nominated by national authorities to support the project implementation. Describe the specific professional and technical expertise and experience of each proposed expert and their contribution to the project implementation. Provide CVs (if required).*

Minimum requirements:

- *Qualification: A level of education which corresponds to a Bachelor's degree.*
- *Professional experience: At least 4 years of proven experience in XXX*
- *Other skills: ability to work in English (minimum B2 level)*

Not applicable.

2.4 Consortium management and decision-making

Consortium management and decision-making (if applicable)

Explain the management structures and decision-making mechanisms within the consortium. Describe how decisions will be taken and how regular and effective communication will be ensured. Describe methods to ensure planning and control.

***Note:** The concept (including organisational structure and decision-making mechanisms) must be adapted to the complexity and scale of the project.*

The VAX-ACTION project is coordinated by UNL (Prof. Tiago Correia is the Project Coordinator-PC), managing decision-making on strategic issues of the project through the leadership of WP1. This partner will coordinate and monitor the work of different WPs, discussing the project work progress and coordination, outstand actions, and ad hoc issues. It will regulate and control the whole project commitment to the final objectives, costs, and deadlines.

The project is divided into six work packages (WPs), each of which lead by one Work Package Leader (WPL), who is expected to ensure the coordination of the WP on a regular basis. WPLs' responsibility is to make sure the achievement of the goals outlined in each individual WP (compliance with tasks, deliverables and milestones as detailed in the chronogram). At the same time, connections to different work packages are enhanced thanks to efficient management connectivity between partners and active internal communication. Each WPL will form their proper teams according to budget specifications and will be responsible for team coordination.

Active steps will also be taken to guarantee gender balance in the teams, notably when recruiting human resources. The opening of positions will be drawn from the Horizon Europe guidance on gender equality plan[90] and the LIBRA recruitment handbook for Inclusive, Transparent and Unbiased Recruitment Processes.[91] The VAX-ACTION core team counts with 60% women representation.

As VAX-ACTION wants to advance the career of young scholars, it is crucial that postdoctoral scholars and early career researchers (up to 5 years after completing PhD) hired through the project are offered a voice in decision-making. This is ensured by including them in the meetings of the management committee (the governing body of VAX-ACTION composed by WPLs).

In these regular meetings (1 per month remotely and 1 every 6 months in-presence),

[90] https://op.europa.eu/en/publication-detail/-/publication/ffcb06c3-200a-11ec-bd8e-01aa75ed71a1

[91] https://www.eu-libra.eu/sites/default/files/article-files/libra_recruitment_guidelines_second_edition_0.pdf

postdoctoral scholars and early career researchers are invited to pronounce on all subjects in discussion, although the voting is reserved for WPLs. Decisions are reached by simple majority. Each WPL has one nominal vote with no abstentions allowed, even if he/she leads or co-leads more than one WP (as the case of Prof. Tiago Correia, who serves as WPL for WP 1 and 3). The PC has only a qualitative voting in cases of dispute and to break a tie. Meetings of the management committee require the presence or representation of two thirds of the voting members. Absenteeism must be duly justified.

The PC holds the power and duty to make decisions on the technical implementation of the project, the development of the Consortium, the steps necessary for partners and persons who aren't participating or aren't doing well, and the procedures for allocating EU cash.

The intricate decision-making processes are designed to reduce the possibility of issues developing during project execution and offer means for the peaceful resolution of any disagreements that may arise. The usage of milestones will be used as a decision-supporting tool. WP1 details how the management is put into practice through several internal documents (notably the project handbook that details project management processes, roles, and responsibilities, as well as project guidelines and ethics, basic project practices for interventions and data gathering, storage, sharing, and publications guidelines).

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2.5 Project management, quality assurance and monitoring and evaluation strategy

Project management, quality assurance and monitoring and evaluation strategy

Describe the measures planned to ensure that the project implementation is of high quality and completed in time.

Describe the methods to ensure good quality, monitoring, planning and control.

Describe the evaluation methods and indicators (quantitative and qualitative) to monitor and verify the outreach and coverage of the activities and results (including unit of measurement, baseline and target values). The indicators proposed to measure progress should be relevant, realistic and measurable.

The option is for WP1 to be run by the PC as this is the person who best know the idea, the structure, and the guidelines that fundament the project, making sure he has the help of his technical team when necessary (a project manager will be hired throughout the project lifespan). This will entail the act of accurately classifying each partners daily activities and documenting them in the order that they are completed (included in the tasks of WP1). The management activity is a vital component of the project's success since it ensures that operations, tasks, and interventions, are under control and boosts efficiency.

The partner's ability to implement their everyday tasks would be improved through the management's activity. However, as it expands, whether internally, such as the number of partners teams and the duties are being assigned to each of them, or externally, such as the multiple locations and the remote work communication and coordination that it needs to ensure, it will also track the progress of the routine tasks completed by individual partners. At the same it will make possible to evaluate and monitor both partners performance and interventions implementation. This will ensure that progress reports are fulfilled, and that higher level partners will give the planned tasks to their groups that needed to be completed by each team under different partners' organization. Therefore, the management team will grant that the programmes implemented in each country and the sensitivity campaigns for targeted populations and frontline workers will be taken into consideration. This will be crucial to effectively accomplished the success of the interventions. The activity management includes categories where the partners functions will be describe their ongoing activities, the accomplishments on respective tasks, every other information related to their role, the undone tasks that need to be worked on, as well as any other related or additional tasks, and make sure deliverables are distributed through communication and transfer of knowledge to society, by providing feedback on the ongoing processes, granting the technical and scientific and the administrative and financial management of the project.

This overall approach to management, quality assurance and monitoring and evaluation strategy is achieved by the set of milestones and corresponding deliverables of the 6 work packages (see section 4.2), which are systematized in the table below:

Table 5 – List of milestones, deliverables and delivery months to ensure the project management, quality assurance, and monitoring and evaluation strategy.

Milestone number	Milestone name	Leading WP	Length (in months)	Means of verification (deliverables and delivery months)

M.1.1	Planning of ethical, technical, scientific, administrative and financial management	1	3	D.1.1 Project Handbook [due to month 3]
M.1.2	Update on Data Management Plan	1	1	D1.2 Updated data management plan [due to month 27]
M.2.1	Completion of research phase	2	6	D.2.1 Review report [due to month 6]
M.3.1	Planning stage (overall interventions)	3	4	D.3.1. Synthesis report on the design of interventions aimed at the targeted populations and FHW to reduce vaccine hesitancy in selected countries, including the evaluability analysis [due to month 13]
M.3.2	Training stage (external evaluators)	3	2	D.3.2 External evaluators' training manual [due to month 15]
M.3.3	Monitoring stage (overall interventions)	3	6	D.3.3 Implementation analysis report in target regions [due to month 22]
M.3.4	External Evaluation stage (overall interventions)	3	6	D.3.4. Synthesis report on a novel intervention framework to reduce vaccine hesitancy in Europe [due to month 27]
M.4.1	Planning stage (FHW)	4	4	D.4.1. Protocols design of tailored interventions for FHW in target regions [due to month 13]
M.4.2	Intervention stage (FHW)	4	10	D.4.2 Implementation reports of interventions in target regions [due to month 21]
M.4.3	Learning stage (FHW)	4	2	D.4.3 Final report on effectiveness and implementation quality of interventions [due to month 25]
M.5.1	Planning stage (targeted populations)	5	4	D.5.1. Protocols design of tailored interventions for targeted populations in target regions [due to month 13]
M.5.2	Intervention stage (targeted populations)	5	10	D.5.2 Implementation reports of interventions in target regions [due to month 21]
M.5.3	Learning stage (targeted populations)	5	2	D.5.3 Final report on effectiveness and implementation quality of interventions [due to month 25]
M.6.1	Partnership agreements, guidelines writing and branding identity	6	3	D.6.1 Guidelines for exploitation actions [due to month 3] D.6.2 Guidelines for results dissemination [due to month 3]
M.6.2	Extensive external communication	6	24	D.6.3 Website and logo [due to month 4] D.6.4 Biannual newsletters [due to months 6, 12, 18, 24, 30]
M.6.3	Specialized reporting	6	3	D.6.5 Publication of policy briefs on vaccine hesitancy in the target regions [due to month 29] D.6.6 Policy Report with recommendations on the best strategies to deal with vaccine hesitancy at the European level [due to month 30]

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2.6 Cost effectiveness and financial management

Cost effectiveness and financial management

Describe the measures adopted to ensure that the proposed results and objectives will be achieved in the most cost-effective way.

Indicate the arrangements adopted for the financial management of the project and, in particular, how the financial resources will be allocated and managed within the consortium.

⚠ *Do NOT compare and justify the costs of each work package, but summarize briefly why your budget is cost effective.*

The PC of VAX-ACTION will be responsible for ensuring cost effectiveness and the financial management of the project through the leadership of WP1. It will grant that funds will be properly allocated by managing decision-making on strategic financial issues of the project. He will coordinate and monitor the budget transferability for the different partners according to WPs objectives and tasks, discussing the project work progress on financial matters, actions, and ad hoc issues. It will regulate and control the whole project commitment to the financial objectives, costs, and deadlines. All this is ensured by annual administrative, technical, and financial reporting as detailed in the content of WP1.

Providing the organisational and individual resources for the consortium management is one of the main goals of WP1. The communication between project participants and the European Commission as well as meeting all of the coast efficiency technical goals of VAX-ACTION will be handled by the project coordinator and project manager (to be hired). To guarantee that the VAX-ACTION is managed effectively and efficiently through the execution of the project's, governance, and decision-making mechanisms to handle are:

- To keep tabs on the project's development, report on it, and point out anything that needs to be addressed to the right parties.
- Ensuring that the work and duties are finished on schedule, within budget, and to the highest standards possible.
- To guarantee that VAX-ACTION contractual and financial aspects are handled effectively, transparently, and accurately while adhering to the regulations of the European Commission.
- To create a strong connection and open lines of communication between the European Commission, its partners, and other parties with an interest in the project's goals and ambitions.

The day-to-day operations of VAX-ACTION will be overseen by the project manager under the supervision of the PC. The project manager will be in-charge of the financial, administrative, and contractual matters regarding all WPs. WPLs and the PC will be in-charge of the strategic and technical management aimed at defining, planning, coordinating, directing, and facilitating scientific and technology resources for the purpose of achieving the specified objectives. WPLs and the PC will be in responsible of monitoring compliance with the guidelines outlined in the Grant and in the Consortium Agreements throughout the project development.

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2.7 Risk management

Critical risks and risk management strategy

Describe critical risks, uncertainties or difficulties related to the implementation of your project, and your measures/strategy for addressing them.

Indicate for each risk (in the description) the impact and the likelihood that the risk will materialise (high, medium, low), even after taking into account the mitigating measures.

***Note:** Uncertainties and unexpected events occur in all organisations, even if very well-run. The risk analysis will help you to predict issues that could delay or hinder project activities. A good risk management strategy is essential for good project management.*

Risk No	Description	Work package No	Proposed risk-mitigation measures
1	Failing the verification and review the technical quality of the deliverables and any other technical document in line with the standards (low). Ethical clearance from local authorities is not obtained simultaneously in all target regions (low)	**WP1**	• applying supervision tasks early on, including the creation of internal documents (e.g., project handbook, guidelines and information sheets, informational handout for interventions' implementation, written consent forms) • partners' previous experience of undertaking health interventions involvement of the ASPHER's advisory board to liaise with national authorities

2	Literature review might be time-consuming (low)	**WP2**	• regular monitoring • assignment of full-time equivalents to this task • partners' previous experience of undertaking extensive literature reviews • use of UNCOVER methods, and reference management software and infrastructure[92]
3	Failure in overseeing the overall consistency design of interventions and conduct their evaluations (low)	**WP3**	• regular monitoring • assignment of full-time equivalents to this task • partners' previous experience in overseeing the design and undertaking evaluations of complex health interventions
4	Frontline healthcare workers might hesitate to take part in the interventions due to lack of time and/or confidence (high)	**WP4**	• regular monitoring • assignment of full-time equivalents to this task • consent form • flexible timeline (possibility to expand the lifespan of interventions – dependent on available resources) • partners' previous experience of undertaking interventions with Frontline healthcare workers regarding vaccines and vaccination • involvement of the ASPHER's advisory board to liaise with stakeholders in the target regions
5	Targeted populations might hesitate to take part in the interventions due to lack of time and/or confidence (high)	**WP5**	• regular monitoring • assignment of full-time equivalents to this task • consent form • flexible timeline (possibility to expand the lifespan of interventions – dependent on available resources) • partners' previous experience of undertaking interventions with targeted populations regarding vaccines and vaccination • involvement of the ASPHER's advisory board to liaise with stakeholders in the target regions
6	Failures in recommendations and communication (low)	**WP6**	• Previous experience by WPLs ensure full compliance with tasks and deliverables • WP design, tasks and deliverables ensures a cohesive plan of communication, exploitation and drawing of recommendations

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3. IMPACT

3.1 Impact and ambition

Impact and ambition — Progress beyond the state-of-the-art

Define the short, medium and long-term effects of the project.

Who are the target groups? How will the target groups benefit concretely from the project and what would change for them?

Does the project aim to trigger change/innovation? If so, describe them and the degree of ambition (progress beyond the status quo/state-of-the-art).

The dissemination of the learning gathered in VAX-ACTION is intended to inform recommendations so that vaccine hesitancy is better placed at the heart of decision-making during immunisation planning in EU member states. Of particular importance is that:

1. action plans to address vaccine hesitancy improve the understanding of and approaches to:
   - health literacy, particularly gaps in knowledge and exposure to misinformation;
   - access, socioeconomic, practical problems and concerns relating to prior experience;

[92] https://www.ed.ac.uk/usher/uncover/register-of-reviews

- provide a positive experience of immunisation;
- a shared understanding of the importance and benefits of immunisation is developed;
- concerns about risks and overmedicalisation are duly addressed;
- trust towards healthcare system, respecting cultural and personal beliefs is respected.

2. Health professionals and officials are trained in the communication behaviours required to anticipate and address potential vaccine hesitancy, building on existing frameworks.
3. Applied frameworks/models are regularly evaluated and revised as new evidence emerges.
4. Experts in healthcare journalism and social media communications are updated to minimise the risk that the public's right to timely and accurate information from official sources, traditional and digital media is compromised.
5. Disinformation is tackled at the source, without shutting down patient dialogue, maintaining open conversation to achieve shared understanding and remove argumentative language.
6. Programmes to increase health and science literacy as part of inter-pandemic planning are increased.
7. There is better engagement with communities of interest and local communities to address any concerns.
8. There is an increase in co-designed programmes with communities, ensuring an active and robust two-way communication mechanism.
9. Right-based approach to target vaccination support to underserved communities.
10. Further research is required to evaluate the overall effectiveness of the model in practice and ease of implementation as part of an outbreak/pandemic response.
11. Develop on existing support mechanisms, such as WHO immunisation strategy process, focusing on global tools and frameworks that assist development of national cost-effective immunisation campaigns.
12. Continue efforts to improve on existing cross-border, cross-regional and sub-regional collaboration platforms to improve information sharing and immunisation strategies.

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3.2 Communication, dissemination and visibility

Communication, dissemination and visibility of funding

Describe the communication and dissemination activities which are planned in order to promote the activities/results and maximise the impact (to whom, which format, how many, etc.). Clarify how you will reach the target groups, relevant stakeholders, policymakers and the general public and explain the choice of the dissemination channels.

Describe how the visibility of EU funding will be ensured.

A thorough communication plan is the core action of WP6 and includes both joint communication and national communication that will be developed and agreed upon before the outcomes of the project can be shared. Research results and important project statements will be disseminated in an accessible manner in both English and each partner nation's native language. To grant the efficacy of the communication plan it will also include the range of professionals who encounter vaccine hesitancy or are involved in addressing it in partnership. It will look also to evidence of co-design/feedback to with the populations experiencing vaccine hesitancy/ lack of support from authorities (due to their hesitancy in implementing interventions) for us to be able to better design the communication strategy and grant the success of future implementations. Therefore, the following components are included in the communication plan:

- To create a project website as soon as the project is launched. It will be used to enable the distribution of all project communications and materials inside the consortium (reserved area) and to exhibit all project outputs and deliverables.
- The partners will work together to promote the website as much as possible utilising their own channels of communication and dissemination.
- Create social media accounts: both in English and all project original languages. The partners will be encouraged to create (or connect to an existing) social media network in their own language.
- Use local media to spread the word, such as the websites of national stakeholders.
- Produce press releases for use by both domestic and foreign media
- Distribute all project reports and outputs, and work with partners to deliver materials and information to relevant institutions and associations. This may include formal presentations at conferences and academic gatherings as well as press releases, informational pamphlets, and project newsletters (all partners and WP's, including WP1).
- Frontline healthcare workers will be the VAX-ACTION mapping interventions target population in WP4. The interventions will disseminate project results to these professionals and directly

utilise the project's recommendations about the scenario analysis of vaccine hesitancy interventions (WP2 and WP3). The knowledge that will be disseminated will be created in each Target Region. The project's findings will be used to provide training for upcoming health workers on vaccination hesitancy.

The dissemination's goal is to provide wide range access to the projects results, granting the resources and means were wisely and efficiently used. Including to help target audiences, e.g., health students acquire knowledge and an understanding of the complex issues surrounding interventions regarding vaccine uptake and vaccine hesitancy. Other strategies might involve:

- engaged stakeholders beyond partners consortium.
- integrate networks of stakeholders and community leaders to disseminate results at local level.
- the stakeholders will be reached using diverse channels: newsletters; website; items in healthcare professional (non-academic) journals of e.g., nurses, medical doctors, etc. and websites in partner countries which are aimed more directly at frontline health care workers or policy makers.

To strengthen the visibility and dissemination of its deliverables, VAX-ACTION will use the open research data repository Zenodo to comply with the Horizon Europe OpenAccess Mandate. Data will be stored and processed according to the FAIR Data Management principles, making it: findable, accessible, interoperable, and reusable, as open data. Each dataset will be given a persistent identifier (Digital Object Identifier, DOI), supplied with relevant metadata and linked to the project name and grant agreement number.

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3.3 Sustainability and continuation

Sustainability, long-term impact and continuation

Describe the follow-up of the project after the EU funding ends. How will the project impact be ensured and sustained?

What will need to be done? Which parts of the project should be continued or maintained? How will this be achieved? Which resources will be necessary to continue the project? How will the results be used?

Are there any possible synergies/complementarities with other (EU funded) activities that can build on the project results?

In addition to complying with the Horizon Europe OpenAccess Mandate, which itself ensure that the projects' deliverables are findable and accessible beyond its funding period, VAX-ACTION's sustainability will be granted by the communication, dissemination, and exploitation plan ensured by ASPHER, as the WP6 leader.

A thorough communication plan that includes both joint communication and national communication by each partner will be developed and agreed upon before the outcomes of the project can be shared. Research results and important project statements will be disseminated in an accessible manner both in English and each partner nation's native speaking language to ensure long term access to results and increase impact dissemination. This will be achieved by a detailed stakeholder analysis will be the first step in communicating project findings to pertinent target groups. Via a stakeholder analysis, additional stakeholders will be included in each country and target region in addition to the national partners. A strategy for integrating networks of stakeholders and community leaders will be established based on the community of practice paradigm to distribute outcomes locally. A variety of channels will be used to contact the stakeholders:

- Project newsletter, memos, and summaries (which will be emailed to national and international stakeholders as well as made available on the project website and other relevant websites).
- Websites in partner nations that are more specifically targeted at frontline health care workers or policy makers, as well as articles in health care professional (non-academic) publications of medical professionals, scholars, and press releases sharing relevant deliverables.
- Also, a compilation of a list of important stakeholders and email each one individually, to make easier to identify and involve stakeholders, ensure their relevance to the project, and guarantee that the project's potential policy consequences are effectively communicated. For instance, nursing and medical educational institutions as well as associations of health care workers and other professionals on those associations can be contacted directly and included as stakeholders.
- VAX-ACTION will also liaise with academic institutions to pressure the need to incorporate interactive methods such as groupwork, mutual learning, and problem-based learning to help

health students develop the knowledge and mindset necessary to comprehend the complex issues surrounding vaccine uptake and vaccine hesitancy interventions.

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4. WORKPLAN, WORK PACKAGES, ACTIVITIES, RESOURCES AND TIMING

4.1 Work plan

Work plan

Provide a brief description of the overall structure of the work plan (list of work packages or graphical presentation (Pert chart or similar)).

4.2 Work packages, activities, resources and timing

WORK PACKAGES

Work packages

This section concerns a detailed description of the project activities.

*Group your activities into work packages. **A work package means a major sub-division of the project**. For each work package, enter an objective (expected outcome) and list the activities, milestones and deliverables that belong to it. The grouping should be logical and guided by identifiable outputs.*

Projects should normally have a minimum of 2 work packages. WP1 should cover the management and coordination activities (meetings, coordination, project monitoring and evaluation, financial management, progress reports, etc) and all the activities which are cross-cutting and therefore difficult to assign to another specific work package (do not try splitting these activities across different work packages). WP2 and further WPs should be used for the other project activities. You can create as many work packages as needed by copying WP1.

For very simple projects, it is possible to use a single work package for the entire project (WP1 with the project acronym as WP name).

Work packages covering financial support to third parties (⚠ only allowed if authorised in the Call document) must describe the conditions for implementing the support (for grants: max amounts per third party; criteria for calculating the exact amounts, types of activity that qualify (closed list), persons/categories of persons to be supported and criteria and procedures for giving support; for prizes: eligibility and award criteria, amount of the prize and payment arrangements).

⚠ *Enter each activity/milestone/output/outcome/deliverable only once (under one work package).*

⚠ *Ensure consistence with the detailed budget table (if applicable).*

Objectives

List the specific objectives to which the work package is linked.

Activities and division of work (WP description)

Provide a concise overview of the work (planned tasks). Be specific and give a short name and number for each task.

*Show who is participating in each task: Coordinator (COO), Beneficiaries (BEN), Affiliated Entities (AE), Associated Partners (AP), indicating **in bold** the task leader.*

Add information on other participants' involvement in the project e.g. subcontractors, in-kind contributions.

Note:

In-kind contributions: In-kind contributions for free are cost-neutral, i.e. cannot be declared as cost. Please indicate the in-kind contributions that are provided in the context of the work package.

The Coordinator remains fully responsible for the coordination tasks, even if they are delegated to someone else. Coordinator tasks cannot be subcontracted.

If there is subcontracting, please also complete the table below.

Milestones and deliverables (outputs/outcomes)

***Milestones** are control points in the project that help to chart progress (e.g. completion of a key deliverable allowing the next phase of the work to begin). Use them only for major outputs in complex projects, otherwise leave the section empty. Please limit the number of milestones by work package.*

Means of verification are how you intend to prove that a milestone has been reached. If appropriate, you can also refer to indicators.

***Deliverables** are project outputs which are submitted to show project progress (any format). Refer only to major outputs. Do not include minor sub-items, internal working papers, meeting minutes, etc. Limit the number of deliverables to max 10-15 for the entire project. You may be asked to further reduce the number during grant preparation.*

For deliverables such as meetings, events, seminars, trainings, workshops, webinars, conferences, etc., enter each deliverable separately and provide the following in the 'Description' field: invitation, agenda, signed presence list, target group, number of estimated participants, duration of the event, report of the event, training material package, presentations, evaluation report,

feedback questionnaire.

For deliverables such as manuals, toolkits, guides, reports, leaflets, brochures, training materials etc., add in the 'Description' field: format (electronic or printed), language(s), approximate number of pages and estimated number of copies of publications (if any).

For each deliverable you will have to indicate a due month by when you commit to upload it in the Portal. The due month of the deliverable cannot be outside the duration of the work package and must be in line with the timeline provided below. Month 1 marks the start of the project and all deadlines should be related to this starting date.

The labels used mean:

Public — fully open (automatically posted online on the Project Results platforms)

Sensitive — limited under the conditions of the Grant Agreement

EU classified — RESTREINT-UE/EU-RESTRICTED, CONFIDENTIEL-UE/EU-CONFIDENTIAL, SECRET-UE/EU-SECRET under Decision 2015/444. For items classified under other rules (e.g. national or international organisation), please select the equivalent EU classification level.

Work Package 1

Work Package 1: Management and coordination			
Duration:	M1 – M30	**Lead Beneficiary:**	UNL
Objectives			

General objective

To manage and coordinate the project, arrange meetings, monitoring and evaluation of the project, to grant the financial management, and the writing, delivering and management of progress reports and to ensure that project findings and results strictly adhere to national and European laws governing privacy, data protection, and voluntary project participation, as well as to oversee its implementation and the implementation of interventions, besides the handling of data and responsible dissemination.

Specific objectives

1. Ensure that all consortium members adhere to a single internal guideline for shared working practices. As an illustration, we will decide on procedures for project implementation roles, on how to publish and disseminating results, and for data sharing between members in accordance with our data management plan. They will be founded on general ethical standards based on well-established existing regulations, such the worldwide COPE regulations on publication ethics.

2. To ensure that a unified external guideline outlining the relationship between the program and wider participants is followed by all consortium members (as well as any extra people sponsored via this program).

3. To make sure that the procedures for conducting interventions adhere to the best practices for conducting an implementing research's outcomes. For instance, to guarantee that all participants taking part in the project a) do so voluntarily and are aware of their choice to decline or stop taking part at any moment without experiencing any detrimental effects, b) have a thorough understanding of the project's objectives, the handling of their personal data, and how interventions and evaluation will actually be

conducted (including what participation entails and how long participants data will be processed and stored for); c) have an understanding of any potential risks and harms; and d) are aware that they are taking part in research intervention.

4. To make sure that all consortium participants (as well as anyone else who receives funding from this program) are aware of the European principles of responsible research and innovation (RRI). Overall, the work package leader will look for and promote chances for stakeholders to influence the structure and direction of the project in a successful way.

Intended outcomes are to run the project successfully until the end, always granting the objectives are accomplished, and the interventions are successfully implemented, financial support is well applied, and tasks and activities are meet. It is also a role of the coordination team to make sure internal and external communication works properly, always making efforts to bring members of the consortium alight with the project's goals.

Activities and division of work (WP description)

Task No (continuous numbering linked to WP)	Task Name	Description	Participants		In-kind Contributions and Subcontracting (Yes/No and which)
			Name	Role (COO, BEN, AE, AP, OTHER)	
T1.1	Creation of Internal documentation [M1-M3]	On ethical, administrative, financial, technical, and scientific management • Creation of a project handbook that details project management processes, roles, and responsibilities, as well as project guidelines and ethics, basic project practises for interventions and data gathering, storage, sharing, and publications guidelines. • Creation of guidelines and information sheets on the project technical and financial implications, and ethics that each team can utilize when speaking with their interventions and research teams. • Creation of an informational handout for interventions' implementation. This document will be used to summarize information about the interventions, the interventions subject matter, how participants personal data will be processed, and specifics on how these will actually be conducted. The information handout will be developed and translated by the management team. It will be written in English by the management team, and translated to other languages, when necessary, by the local teams. • Creation of written consent forms to gain written consent from all individuals who participate in the interventions. It will be prepared by the management and coordination team and translated to other languages, when necessary, by the local	UNL	COO	No

		teams. The task is conducted by UNL (average 1 FTE per month). Costs associated with P*M of WP leaders in management meetings were allocated to the WP they lead.			
T1.2	Ethical reporting [M4-M30]	Involve managing all aspects of the project in accordance with the technical and financial ethics and defined regulations, and it will last the duration of the project. For members of the consortium, it also entails the creation of Consortium rules and strategies for implementing interventions, and rules for collecting, storage, and sharing of information, and publication. The rules will be in accordance with national laws governing interventions, and the gathering, sharing, storage, and publication of data. The ethical project's management will be under the direction of the Project coordinator. The task is conducted by UNL (average 1 FTE per month). Costs associated with P*M of WP leaders in management meetings were allocated to the WP they lead.	UNL	COO	No
T1.3	Technical and scientific project reporting [M4-M30]	• Tracking the technical development of the actions and ensuring that they are in line with the goal of the project. • Keeping an eye on the timely completion and technical quality of the project's actions and setting up restorative technical measures when necessary or appropriate. • Inform administrative and governmental organisations about deviations and restorative actions and procedures. • Arrange and oversee regular technical progress meetings and create meeting follow ups and minutes. • Control the process of creating the technical progress reports. • Check the technical accuracy of the deliverables and any other technical document in accordance with the standards set by science. The task is conducted by UNL (average 1 FTE per month). Costs associated with P*M of WP leaders in management meetings were allocated to the WP they lead.	UNL	COO	No
T1.4	Administrative and financial reporting [M4-M30]	• Corresponding with the European Commission on behalf of the Consortium. • Administering the EU grant by distributing funds among the partners and activities in accordance with the Grant Agreement and the Consortium's decisions. • Coordinating the submission of interim and final reports to the European	UNL	COO	No

		Commission. • Advising the consortium members on the financial rules • Giving consortium members financial rules advice. • Provide guidance on authorship, ownership, access rights, data protection, and licencing issues. • Ensuring the Consortium Agreement is up to date and maintained throughout the project. The task is conducted by UNL (average 1 FTE per month). Costs associated with P*M of WP leaders in management meetings were allocated to the WP they lead.			

Milestones and deliverables (outputs/outcomes)

Milestone No (continuous numbering not linked to WP)	Milestone Name	Work Package No	Lead Beneficiary	Description	Due Date (month number)	Means of Verification
MS1.1	Planning of ethical, technical, scientific, administrative and financial management	1	UNL	Planning of ethical, technical, scientific, administrative and financial management	3	Completion of D1.1 and D1.2
MS1.2	Update on the Data Management Plan	1	UNL	Update the Data Management Plan after interventions have taken place	16	Completion of D1.3

Deliverable No (continuous numbering linked to WP)	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month number)	Description (including format and language)
D1.1	Project Handbook	1	UNL	R ETHICS	SEN	3	Elaboration of Project Handbook. It includes: - Guidelines and

				SECURITY OTHER			information sheets on the project technical and financial implications to share with implementers - Electronic handout for interventions implementation for regional teams - Consent forms for interventions Electronic in English.
D1.2	Data management plan	1	UNL	Management Plan	SEN	3	- Elaboration of the data management plan (mandatory deliverable) Electronic in English.
D1.3	Updated data management plan	1	UNL	Management Plan	SEN	16	Update on the Data Management Plan (mandatory deliverable) Electronic in English.

Estimated budget — Resources
See detailed budget table (annex 1 to Part B).

Work Package 2

Work Package 2: Europe-wide interventions mapping and critical appraisal			
Duration:	M1 – M6	**Lead Beneficiary:**	Uni-SR

Objectives

General objective

To identify the content and outcomes of interventions aimed to address vaccine hesitancy in the northern hemisphere to inform the design of a robust and cohesive action plan to reduce vaccine hesitancy in EU member states and beyond (aim of intervention stage – WPs 3, 4 and 5).

Specific objectives

1. to map public health evidence and research results on large-scale vaccination programs in Europe and north America.

2. to map interventions aimed to address vaccine hesitancy regarding new and well-stablished vaccines and vaccination programs (Covid-19, mpox, national immunizations programs for children) in Europe and north America;

3. to identify successful and unsuccessful interventions designs aimed to address vaccine hesitancy in Europe and north America, including challenges in the implementation, evaluation designs, and the feasibility of scaling-up solutions that are context-sensitive;

4. to identify significant similarities or dissimilarities in the designs and outcomes of interventions aimed to address vaccine hesitancy in northern countries where political and academic concern towards this

Intended outcomes

WP2 aims to provide answers to the following questions:

- Which public health evidence on large-scale vaccination programs are used in the design and implementation of interventions aimed to increase vaccine uptake?
- Which challenges have been undermining the feasibility of such interventions in diverse populations and regions?
- Which successful pilot activities exist and the extent to which they have, or not, been informing the implementation to other populations and regions?

Activities and division of work (WP description)

Task No	Task Name	Description	Participants	In-kind Contributions

(continuous numbering linked to WP)			Name	Role (COO, BEN, AE, AP, OTHER)	and Subcontracting (Yes/No and which)
T2.1	Systematic review of interventions aimed to address vaccine hesitancy in the northern hemisphere [M1-M6]	This task consists of reviewing the interventions made so far to address vaccine hesitancy in the northern hemisphere to inform future interventions design and compile a report on that to inform the next stage of the project and WP's. The research teams are composed of elements experienced in systematic reviews. The process of systematic review includes several steps: 1. The creation of the research question; 2. The creation of a protocol, carrying out its procedures (items 1 and 3 to 8 will be present in the protocol for developing the systematic review). 3. Definition of the inclusion and exclusion criteria. 4. Development of the research strategy and searching the literature to find studies. 5. Selection of the studies. 6. Evaluation of the studies' quality. 7. Data extraction. 8. Data analysis and evaluation of the quality of the evidence. 9. Results dissemination and publication. The task is led by Uni-SR and includes UNIPV in equal time sharing (average 1 FTE per month each).	Uni-SR UNIPV	COO BEN	No
T2.2	Literature review in selected countries [M1-M6]	This task consists of reviewing national academic and grey literature of interventions made so far to address vaccine hesitancy in the countries represented in the consortium. The research teams are composed of elements who are fluent in Portuguese, Italian, French, Romanian and Czech. The task is led by Uni-SR and includes UNIPV in equal time sharing (average 1 FTE per month each).	Uni-SR UNIPV	COO BEN	No

Milestones and deliverables (outputs/outcomes)

Milestone No (continuous numbering not linked to WP)	Milestone Name	Work Package No	Lead Beneficiary	Description		Due Date (month number)	Means of Verification
MS2.1	Completion of research phase	2	Uni-SR	Completion of research phase		6	Completion of D2.1
Deliverable No (continuous numbering linked to WP)	**Deliverable Name**	**Work Package No**	**Lead Beneficiary**	**Type**	**Dissemination Level**	**Due Date** (month number)	**Description** (including format and language)
D2.1	Review report	2	Uni-SR	R	PU	6	Completion of review report. It meets the mandatory deliverable of mapping public health findings and evidence on large-scale vaccination. The intended outcome of this review is to provide evidence on the following specific action-level indicators: *- Number of items (public health findings) mapped;* *- Number of outcomes (analysis, reports, recommendations, etc.) produced on the basis of the information identified by the mapping;* *- Number of Member States implementing solutions and recommendations produced on the basis of*

							the information identified by the mapping; *- Number of implementation plans produced; - Number of pilot activities initiated; - Number of Member States participating in pilot activities;* *- Number of pilot projects considered successful for upscaling;* *- Number of sustainability plans, toolkits and policy recommendations for upscaling pilot projects per Member State involved;* *- Number of Member States and/or Regions, which gave a commitment to sustain the implementation or support uptake.* Electronic in English.

Work Package 3

Work Package 3: Oversight of interventions and external evaluation			
Duration:	M10 – M27	**Lead Beneficiary:**	UNL

Objectives

General objective

The general objective of WP3 is twofold: to oversee the overall consistency of tailored and evidence-based interventions designed for frontline health workers (WP4) and targeted populations (WP5) in the different target regions, and to design and implement the external evaluation plan of those interventions.

Specific objectives

1. To contribute to the design and implementation of interventions aimed at increasing knowledge and skills

that promote adherence to vaccination in different contexts.

2. To help implementers in WP 4 and 5 to make the necessary adjustments to the intervention plans to improve its effectiveness.

3. To determine the extent to which the intended actions build a constructive dialogue with all the protagonists involved in the field of vaccination is likely to contribute to reduce vaccine hesitancy in the selected interventions.

4. To describe and analyse the unpredictable effects of interventions that may compromise the reduction of vaccine hesitancy.

5. To promote a space for dialogue and reflection within the consortium to strengthen the knowledge production towards the project's overall goal.

Intended outcomes

WP3 aims to provide answers to the following questions:

- Is it possible to design common frameworks of interventions aimed to reduce vaccine hesitancy intended for frontline healthcare workers and targeted populations?
- Did the different interventions produce the expected outcomes? If yes, what one can learn to scale them up to other contexts (regions and countries)?
- If no, which driving forces prevented them to happen and which strategies can overcome such limitations? What conditions determine the observed effects?
- What one can learn from the way the interventions were implemented with the different target audiences in different countries?
- What is the suitability of this overall design of interventions to effectively reduce vaccine hesitancy and consolidate vaccination coverage in Europe?

Activities and division of work (WP description)

Task No (continuous numbering linked to WP)	Task Name	Description	Participants		In-kind Contributions and Subcontracting (Yes/No and which)
			Name	Role (COO, BEN, AE, AP,	

				OTHER)	
T3.1	Overview of the development of intervention protocols [M10-M12]	The task is aimed to ensure that the tools and methodologies designed by WP 4 and 5 for the interventions meet the project's main objectives. The task ensures the feasibility and cohesion of the interventions, and their suitability for the Target Regions. The task involves ongoing meetings with leaders of WP 4 and 5. The objective is to develop a comprehensive and shared understanding of the background, scope, methodology and structure of the interventions to be implemented. The meeting seek to ensure a consensus regarding the strategies and methodologies of interventions and the overall issues to be ensured in the implementation phase. The task is led by UNL (average 2 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.	UNL	COO	No
T3.2	Online focus groups with advisory board [M11]	To give consistency to task 3.1, a focus group with the project's advisory board will be conducted, in which they are consulted in relation to the planned interventions. Suggestions are then passed to WP 4 and 5 leaders to review their design of interventions. The task is led by UNL (average 2 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.	UNL	COO	No
T3.3	Evaluability assessment report [M11-M13]	Based on tasks 4.2, 4.3, 5.2, and 5.3 by WPs 4 and 5, an evaluability report is written to allow these WPs leaders to improve the planning of interventions, deepening the conceptual framework, and defining the logical model of evaluation. The task is led by UNL (average 2 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.	UNL	COO	No
T3.4	Training of external evaluators [M14-M15]	To proceed with the implementation analysis of the interventions by WP 4 and 5, it will be necessary to select and train local evaluators who will apply the external evaluation model to each intervention in all target regions. The syllabus of the training of external evaluators will be adapted from the syllabus of the curricular unit on evaluation currently taught to public health residents in the post-graduate specialization course offered at UNL. UNL will prepare a manual to train external evaluators to monitor the interventions implementation. To guarantee the objectivity of the external evaluation, these evaluators are not the	UNL IP IPME INMSS UCSC ISPUP	COO Ben Ben Ben Ben Ben	No

		persons who conduct the interventions and internally evaluate them in WPs 4 and 5. The task is led by UNL (average 2 FTE per month). Involves all implementing partners (average 1 FTE per target region).			
T3.5	Implementation analysis (external monitoring) [M16-M21]	As a first step, analyses of quantitative data on the implementation of interventions will be carried out to verify whether the achieved results met predefined quantitative objectives (e.g. number of sessions, of participants, time invested, financial resources, procedures). Therefore, a normative analysis is carried out, which analyses the reports and records of the planned interventions. As to qualitative analyses, they seek to evaluate the processes employed to achieve the results. Semi-structured interviews will be used (n=40-60 in each Target Region). They will be applied to the participants of interventions in WPs 4 and 5, the implementers and internal evaluators. The interview guide will integrate the external evaluation model and the interviews shall be conducted until data saturation is obtained. Document analysis will be conducted using a predefined analysis grid. Complementary analyses on local stakeholders help to understand their role in determining the observed effects, which is key to inform the recommendations for scaling up conducted by WP6. The task is led by UNL (average 2 FTE per month). Involves all implementing partners (average 1 FTE per target region).	UNL IP IPME INMSS UCSC ISPUP	COO Ben Ben Ben Ben Ben	No
T3.6	External analysis report of interventions [M22-M26]	With the results of the normative analyses (external monitoring in task 3.5) combined with pre- and post-intervention internal evaluations by WPs 4 and 5 (tasks 4.4, 5.4, 4.6 and 5.6), an external evaluation report is produced to provide an integrated approach to the outcomes of all interventions undertaken in VAX-ACTION in different target regions. The task is led by UNL (average 2 FTE per month). Involves all implementing partners (average 1 FTE per target region).	UNL IP IPME INMSS UCSC ISPUP	COO Ben Ben Ben Ben Ben	No
T3.7	Final Seminar [M27]	A final seminar is held to present the results of the analysis of the implementation of interventions undertaken by WPs 4 and 5. This seminar is open to all of those involved in the interventions and the advisory board so that it is possible to discuss the achieved results against the project's main objectives and to contribute to the definition of recommendations for WP6. After the seminar, UNL writes a final assessment report which updates the implementation analysis report with the recommendations achieved among the WP leaders and the advisory board in the	UNL	COO	No

		final seminar. The task is led by UNL (average 2 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.			

Milestones and deliverables (outputs/outcomes)

Milestone No (continuous numbering not linked to WP)	Milestone Name	Work Package No	Lead Beneficiary	Description	Due Date (month number)	Means of Verification
MS3.1	Planning stage (of overall interventions)	3	UNL	Completion of planning stage (of overall interventions)	13	Completion of D3.1
MS3.2	Training stage (external evaluators)	3	UNL	Completion the training stage	15	Completion of D3.2
MS3.3	Monitoring stage (overall interventions)	3	UNL	Completion of monitoring stage	22	Completion of D3.3
MS3.4	External evaluation stage (overall interventions)	3	UNL	Completion of external evaluation stage	27	Completion of D3.4

Deliverable No (continuous numbering linked to WP)	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month number)	Description (including format and language)
D3.1	Synthesis report on the design of interventions	3	UNL	R	PU	13	Completion of synthesis report on the design of interventions aimed at the targeted populations and FHW to reduce vaccine hesitancy in selected countries, including the evaluability analysis.

							Electronic in English.
D3.2	External evaluators training manual	3	UNL	R	PU	15	Completion of external evaluators training manual. Electronic in English.
D3.3	Implementation analysis report in target regions	3	UNL	R	PU	22	Completion of implementation analysis report in target regions Electronic in English.
D3.4	Synthesis report	3	UNL	R	PU	27	Completion of synthesis report on a novel intervention framework to reduce vaccine hesitancy in Europe. It meets the mandatory deliverable of implementation report from the pilot action. The intended outcome of this review is to provide evidence on additional specific-action level indicators. The additional specific action-level indicators Vax-Action compromises to deliver are of a qualitative nature, which itself is a significant contribution to academic and translational debates on vaccine hesitancy in Europe. These indicators summarize the outcomes of WP3 that is devoted to conduct also the external evaluation of all interventions/pilot activities in the target regions (under the

							leadership of WPs 4 and 5): • The extent to which the different interventions produced the expected outcomes: - If yes, what one can learn to scale them up to other contexts (regions and countries) - If no, which forces (circumstances, reasons) prevented them to happen, and which strategies can overcome such limitations. • The extent to which the design of interventions undertaken in Vax-Action (aimed at FHW and targeted populations) are suitable to effectively reduce vaccine hesitancy and consolidate vaccination coverage in Europe. • The extent to which the design of interventions undertaken in Vax-Action followed or not the interventions mapped out in WP2; thus, whether Vax-Action suggests different or complementary approaches to tackle more effectively vaccine hesitancy in Europe. Electronic in English.

Work Package 4

Work Package 4: Interventions targeting FHW for vaccine promotion towards hesitant users			
Duration:	M10 – M25	**Lead Beneficiary:**	IP
Objectives			
General objective To tailor, implement and evaluate interventions designed for frontline health workers (FHW) in five partner countries, which them to accompany vaccine hesitant users and patients. Specific objectives 1. To assure the development of tailored intervention protocols targeting FHW in five partner countries, according to the overall design (WP3) and to country- and region-specific needs and constraints. 2. To design a internal detailed evaluation protocol, that captures effectiveness and implementation quality across and specifically for each target region. 3. To assure implementation of interventions to FHW in the five target regions, according to the tailored intervention protocols 4. To assure data collection according to the detailed internal evaluation protocol in the five target regions Intended outcomes WP4 aims to provide answers to the following questions: • Is it possible to tailor a common framework for interventions to FHW that takes country- and region-specific needs and constraints into account? • Which effectiveness and implementation quality could be achieved by such tailored interventions? • Which are the overall and specific barriers encountered in the tailoring process and the implementation of such tailored interventions based on a common framework?			
Activities and division of work (WP description)			

Task No (continuous numbering linked to WP)	Task Name	Description	Participants		In-kind Contributions and Subcontracting (Yes/No and which)
			Name	Role (COO, BEN, AE, AP, OTHER)	
T4.1	Development of intervention and evaluation protocols for FHW [M10-M11]	The task aims to develop evaluation protocols for each country and region, in which a tailored intervention for FHW will be implemented and evaluated. The development will start from a common framework and tailor according to country- and region-specific needs and barriers. The task ensures the precise and relevant evaluation of effectiveness and implementation quality in all project sites. The task involves the development of a generic protocol, it's revision and discussion with WP3 and partner countries – and with interventions in parallel tailored to countries and regions – and the submission to relevant institutional or national review boards. Internal evaluation is designed to be conducted in two settings per target region. An intervention group of approximately 50 FHW will receive the intervention. A control group of approximately 50 FHW will not receive any intervention related to the project. Evaluations will mainly be based on questionnaires administered to FHW (intervention and control groups) and relevant stakeholders, as well as focus groups and individual interviews. Collected information will be structured by knowledge, attitudes, professional practice around consultation with vaccine hesitant patients and users; and satisfaction with the interventions. The participants to be included will correspond to the FHW group targeted by the interventions in each country and region (Task 4.5). All communications are ensured through online meetings. The task is coordinated by IP (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.	IP	COO	No
T4.2	Analysis of applicability of the intervention framework and the evaluation framework in target regions [M12]	The task aims to analyse the applicability of the intervention framework for FHW in each target region. The task ensures that all relevant needs and constraints for FHW training in implementing countries will be known and taken into account. The task involves development of a generic intervention protocol, its communication to implementing countries (partners, stakeholders, FHW), and collection of feedback from countries. This analysis will mainly be based on meetings. Principal elements to adapt to the countries and regions include: FHW group targeted (general practitioners, nurses, midwives, pharmacists, …), level of professional experience (initial or continued training), specific practice settings (specific vulnerable populations, …), specific vaccinations (HPV, influenza, …). The task is coordinated by IP (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.	IP	COO	No

T4.3	Co-constructio n of tailored intervention protocols for each target region [M13]	The task aims to develop intervention protocols for each country and region. The task ensures the feasibility and relevance of the interventions to each country and region. The task involves the revision of the generic intervention protocol taking into account the previously collected needs and constraints (Tasks 4.1 and 4.2). The protocols will be finalised in an iterative way in adherence with principals of co-construction. Interventions will be translated as relevant into local languages and pilot tested among FHW. The task is coordinated by IP (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.	IP	COO	No
T4.4	Implementa tion of internal evaluation protocol (pre-intervention internal evaluation) [M14-M15]	The task aims to collect baseline data among participating FHW and institutions (intervention and control group). The task ensures the scientific quality of the evidence produced by the internal evaluation of the interventions. The task involves administration of questionnaires and data entry into a multi-site project database. The task is coordinated by IP (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).	IP IPME INMSS UCSC ISPUP	COO Ben Ben Ben Ben	No
T4.5	Implementa tion of tailored interventions [M16-M21]	The task aims to implement the tailored intervention protocols to the FHW groups in participating regions (intervention group only). The implementation closely according to the protocols ensures that the effectiveness and implementation quality can be evaluated. The task involves enrolment, motivation and support of participating FHW and potentially relevant institutions involved in interventions; and organisation of the delivery of interventions as per protocol. The task is coordinated by IP (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).	IP IPME INMSS UCSC ISPUP	COO Ben Ben Ben Ben	No
T4.6	Implementa tion of internal evaluation protocol (post-intervention internal	The task aims to collect post-intervention data among participating FHW and institutions (intervention and control group) to compare with pre-intervention internal evaluations (task 4.4). The task ensures the scientific quality of the evidence produced by the internal evaluation of the interventions. The task involves administration of questionnaires, conduct of interviews and focus groups, and data entry into a multi-site project database. The task is coordinated by IP (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).	IP IPME INMSS UCSC ISPUP	COO Ben Ben Ben Ben	No

	evaluation) [M22-M23]				
T4.7	Data analysis and interpretation, report writing [M24-M25]	The task aims to analyse the collected pre- and post-intervention data with goal to produce evidence on the effectiveness and implementation quality of the interventions. The task ensures the interpretability of the overall evaluation of the intervention framework for FHW. The task involves management and analysis of the central database, the interpretation of results and drafting of a report. During interpretation – and in an iterative way with additional analysis, partner countries will be involved to assure appropriate and complete data analysis. Partner countries will finalise country-specific reports for in-country communication. The task is coordinated by IP (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).	IP IPME INMSS UCSC ISPUP	COO Ben Ben Ben Ben	No

Milestones and deliverables (outputs/outcomes)

Milestone No (continuous numbering not linked to WP)	Milestone Name	Work Package No	Lead Beneficiary	Description	Due Date (month number)	Means of Verification
MS4.1	Planning stage (FHW)	4	IP	Completion of the planning stage	13	Completion of D4.1
MS4.2	Intervention stage (FHW)	4	IP	Completion of the intervention stage	21	Completion of D4.2
MS4.3	Learning stage (FHW)	4	IP	Completion of the learning stage	25	Completion of D4.3

Deliverable No (continuous numbering linked to WP)	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month number)	Description (including format and language)
D4.1	Protocols design of tailored interventions (FHW)	4	IP	R	PU	13	Completion of protocols design of tailored interventions for FHW in target regions Electronic in English.

D4.2	Implementation reports of interventions (FHW)	4	IP	R	PU	21	Completion of implementation reports of interventions for FHW in target regions Electronic in English.
D4.3	Final report on effectiveness and implementation quality of interventions (FHW)	4	IP	R	PU	25	Completion of final report on effectiveness and implementation quality of interventions aimed at FHW. Electronic in English.

Work Package 5

Work Package 5: Interventions targeting vulnerable populations' misconceptions and knowledge			
Duration:	M10 – M25	**Lead Beneficiary:**	**INMSS**
Objectives			
General objective To tailor, implement and evaluate interventions designed to reduce vaccine hesitancy among targeted populations by addressing misconceptions and increasing knowledge about vaccines and related diseases. Specific objectives 1. To assure the development of tailored intervention protocols targeting specific population groups (i.e., newly arrived migrants, hesitant parents, people of low socio-economic status) in five partner countries, according to the overall design (WP3) and to country- and region-specific needs and constraints. 2. To design a detailed internal evaluation protocol, that captures effectiveness and implementation quality across and specifically for each target region. 3. To assure implementation of interventions to the targeted groups in the five target regions, according to the tailored intervention protocols			

4. To assure data collection according to the detailed internal evaluation protocol in five partner countries

Intended outcomes

WP5 aims to provide answers to the following questions:

- Is it possible to tailor a common framework for interventions to the targeted populations that takes country- and region-specific needs and constraints into account?
- Which effectiveness and implementation quality could be achieved by such tailored interventions?
- Which are the overall and specific barriers encountered in the tailoring process and the implementation of such tailored interventions based on a common framework?

Activities and division of work (WP description)

Task No (continuous numbering linked to WP)	Task Name	Description	Participants		In-kind Contributions and Subcontracting (Yes/No and which)
			Name	Role (COO, BEN, AE, AP, OTHER)	
T5.1	Development of intervention and evaluation protocols for targeted populations [M10-M11]	The task aims to develop evaluation protocols for each country and region, in which a tailored intervention for targeted populations (e.g., newly arrived migrants, hesitant parents, people of low socio-economic status) will be implemented and evaluated. The development will start from a common framework and tailor according to country- and region-specific needs and barriers. The task ensures the precise and relevant evaluation of effectiveness and implementation quality in all project sites. The task involves the development of a generic protocol, it's revision and discussion with WP3 and partner countries – and with interventions in parallel tailored to countries and regions – and the submission to relevant institutional or national review boards. The methodology of interventions selected by this WP builds on humour correction («use of humour in messages correcting or criticizing vaccine misinformation»), communicating the weight of evidence and scientific consensus around vaccines and related myths («explaining which standpoint is supported by evidence and scientific consensus especially using visual exemplar such as photo of scientist(s) or pie charts») and incorporating warnings about encountering misinformation (e.g., «on Twitter or during a	INMSS	COO	No

		Google Search»). Evaluation is designed to be conducted with two groups per target region. An intervention group of approximately 90 persons will receive the intervention. A control group of approximately 90 persons will not receive any intervention related to the project. Evaluations will mainly be based on questionnaires administered to intervention and control groups and relevant stakeholders, as well as focus groups and individual interviews. Collected information will be structured by knowledge, attitudes and behaviours around misinformation, and satisfaction with the interventions. The participants to be included will correspond to the groups targeted by the interventions in each target region. All communications are ensured through online meetings. The task is coordinated by INMSS (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.			
T5.2	Analysis of applicability of the intervention framework and the evaluation framework in target regions [M12]	The task aims to analyse the applicability of the intervention framework for the targeted populations in each target region. The task ensures that all relevant needs and constraints for educational sessions will be known and taken into account. The task involves development of a generic intervention protocol, its communication to implementing countries (partners, stakeholders), and collection of feedback from countries. This analysis will mainly be based on meetings. Principal elements to adapt to the countries and regions include specificities of the target groups (living conditions, socioeconomic contexts, reasons for hesitancy, …). The task is coordinated by INMSS (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.	INMSS	COO	No
T5.3	Co-construction of tailored intervention protocols for each target region [M13]	The task aims to develop intervention protocols for each country and region. The task ensures the feasibility and relevance of the interventions to each country and region. The task involves the revision of the generic intervention protocol taking into account the previously collected needs and constraints (Tasks 5.1 and 5.2). The protocols will be finalised in an iterative way in adherence with principals of co-construction. Interventions will be translated as relevant into local languages and pilot-tested among persons with	INMSS	COO	No

		eligibility criteria.			
T5.4	Implementation of internal evaluation protocol (pre-intervention internal evaluation) [M14-M15]	The task is coordinated by INMSS (average 1 FTE per month). Costs associated with P*M of members of other WPs were allocated to the respective WP.	INMSS IPME IP UCSC ISPUP	COO Ben Ben Ben Ben	No
T5.5	Implementation of tailored interventions [M16-M21]	The task aims to implement the tailored intervention protocols to the target populations in participating regions (intervention group only). The implementation closely according to the protocols ensures that the effectiveness and implementation quality can be evaluated. The task involves enrolment, motivation and support of participants, and organisation of the delivery of interventions as per protocol. The interventions will be structured as group educational sessions in the presence of family doctors / community nurses / health mediators in low educated and poor communities, with organization of 3 ongoing educational sessions for groups of up to 30 participants (up to 90 participants in each target region), inviting also influential persons at community level (priest, mayor, etc), and video interventions, such as movie describing the disease, the consequences of non-vaccination/the benefits of vaccine, etc. Other tools which will be used are flyers/booklets using photographs, positive key messages, easy to understand and acceptable by the population. The task is coordinated by INMSS (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).	INMSS IPME IP UCSC ISPUP	COO Ben Ben Ben Ben	No
T5.6	Implementation of internal evaluation protocol (post-intervention internal evaluation) [M22-M23]	The task aims to collect post-intervention data among participants (intervention and control group) to compare with pre-intervention internal evaluations (task 5.4). The task ensures the scientific quality of the evidence produced by the internal evaluation of the interventions. The task involves administration of questionnaires, conduct of interviews and focus groups, and data entry into a multi-site project database. The task is coordinated by INMSS (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).	INMSS IPME IP UCSC ISPUP	COO Ben Ben Ben Ben	No

T5.7	Data analysis and interpretation, report writing [M24-M25]	The task aims to analyse the collected pre- and post-intervention data with goal to produce evidence on the effectiveness and implementation quality of the interventions. The task ensures the interpretability of the overall evaluation of the intervention framework for the targeted populations. The task involves management and analysis of the central database, the interpretation of results and drafting of a report. During interpretation – and in an iterative way with additional analysis, partner countries will be involved to assure appropriate and complete data analysis. Partner countries will finalise country-specific reports for in-country communication. The task is coordinated by INMSS (average 1 FTE per month). Involves all implementing partners (average 1 FTE per target region).	INMSS IPME IP UCSC ISPUP	COO Ben Ben Ben Ben	No

Milestones and deliverables (outputs/outcomes)

Milestone No (continuous numbering not linked to WP)	Milestone Name	Work Package No	Lead Beneficiary	Description	Due Date (month number)	Means of Verification
MS5.1	Planning stage (targeted populations)	5	INMSS	Completion of the planning stage	13	Completion of D5.1
MS5.2	Intervention stage (targeted populations)	5	INMSS	Completion of the intervention stage	21	Completion of D5.2
MS5.3	Learning stage (targeted populations)	5	INMSS	Completion of the learning stage	25	Completion of D5.3

Deliverable No (continuous numbering linked to WP)	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month number)	Description (including format and language)
D5.1	Protocols design of tailored interventions	5	INMSS	R	PU	13	Completion of protocols design of tailored interventions for targeted

	(targeted populations)						populations in target regions Electronic in English.
D5.2	Implementation reports of interventions (targeted populations)	5	INMSS	R	PU	21	Completion of implementation reports of interventions for targeted populations in target regions Electronic in English.
D5.3	Final report on effectiveness and implementation quality of interventions (targeted populations)	5	INMSS	R	PU	25	Completion of final report on effectiveness and implementation quality of interventions aimed at targeted populations in target regions Electronic in English.

Work Package 6

Work Package 6: Recommendations, communication, dissemination and exploitation			
Duration:	M1 – M30	**Lead Beneficiary:**	ASPHER

Objectives

General Objective

To engage in dialog with relevant stakeholders, providing target-country specific and EU wide recommendations to deal with vaccine hesitancy, distributing these recommendations and the project work and results widely to relevant audiences (public health and health care communities, EU and country specific stakeholders, and the broader public).

Specific Objectives

1. To design and develop recommendations targeted at specific populations, health care professionals and health care authorities for each Target Region analysed, based on which wider recommendations are proposed for tailored interventions aimed at other target audiences, regions and member states.

2. To share and communicate project outcomes among policy makers, health professionals, advocacy groups, and researchers, over the period of the project and at the end, using a variety of methods, including active participation.

3. To conduct a high-level European policy conference to discuss implications for EU policy approaches, research and ‘best practice’ dissemination.

4. To track the number of visits for the website, social media and contacts with domestic and foreign media.

Intended outcomes

To engage stakeholders at all levels and assess solutions based on country-specific factors and further to communicate country specific and EU-wide recommendations to combat vaccine hesitancy to relevant actors in public health, health care and policy arenas based on the implemented pilot activities so that they may be sustained and scaled up across EU country settings after the project period.

Activities and division of work (WP description)

Task No (continuous numbering linked to WP)	Task Name	Description	Participants		In-kind Contributions and Subcontracting (Yes/No and which)
			Name	Role (COO, BEN, AE, AP,	

				OTHER)	
T6.1	Plan writing for exploitation actions and results dissemination [M1-M3]	Detailed plan for exploitation actions will be discussed by partners in online partners' meeting, devised internally and actioned. It will identify target groups, potential partners and other project stakeholders across the EU required to ensure good exploitation of the project results and recommendations. The plan for Results Dissemination will describe plans for the dissemination of knowledge gained during the work. It will identify goals, dissemination locations and events, and evaluate and choose appropriate methods. Relevant forums and stakeholders for dissemination and communication will be identified such as EU Health Policy Platform and European Health Forum Gastein, and EU Coalition for Vaccination. Both plans for exploitation actions and results dissemination are meant to be included in the project handbook (D.1.1). The task is coordinated by ASPHER (average 0.4 FTE per month).	ASPHER	COO	No
T6.2	Project website, branding and social media [M4-M30]	A public project web site will be designed and implemented with information on the project itself, partners, work packages, and objectives. Content, activities and results will be added as the project develops with the site acting as a repository for deliverables. The site will be maintained after the project period through ASPHER ensuring the sustained availability of the project information and results. A logo will be developed with input from partners and used on the web site and in publications, to support the recognition and branding of the project.	ASPHER	COO	No

		A social media presence will be cultivated on relevant platforms to reach for example professionals (LinkedIn), broader public health community (Twitter) and the general public (Facebook). The task is coordinated by ASPHER (average 0.4 FTE per month).			
T6.3	Newsletter and press releases and other dissemination [M6-M30]	A biannual newsletter will be published starting in M6 to provide punctual updates to inform on project activities and results in an accessible format. Press releases will be released on specific actions as needed. A full-day pre-conference workshop at the European Public Health (EPH) Conference at latter stages of the project is foreseen to allow partners to disseminate results and experiences from the project to relevant communities and identify pathways for future action, sustainability and upscaling of project results and recommendations. The EPH Conference is an annual scientific conference on public health issues in Europe organised by the European Public Health Association that will engage all participants and ensure presentation to major stakeholders who will be onsite. The task is coordinated by ASPHER (average 0.4 FTE per month).	ASPHER	COO	No
T6.4	Policy briefs [M28-M29]	Based on the learning systematized by WP3, policy briefs with country specific recommendations to deal with vaccine hesitancy will be produced based on the outcomes from each of the interventions in the project. They will include identified best practices and lessons learned. The task is coordinated by ASPHER (average 0.4	ASPHER	COO	No

		FTE per month).			
T6.5	Policy report [M30]	A policy report with recommendations on the best strategies to deal with vaccine hesitancy at the European level will be produced. The results of the country-specific pilot actions and policy briefs (task 6.4) will be extrapolated to the wider European level with recommendations on how they may be implemented in a wide variety of settings. The task is coordinated by ASPHER (average 0.4 FTE per month).	ASPHER	COO	No

Milestones and deliverables (outputs/outcomes)

Milestone No (continuous numbering not linked to WP)	Milestone Name	Work Package No	Lead Beneficiary	Description	Due Date (month number)	Means of Verification
MS6.1	Partnership agreements, guidelines writing and branding identity	6	ASPHER	Completion of partnership agreements, guidelines writing and branding identity	3	Completion of D6.1 and D6.2
MS6.2	Extensive external communication	6	ASPHER	Delivery of extensive external communication	30	Completion of D6.3, D6.4, D6.5, D6.6, D6.7 and D6.9
MS6.3	Specialized reporting	6	ASPHER	Delivery of specialized reporting	30	Completion of D6.8 and D6.10

Deliverable No (continuous numbering linked to WP)	Deliverable Name	Work Package No	Lead Beneficiary	Type	Dissemination Level	Due Date (month number)	Description (including format and language)
D6.1	Plan for exploitation	6	ASPHER	R	SEN	3	Completion of plan for

	actions						exploitation actions. It meets the mandatory deliverable of dissemination and exploitation plan. Electronic in English
D6.2	Plan for results dissemination	6	ASPHER	R	SEN	3	Completion of plan for results dissemination. It meets the mandatory deliverable of dissemination and exploitation plan. Electronic in English
D6.3	Website and logo development	6	ASPHER	DEC	PU	4	Delivery of website and logo development. It meets the mandatory deliverable of having a public website dedicated to the project. Electronic in English.
D6.4	Biannual newsletter 1	6	ASPHER	R	PU	6	Edition of biannual newsletter. Electronic in English.
D6.5	Biannual newsletter 2	6	ASPHER	R	PU	12	Edition of biannual newsletter. Electronic in English.

D6.6	Biannual newsletter 3	6	ASPHER	R	PU	18	Edition of biannual newsletter. Electronic in English.
D6.7	Biannual newsletter 4	6	ASPHER	R	PU	24	Edition of biannual newsletter. Electronic in English.
D6.8	Policy briefs on vaccine hesitancy	6	ASPHER	R	PU	29	Publication of policy briefs on vaccine hesitancy in the target regions. Electronic in English.
D6.9	Biannual newsletter 5	6	ASPHER	R	PU	30	Edition of biannual newsletter. Electronic in English.
D6.10	Policy Report with recommendations	6	ASPHER	R	PU	30	Publication of policy report with recommendations on the best strategies to deal with vaccine hesitancy at the European level. It meets the mandatory deliverable of Sustainability plan for continued implementation, relevant toolkits and policy recommendations for upscaling in other Member States Electronic in English.

Subcontracting

Subcontracting

Give details on subcontracted project tasks (if any) and explain the reasons why (as opposed to direct implementation by the Beneficiaries/Affiliated Entities).

Subcontracting — Subcontracting means the implementation of 'action tasks', i.e. specific tasks which are part of the EU grant and are described in Annex 1 of the Grant Agreement.

***Note:** Subcontracting concerns the outsourcing of a part of the project to a party outside the consortium. It is not simply about purchasing goods or services. We normally expect that the participants have sufficient operational capacity to implement the project activities themselves. Subcontracting should therefore be exceptional.*

Include only subcontracts that comply with the rules (i.e. best value for money and no conflict of interest; no subcontracting of coordinator tasks).

Work Package No	Subcontract No (continuous numbering linked to WP)	Subcontract Name (subcontracted action tasks)	Description (including task number and BEN/AE to which it is linked)	Estimated Costs (EUR)	Justification (why is subcontracting necessary?)	Best-Value-for-Money (how do you intend to ensure it?)
	S1.1					
	S1.2					

Other issues: *If subcontracting for the project goes beyond 30% of the total eligible costs, give specific reasons.*	Insert text

Timetable

tasks	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
Task 1.1 Creation of Internal documentation		D1.1																												
Task 1.2 Ethical reporting																														
Task 1.3 Technical and scientific project reporting		D1.2													D1.3															
Task 1.4 Administrative and financial reporting																														
Task 2.1 Systematic review (academic)								D2.1																						
Task 2.2 Literature review (grey)																														
Task 3.1 Overview of the development of intervention protocols																														
Task 3.2 Online focus groups with advisory board																														
Task 3.3 Evaluability assessment report												D3.1																		
Task 3.4 Training of external evaluators														D3.2																
Task 3.5 Implementation analysis (external monitoring)																					D3.3									
Task 3.6 External analysis report of interventions																														
Task 3.7 Final Seminar																										D3.4				
Task 4.1 Development of intervention and evaluation protocols for FHW																														
Task 4.2 Analysis of applicability of the intervention framework and the evaluation framework in target regions																														
Task 4.3 Co-construction of tailored intervention protocols for each target region													D4.1																	
Task 4.4 Implementation of internal evaluation protocol (pre-intervention internal evaluation)																														
Task 4.5 Implementation of tailored interventions																					D4.2									
Task 4.6 Implementation of internal evaluation protocol (post-intervention internal evaluation)																														
Task 4.7 Data analysis and interpretation, report writing																								D4.3						
Task 5.1 Development of intervention and evaluation protocols for targeted populations																														
Task 5.2 Analysis of applicability of the intervention framework and the evaluation framework in target regions																														
Task 5.3 Co-construction of tailored intervention protocols for each target region													D5.1																	
Task 5.4 Implementation of internal evaluation protocol (pre-intervention internal evaluation)																														
Task 5.5 Implementation of tailored interventions																					D5.2									
Task 5.6 Implementation of internal evaluation protocol (post-intervention internal evaluation)																														
Task 5.7 Data analysis and interpretation, report writing																								D5.3						
Task 6.1 Plan writing for exploitation actions and results dissemination		D6.1																												
Task 6.2 Project website, branding and social media		D6.2		D6.3																										
Task 6.3 Newsletter press releases, and other dissemination					D6.4						D6.5						D6.6							D6.7						D6.9
Task 6.4 Policy briefs																												D6.8		
Task 6.5 Policy report																														D6.10
Milestones	**M.1.1**					**M.2.1**				**M.3.1** **M.4.1** **M.5.1**				**M.3.2**		**M.1.2**		**M.3.3** **M.4.2** **M.5.2**						**M.3.4** **M.4.3** **M.5.3**					
	M.6.1														**M.6.2**														**M.6.3**	

#§WRK-PLA-WP§#

#@ETH-ICS-EI@#

5. OTHER

5.1 Ethics

Ethics

If the Call document contains a section on ethics, describe ethics issues that may arise during the project implementation and the measures you intend to take to solve/avoid them.

The interventions on vaccine hesitation of targeted populations and frontline healthcare workers in the scope of VAX-ACTION are a sensitive matter that has to do with morals and human dignity. Notwithstanding the fact that some people's values, ideas, and actions may conflict with the public authorities' recommendations about vaccines, vaccination programmes, or other health-related issues, the initiative will ensure respect for people and for human dignity. Regarding end-user privacy and security, as well as any hazards that can affect users' dignity, right to self-determination, bodily and mental autonomy, and integrity, the consortium will deal with these concerns. It will also offer advice on request and on its own initiative. Concerning privacy and ethical problems, the consortium will also address objections and criticisms and requests from primary and secondary end users. All complaints will be taken seriously, and both the victims of the abuse and the person who reported it will be shielded from any unfavourable consequences. Usually, organisations and research funding bodies have complaints policies, and our institutions will have indemnity. We must also draw on policies on complaints/ conflict of interest, among others, that have been developed for similar international consortia.

Also need a commitment to use inclusive, non-judgemental language, recognising that our work will identify challenges to the balance between individual and collective human rights and the different meanings of similar terms in different languages. We can bring together our own institutions' policies and build on ASPHER's work in this area. Before seeking approval from the local Ethics Committees in each Target region, the Consortium will approve each nation's application for ethical clearance. The project will not gather data before local ethical and information governance/data protection approval has been granted. The consortium will mostly meet virtually (1 meeting per month) although there will be in-person meetings every 6 months over the course of the project in conjunction with the annual project conference. The WPs each bring up ethical issues to varying degrees. WP1 is concerned with managing ethics, financial distribution, resources, granting personnel equal treatment including creating unbiased, gender balanced teams. WP2 and WP3 won't present any specific ethical issues because they will mostly utilise information and methods that is already available to the public and that were utilised in previous interventions. Publicly accessible media data will be used by WP3. WP3 will report data in line with best practice [see https://www.equator-network.org/reporting-guidelines/] and public benefit and privacy guidance, ensuring that individuals and small groups cannot be identified. Specific ethical concerns of the other WPs 4 and 5 will be addressed by the intended partners, regarding the implementation of interventions based on their prior extensive experience. Ethical issues in WP6 will be addressed in respect to privacy and security of data, authorship, and following the best-known communication and dissemination practices, based on the expertise of the WP6 responsible partners.

#§ETH-ICS-EI§# #@SEC-URI-SU@#

5.2 Security

Security

If the Call document contains a section on security, describe security issues that may arise during the project implementation and the measures you intend to take to solve/avoid them.

Indicate if there is need for EU classification of information (Decision 2015/444) or any other specific security measures.

In accordance with excellent research methodology and the FAIR data principles, data collection, storage, treatment, and sharing (Findable, Accessible, Interoperable, Reusable). The following concerns will be covered, and they will be updated as the project progresses:

- Dataset identification and name (for all types of data produced).
- Dataset explanation (what data will be collected, how many different data formats).

• Data exchange (access to data, and data sharing practices and policies). • Confidentiality and privacy. • Metadata and standards: o Archiving and preservation strategies (including storage and backup). o Data dissemination and policies for sharing and public access to data (policies and guidelines for reusing, distributing, and creating derivative works). VAX-ACTION welcome sharing of results where appropriate and are dedicated to the open data principles. To allow the reuse of research data in accordance with the Open Science Policy and Consortium Agreement (CA) standards, the research materials and data for the project will be preserved in accordance with the criteria of the partners' organisations for data management and preservation. The openness and usage regulations for the data will be determined by the owners. The CA will specify who owns the data and how to do it in accordance with industry standards. Research groups are prepared to utilise free data services and repository, to exchange, store, preserve, manage, and utilise their data and information.

#§SEC-URI-SU§# #@DEC-LAR-DL@#

6. DECLARATIONS

Higher funding rate (if applicable)	**YES/NO**
Do you fulfil the conditions set out in the Call document for a higher funding rate? If YES, explain and provide details.	**NO**
Insert text	

Double funding	
Information concerning other EU grants for this project ⚠ *Please note that there is a strict prohibition of double funding from the EU budget (except under EU Synergies actions).*	**YES/NO**
We confirm that to our best knowledge neither the project as a whole nor any parts of it have benefitted from any other EU grant *(including EU funding managed by authorities in EU Member States or other funding bodies, e.g. EU Regional Funds, EU Agricultural Funds, etc)*. If NO, explain and provide details.	YES
We confirm that to our best knowledge neither the project as a whole nor any parts of it are (nor will be) submitted for any other EU grant *(including EU funding managed by authorities in EU Member States or other funding bodies, e.g. EU Regional Funds, EU Agricultural Funds, etc)*. If NO, explain and provide details.	YES

Financial support to third parties (if applicable) *If in your project the maximum amount per third party will be more than the threshold amount set in the Call document, justify and explain why the higher amount is necessary in order to fulfil your project's objectives.*
Does not apply

#§DEC-LAR-DL§#

LIST OF PREVIOUS PROJECTS

Listed in PART_B_Section_4 (see the original proposal)

HISTORY OF CHANGES

Version (date)	Changes
26.06.2023	- Deletion of D1.2, 1.3 and 1.4 and merging in D1,1 (it is easier for WP1 to handle in one single deliverable all aspects regarding the management of data, ethics, and data collection). None of the content initially presented was deleted. - Deliverables D1.5 and D1.6 have been deleted because there is a parallel workflow triggered, to report on the progress at M18 and M30. - Deletion of D4.3 and D5.3 and their inclusion in D4.4 and D5.4, respectively. Only after the application was recommended for funding, the PI realized that D4.3 and D5.3 are indeed part of the intrinsic content of D4.4 and D5.4, respectively. It is scientifically incorrect to keep such data and evidence in two separate deliverables. The PI clearly states that this merging does not imply any deletion of work or change in the objectives or tasks of these WPs, which therefore does not interfere with the scientific evaluation the proposal was subjected to. Furthermore, having two deliverables 1 month after another would unnecessarily burden the teams to conduct work that should be part of one single deliverable. - Reference to the mandatory deliverables mentioned in call for proposals (EU4H-2022-PJ-5) in the description of the deliverables listed in the project (please note that some amendments were made at the 2nd round of review – see changes dated on 14 July): • data management plan (DMP) to be delivered at month 6 the latest was included as part of D1.1 (project handbook) due to month 3; • updated data management plan to be delivered at month 16 the latest was included as the content of D1.2 (Updated data management plan) due to month 27; • dissemination and exploitation plan, including communication activities, to be delivered at Month 6 the latest were included in the description of D6.1 and D6.2, which are intended to be delivered at month 3. Furthermore, the title of the two deliverables were revised to use the word “Plan” instead of “guideline”. • A project dedicated public website be delivered at month 4 at the latest was included in the description of D6.3 aimed at month 4 • Mapping public health findings and evidence on large-scale vaccination - This should be a deliverable early in the project – is the outcome and is mentioned in the description of D2.1 aimed at month 6, as follows: “Completion of review report. It meets the mandatory deliverable of mapping public health findings and evidence on large-scale vaccination.” • Implementation report from the pilot action. The following sentence was added in the description of D3.4, which is intended to synthesize the outcomes of all interventions/pilot activities: “Completion of synthesis report on a novel intervention framework to reduce vaccine

	hesitancy in Europe. It meets the mandatory deliverable of implementation report from the pilot action." • Sustainability plan for continued implementation, relevant toolkits and policy recommendations for upscaling in other Member States. The description of D6.6 is now as follows: "Publication of policy report with recommendations on the best strategies to deal with vaccine hesitancy at the European level. It meets the mandatory deliverable of Sustainability plan for continued implementation, relevant toolkits and policy recommendations for upscaling in other Member States" - Revision of the timetable according to the abovementioned changes: • Merging of D1.2, D1.3 and D1.4 into D1.1 • Deletion of D1.5, D1.6 and D1.7 and replacement by D1.2 due to month 27 • Deletion of M1.2 and M1.3 as the result of the merging of D1.2, D1.3 and D1.4 into D1.1 and deletion of D1.5, D1.6 and D1.7 and replacement by D1.2 due to month 27 - Insertion of field 5.1 that was missing in the original submission (p.67) the full box was inserted because it was missing in the file that was wrongly submitted as part of the application. The error was immediately noticed by the PI (and several communications were established with the IT services), but no replacement of files was allowed by then as the deadline for submissions has been exceeded. At a later stage, the PI uploaded the full information that was ready by the submission phase. - insertion of field 5.2 that was missing in the original submission (pp. 67-68) the full box was inserted because it was missing in the file that was wrongly submitted as part of the application. The error was immediately noticed by the PI (and several communications were established with the IT services), but no replacement of files was allowed by then as the deadline for submissions has been exceeded. At a later stage, the PI uploaded the full information that was ready by the submission phase.
14.07.2023	- creation of a new D1.2 – data management plan - due to M3 -; deletion of data management plan as Part of D1.1 -; renumeration and anticipation of updated data management plan as D1.3 to M16, as requested and according to call for proposals (EU4H-2022-PJ-5). - the abovementioned changes to comply with the mandatory deliverables mentioned in call for proposals (EU4H-2022-PJ-5) also implied changes in the original design of milestones of WP1. The current design of these milestones is cohesive and is in line with the design and content of the current deliverables. - the type of document of D1.2 and D1.3 were changed from R to DMP. - Revision of description of D2.1 to meet the need to mention specific action-level indicators according to call for proposals (EU4H-2022-PJ-5). - Revision of description of D3.4 to meet the need to mention pilot activities. - Revision of description of WP6 to add a note on monitoring the impact of dissemination. - D6.1 and D6.2 were renamed according to call for proposals (EU4H-2022-PJ-5) (the same change was made in the related tasks). - Revision of description of D6.6 to meet the need mentioned in the call for proposals (EU4H-2022-PJ-5) regarding sustainability plan for continued implementation - Creation of new deliverables in WP 6 to address the need to turn each biannual newsletter into a deliverable. All deliverables were renumbered accordingly. - the milestones of WP 6 were reviewed accordingly: this change regards the description due to the creation of new deliverables intended to biannual newsletters. - Revision of the timetable according to the abovementioned changes: - creation of a new D1.2 – data management plan - due to M3

	- deletion of data management plan as Part of D1.1 - renumeration and anticipation of updated data management plan as D1.3 to M16

START (DETAILED BUDGET TABLE (AG) — PROPOSAL/GRANT PREPARATION)

PROJECT DATA		
Project number:	**101133273**	
Project acronym:	**VAX-Action**	
Participant short name:	**UNL**	
Participant PIC:	**960782479**	

WORK PACKAGES & TRAVELS

Index	Name	Description	Number of travels	Delete
1	WORK PACKAGE 1	Management and coordination	0	☐
2	WORK PACKAGE 3	Oversight of interventions and external evaluation	2	☐
3	WORK PACKAGE 6	Recommendations, communication, dissemination and exploitation	1	☐

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**UNL**
Participant PIC:	**960782479**

7/19/2023 13:57

ATTENTION: This table should be filled out one per participant (beneficiary, affiliated entity)

ATTENTION: This table may ONLY contain eligible costs (i.e. costs that comply with the eligibility rules of the grant agreement that is part of your call documents). At proposal stage and during grant preparation, it should contain estimated costs/income. Costs must be estimated in EUR.

ATTENTION! List each budgeted cost item ONLY once in this table, for the main WP.

ATTENTION! White cells mean that you are required to enter data. Blue cells are calculated automatically.

ACTION GRANT BUDGET TABLE (PER PARTICIPANT)

PROJECT COSTS

A. Personnel costs

! monthly rates allowed for budgeting because simpler to establish the approximate costs; cost reporting will have to be done according to MGA (usually daily rates)		Costs (actual or unit costs)				Also working for other work packages? YES/NO and which WP	Description of project role/activities/responsibilities
	Type of rate (monthly/other)	Rate (amount)	Time (months/other of work on the action)	Total (EUR)			
		a	b	c = a * b			
WORK PACKAGE 1	**WORK PACKAGE 1**						
	A.1 Employees (or equivalent)						
	Project managers	monthly	4,750.00	30.00	**142,500.00**	No	FTE devoted to all tasks of WP1 - Monthly Salary 4,750€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**142,500.00**		
				Total personnel for this WP	**142,500.00**		
WORK PACKAGE 3	**WORK PACKAGE 3**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,750.00	18.00	**85,500.00**	No	FTE devoted to all tasks of WP3 (related with FHW) - Monthly Salary 4,750€
	Senior experts/advisors/researchers	monthly	4,750.00	18.00	**85,500.00**	No	FTE devoted to all tasks of WP3 (related with targeted populations) - Monthly Salary 4,750€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**171,000.00**		
				Total personnel for this WP	**171,000.00**		
WORK PACKAGE 6	**WORK PACKAGE 6**						
	A.1 Employees (or equivalent)						
	Select a staff category	monthly	0.00	0.00	**0.00**		
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		

				Total employees (or equivalent)	0.00		
				Total personnel for this WP	0.00		
				Total personnel (all WPs)	**313,500.00**		

B. Subcontracting costs (N/A)

	Costs (actual costs)			Also used for other work packages? YES/NO and which WP	Description of subcontracted project tasks/activities
			Total subcontracting (all WPs)	**0.00**	

C. Purchase costs

C.1 Travel and subsistence

		Costs (actual costs)	Costs (unit cost)				Also part of other work packages? YES/NO and which WP	Description (e.g. international/not international; place of activity/destination; number of days; number of persons (speakers, personnel and participants whose costs are covered); transport means; average price per person; subsistence costs/daily allowances)
			Amount per unit	Number of units	Total (EUR)			
WORK PACKAGE 1	**WORK PACKAGE 1**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 3	**WORK PACKAGE 3**							
	Evaluators' training week							
	Speakers							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	268.20	10.00	**2,682.00**		No	To perform task 3.4 (international & national; to Lisbon/UNL; 7 days; 10 persons; flight and rail) Average 268.20 € Unit cost per travel - 433€ return flight (2501-3500km) 343€ return flight (2001-2500km) 295€ return flight (1601-2000km) 230€ return flight (1201-1600km) 40€ land PT (50-399km)
	Accommodation costs	0.00	109.00	60.00	**6,540.00**		No	To perform task 3.4 (Lisbon/UNL; 6 nights; 10 persons; hotel nearby). Unit cost for accomodation: 109€/night
	Subsistence costs	0.00	83.00	70.00	**5,810.00**		No	To perform task 3.4 (Lisbon/UNL; 7 days; 10 persons).Unit cost for subsistence: 83€/day
	Total travel costs for this travel	**2,682.00**						
	Total accommodation costs for this travel	**6,540.00**						
	Total subsistence costs for this travel	**5,810.00**						
	Total travel	**15,032.00**						
	Final Seminar							
	Speakers							

	Travel costs	0.00	278.25	20.00	**5,565.00**		No	To perform task 3.7 (international & national; to Lisbon/UNL; 2 days; 20 persons; flight and rail) Average cost: 278.25€ Unit cost per travel - 433€ return flight (2501-3500km) 343€ return flight (2001-2500km) 295€ return flight (1601-2000km) X 4 230€ return flight (1201-1600km) 40€ land PT (50-399km)
	Accommodation costs	0.00	109.00	40.00	**4,360.00**		No	To perform task 3.7 (Lisbon/UNL; 2 nights; 20 persons hotel nearby). Unit cost for accomodation: 109€/night
	Subsistence costs	0.00	83.00	40.00	**3,320.00**		No	To perform task 3.7 (Lisbon/UNL; 2 days; 20 persons).Unit cost for subsistence: 83€/day
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Total travel costs for this travel	**5,565.00**						
	Total accommodation costs for this travel	**4,360.00**						
	Total subsistence costs for this travel	**3,320.00**						
	Total travel	**13,245.00**						
	Total travel costs for this WP	**8,247.00**						
	Total accommodation costs for this WP	**10,900.00**						
	Total subsistence costs for this WP	**9,130.00**						
	Total travel for this WP	**28,277.00**						
WORK PACKAGE 6	**WORK PACKAGE 6**							
	Pre conference workshop							
	Speakers							
	Travel costs	0.00	433.00	2.00	**866.00**		No	To perform task 6.3 (international; EUPHC; 5 days; 2 person; by flight). Unit cost per flight: 433€/return flight
	Accommodation costs	0.00	146.00	8.00	**1,168.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 2 person; hotel nearby). Unit cost per accomodation: 146€/night
	Subsistence costs	0.00	113.00	10.00	**1,130.00**		No	To perform task 6.3 (international; to EUPHA; 5 days; 2 person). Unit cost per subsistence: 113€/day
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Total travel costs for this travel	**866.00**						
	Total accommodation costs for this travel	**1,168.00**						
	Total subsistence costs for this travel	**1,130.00**						
	Total travel	**3,164.00**						
	Total travel costs for this WP	**866.00**						

	Total accommodation costs for this WP	**1,168.00**	
	Total subsistence costs for this WP	**1,130.00**	
	Total travel for this WP	**3,164.00**	

Total travel costs (all WPs)	**9,113.00**	
Total accommodation (all WPs)	**12,068.00**	
Total subsistence (all WPs)	**10,260.00**	
Total travel and subsistence (all WPs)	**31,441.00**	

C.2 Equipment (N/A)

Total equipment (all WPs)	**0.00**	

C.3 Other goods, works and services

WORK PACKAGE 1	**WORK PACKAGE 1**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	0.00			
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**0.00**			

WORK PACKAGE 3	**WORK PACKAGE 3**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	12,500.00		No	Estimation of costs to perform task 3.4 (travel 1) = 4400€ (1200€ for coffee breaks [200*6 days] + 3200€ for space renting) | Estimation of costs to perform task 3.7 (travel 2) = 3500€ for catering + 4600€ for space renting
	Information & publications	7,500.00		No	Estimation of costs to perform tasks 1.1-1.4 (text edition) = 5000€ | Estimation of costs to perform task 3.7 (travel 2) = 2500€ for advertisement
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**20,000.00**			

WORK PACKAGE 6	**WORK PACKAGE 6**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much

	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	1,559.00		No	EUPHC Conference Fees and materials, including office supplies for participants and audivisiual supports for poster display / presentations.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
Total goods, works and services for this WP		**1,559.00**			
Total goods, works and services (all WPs)		**21,559.00**			

Total purchase costs (all WPs)	**53,000.00**

D. Other cost categories(N/A)

Total other cost categories (all WPs)	**0.00**

E. Indirect costs

		Costs (flat-rate)	
ALL WORK PACKAGES	Total estimated direct costs (on which indirect cost flat-rate is based, see GA eligibility article)	366,500.00	
	Flat-rate (%)	7%	ATTENTION**!** Check that the rate is in line with the call conditions. Put 0% if you receive an EU Operating Grant and are not eligible to charge indirect costs”
	Total indirect costs	25,655.00	
Total indirect costs		**25,655.00**	

TOTAL COSTS PARTICIPANT	**392,155.00**

PROJECT INCOME

EU CONTRIBUTION (GRANT)

		Amount (EUR)	
	Total costs	392,155.00	
	Single Funding rate (%)	80%	ATTENTION**!** Enter funding rate from the call conditions.
	Maximum EU contribution	313,724.00	
	Requested EU contribution	**313,724.00**	ATTENTION In order to avoid rounding issues, please request 1 cent less than the maximum EU contribution.
EU CONTRIBUTION		**313,724.00**	

REVENUES AND CONTRIBUTIONS BY THIRD PARTIES

Revenues

Income generated by the action

		Amount (EUR)	Description of the income (type of generated income and number of users, etc)
ALL WORK PACKAGES	Estimated income generated by the action	0.00	
	Total income generated by the action	**0.00**	
	Revenues	**0.00**	

In-kind contributions by third parties

In-kind contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose etc)
ALL WORK PACKAGES	Estimated in-kind contributions by third parties	0.00	
	Total in-kind contributions	**0.00**	
	In-kind contributions	**0.00**	

Financial contributions by third parties

Financial contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose, etc)
ALL WORK PACKAGES	Estimated financial contributions by third parties	0.00	
	Total financial contributions	**0.00**	
	Financial contributions	**0.00**	
TOTAL REVENUES AND CONTRIBUTIONS BY THIRD PARTIES		**0.00**	

OWN RESOURCES

		Amount (EUR)
	Own resources	78,431.00
	OWN RESOURCES	**78,431.00**
	TOTAL INCOME PARTICIPANT	**392,155.00**

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**UNL**
Participant PIC:	**960782479**

CONSOLIDATED COSTS PER WORK PACKAGE (PER PARTICIPANT)

COSTS PER WORK PACKAGE

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons	B. Subcontracting costs	C. Purchase costs						D. Other cost categories	E. Indirect costs	Total
			C.1 Travel and subsistence	C.1 Travel	C.1 Accommodation	C.1 Subsistence	C.2 Equipment	C.3 Other goods, work and services	D.1 Financial support to third parties		
	a1 - a2	b	c1	c1a	c1b	c1c	c2	c3	d1	e = flat-rate * (a1 + a2 + a3 + a5 + b [+ c1] + [c1a + c1b + c1c] + c2 + c3 + d1 + d2 + d3 + d4 + d5 + d6)	
		(N/A)					(N/A)		(N/A)		
WP1 WORK PACKAGE 1	**142,500.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**N/A**		**142,500.00**
WP3 WORK PACKAGE 3	**171,000.00**	**N/A**	**28,277.00**	**8,247.00**	**10,900.00**	**9,130.00**	**N/A**	**20,000.00**	**N/A**		**219,277.00**
WP6 WORK PACKAGE 6	**0.00**	**N/A**	**3,164.00**	**866.00**	**1,168.00**	**1,130.00**	**N/A**	**1,559.00**	**N/A**		**4,723.00**
TOTAL COSTS PARTICIPANT	**313,500.00**	**0.00**	**31,441.00**	**9,113.00**	**12,068.00**	**10,260.00**	**0.00**	**21,559.00**	**0.00**	**25,655.00**	**392,155.00**

START (DETAILED BUDGET TABLE (AG) — PROPOSAL/GRANT PREPARATION)

PROJECT DATA		
Project number:	**101133273**	
Project acronym:	**VAX-Action**	
Participant short name:	**UCSC**	
Participant PIC:	**999915771**	

WORK PACKAGES & TRAVELS

Index	Name	Description	Number of travels	Delete
1	WORK PACKAGE 4	Interventions targeting FHW for vaccine promotion towards hesitant users	0	☐
2	WORK PACKAGE 5	Interventions targeting vulnerable populations' misconceptions and knowledge	0	☐
3	WORK PACKAGE 6	Recommendations, communication, dissemination and exploitation	1	☐

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**UCSC**
Participant PIC:	**999915771**

7/19/2023 13:59

ATTENTION: This table should be filled out one per participant (beneficiary, affiliated entity)

ATTENTION: This table may ONLY contain eligible costs (i.e. costs that comply with the eligibility rules of the grant agreement that is part of your call documents). At proposal stage and during grant preparation, it should contain estimated costs/income. Costs must be estimated in EUR.

ATTENTION! List each budgeted cost item ONLY once in this table, for the main WP.

ATTENTION! White cells mean that you are required to enter data. Blue cells are calculated automatically.

ACTION GRANT BUDGET TABLE (PER PARTICIPANT)

PROJECT COSTS

A. Personnel costs

! monthly rates allowed for budgeting because simpler to establish the approximate costs; cost reporting will have to be done according to MGA (usually daily rates)		Costs (actual or unit costs)				Also working for other work packages? YES/NO and which WP	Description of project role/activities/responsibilities
	Type of rate (monthly/other)	Rate (amount)	Time (months/other of work on the action)	Total (EUR)			
		a	b	c = a * b			
WORK PACKAGE 4	**WORK PACKAGE 4**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,750.00	12.00	**57,000.00**	No	Implementer and internal evaluator of tasks of WP 4 - Monthly Salary 4,750€
	Junior experts/advisors/researchers	monthly	4,500.00	16.00	**72,000.00**	Yes (WP 5)	External evaluator to undertake the joint evaluations of tasks of WP 4 and 5 - Monthly Salary 4,500€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**129,000.00**		
				Total personnel for this WP	**129,000.00**		
WORK PACKAGE 5	**WORK PACKAGE 5**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,750.00	12.00	**57,000.00**	No	Implementer and internal evaluator of tasks of WP 5 - Monthly Salary 4,750€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**57,000.00**		
				Total personnel for this WP	**57,000.00**		
WORK PACKAGE 6	**WORK PACKAGE 6**						
	A.1 Employees (or equivalent)						
	Select a staff category	monthly	0.00	0.00	**0.00**		
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		

	Total employees (or equivalent)	**0.00**	
	Total personnel for this WP	**0.00**	
	Total personnel (all WPs)	**186,000.00**	

B. Subcontracting costs (N/A)

	Costs (actual costs)		Also used for other work packages? YES/NO and which WP	Description of subcontracted project tasks/activities
	Total subcontracting (all WPs)	**0.00**		

C. Purchase costs

C.1 Travel and subsistence

		Costs (actual costs)	Costs (unit cost)				Also part of other work packages? YES/NO and which WP	Description (e.g. international/not international; place of activity/destination; number of days; number of persons (speakers, personnel and participants whose costs are covered); transport means; average price per person; subsistence costs/daily allowances)
			Amount per unit	Number of units	Total (EUR)			
WORK PACKAGE 4	**WORK PACKAGE 4**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 5	**WORK PACKAGE 5**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 6	**WORK PACKAGE 6**							
	Pre conference workshop							
	Speakers							
	Travel costs	0.00	343.00	1.00	**343.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; by fligh). Unit cost per travel: 343€ per return fliaht
	Accommodation costs	0.00	146.00	4.00	**584.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; hotel nearby). Unit cost for accomodation: 137€/night
	Subsistence costs	0.00	113.00	5.00	**565.00**		No	To perform task 6.3 (international; EUPHC; 5 days; 1 person). Unit cost for subsistence: 113€/night
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Total travel costs for this travel	**343.00**						
	Total accommodation costs for this travel	**584.00**						
	Total subsistence costs for this travel	**565.00**						

	Total travel	**1,492.00**				
	Total travel costs for this WP	**343.00**				
	Total accommodation costs for this WP	**584.00**				
	Total subsistence costs for this WP	**565.00**				
	Total travel for this WP	**1,492.00**				

Total travel costs (all WPs)	**343.00**	
Total accommodation (all WPs)	**584.00**	
Total subsistence (all WPs)	**565.00**	
Total travel and subsistence (all WPs)	**1,492.00**	

C.2 Equipment (N/A)

Total equipment (all WPs)	**0.00**	

C.3 Other goods, works and services

WORK PACKAGE 4	**WORK PACKAGE 4**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	500.00		Yes (WP5)	Toners, paper, pens, ohter officer consummable and renting and set up of rooms to perform the implementation and internal evaluation of interventions of WP4 and 5
	Conferences, seminars, workshops, trainings & events	6,500.00		Yes (WP5)	Training and educational materials for 100 FHWs and sessions with 180 targeted people.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**7,000.00**			
WORK PACKAGE 5	**WORK PACKAGE 5**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	0.00			
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**0.00**			
WORK PACKAGE 6	**WORK PACKAGE 6**				
		Costs		Also part of other work	Description of tasks/activities for which the goods/services

		(actual costs)		packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	1,508.00		No	EUPHC Conference Fees and materials, including office supplies for participants and audivisiual supports for poster display / presentations.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
Total goods, works and services for this WP		**1,508.00**			
Total goods, works and services (all WPs)		**8,508.00**			

Total purchase costs (all WPs)	**10,000.00**	

D. Other cost categories(N/A)

Total other cost categories (all WPs)	**0.00**	

E. Indirect costs

		Costs (flat-rate)	
ALL WORK PACKAGES	Total estimated direct costs (on which indirect cost flat-rate is based, see GA eligibility article)	196,000.00	
	Flat-rate (%)	7%	ATTENTION**!** Check that the rate is in line with the call conditions. Put 0% if you receive an EU Operating Grant and are not eligible to charge indirect costs”
	Total indirect costs	13,720.00	
Total indirect costs		**13,720.00**	

TOTAL COSTS PARTICIPANT	**209,720.00**	

PROJECT INCOME

EU CONTRIBUTION (GRANT)

		Amount (EUR)	
	Total costs	209,720.00	
	Single Funding rate (%)	80%	ATTENTION**!** Enter funding rate from the call conditions.
	Maximum EU contribution	167,776.00	
	Requested EU contribution	**167,776.00**	ATTENTION**!** In order to avoid rounding issues, please request 1 cent less than the maximum EU contribution.
EU CONTRIBUTION		**167,776.00**	

REVENUES AND CONTRIBUTIONS BY THIRD PARTIES

Revenues

Income generated by the action

		Amount (EUR)	Description of the income (type of generated income and number of users, etc)
ALL WORK PACKAGES	Estimated income generated by the action	0.00	
	Total income generated by the action	**0.00**	
	Revenues	**0.00**	

In-kind contributions by third parties

In-kind contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose etc)
ALL WORK PACKAGES	Estimated in-kind contributions by third parties	0.00	
	Total in-kind contributions	**0.00**	
	In-kind contributions	**0.00**	

Financial contributions by third parties

Financial contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose, etc)
ALL WORK PACKAGES	Estimated financial contributions by third parties	0.00	
	Total financial contributions	**0.00**	
	Financial contributions	**0.00**	
TOTAL REVENUES AND CONTRIBUTIONS BY THIRD PARTIES		**0.00**	

OWN RESOURCES

		Amount (EUR)	
	Own resources	41,944.00	
	OWN RESOURCES	**41,944.00**	
	TOTAL INCOME PARTICIPANT	**209,720.00**	

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**UCSC**
Participant PIC:	**999915771**

CONSOLIDATED COSTS PER WORK PACKAGE (PER PARTICIPANT)

COSTS PER WORK PACKAGE

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons a1 - a2	B. Subcontracting costs b (N/A)	C. Purchase costs						D. Other cost categories	E. Indirect costs	Total
			C.1 Travel and subsistence c1	C.1 Travel c1a	C.1 Accommodation c1b	C.1 Subsistence c1c	C.2 Equipment c2 (N/A)	C.3 Other goods, work and services c3	D.1 Financial support to third parties d1 (N/A)	e = flat-rate * (a1 + a2 + a3 + a5 + b [+ c1] + [c1a + c1b + c1c] + c2 + c3 + d1 + d2 + d3 + d4 + d5 + d6)	
WP4 WORK PACKAGE 4	**129,000.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**7,000.00**	**N/A**		**136,000.00**
WP5 WORK PACKAGE 5	**57,000.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**N/A**		**57,000.00**
WP6 WORK PACKAGE 6	**0.00**	**N/A**	**1,492.00**	**343.00**	**584.00**	**565.00**	**N/A**	**1,508.00**	**N/A**		**3,000.00**
TOTAL COSTS PARTICIPANT	**186,000.00**	**0.00**	**1,492.00**	**343.00**	**584.00**	**565.00**	**0.00**	**8,508.00**	**0.00**	**13,720.00**	**209,720.00**

START (DETAILED BUDGET TABLE (AG) — PROPOSAL/GRANT PREPARATION)

PROJECT DATA		
Project number:	**101133273**	
Project acronym:	**VAX-Action**	
Participant short name:	**IP**	
Participant PIC:	**999993080**	

WORK PACKAGES & TRAVELS

Index	Name	Description	Number of travels	Delete
1	WORK PACKAGE 4	Interventions targeting FHW for vaccine promotion towards hesitant users	0	☐
2	WORK PACKAGE 5	Interventions targeting vulnerable populations' misconceptions and knowledge	0	☐
3	WORK PACKAGE 6	Recommendations, communication, dissemination and exploitation	1	☐

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**IP**
Participant PIC:	**999993080**

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ATTENTION: This table should be filled out one per participant (beneficiary, affiliated entity)

ATTENTION: This table may ONLY contain eligible costs (i.e. costs that comply with the eligibility rules of the grant agreement that is part of your call documents). At proposal stage and during grant preparation, it should contain estimated costs/income. Costs must be estimated in EUR.

ATTENTION! List each budgeted cost item ONLY once in this table, for the main WP.

ATTENTION! White cells mean that you are required to enter data. Blue cells are calculated automatically.

ACTION GRANT BUDGET TABLE (PER PARTICIPANT)

PROJECT COSTS

A. Personnel costs

! monthly rates allowed for budgeting because simpler to establish the approximate costs; cost reporting will have to be done according to MGA (usually daily rates)		Costs (actual or unit costs)				Also working for other work packages? YES/NO and which WP	Description of project role/activities/responsibilities
	Type of rate (monthly/other)	Rate (amount)	Time (months/other of work on the action)	Total (EUR)			
		a	b	c = a * b			
WORK PACKAGE 4	**WORK PACKAGE 4**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	5,500.00	12.00	**66,000.00**	No	Implementer and internal evaluator of tasks of WP 4 - Monthly Salary 5,550€
	Senior experts/advisors/researchers	monthly	5,500.00	16.00	**88,000.00**	Yes (WP 5)	External evaluator to undertake the joint evaluations of tasks of WP 4 and 5 - Monthly Salary 5,550€
	Senior experts/advisors/researchers	monthly	5,500.00	14.00	**77,000.00**	No	Coordination of implementers and internal evaluators of tasks of WP 4 (all target regions) - Monthly Salary 5,550€ - 14months
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**231,000.00**		
				Total personnel for this WP	**231,000.00**		
WORK PACKAGE 5	**WORK PACKAGE 5**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	5,500.00	12.00	**66,000.00**	No	Implementer and internal evaluator of tasks of WP 5 - Monthly Salary 5,550€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**66,000.00**		
				Total personnel for this WP	**66,000.00**		
WORK PACKAGE 6	**WORK PACKAGE 6**						
	A.1 Employees (or equivalent)						
	Select a staff category	monthly	0.00	0.00	**0.00**		

	Other							
	[category 1]	monthly	0.00	0.00	**0.00**			
				Total employees (or equivalent)	**0.00**			
				Total personnel for this WP	**0.00**			
				Total personnel (all WPs)	**297,000.00**			

B. Subcontracting costs (N/A)

	Costs (actual costs)			Also used for other work packages? YES/NO and which WP	Description of subcontracted project tasks/activities
			Total subcontracting (all WPs)	**0.00**	

C. Purchase costs

C.1 Travel and subsistence

		Costs (actual costs)	Costs (unit cost)				Also part of other work packages? YES/NO and which WP	Description (e.g. international/not international; place of activity/destination; number of days; number of persons (speakers, personnel and participants whose costs are covered); transport means; average price per person; subsistence costs/daily allowances)
			Amount per unit	Number of units	Total (EUR)			
WORK PACKAGE 4	**WORK PACKAGE 4**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 5	**WORK PACKAGE 5**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 6	**WORK PACKAGE 6**							
	Pre conference workshop							
	Speakers							
	Travel costs	0.00	295.00	1.00	**295.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; by fligh). Unit cost per travel: 295€ return flight
	Accommodation costs	0.00	146.00	4.00	**584.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; hotel nearby). Unit cost for accomodation: 137€/night
	Subsistence costs	0.00	113.00	5.00	**565.00**		No	To perform task 6.3 (international; EUPHC; 5 days; 1 person). Unit cost for subsistence: 113€/night
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Total travel costs for this travel	**295.00**						

	Total accommodation costs for this travel	**584.00**				
	Total subsistence costs for this travel	**565.00**				
	Total travel	**1,444.00**				
	Total travel costs for this WP	**295.00**				
	Total accommodation costs for this WP	**584.00**				
	Total subsistence costs for this WP	**565.00**				
	Total travel for this WP	**1,444.00**				
				Total travel costs (all WPs)	**295.00**	
				Total accommodation (all WPs)	**584.00**	
				Total subsistence (all WPs)	**565.00**	
				Total travel and subsistence (all WPs)	**1,444.00**	

C.2 Equipment (N/A)

				Total equipment (all WPs)	**0.00**	

C.3 Other goods, works and services

WORK PACKAGE 4	**WORK PACKAGE 4**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	500.00		Yes (WP5)	Toners, paper, pens, ohter officer consummable and renting and set up of rooms to perform the implementation and internal evaluation of interventions of WP4 and 5
	Conferences, seminars, workshops, trainings & events	6,500.00		Yes (WP5)	Training and educational materials for 100 FHWs and sessions with 180 targeted people.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**7,000.00**			

WORK PACKAGE 5	**WORK PACKAGE 5**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	0.00			
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			

	Total goods, works and services for this WP	**0.00**			
WORK PACKAGE 6	**WORK PACKAGE 6**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	1,556.00		No	EUPHC Conference Fees and materials, including office supplies for participants and audivisiual supports for poster display / presentations.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**1,556.00**			
	Total goods, works and services (all WPs)	**8,556.00**			
			Total purchase costs (all WPs)	**10,000.00**	

D. Other cost categories(N/A)

			Total other cost categories (all WPs)	**0.00**

E. Indirect costs

		Costs (flat-rate)	
ALL WORK PACKAGES	Total estimated direct costs (on which indirect cost flat-rate is based, see GA eligibility article)	307,000.00	
	Flat-rate (%)	7%	ATTENTION**!** Check that the rate is in line with the call conditions. Put 0% if you receive an EU Operating Grant and are not eligible to charge indirect costs”
	Total indirect costs	21,490.00	
	Total indirect costs	**21,490.00**	

TOTAL COSTS PARTICIPANT	**328,490.00**	

PROJECT INCOME

EU CONTRIBUTION (GRANT)

		Amount (EUR)	
	Total costs	328,490.00	
	Single Funding rate (%)	80%	ATTENTION**!** Enter funding rate from the call conditions.
	Maximum EU contribution	262,792.00	
	Requested EU contribution	**262,792.00**	ATTENTION**!** In order to avoid rounding issues, please request 1 cent less than the maximum EU contribution.
	EU CONTRIBUTION	**262,792.00**	

REVENUES AND CONTRIBUTIONS BY THIRD PARTIES

Revenues

Income generated by the action

		Amount (EUR)	Description of the income (type of generated income and number of users, etc)
ALL WORK PACKAGES	Estimated income generated by the action	0.00	
	Total income generated by the action	**0.00**	
	Revenues	**0.00**	

In-kind contributions by third parties

In-kind contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose etc)
ALL WORK PACKAGES	Estimated in-kind contributions by third parties	0.00	
	Total in-kind contributions	**0.00**	
	In-kind contributions	**0.00**	

Financial contributions by third parties

Financial contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose, etc)
ALL WORK PACKAGES	Estimated financial contributions by third parties	0.00	
	Total financial contributions	**0.00**	
	Financial contributions	**0.00**	
TOTAL REVENUES AND CONTRIBUTIONS BY THIRD PARTIES		**0.00**	

OWN RESOURCES

		Amount (EUR)
	Own resources	65,698.00
	OWN RESOURCES	**65,698.00**
	TOTAL INCOME PARTICIPANT	**328,490.00**

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**IP**
Participant PIC:	**999993080**

CONSOLIDATED COSTS PER WORK PACKAGE (PER PARTICIPANT)

COSTS PER WORK PACKAGE

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons	B. Subcontracting costs	C. Purchase costs						D. Other cost categories	E. Indirect costs	Total
			C.1 Travel and subsistence	C.1 Travel	C.1 Accommodation	C.1 Subsistence	C.2 Equipment	C.3 Other goods, work and services	D.1 Financial support to third parties		
	a1 - a2	b	c1	c1a	c1b	c1c	c2	c3	d1	e = flat-rate * (a1 + a2 + a3 + a5 + b [+ c1] + [c1a + c1b + c1c] + c2 + c3 + d1 + d2 + d3 + d4 + d5 + d6)	
		(N/A)					(N/A)		(N/A)		
WP4 WORK PACKAGE 4	**231,000.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**7,000.00**	**N/A**		**238,000.00**
WP5 WORK PACKAGE 5	**66,000.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**N/A**		**66,000.00**
WP6 WORK PACKAGE 6	**0.00**	**N/A**	**1,444.00**	**295.00**	**584.00**	**565.00**	**N/A**	**1,556.00**	**N/A**		**3,000.00**
TOTAL COSTS PARTICIPANT	**297,000.00**	**0.00**	**1,444.00**	**295.00**	**584.00**	**565.00**	**0.00**	**8,556.00**	**0.00**	**21,490.00**	**328,490.00**

START (DETAILED BUDGET TABLE (AG) — PROPOSAL/GRANT PREPARATION)

PROJECT DATA		
Project number:	**101133273**	
Project acronym:	**VAX-Action**	
Participant short name:	**ASPHER**	
Participant PIC:	**939959004**	

WORK PACKAGES & TRAVELS

Index	Name	Description	Number of travels	Delete
1	WORK PACKAGE 6	Recommendations, communication, dissemination and exploitation	1	☐

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**ASPHER**
Participant PIC:	**939959004**

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ATTENTION: This table should be filled out one per participant (beneficiary, affiliated entity)

ATTENTION: This table may ONLY contain eligible costs (i.e. costs that comply with the eligibility rules of the grant agreement that is part of your call documents). At proposal stage and during grant preparation, it should contain estimated costs/income. Costs must be estimated in EUR.

ATTENTION! List each budgeted cost item ONLY once in this table, for the main WP.

ATTENTION! White cells mean that you are required to enter data. Blue cells are calculated automatically.

ACTION GRANT BUDGET TABLE (PER PARTICIPANT)

PROJECT COSTS

A. Personnel costs

! monthly rates allowed for budgeting because simpler to establish the approximate costs; cost reporting will have to be done according to MGA (usually daily rates)		Costs (actual or unit costs)				Also working for other work packages? YES/NO and which WP	Description of project role/activities/responsibilities
	Type of rate (monthly/other)	Rate (amount)	Time (months/other of work on the action)	Total (EUR)			
		a	b	c = a * b			
WORK PACKAGE 6	**WORK PACKAGE 6**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	5,500.00	12.00	**66,000.00**	No	Project manager to implement all tasks related to WP 6 (communication, dissemination and exploitation) throughout the project lifespan. 40% dedication over 30 months - Monthly salary 5500€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**66,000.00**		
				Total personnel for this WP	**66,000.00**		
				Total personnel (all WPs)	**66,000.00**		

B. Subcontracting costs (N/A)

	Costs (actual costs)		Also used for other work packages? YES/NO and which WP	Description of subcontracted project tasks/activities
		Total subcontracting (all WPs)	**0.00**	

C. Purchase costs

C.1 Travel and subsistence

	Costs (actual costs)	Costs (unit cost)		Also part of other work packages?	Description (e.g. international/not international; place of activity/destination; number of days; number of persons (speakers, personnel and participants whose costs are

			Amount per unit	Number of units	Total (EUR)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed (speakers; personnel and participants whose costs are covered); transport means; average price per person; subsistence costs/daily allowances)
WORK PACKAGE 6	**WORK PACKAGE 6**							
	Pre conference workshop							
	Speakers							
	Travel costs	0.00	295.00	1.00	**295.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; by fligh). Unit cost per travel: 295€ return flight
	Accommodation costs	0.00	146.00	4.00	**584.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; hotel nearby). Unit cost for accomodation: 137€/night
	Subsistence costs	0.00	113.00	5.00	**565.00**		No	To perform task 6.3 (international; EUPHC; 5 days; 1 person). Unit cost for subsistence: 113€/night
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Total travel costs for this travel	**295.00**						
	Total accommodation costs for this travel	**584.00**						
	Total subsistence costs for this travel	**565.00**						
	Total travel	**1,444.00**						
	Total travel costs for this WP	**295.00**						
	Total accommodation costs for this WP	**584.00**						
	Total subsistence costs for this WP	**565.00**						
	Total travel for this WP	**1,444.00**						
					Total travel costs (all WPs)	**295.00**		
					Total accommodation (all WPs)	**584.00**		
					Total subsistence (all WPs)	**565.00**		
					Total travel and subsistence (all WPs)	**1,444.00**		

C.2 Equipment (N/A)

					Total equipment (all WPs)	**0.00**		

C.3 Other goods, works and services

		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
WORK PACKAGE 6	**WORK PACKAGE 6**				
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	1,556.00		No	EUPHC Conference Fees and materials, including office supplies for participants and audivisiual supports for poster display / presentations.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			

	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**1,556.00**			
	Total goods, works and services (all WPs)	**1,556.00**			
			Total purchase costs (all WPs)	**3,000.00**	

D. Other cost categories(N/A)

			Total other cost categories (all WPs)	**0.00**	

E. Indirect costs

		Costs (flat-rate)			
ALL WORK PACKAGES	Total estimated direct costs (on which indirect cost flat-rate is based, see GA eligibility article)	69,000.00			
	Flat-rate (%)	7%	ATTENTION**!** Check that the rate is in line with the call conditions. Put 0% if you receive an EU Operating Grant and are not eligible to charge indirect costs"		
	Total indirect costs	4,830.00			
	Total indirect costs	**4,830.00**			
			TOTAL COSTS PARTICIPANT	**73,830.00**	

PROJECT INCOME

EU CONTRIBUTION (GRANT)

		Amount (EUR)		
	Total costs	73,830.00		
	Single Funding rate (%)	80%	ATTENTION**!** Enter funding rate from the call conditions.	
	Maximum EU contribution	59,064.00		
	Requested EU contribution	**59,064.00**	ATTENTION**!** In order to avoid rounding issues, please request 1 cent less than the maximum EU contribution.	
	EU CONTRIBUTION	**59,064.00**		

REVENUES AND CONTRIBUTIONS BY THIRD PARTIES

Revenues

Income generated by the action

		Amount (EUR)		Description of the income (type of generated income and number of users, etc)
ALL WORK PACKAGES	Estimated income generated by the action	0.00		
	Total income generated by the action	**0.00**		

	Revenues	**0.00**	

In-kind contributions by third parties

In-kind contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose etc)
ALL WORK PACKAGES	Estimated in-kind contributions by third parties	0.00	
	Total in-kind contributions	**0.00**	
	In-kind contributions	**0.00**	

Financial contributions by third parties

Financial contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose, etc)
ALL WORK PACKAGES	Estimated financial contributions by third parties	0.00	
	Total financial contributions	**0.00**	
	Financial contributions	**0.00**	
TOTAL REVENUES AND CONTRIBUTIONS BY THIRD PARTIES		**0.00**	

OWN RESOURCES

		Amount (EUR)	
	Own resources	14,766.00	
	OWN RESOURCES	**14,766.00**	
	TOTAL INCOME PARTICIPANT	**73,830.00**	

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**ASPHER**
Participant PIC:	**939959004**

CONSOLIDATED COSTS PER WORK PACKAGE (PER PARTICIPANT)

COSTS PER WORK PACKAGE

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons	B. Subcontracting costs	C. Purchase costs						D. Other cost categories	E. Indirect costs	Total
			C.1 Travel and subsistence	C.1 Travel	C.1 Accommodation	C.1 Subsistence	C.2 Equipment	C.3 Other goods, work and services	D.1 Financial support to third parties		
	a1 - a2	b	c1	c1a	c1b	c1c	c2	c3	d1	e = flat-rate * (a1 + a2 + a3 + a5 + b [+ c1] + [c1a + c1b + c1c] + c2 + c3 + d1 + d2 + d3 + d4 + d5 + d6)	
		(N/A)					(N/A)		(N/A)		
WP6 WORK PACKAGE 6	**66,000.00**	**N/A**	**1,444.00**	**295.00**	**584.00**	**565.00**	**N/A**	**1,556.00**	**N/A**		**69,000.00**
TOTAL COSTS PARTICIPANT	**66,000.00**	**0.00**	**1,444.00**	**295.00**	**584.00**	**565.00**	**0.00**	**1,556.00**	**0.00**	**4,830.00**	**73,830.00**

START (DETAILED BUDGET TABLE (AG) — PROPOSAL/GRANT PREPARATION)

PROJECT DATA		
Project number:	**101133273**	
Project acronym:	**VAX-Action**	
Participant short name:	**INMSS**	
Participant PIC:	**986042346**	

WORK PACKAGES & TRAVELS

Index	Name	Description	Number of travels	Delete
1	WORK PACKAGE 4	Interventions targeting FHW for vaccine promotion towards hesitant users	0	☐
2	WORK PACKAGE 5	Interventions targeting vulnerable populations' misconceptions and knowledge	0	☐
3	WORK PACKAGE 6	Recommendations, communication, dissemination and exploitation	1	☐

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**INMSS**
Participant PIC:	**986042346**

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ATTENTION: This table should be filled out one per participant (beneficiary, affiliated entity)

ATTENTION: This table may ONLY contain eligible costs (i.e. costs that comply with the eligibility rules of the grant agreement that is part of your call documents). At proposal stage and during grant preparation, it should contain estimated costs/income. Costs must be estimated in EUR.

ATTENTION! List each budgeted cost item ONLY once in this table, for the main WP.

ATTENTION! White cells mean that you are required to enter data. Blue cells are calculated automatically.

ACTION GRANT BUDGET TABLE (PER PARTICIPANT)

PROJECT COSTS

A. Personnel costs

! monthly rates allowed for budgeting because simpler to establish the approximate costs; cost reporting will have to be done according to MGA (usually daily rates)		Costs (actual or unit costs)				Also working for other work packages? YES/NO and which WP	Description of project role/activities/responsibilities
	Type of rate (monthly/other)	Rate (amount)	Time (months/other of work on the action)	Total (EUR)			
		a	b	c = a * b			
WORK PACKAGE 4	**WORK PACKAGE 4**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,000.00	12.00	**48,000.00**	No	Implementer and internal evaluator of tasks of WP 4 - Monthly Salary 4,000€
	Senior experts/advisors/researchers	monthly	4,000.00	16.00	**64,000.00**	Yes (WP 5)	External evaluator to undertake the joint evaluations of tasks of WP 4 and 5 - Monthly Salary 4,000€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**112,000.00**		
				Total personnel for this WP	**112,000.00**		
WORK PACKAGE 5	**WORK PACKAGE 5**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,000.00	12.00	**48,000.00**	No	Implementer and internal evaluator of tasks of WP 5 - Monthly Salary 4,000€
	Senior experts/advisors/researchers	monthly	4,000.00	14.00	**56,000.00**	No	Coordination of implementers and internal evaluators of tasks of WP 5 (all target regions) - Monthly Salary 4,000€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**104,000.00**		
				Total personnel for this WP	**104,000.00**		
WORK PACKAGE 6	**WORK PACKAGE 6**						
	A.1 Employees (or equivalent)						
	Select a staff category	monthly	0.00	0.00	**0.00**		
	Other						

	[category 1]	monthly	0.00	0.00	**0.00**			
				Total employees (or equivalent)	**0.00**			
				Total personnel for this WP	**0.00**			
				Total personnel (all WPs)	**216,000.00**			

B. Subcontracting costs (N/A)

		Costs (actual costs)					Also used for other work packages? YES/NO and which WP	Description of subcontracted project tasks/activities
				Total subcontracting (all WPs)	**0.00**			

C. Purchase costs

C.1 Travel and subsistence

		Costs (actual costs)	Costs (unit cost)				Also part of other work packages? YES/NO and which WP	Description (e.g. international/not international; place of activity/destination; number of days; number of persons (speakers, personnel and participants whose costs are covered); transport means; average price per person; subsistence costs/daily allowances)
			Amount per unit	Number of units	Total (EUR)			
WORK PACKAGE 4	**WORK PACKAGE 4**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 5	**WORK PACKAGE 5**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 6	**WORK PACKAGE 6**							
	Pre conference workshop							
	Speakers							
	Travel costs	0.00	295.00	1.00	**295.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; by fligh). Unit cost per travel: 295€ return flight
	Accommodation costs	0.00	146.00	4.00	**584.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; hotel nearby). Unit cost for accomodation: 137€/night
	Subsistence costs	0.00	113.00	5.00	**565.00**		No	To perform task 6.3 (international; EUPHC; 5 days; 1 person). Unit cost for subsistence: 113€/night
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Total travel costs for this travel	**295.00**						
	Total accommodation costs for this travel	**584.00**						

	Total subsistence costs for this travel	**565.00**				
	Total travel	**1,444.00**				
	Total travel costs for this WP	**295.00**				
	Total accommodation costs for this WP	**584.00**				
	Total subsistence costs for this WP	**565.00**				
	Total travel for this WP	**1,444.00**				

Total travel costs (all WPs)	**295.00**	
Total accommodation (all WPs)	**584.00**	
Total subsistence (all WPs)	**565.00**	
Total travel and subsistence (all WPs)	**1,444.00**	

C.2 Equipment (N/A)

Total equipment (all WPs)	**0.00**	

C.3 Other goods, works and services

WORK PACKAGE 4	**WORK PACKAGE 4**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	500.00		Yes (WP5)	Toners, paper, pens, ohter officer consummable and renting and set up of rooms to perform the implementation and internal evaluation of interventions of WP4 and 5
	Conferences, seminars, workshops, trainings & events	6,500.00		Yes (WP5)	Training and educational materials for 100 FHWs and sessions with 180 targeted people.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**7,000.00**			

WORK PACKAGE 5	**WORK PACKAGE 5**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	0.00			
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**0.00**			

WORK PACKAGE 6	WORK PACKAGE 6				
		Costs (actual costs)		Also part of other WP? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	1,556.00		No	EUPHC Conference Fees and materials, including office supplies for participants and audivisiual supports for poster display / presentations.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**1,556.00**			
	Total goods, works and services (all WPs)	**8,556.00**			
			Total purchase costs (all WPs)	**10,000.00**	

D. Other cost categories(N/A)

Total other cost categories (all WPs)	**0.00**	

E. Indirect costs

		Costs (flat-rate)	
ALL WORK PACKAGES	Total estimated direct costs (on which indirect cost flat-rate is based, see GA eligibility article)	226,000.00	
	Flat-rate (%)	7%	ATTENTION**!** Check that the rate is in line with the call conditions. Put 0% if you receive an EU Operating Grant and are not eligible to charge indirect costs"
	Total indirect costs	15,820.00	
	Total indirect costs	**15,820.00**	

TOTAL COSTS PARTICIPANT	**241,820.00**	

PROJECT INCOME

EU CONTRIBUTION (GRANT)

		Amount (EUR)	
	Total costs	241,820.00	
	Single Funding rate (%)	80%	ATTENTION**!** Enter funding rate from the call conditions.
	Maximum EU contribution	193,456.00	
	Requested EU contribution	**193,456.00**	ATTENTION! In order to avoid rounding issues, please request 1 cent less than the maximum EU contribution.
	EU CONTRIBUTION	**193,456.00**	

REVENUES AND CONTRIBUTIONS BY THIRD PARTIES

Revenues

Income generated by the action

		Amount (EUR)	Description of the income (type of generated income and number of users, etc)
ALL WORK PACKAGES	Estimated income generated by the action	0.00	
	Total income generated by the action	**0.00**	
	Revenues	**0.00**	

In-kind contributions by third parties

In-kind contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose etc)
ALL WORK PACKAGES	Estimated in-kind contributions by third parties	0.00	
	Total in-kind contributions	**0.00**	
	In-kind contributions	**0.00**	

Financial contributions by third parties

Financial contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose, etc)
ALL WORK PACKAGES	Estimated financial contributions by third parties	0.00	
	Total financial contributions	**0.00**	
	Financial contributions	**0.00**	
TOTAL REVENUES AND CONTRIBUTIONS BY THIRD PARTIES		**0.00**	

OWN RESOURCES

		Amount (EUR)
	Own resources	48,364.00
	OWN RESOURCES	**48,364.00**
	TOTAL INCOME PARTICIPANT	**241,820.00**

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**INMSS**
Participant PIC:	**986042346**

CONSOLIDATED COSTS PER WORK PACKAGE (PER PARTICIPANT)

COSTS PER WORK PACKAGE

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons	B. Subcontracting costs	C. Purchase costs						D. Other cost categories	E. Indirect costs	Total
			C.1 Travel and subsistence	C.1 Travel	C.1 Accommodation	C.1 Subsistence	C.2 Equipment	C.3 Other goods, work and services	D.1 Financial support to third parties		
	a1 - a2	b	c1	c1a	c1b	c1c	c2	c3	d1	e = flat-rate * (a1 + a2 + a3 + a5 + b [+ c1] + [c1a + c1b + c1c] + c2 + c3 + d1 + d2 + d3 + d4 + d5 + d6)	
		(N/A)					(N/A)		(N/A)		
WP4 WORK PACKAGE 4	**112,000.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**7,000.00**	**N/A**		**119,000.00**
WP5 WORK PACKAGE 5	**104,000.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**N/A**		**104,000.00**
WP6 WORK PACKAGE 6	**0.00**	**N/A**	**1,444.00**	**295.00**	**584.00**	**565.00**	**N/A**	**1,556.00**	**N/A**		**3,000.00**
TOTAL COSTS PARTICIPANT	**216,000.00**	**0.00**	**1,444.00**	**295.00**	**584.00**	**565.00**	**0.00**	**8,556.00**	**0.00**	**15,820.00**	**241,820.00**

START (DETAILED BUDGET TABLE (AG) — PROPOSAL/GRANT PREPARATION)

PROJECT DATA		
Project number:	**101133273**	
Project acronym:	**VAX-Action**	
Participant short name:	**ISPUP**	
Participant PIC:	**945022889**	

WORK PACKAGES & TRAVELS

Index	Name	Description	Number of travels	Delete
1	WORK PACKAGE 4	Interventions targeting FHW for vaccine promotion towards hesitant users	0	☐
2	WORK PACKAGE 5	Interventions targeting vulnerable populations' misconceptions and knowledge	0	☐
3	WORK PACKAGE 6	Recommendations, communication, dissemination and exploitation	1	☐

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**ISPUP**
Participant PIC:	**945022889**

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ATTENTION: This table should be filled out one per participant (beneficiary, affiliated entity)

ATTENTION: This table may ONLY contain eligible costs (i.e. costs that comply with the eligibility rules of the grant agreement that is part of your call documents). At proposal stage and during grant preparation, it should contain estimated costs/income. Costs must be estimated in EUR.

ATTENTION! List each budgeted cost item ONLY once in this table, for the main WP.

ATTENTION! White cells mean that you are required to enter data. Blue cells are calculated automatically.

ACTION GRANT BUDGET TABLE (PER PARTICIPANT)

PROJECT COSTS

A. Personnel costs

! monthly rates allowed for budgeting because simpler to establish the approximate costs; cost reporting will have to be done according to MGA (usually daily rates)		Costs (actual or unit costs)				Also working for other work packages? YES/NO and which WP	Description of project role/activities/responsibilities
	Type of rate (monthly/other)	Rate (amount)	Time (months/other of work on the action)	Total (EUR)			
		a	b	c = a * b			
WORK PACKAGE 4	**WORK PACKAGE 4**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,750.00	12.00	**57,000.00**	No	Implementer and internal evaluator of tasks of WP 4 - Monthly Salary 4,750€
	Junior experts/advisors/researchers	monthly	4,500.00	16.00	**72,000.00**	Yes (WP 5)	External evaluator to undertake the joint evaluations of tasks of WP 4 and 5 - Monthly Salary 4,500€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**129,000.00**		
				Total personnel for this WP	**129,000.00**		
WORK PACKAGE 5	**WORK PACKAGE 5**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,750.00	12.00	**57,000.00**	No	Implementer and internal evaluator of tasks of WP 5 - Monthly Salary 4,750€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**57,000.00**		
				Total personnel for this WP	**57,000.00**		
WORK PACKAGE 6	**WORK PACKAGE 6**						
	A.1 Employees (or equivalent)						
	Select a staff category	monthly	0.00	0.00	**0.00**		
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		

	Total employees (or equivalent)	**0.00**	
	Total personnel for this WP	**0.00**	
	Total personnel (all WPs)	**186,000.00**	

B. Subcontracting costs (N/A)

	Costs (actual costs)		Also used for other work packages? YES/NO and which WP	Description of subcontracted project tasks/activities
	Total subcontracting (all WPs)	**0.00**		

C. Purchase costs

C.1 Travel and subsistence

		Costs (actual costs)	Costs (unit cost)				Also part of other work packages? YES/NO and which WP	Description (e.g. international/not international; place of activity/destination; number of days; number of persons (speakers, personnel and participants whose costs are covered); transport means; average price per person; subsistence costs/daily allowances)
			Amount per unit	Number of units	Total (EUR)			
WORK PACKAGE 4	**WORK PACKAGE 4**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 5	**WORK PACKAGE 5**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 6	**WORK PACKAGE 6**							
	Pre conference workshop							
	Speakers							
	Travel costs	0.00	433.00	1.00	**433.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; by fligh). Unit cost per travel: 295€ per flight
	Accommodation costs	0.00	146.00	4.00	**584.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; hotel nearby). Unit cost for accomodation: 137€/night
	Subsistence costs	0.00	113.00	5.00	**565.00**		No	To perform task 6.3 (international; EUPHC; 5 days; 1 person). Unit cost for subsistence: 113€/night
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Total travel costs for this travel	**433.00**						
	Total accommodation costs for this travel	**584.00**						
	Total subsistence costs for this travel	**565.00**						

	Total travel	**1,582.00**				
	Total travel costs for this WP	**433.00**				
	Total accommodation costs for this WP	**584.00**				
	Total subsistence costs for this WP	**565.00**				
	Total travel for this WP	**1,582.00**				

Total travel costs (all WPs)	**433.00**	
Total accommodation (all WPs)	**584.00**	
Total subsistence (all WPs)	**565.00**	
Total travel and subsistence (all WPs)	**1,582.00**	

C.2 Equipment (N/A)

Total equipment (all WPs)	**0.00**	

C.3 Other goods, works and services

WORK PACKAGE 4	**WORK PACKAGE 4**			
		Costs (actual costs)	Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	500.00	Yes (WP5)	Toners, paper, pens, ohter officer consummable and renting and set up of rooms to perform the implementation and internal evaluation of interventions of WP4 and 5
	Conferences, seminars, workshops, trainings & events	6,500.00	Yes (WP5)	Training and educational materials for 100 FHWs and sessions with 180 targeted people.
	Information & publications	0.00		
	Other expenses			
	1 IPR costs	0.00		
	2 Bank fees (pre-financing guarantee)	0.00		
	3 Audit fees (CFS)	0.00		
	4 Project evaluation	0.00		
	[5 short name other]	0.00		
	Total goods, works and services for this WP	**7,000.00**		

WORK PACKAGE 5	**WORK PACKAGE 5**			
		Costs (actual costs)	Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00		
	Conferences, seminars, workshops, trainings & events	0.00		
	Information & publications	0.00		
	Other expenses			
	1 IPR costs	0.00		
	2 Bank fees (pre-financing guarantee)	0.00		
	3 Audit fees (CFS)	0.00		
	4 Project evaluation	0.00		
	[5 short name other]	0.00		
	Total goods, works and services for this WP	**0.00**		

WORK PACKAGE 6	**WORK PACKAGE 6**			
		Costs	Also part of other work	Description of tasks/activities for which the goods/services

		(actual costs)		packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	1,418.00		No	EUPHC Conference Fees and materials, including office supplies for participants and audivisiual supports for poster display / presentations.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
Total goods, works and services for this WP		**1,418.00**			
Total goods, works and services (all WPs)		**8,418.00**			
			Total purchase costs (all WPs)	**10,000.00**	

D. Other cost categories(N/A)

			Total other cost categories (all WPs)	**0.00**	

E. Indirect costs

		Costs (flat-rate)	
ALL WORK PACKAGES	Total estimated direct costs (on which indirect cost flat-rate is based, see GA eligibility article)	196,000.00	
	Flat-rate (%)	7%	ATTENTION**!** Check that the rate is in line with the call conditions. Put 0% if you receive an EU Operating Grant and are not eligible to charge indirect costs”
	Total indirect costs	13,720.00	
Total indirect costs		**13,720.00**	

		TOTAL COSTS PARTICIPANT	**209,720.00**

PROJECT INCOME

EU CONTRIBUTION (GRANT)

		Amount (EUR)	
	Total costs	209,720.00	
	Single Funding rate (%)	80%	ATTENTION**!** Enter funding rate from the call conditions.
	Maximum EU contribution	167,776.00	
	Requested EU contribution	**167,776.00**	ATTENTION**!** In order to avoid rounding issues, please request 1 cent less than the maximum EU contribution.
	EU CONTRIBUTION	**167,776.00**	

REVENUES AND CONTRIBUTIONS BY THIRD PARTIES

Revenues

Income generated by the action

		Amount (EUR)	Description of the income (type of generated income and number of users, etc)
ALL WORK PACKAGES	Estimated income generated by the action	0.00	
	Total income generated by the action	**0.00**	
	Revenues	**0.00**	

In-kind contributions by third parties

In-kind contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose etc)
ALL WORK PACKAGES	Estimated in-kind contributions by third parties	0.00	
	Total in-kind contributions	**0.00**	
	In-kind contributions	**0.00**	

Financial contributions by third parties

Financial contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose, etc)
ALL WORK PACKAGES	Estimated financial contributions by third parties	0.00	
	Total financial contributions	**0.00**	
	Financial contributions	**0.00**	
TOTAL REVENUES AND CONTRIBUTIONS BY THIRD PARTIES		**0.00**	

OWN RESOURCES

		Amount (EUR)	
	Own resources	41,944.00	
	OWN RESOURCES	**41,944.00**	
	TOTAL INCOME PARTICIPANT	**209,720.00**	

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**ISPUP**
Participant PIC:	**945022889**

CONSOLIDATED COSTS PER WORK PACKAGE (PER PARTICIPANT)

COSTS PER WORK PACKAGE

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons	B. Subcontracting costs	C. Purchase costs						D. Other cost categories	E. Indirect costs	Total
			C.1 Travel and subsistence	C.1 Travel	C.1 Accommodation	C.1 Subsistence	C.2 Equipment	C.3 Other goods, work and services	D.1 Financial support to third parties		
	a1 - a2	b	c1	c1a	c1b	c1c	c2	c3	d1	e = flat-rate * (a1 + a2 + a3 + a5 + b [+ c1] + [c1a + c1b + c1c] + c2 + c3 + d1 + d2 + d3 + d4 + d5 + d6)	
		(N/A)					(N/A)		(N/A)		
WP4 WORK PACKAGE 4	**129,000.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**7,000.00**	**N/A**		**136,000.00**
WP5 WORK PACKAGE 5	**57,000.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**N/A**		**57,000.00**
WP6 WORK PACKAGE 6	**0.00**	**N/A**	**1,582.00**	**433.00**	**584.00**	**565.00**	**N/A**	**1,418.00**	**N/A**		**3,000.00**
TOTAL COSTS PARTICIPANT	**186,000.00**	**0.00**	**1,582.00**	**433.00**	**584.00**	**565.00**	**0.00**	**8,418.00**	**0.00**	**13,720.00**	**209,720.00**

START (DETAILED BUDGET TABLE (AG) — PROPOSAL/GRANT PREPARATION)

PROJECT DATA		
Project number:	**101133273**	
Project acronym:	**VAX-Action**	
Participant short name:	**IPME**	
Participant PIC:	**906771521**	

WORK PACKAGES & TRAVELS

Index	Name	Description	Number of travels	Delete
1	WORK PACKAGE 4	Interventions targeting FHW for vaccine promotion towards hesitant users	0	☐
2	WORK PACKAGE 5	Interventions targeting vulnerable populations' misconceptions and knowledge	0	☐
3	WORK PACKAGE 6	Recommendations, communication, dissemination and exploitation	1	☐

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**IPME**
Participant PIC:	**906771521**

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ATTENTION: This table should be filled out one per participant (beneficiary, affiliated entity)

ATTENTION: This table may ONLY contain eligible costs (i.e. costs that comply with the eligibility rules of the grant agreement that is part of your call documents). At proposal stage and during grant preparation, it should contain estimated costs/income. Costs must be estimated in EUR.

ATTENTION! List each budgeted cost item ONLY once in this table, for the main WP.

ATTENTION! White cells mean that you are required to enter data. Blue cells are calculated automatically.

ACTION GRANT BUDGET TABLE (PER PARTICIPANT)

PROJECT COSTS

A. Personnel costs

! monthly rates allowed for budgeting because simpler to establish the approximate costs; cost reporting will have to be done according to MGA (usually daily rates)		Costs (actual or unit costs)				Also working for other work packages? YES/NO and which WP	Description of project role/activities/responsibilities
	Type of rate (monthly/other)	Rate (amount)	Time (months/other of work on the action)	Total (EUR)			
		a	b	c = a * b			
WORK PACKAGE 4	**WORK PACKAGE 4**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,750.00	12.00	**57,000.00**	No	Implementer and internal evaluator of tasks of WP 4 - Monthly Salary 4,750€
	Junior experts/advisors/researchers	monthly	4,500.00	16.00	**72,000.00**	Yes (WP 5)	External evaluator to undertake the joint evaluations of tasks of WP 4 and 5 - Monthly Salary 4,500€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**129,000.00**		
				Total personnel for this WP	**129,000.00**		
WORK PACKAGE 5	**WORK PACKAGE 5**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,750.00	12.00	**57,000.00**	No	Implementer and internal evaluator of tasks of WP 5 - Monthly Salary 4,750€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**57,000.00**		
				Total personnel for this WP	**57,000.00**		
WORK PACKAGE 6	**WORK PACKAGE 6**						
	A.1 Employees (or equivalent)						
	Select a staff category	monthly	0.00	0.00	**0.00**		
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		

	Total employees (or equivalent)	**0.00**	
	Total personnel for this WP	**0.00**	
	Total personnel (all WPs)	**186,000.00**	

B. Subcontracting costs (N/A)

	Costs (actual costs)		Also used for other work packages? YES/NO and which WP	Description of subcontracted project tasks/activities
	Total subcontracting (all WPs)	**0.00**		

C. Purchase costs

C.1 Travel and subsistence

		Costs (actual costs)	Costs (unit cost)				Also part of other work packages? YES/NO and which WP	Description (e.g. international/not international; place of activity/destination; number of days; number of persons (speakers, personnel and participants whose costs are covered); transport means; average price per person; subsistence costs/daily allowances)
			Amount per unit	Number of units	Total (EUR)			
WORK PACKAGE 4	**WORK PACKAGE 4**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 5	**WORK PACKAGE 5**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 6	**WORK PACKAGE 6**							
	Pre conference workshop							
	Speakers							
	Travel costs	0.00	230.00	1.00	**230.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; by fligh). Unit cost per travel: 295€ per flight
	Accommodation costs	0.00	146.00	4.00	**584.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; hotel nearby). Unit cost for accomodation: 137€/night
	Subsistence costs	0.00	113.00	5.00	**565.00**		No	To perform task 6.3 (international; EUPHC; 5 days; 1 person). Unit cost for subsistence: 113€/night
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Total travel costs for this travel	**230.00**						
	Total accommodation costs for this travel	**584.00**						
	Total subsistence costs for this travel	**565.00**						

	Total travel	**1,379.00**				
	Total travel costs for this WP	**230.00**				
	Total accommodation costs for this WP	**584.00**				
	Total subsistence costs for this WP	**565.00**				
	Total travel for this WP	**1,379.00**				
				Total travel costs (all WPs)	**230.00**	
				Total accommodation (all WPs)	**584.00**	
				Total subsistence (all WPs)	**565.00**	
				Total travel and subsistence (all WPs)	**1,379.00**	

C.2 Equipment (N/A)

				Total equipment (all WPs)	**0.00**	

C.3 Other goods, works and services

WORK PACKAGE 4	**WORK PACKAGE 4**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	500.00		Yes (WP5)	Toners, paper, pens, ohter officer consummable and renting and set up of rooms to perform the implementation and internal evaluation of interventions of WP4 and 5
	Conferences, seminars, workshops, trainings & events	6,500.00		Yes (WP5)	Training and educational materials for 100 FHWs and sessions with 180 targeted people.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**7,000.00**			

WORK PACKAGE 5	**WORK PACKAGE 5**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	0.00			
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**0.00**			

WORK PACKAGE 6	**WORK PACKAGE 6**				
		Costs		Also part of other work	Description of tasks/activities for which the goods/services

		(actual costs)		packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	1,621.00		No	EUPHC Conference Fees and materials, including office supplies for participants and audivisiual supports for poster display / presentations.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**1,621.00**			
	Total goods, works and services (all WPs)	**8,621.00**			

Total purchase costs (all WPs)	**10,000.00**	

D. Other cost categories(N/A)

Total other cost categories (all WPs)	**0.00**	

E. Indirect costs

		Costs (flat-rate)	
ALL WORK PACKAGES	Total estimated direct costs (on which indirect cost flat-rate is based, see GA eligibility article)	196,000.00	
	Flat-rate (%)	7%	ATTENTION**!** Check that the rate is in line with the call conditions. Put 0% if you receive an EU Operating Grant and are not eligible to charge indirect costs"
	Total indirect costs	13,720.00	
	Total indirect costs	**13,720.00**	

TOTAL COSTS PARTICIPANT	**209,720.00**	

PROJECT INCOME

EU CONTRIBUTION (GRANT)

		Amount (EUR)	
	Total costs	209,720.00	
	Single Funding rate (%)	80%	ATTENTION**!** Enter funding rate from the call conditions.
	Maximum EU contribution	167,776.00	
	Requested EU contribution	**167,776.00**	ATTENTION**!** In order to avoid rounding issues, please request 1 cent less than the maximum EU contribution.
	EU CONTRIBUTION	**167,776.00**	

REVENUES AND CONTRIBUTIONS BY THIRD PARTIES

Revenues

Income generated by the action

		Amount (EUR)	Description of the income (type of generated income and number of users, etc)
ALL WORK PACKAGES	Estimated income generated by the action	0.00	
	Total income generated by the action	**0.00**	
	Revenues	**0.00**	

In-kind contributions by third parties

In-kind contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose etc)
ALL WORK PACKAGES	Estimated in-kind contributions by third parties	0.00	
	Total in-kind contributions	**0.00**	
	In-kind contributions	**0.00**	

Financial contributions by third parties

Financial contributions by third parties

		Amount (EUR)	Description of the contribution (type of contribution, donor, purpose, etc)
ALL WORK PACKAGES	Estimated financial contributions by third parties	0.00	
	Total financial contributions	**0.00**	
	Financial contributions	**0.00**	
TOTAL REVENUES AND CONTRIBUTIONS BY THIRD PARTIES		**0.00**	

OWN RESOURCES

		Amount (EUR)	
	Own resources	41,944.00	
	OWN RESOURCES	**41,944.00**	
	TOTAL INCOME PARTICIPANT	**209,720.00**	

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**IPME**
Participant PIC:	**906771521**

CONSOLIDATED COSTS PER WORK PACKAGE (PER PARTICIPANT)

COSTS PER WORK PACKAGE

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons a1 - a2	B. Subcontracting costs b (N/A)	C. Purchase costs						D. Other cost categories	E. Indirect costs	Total
			C.1 Travel and subsistence c1	C.1 Travel c1a	C.1 Accommodation c1b	C.1 Subsistence c1c	C.2 Equipment c2 (N/A)	C.3 Other goods, work and services c3	D.1 Financial support to third parties d1 (N/A)	e = flat-rate * (a1 + a2 + a3 + a5 + b [+ c1] + [c1a + c1b + c1c] + c2 + c3 + d1 + d2 + d3 + d4 + d5 + d6)	
WP4 WORK PACKAGE 4	**129,000.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**7,000.00**	**N/A**		**136,000.00**
WP5 WORK PACKAGE 5	**57,000.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**N/A**		**57,000.00**
WP6 WORK PACKAGE 6	**0.00**	**N/A**	**1,379.00**	**230.00**	**584.00**	**565.00**	**N/A**	**1,621.00**	**N/A**		**3,000.00**
TOTAL COSTS PARTICIPANT	**186,000.00**	**0.00**	**1,379.00**	**230.00**	**584.00**	**565.00**	**0.00**	**8,621.00**	**0.00**	**13,720.00**	**209,720.00**

START (DETAILED BUDGET TABLE (AG) — PROPOSAL/GRANT PREPARATION)

PROJECT DATA		
Project number:	**101133273**	
Project acronym:	**VAX-Action**	
Participant short name:	**UNIPV**	
Participant PIC:	**999893752**	

WORK PACKAGES & TRAVELS

Index	Name	Description	Number of travels	Delete
1	WORK PACKAGE 2	Europe-wide interventions mapping and critical appraisal	0	☐
2	WORK PACKAGE 6	Recommendations, communication, dissemination and exploitation	1	☐

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**UNIPV**
Participant PIC:	**999893752**

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ATTENTION: This table should be filled out one per participant (beneficiary, affiliated entity)

ATTENTION: This table may ONLY contain eligible costs (i.e. costs that comply with the eligibility rules of the grant agreement that is part of your call documents). At proposal stage and during grant preparation, it should contain estimated costs/income. Costs must be estimated in EUR.

ATTENTION! List each budgeted cost item ONLY once in this table, for the main WP.

ATTENTION! White cells mean that you are required to enter data. Blue cells are calculated automatically.

ACTION GRANT BUDGET TABLE (PER PARTICIPANT)

PROJECT COSTS

A. Personnel costs

! monthly rates allowed for budgeting because simpler to establish the approximate costs; cost reporting will have to be done according to MGA (usually daily rates)		Costs (actual or unit costs)				Also working for other work packages? YES/NO and which WP	Description of project role/activities/responsibilities
	Type of rate (monthly/other)	Rate (amount)	Time (months/other of work on the action)	Total (EUR)			
		a	b	c = a * b			
WORK PACKAGE 2	**WORK PACKAGE 2**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,750.00	6.00	**28,500.00**	No	Researcher to undertake the tasks of WP 2 (systematic and literature review) - Monthly Salary 4,750€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**28,500.00**		
				Total personnel for this WP	**28,500.00**		
WORK PACKAGE 6	**WORK PACKAGE 6**						
	A.1 Employees (or equivalent)						
	Select a staff category	monthly	0.00	0.00	**0.00**		
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**0.00**		
				Total personnel for this WP	**0.00**		
				Total personnel (all WPs)	**28,500.00**		

B. Subcontracting costs (N/A)

	Costs (actual costs)		Also used for other work packages? YES/NO and which WP	Description of subcontracted project tasks/activities

				Total subcontracting (all WPs)	**0.00**		Associated with document Ref. Ares(2023)6408308 - 21/09/2023	

C. Purchase costs

C.1 Travel and subsistence

		Costs (actual costs)	Costs (unit cost)				Also part of other work packages? YES/NO and which WP	Description (e.g. international/not international; place of activity/destination; number of days; number of persons (speakers, personnel and participants whose costs are covered); transport means; average price per person; subsistence costs/daily allowances)
			Amount per unit	Number of units	Total (EUR)			
WORK PACKAGE 2	**WORK PACKAGE 2**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 6	**WORK PACKAGE 6**							
	Pre conference workshop							
	Speakers							
	Travel costs	0.00	343.00	1.00	**343.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; by fligh). Unit cost per travel: 343€ per return fliaht
	Accommodation costs	0.00	146.00	4.00	**584.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; hotel nearby). Unit cost for accomodation: 137€/night
	Subsistence costs	0.00	113.00	5.00	**565.00**		No	To perform task 6.3 (international; EUPHC; 5 days; 1 person). Unit cost for subsistence: 113€/night
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Total travel costs for this travel	**343.00**						
	Total accommodation costs for this travel	**584.00**						
	Total subsistence costs for this travel	**565.00**						
	Total travel	**1,492.00**						
	Total travel costs for this WP	**343.00**						
	Total accommodation costs for this WP	**584.00**						
	Total subsistence costs for this WP	**565.00**						
	Total travel for this WP	**1,492.00**						

Total travel costs (all WPs)	**343.00**	
Total accommodation (all WPs)	**584.00**	
Total subsistence (all WPs)	**565.00**	
Total travel and subsistence (all WPs)	**1,492.00**	

C.2 Equipment (N/A)

			Total equipment (all WPs)	**0.00**	

C.3 Other goods, works and services

WORK PACKAGE 2	**WORK PACKAGE 2**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	0.00			
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**0.00**			

WORK PACKAGE 6	**WORK PACKAGE 6**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	1,508.00		No	EUPHC Conference Fees and materials, including office supplies for participants and audivisiual supports for poster display / presentations.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**1,508.00**			

Total goods, works and services (all WPs)	**1,508.00**		
		Total purchase costs (all WPs)	**3,000.00**

D. Other cost categories(N/A)

	Total other cost categories (all WPs)	**0.00**

E. Indirect costs

		Costs (flat-rate)	
ALL WORK PACKAGES	Total estimated direct costs (on which indirect cost flat-rate is based, see GA eligibility article)	31,500.00	
	Flat-rate (%)	7%	ATTENTION**!** Check that the rate is in line with the call conditions. Put 0% if you receive an EU Operating Grant and are not eligible to charge indirect costs”
	Total indirect costs	2,205.00	
	Total indirect costs	**2,205.00**	

TOTAL COSTS PARTICIPANT	**33,705.00**

PROJECT INCOME

EU CONTRIBUTION (GRANT)

		Amount (EUR)	
	Total costs	33,705.00	
	Single Funding rate (%)	80%	ATTENTION! Enter funding rate from the call conditions.
	Maximum EU contribution	26,964.00	
	Requested EU contribution	**26,964.00**	ATTENTION! In order to avoid rounding issues, please request 1 cent less than the maximum EU contribution.
	EU CONTRIBUTION	**26,964.00**	

REVENUES AND CONTRIBUTIONS BY THIRD PARTIES

Revenues

Income generated by the action

		Amount (EUR)		Description of the income (type of generated income and number of users, etc)
ALL WORK PACKAGES	Estimated income generated by the action	0.00		
	Total income generated by the action	**0.00**		
	Revenues	**0.00**		

In-kind contributions by third parties

In-kind contributions by third parties

		Amount (EUR)		Description of the contribution (type of contribution, donor, purpose etc)
ALL WORK PACKAGES	Estimated in-kind contributions by third parties	0.00		
	Total in-kind contributions	**0.00**		
	In-kind contributions	**0.00**		

Financial contributions by third parties

Financial contributions by third parties

		Amount (EUR)		Description of the contribution (type of contribution, donor, purpose, etc)
ALL WORK PACKAGES	Estimated financial contributions by third parties	0.00		
	Total financial contributions	**0.00**		
	Financial contributions	**0.00**		
TOTAL REVENUES AND CONTRIBUTIONS BY THIRD PARTIES		**0.00**		

OWN RESOURCES

		Amount (EUR)	
	Own resources	6,741.00	
OWN RESOURCES		**6,741.00**	
TOTAL INCOME PARTICIPANT		**33,705.00**	

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**UNIPV**
Participant PIC:	**999893752**

CONSOLIDATED COSTS PER WORK PACKAGE (PER PARTICIPANT)

COSTS PER WORK PACKAGE

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons	B. Subcontracting costs	C. Purchase costs						D. Other cost categories	E. Indirect costs	Total
			C.1 Travel and subsistence	C.1 Travel	C.1 Accommodation	C.1 Subsistence	C.2 Equipment	C.3 Other goods, work and services	D.1 Financial support to third parties		
	a1 - a2	b	c1	c1a	c1b	c1c	c2	c3	d1	e = flat-rate * (a1 + a2 + a3 + a5 + b [+ c1] + [c1a + c1b + c1c] + c2 + c3 + d1 + d2 + d3 + d4 + d5 + d6)	
		(N/A)					(N/A)		(N/A)		
WP2 WORK PACKAGE 2	**28,500.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**N/A**		**28,500.00**
WP6 WORK PACKAGE 6	**0.00**	**N/A**	**1,492.00**	**343.00**	**584.00**	**565.00**	**N/A**	**1,508.00**	**N/A**		**3,000.00**
TOTAL COSTS PARTICIPANT	**28,500.00**	**0.00**	**1,492.00**	**343.00**	**584.00**	**565.00**	**0.00**	**1,508.00**	**0.00**	**2,205.00**	**33,705.00**

START (DETAILED BUDGET TABLE (AG) — PROPOSAL/GRANT PREPARATION)

PROJECT DATA		
Project number:	**101133273**	
Project acronym:	**VAX-Action**	
Participant short name:	**UNISR**	
Participant PIC:	**999854467**	

WORK PACKAGES & TRAVELS

Index	Name	Description	Number of travels	Delete
1	WORK PACKAGE 2	Europe-wide interventions mapping and critical appraisal	0	☐
2	WORK PACKAGE 6	Recommendations, communication, dissemination and exploitation	1	☐

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**UNISR**
Participant PIC:	**999854467**

7/19/2023 13:22

ATTENTION: This table should be filled out one per participant (beneficiary, affiliated entity)

ATTENTION: This table may ONLY contain eligible costs (i.e. costs that comply with the eligibility rules of the grant agreement that is part of your call documents). At proposal stage and during grant preparation, it should contain estimated costs/income. Costs must be estimated in EUR.

ATTENTION! List each budgeted cost item ONLY once in this table, for the main WP.

ATTENTION! White cells mean that you are required to enter data. Blue cells are calculated automatically.

ACTION GRANT BUDGET TABLE (PER PARTICIPANT)

PROJECT COSTS

A. Personnel costs

! monthly rates allowed for budgeting because simpler to establish the approximate costs; cost reporting will have to be done according to MGA (usually daily rates)		Costs (actual or unit costs)				Also working for other work packages? YES/NO and which WP	Description of project role/activities/responsibilities
	Type of rate (monthly/other)	Rate (amount)	Time (months/other of work on the action)	Total (EUR)			
		a	b	c = a * b			
WORK PACKAGE 2	**WORK PACKAGE 2**						
	A.1 Employees (or equivalent)						
	Senior experts/advisors/researchers	monthly	4,750.00	6.00	**28,500.00**	No	Researcher to undertake the tasks of WP 2 (systematic and literature review) - Monthly Salary 4,750€
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**28,500.00**		
				Total personnel for this WP	**28,500.00**		
WORK PACKAGE 6	**WORK PACKAGE 6**						
	A.1 Employees (or equivalent)						
	Select a staff category	monthly	0.00	0.00	**0.00**		
	Other						
	[category 1]	monthly	0.00	0.00	**0.00**		
				Total employees (or equivalent)	**0.00**		
				Total personnel for this WP	**0.00**		
				Total personnel (all WPs)	**28,500.00**		

B. Subcontracting costs (N/A)

	Costs (actual costs)		Also used for other work packages? YES/NO and which WP	Description of subcontracted project tasks/activities

				Total subcontracting (all WPs)	**0.00**		Associated with document Ref. Ares(2023)6408308 - 21/09/2023	

C. Purchase costs

C.1 Travel and subsistence

		Costs (actual costs)	Costs (unit cost)				Also part of other work packages? YES/NO and which WP	Description (e.g. international/not international; place of activity/destination; number of days; number of persons (speakers, personnel and participants whose costs are covered); transport means; average price per person; subsistence costs/daily allowances)
			Amount per unit	Number of units	Total (EUR)			
WORK PACKAGE 2	**WORK PACKAGE 2**							
	Total travel costs for this WP	**0.00**						
	Total accommodation costs for this WP	**0.00**						
	Total subsistence costs for this WP	**0.00**						
	Total travel for this WP	**0.00**						
WORK PACKAGE 6	**WORK PACKAGE 6**							
	Pre conference workshop							
	Speakers							
	Travel costs	0.00	343.00	1.00	**343.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; by fligh). Unit cost per travel: 343€ per return fliaht
	Accommodation costs	0.00	146.00	4.00	**584.00**		No	To perform task 6.3 (international; EUPHC; 4 nights; 1 person; hotel nearby). Unit cost for accomodation: 137€/night
	Subsistence costs	0.00	113.00	5.00	**565.00**		No	To perform task 6.3 (international; EUPHC; 5 days; 1 person). Unit cost for subsistence: 113€/night
	Personnel							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Participants							
	Travel costs	0.00	0.00	0.00	**0.00**			
	Accommodation costs	0.00	0.00	0.00	**0.00**			
	Subsistence costs	0.00	0.00	0.00	**0.00**			
	Total travel costs for this travel	**343.00**						
	Total accommodation costs for this travel	**584.00**						
	Total subsistence costs for this travel	**565.00**						
	Total travel	**1,492.00**						
	Total travel costs for this WP	**343.00**						
	Total accommodation costs for this WP	**584.00**						
	Total subsistence costs for this WP	**565.00**						
	Total travel for this WP	**1,492.00**						

Total travel costs (all WPs)	**343.00**	
Total accommodation (all WPs)	**584.00**	
Total subsistence (all WPs)	**565.00**	
Total travel and subsistence (all WPs)	**1,492.00**	

C.2 Equipment (N/A)

			Total equipment (all WPs)	**0.00**	

C.3 Other goods, works and services

WORK PACKAGE 2	**WORK PACKAGE 2**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	0.00			
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**0.00**			

WORK PACKAGE 6	**WORK PACKAGE 6**				
		Costs (actual costs)		Also part of other work packages? YES/NO and which WP	Description of tasks/activities for which the goods/services are needed; types of goods services needed; how much
	Consumables	0.00			
	Conferences, seminars, workshops, trainings & events	1,508.00		No	EUPHC Conference Fees and materials, including office supplies for participants and audivisiual supports for poster display / presentations.
	Information & publications	0.00			
	Other expenses				
	1 IPR costs	0.00			
	2 Bank fees (pre-financing guarantee)	0.00			
	3 Audit fees (CFS)	0.00			
	4 Project evaluation	0.00			
	[5 short name other]	0.00			
	Total goods, works and services for this WP	**1,508.00**			

Total goods, works and services (all WPs)	**1,508.00**		
		Total purchase costs (all WPs)	**3,000.00**

D. Other cost categories(N/A)

	Total other cost categories (all WPs)	**0.00**

E. Indirect costs

		Costs (flat-rate)	
ALL WORK PACKAGES	Total estimated direct costs (on which indirect cost flat-rate is based, see GA eligibility article)	31,500.00	
	Flat-rate (%)	7%	ATTENTION**!** Check that the rate is in line with the call conditions. Put 0% if you receive an EU Operating Grant and are not eligible to charge indirect costs”
	Total indirect costs	2,205.00	
	Total indirect costs	**2,205.00**	

TOTAL COSTS PARTICIPANT	**33,705.00**

PROJECT INCOME

EU CONTRIBUTION (GRANT)

		Amount (EUR)	
	Total costs	33,705.00	
	Single Funding rate (%)	80%	ATTENTION! Enter funding rate from the call conditions.
	Maximum EU contribution	26,964.00	
	Requested EU contribution	**26,964.00**	ATTENTION! In order to avoid rounding issues, please request 1 cent less than the maximum EU contribution.
	EU CONTRIBUTION	**26,964.00**	

REVENUES AND CONTRIBUTIONS BY THIRD PARTIES

Revenues

Income generated by the action

		Amount (EUR)		Description of the income (type of generated income and number of users, etc)
ALL WORK PACKAGES	Estimated income generated by the action	0.00		
	Total income generated by the action	**0.00**		
	Revenues	**0.00**		

In-kind contributions by third parties

In-kind contributions by third parties

		Amount (EUR)		Description of the contribution (type of contribution, donor, purpose etc)
ALL WORK PACKAGES	Estimated in-kind contributions by third parties	0.00		
	Total in-kind contributions	**0.00**		
	In-kind contributions	**0.00**		

Financial contributions by third parties

Financial contributions by third parties

		Amount (EUR)		Description of the contribution (type of contribution, donor, purpose, etc)
ALL WORK PACKAGES	Estimated financial contributions by third parties	0.00		
	Total financial contributions	**0.00**		
	Financial contributions	**0.00**		
TOTAL REVENUES AND CONTRIBUTIONS BY THIRD PARTIES		**0.00**		

OWN RESOURCES

		Amount (EUR)	
	Own resources	6,741.00	
OWN RESOURCES		**6,741.00**	
TOTAL INCOME PARTICIPANT		**33,705.00**	

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**
Participant short name:	**UNISR**
Participant PIC:	**999854467**

CONSOLIDATED COSTS PER WORK PACKAGE (PER PARTICIPANT)

COSTS PER WORK PACKAGE

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons	B. Subcontracting costs	C. Purchase costs						D. Other cost categories	E. Indirect costs	Total
			C.1 Travel and subsistence	C.1 Travel	C.1 Accommodation	C.1 Subsistence	C.2 Equipment	C.3 Other goods, work and services	D.1 Financial support to third parties		
	a1 - a2	b	c1	c1a	c1b	c1c	c2	c3	d1	e = flat-rate * (a1 + a2 + a3 + a5 + b [+ c1] + [c1a + c1b + c1c] + c2 + c3 + d1 + d2 + d3 + d4 + d5 + d6)	
		(N/A)					(N/A)		(N/A)		
WP2 WORK PACKAGE 2	**28,500.00**	**N/A**	**0.00**	**0.00**	**0.00**	**0.00**	**N/A**	**0.00**	**N/A**		**28,500.00**
WP6 WORK PACKAGE 6	**0.00**	**N/A**	**1,492.00**	**343.00**	**584.00**	**565.00**	**N/A**	**1,508.00**	**N/A**		**3,000.00**
TOTAL COSTS PARTICIPANT	**28,500.00**	**0.00**	**1,492.00**	**343.00**	**584.00**	**565.00**	**0.00**	**1,508.00**	**0.00**	**2,205.00**	**33,705.00**

DETAILED BUDGET TABLE (ACTION GRANTS)

Project number:	**101133273**
Project acronym:	**VAX-Action**

ATTENTION! Delete columns that do not apply for your grant.

CONSOLIDATED COSTS PER WORK PACKAGE (PROJECT)

PROJECT COSTS PER WORK PACKAGE

	A.1 Employees A.2 + A.3 Natural persons under direct contract and seconded persons	C. Purchase costs					E. Indirect costs	Total
		C.1 Travel and subsistence	C.1 Travel	C.1 Accommodation	C.1 Subsistence	C.3 Other goods, works and services		
	a1 - a2	c1	c1a	c1b	c1c	c3	e = flat-rate * (a1 + a2 + a3 + a5 + b [+ c1] + [c1a + c1b + c1c] + c2 + c3 + d1 + d2 + d3 + d4 + d5 + d6)	
UNL								
TOTAL COSTS PARTICIPANT (Proposal Step)	**313,500.00**	**33,000.00**	**20,160.00**	**9,300.00**	**3,540.00**	**20,000.00**	**25,655.00**	**392,155.00**
TOTAL COSTS PARTICIPANT (Grant Preparation Step)	**313,500.00**	**31,441.00**	**9,113.00**	**12,068.00**	**10,260.00**	**21,559.00**	**25,655.00**	**392,155.00**
UCSC								
TOTAL COSTS PARTICIPANT (Proposal Step)	**186,000.00**	**3,000.00**	**1,760.00**	**800.00**	**440.00**	**7,000.00**	**13,720.00**	**209,720.00**
TOTAL COSTS PARTICIPANT (Grant Preparation Step)	**186,000.00**	**1,492.00**	**343.00**	**584.00**	**565.00**	**8,508.00**	**13,720.00**	**209,720.00**
IP								
TOTAL COSTS PARTICIPANT (Proposal Step)	**297,000.00**	**3,000.00**	**1,760.00**	**800.00**	**440.00**	**7,000.00**	**21,490.00**	**328,490.00**
TOTAL COSTS PARTICIPANT (Grant Preparation Step)	**297,000.00**	**1,444.00**	**295.00**	**584.00**	**565.00**	**8,556.00**	**21,490.00**	**328,490.00**
ASPHER								
TOTAL COSTS PARTICIPANT (Proposal Step)	**66,000.00**	**3,000.00**	**1,760.00**	**800.00**	**440.00**		**4,830.00**	**73,830.00**
TOTAL COSTS PARTICIPANT (Grant Preparation Step)	**66,000.00**	**1,444.00**	**295.00**	**584.00**	**565.00**	**1,556.00**	**4,830.00**	**73,830.00**
INMSS								

TOTAL COSTS PARTICIPANT (Proposal Step)	**216,000.00**	**3,000.00**	**1,760.00**	**800.00**	**440.00**	**7,000.00**	**15,820.00**	**241,820.00**
TOTAL COSTS PARTICIPANT (Grant Preparation Step)	**216,000.00**	**1,444.00**	**295.00**	**584.00**	**565.00**	**8,556.00**	**15,820.00**	**241,820.00**
ISPUP								
TOTAL COSTS PARTICIPANT (Proposal Step)	**186,000.00**	**3,000.00**	**1,760.00**	**800.00**	**440.00**	**7,000.00**	**13,720.00**	**209,720.00**
TOTAL COSTS PARTICIPANT (Grant Preparation Step)	**186,000.00**	**1,582.00**	**433.00**	**584.00**	**565.00**	**8,418.00**	**13,720.00**	**209,720.00**
IPME								
TOTAL COSTS PARTICIPANT (Proposal Step)	**186,000.00**	**3,000.00**	**1,760.00**	**800.00**	**440.00**	**7,000.00**	**13,720.00**	**209,720.00**
TOTAL COSTS PARTICIPANT (Grant Preparation Step)	**186,000.00**	**1,379.00**	**230.00**	**584.00**	**565.00**	**1,621.00**	**13,720.00**	**202,720.00**
UNIPV								
TOTAL COSTS PARTICIPANT (Proposal Step)	**28,500.00**	**3,000.00**	**1,760.00**	**800.00**	**440.00**		**2,205.00**	**33,705.00**
TOTAL COSTS PARTICIPANT (Grant Preparation Step)	**28,500.00**	**1,492.00**	**343.00**	**584.00**	**565.00**	**1,508.00**	**2,205.00**	**33,705.00**
UNISR								
TOTAL COSTS PARTICIPANT (Proposal Step)	**28,500.00**	**3,000.00**	**1,760.00**	**800.00**	**440.00**		**2,205.00**	**33,705.00**
TOTAL COSTS PARTICIPANT (Grant Preparation Step)	**28,500.00**	**1,492.00**	**343.00**	**584.00**	**565.00**	**1,508.00**	**2,205.00**	**33,705.00**

ANNEX 2

ESTIMATED BUDGET FOR THE ACTION

	Estimated eligible[1] costs (per budget category)											Estimated EU contribution[2]			
	Direct costs									Indirect costs	Total costs	EU contribution to eligible costs			Maximum grant amount[6]
	A. Personnel costs		B. Subcontracting costs	C. Purchase costs					D. Other cost categories	E. Indirect costs[3]		Funding rate %[4]	Maximum EU contribution[5]	Requested EU contribution	
	A.1 Employees (or equivalent) A.2 Natural persons under direct contract A.3 Seconded persons	A.4 SME owners and natural person beneficiaries	B. Subcontracting	C.1 Travel and subsistence			C.2 Equipment	C.3 Other goods, works and services	D.1 Financial support to third parties	E. Indirect costs					
				Travel	Accommodation	Subsistence									
Forms of funding	Actual costs	Unit costs[7]	Actual costs	Unit[7] or actual costs	Unit[7] or actual costs	Unit[7] or actual costs	Actual costs	Actual costs	Actual costs	Flat-rate costs[8]					
	a1	a3	b	c1a	c1b	c1c	c2	c3	d1	e = flat-rate * (a1 + a3 + b + c1a + c1b + c1c + c2 + c3 + d1)	f = a + b + c + d + e	U	g = f * U%	h	m
1 - UNL	313 500.00	0.00	0.00	9 113.00	12 068.00	10 260.00	0.00	21 559.00	0.00	25 655.00	392 155.00	80	313 724.00	313 724.00	313 724.00
2 - UCSC	186 000.00	0.00	0.00	343.00	584.00	565.00	0.00	8 508.00	0.00	13 720.00	209 720.00	80	167 776.00	167 776.00	167 776.00
3 - IP	297 000.00	0.00	0.00	295.00	584.00	565.00	0.00	8 556.00	0.00	21 490.00	328 490.00	80	262 792.00	262 792.00	262 792.00
4 - ASPHER	66 000.00	0.00	0.00	295.00	584.00	565.00	0.00	1 556.00	0.00	4 830.00	73 830.00	80	59 064.00	59 064.00	59 064.00
5 - INMSS	216 000.00	0.00	0.00	295.00	584.00	565.00	0.00	8 556.00	0.00	15 820.00	241 820.00	80	193 456.00	193 456.00	193 456.00
6 - ISPUP	186 000.00	0.00	0.00	433.00	584.00	565.00	0.00	8 418.00	0.00	13 720.00	209 720.00	80	167 776.00	167 776.00	167 776.00
7 - IPVZ (IPME)	186 000.00	0.00	0.00	230.00	584.00	565.00	0.00	8 621.00	0.00	13 720.00	209 720.00	80	167 776.00	167 776.00	167 776.00
8 - UNIPV	28 500.00	0.00	0.00	343.00	584.00	565.00	0.00	1 508.00	0.00	2 205.00	33 705.00	80	26 964.00	26 964.00	26 964.00
9 - UNISR	28 500.00	0.00	0.00	343.00	584.00	565.00	0.00	1 508.00	0.00	2 205.00	33 705.00	80	26 964.00	26 964.00	26 964.00
Σ consortium	1 507 500.00	0.00	0.00	11 690.00	16 740.00	14 780.00	0.00	68 790.00	0.00	113 365.00	1 732 865.00		1 386 292.00	1 386 292.00	1 386 292.00

[1] See Article 6 for the eligibility conditions. All amounts must be expressed in EUR (see Article 21 for the conversion rules).
[2] The consortium remains free to decide on a different internal distribution of the EU funding (via the consortium agreement; see Article 7).
[3] Indirect costs already covered by an operating grant (received under any EU funding programme) are ineligible (see Article 6.3). Therefore, a beneficiary/affiliated entity that receives an operating grant during the action duration cannot declare indirect costs for the year(s)/reporting period(s) covered by the operating grant, unless they can demonstrate that the operating grant does not cover any costs of the action. This requires specific accounting tools. Please immediately contact us via the EU Funding & Tenders Portal for details.
[4] See Data Sheet for the funding rate(s).
[5] This is the theoretical amount of the EU contribution to costs, if the reimbursement rate is applied to all the budgeted costs. This theoretical amount is then capped by the 'maximum grant amount'.
[6] The 'maximum grant amount' is the maximum grant amount decided by the EU. It normally corresponds to the requested grant, but may be lower.
[7] See Annex 2a 'Additional information on the estimated budget' for the details (units, cost per unit).
[8] See Data Sheet for the flat-rate.

ANNEX 2a

ADDITIONAL INFORMATION ON UNIT COSTS AND CONTRIBUTIONS

SME owners/natural person beneficiaries without salary

See Additional information on unit costs and contributions (Annex 2a and 2b)

Travel and subsistence

See Additional information on unit costs and contributions (Annex 2a and 2b)

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

UNIVERSITA CATTOLICA DEL SACRO CUORE (UCSC), PIC 999915771, established in LARGO GEMELLI 1, MILANO 20123, Italy,

hereby agrees

to become beneficiary

in Agreement No 101133273 — VAX-Action ('the Agreement')

between UNIVERSIDADE NOVA DE LISBOA (UNL) **and** the **European Health and Digital Executive Agency (HADEA)** ('EU executive agency' or 'granting authority'), under the powers delegated by the European Commission ('European Commission'),

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 terms and conditions it sets out.

SIGNATURE

For the beneficiary

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

INSTITUT PASTEUR (IP), PIC 999993080, established in RUE DU DOCTEUR ROUX 25-28, PARIS CEDEX 15 75724, France,

hereby agrees

to become beneficiary

in Agreement No 101133273 — VAX-Action ('the Agreement')

between UNIVERSIDADE NOVA DE LISBOA (UNL) **and** the **European Health and Digital Executive Agency (HADEA)** ('EU executive agency' or 'granting authority'), under the powers delegated by the European Commission ('European Commission'),

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 terms and conditions it sets out.

SIGNATURE

For the beneficiary

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

THE ASSOCIATION OF SCHOOLS OF PUBLIIC HEALTH IN THE EUROPEAN REGION (ASPHER), PIC 939959004, established in AVENUE DE TERVUEREN 153, BRUSSELS 1150, Belgium,

hereby agrees

to become beneficiary

in Agreement No 101133273 — VAX-Action ('the Agreement')

between UNIVERSIDADE NOVA DE LISBOA (UNL) **and** the **European Health and Digital Executive Agency (HADEA)** ('EU executive agency' or 'granting authority'), under the powers delegated by the European Commission ('European Commission'),

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 terms and conditions it sets out.

SIGNATURE

For the beneficiary

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

INSTITUTUL NATIONAL DE MANAGEMENT AL SERVICIILOR DE SANATATE (INMSS), PIC 986042346, established in STRADA VASELOR 31, BUCURESTI 021253, Romania,

hereby agrees

to become beneficiary

in Agreement No 101133273 — VAX-Action ('the Agreement')

between UNIVERSIDADE NOVA DE LISBOA (UNL) **and** the **European Health and Digital Executive Agency (HADEA)** ('EU executive agency' or 'granting authority'), under the powers delegated by the European Commission ('European Commission'),

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 terms and conditions it sets out.

SIGNATURE

For the beneficiary

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

INSTITUTO DE SAUDE PUBLICA DA UNIVERSIDADE DO PORTO (ISPUP), PIC 945022889, established in PRACA GOMES TEIXEIRA - EDIFICIO GOMES TEIXEIRA, PORTO 4050 290, Portugal,

hereby agrees

to become beneficiary

in Agreement No 101133273 — VAX-Action ('the Agreement')

between UNIVERSIDADE NOVA DE LISBOA (UNL) **and** the **European Health and Digital Executive Agency (HADEA)** ('EU executive agency' or 'granting authority'), under the powers delegated by the European Commission ('European Commission'),

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 terms and conditions it sets out.

SIGNATURE

For the beneficiary

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

INSTITUT POSTGRADUALNIHO VZDELAVANI VE ZDRAVOTNICTVI (IPVZ (IPME)), PIC 881473242, established in Ruska 2412/85, PRAHA 100 00, Czechia,

hereby agrees

to become beneficiary

in Agreement No 101133273 — VAX-Action ('the Agreement')

between UNIVERSIDADE NOVA DE LISBOA (UNL) **and** the **European Health and Digital Executive Agency (HADEA)** ('EU executive agency' or 'granting authority'), under the powers delegated by the European Commission ('European Commission'),

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 terms and conditions it sets out.

SIGNATURE

For the beneficiary

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

UNIVERSITA DEGLI STUDI DI PAVIA (UNIPV), PIC 999893752, established in STRADA NUOVA 65, PAVIA 27100, Italy,

hereby agrees

to become beneficiary

in Agreement No 101133273 — VAX-Action ('the Agreement')

between UNIVERSIDADE NOVA DE LISBOA (UNL) **and** the **European Health and Digital Executive Agency (HADEA)** ('EU executive agency' or 'granting authority'), under the powers delegated by the European Commission ('European Commission'),

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 terms and conditions it sets out.

SIGNATURE

For the beneficiary

ANNEX 3

ACCESSION FORM FOR BENEFICIARIES

UNIVERSITA VITA-SALUTE SAN RAFFAELE (UNISR), PIC 999854467, established in VIA OLGETTINA 58, MILANO 20132, Italy,

hereby agrees

to become beneficiary

in Agreement No 101133273 — VAX-Action ('the Agreement')

between UNIVERSIDADE NOVA DE LISBOA (UNL) **and** the **European Health and Digital Executive Agency (HADEA)** ('EU executive agency' or 'granting authority'), under the powers delegated by the European Commission ('European Commission'),

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 terms and conditions it sets out.

SIGNATURE

For the beneficiary

FINANCIAL STATEMENT FOR [PARTICIPANT NAME] FOR REPORTING PERIOD [NUMBER]

	Eligible[1] costs (per budget category)											EU contribution[2]				Revenues
	Direct costs									Indirect costs	Total costs	EU contribution to eligible costs			Total requested EU contribution	Income generated by the action
	A. Personnel costs		B. Subcontracting costs	C. Purchase costs					D. Other cost categories	E. Indirect costs[2]		Funding rate %[3]	Maximum EU contribution[4]	Requested EU contribution		
	A.1 Employees (or equivalent) A.2 Natural persons under direct contract A.3 Seconded persons	A.4 SME owners and natural person beneficiaries	B. Subcontracting	C.1 Travel and subsistence			C.2 Equipment	C.3 Other goods, works and services	D.X Financial support to third parties	E. Indirect costs						
				Travel	Accommodation	Subsistence										
Forms of funding	Actual costs	Unit costs[5]	Actual costs	Unit[5] or actual costs	Unit[5] or actual costs	Unit[5] or actual costs	Actual costs	Actual costs	Actual costs	Flat-rate costs[6]						
	a1	a3	b	c1a	c1b	c1c	c2	c3	d1a	e = flat-rate * (a1 + a3 + b + c1a + c1b + c1c + c2 + c3 + d1a)	f = a+b+c+d+e	U	g = f*U%	h	m	n
XX – [short name beneficiary/affiliated entity]																

The beneficiary/affiliated entity hereby confirms that:

The information provided is complete, reliable and true.

The costs and contributions declared are eligible (see Article 6).

The costs and contributions 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 19, 20 and 25).

For the last reporting period: that all the revenues have been declared (see Article 22).

ⓘ Please declare all eligible costs and contributions, 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 costs/contributions that are found to be ineligible.

[1] See Article 6 for the eligibility conditions. All amounts must be expressed in EUR (see Article 21 for the conversion rules).

[2] If you have also received an EU operating grant during this reporting period, you cannot claim indirect costs - unless you can demonstrate that the operating grant does not cover any costs of the action. This requires specific accounting tools. Please contact us immediately via the Funding & Tenders Portal for details.

[3] See Data Sheet for the reimbursement rate(s).

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

[5] See Annex 2a 'Additional information on the estimated budget' for the details (units, cost per unit).

[6] See Data Sheet for the flat-rate.

ANNEX 5

SPECIFIC RULES

ETHICS (— ARTICLE 14)

Ethics

Actions involving activities raising ethics issues must be carried out in compliance with:

- ethical principles

and

- applicable EU, international or national law, including Directive 2005/28[1] and Regulation 536/2014[2] .

The beneficiaries must pay particular attention to the principle of proportionality, the right to privacy, the right to the protection of personal data, the right to the physical and mental integrity of a person, the right to non-discrimination, the need to ensure protection of the environment and high levels of human health protection.

Before the beginning of an action task raising an ethical issue, the beneficiaries must have obtained all approvals or other mandatory documents needed for implementing the task, notably from any (national or local) ethics committee or other bodies such as data protection authorities.

The documents must be kept on file and be submitted upon request by the coordinator to the granting authority. If they are not in English, they must be submitted together with an English summary, which shows that the documents cover the action tasks in question and includes the conclusions of the committee or authority concerned (if any).

INTELLECTUAL PROPERTY RIGHTS (IPR) — BACKGROUND AND RESULTS — ACCESS RIGHTS AND RIGHTS OF USE (— ARTICLE 16)

List of background

The beneficiaries must, where industrial and intellectual property rights (including rights of third parties) exist prior to the Agreement, establish a list of these pre-existing industrial and intellectual property rights, specifying the rights owners.

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

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[1] Commission Directive 2005/28/EC of 8 April 2005 laying down principles and detailed guidelines for good clinical practice as regards investigational medicinal products for human use, as well as the requirements for authorisation of the manufacturing or importation of such products (OJ L 91, 9.4.2005, p. 13).

[2] Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC (OJ L 158, 27.5.2014, p. 1).

Rights of use of the granting authority on results for information, communication, dissemination and publicity purposes

The granting authority also has the right to exploit non-sensitive results of the action for information, communication, dissemination and publicity purposes, using any of the following modes:

- **use for its own purposes** (in particular, making them available to persons working for the granting authority or any other EU service (including institutions, bodies, offices, agencies, etc.) or EU Member State institution or body; copying or reproducing them in whole or in part, in unlimited numbers; and communication through press information services)

- **distribution to the public** in hard copies, in electronic or digital format, on the internet including social networks, as a downloadable or non-downloadable file

- **editing** or **redrafting** (including shortening, summarising, changing, correcting, cutting, inserting elements (e.g. meta-data, legends or other graphic, visual, audio or text elements extracting parts (e.g. audio or video files), dividing into parts or use in a compilation

- **translation** (including inserting subtitles/dubbing) in all official languages of EU

- **storage** in paper, electronic or other form

- **archiving** in line with applicable document-management rules

- the right to authorise **third parties** to act on its behalf or sub-license to third parties, including if there is licensed background, any of the rights or modes of exploitation set out in this provision

- **processing**, analysing, aggregating the results and **producing derivative works**

- **disseminating** the results in widely accessible databases or indexes (such as through ‘open access’ or ‘open data’ portals or similar repositories, whether free of charge or not.

The beneficiaries must ensure these rights of use for the whole duration they are protected by industrial or intellectual property rights.

If results are subject to moral rights or third party rights (including intellectual property rights or rights of natural persons on their image and voice), the beneficiaries must ensure that they comply with their obligations under this Agreement (in particular, by obtaining the necessary licences and authorisations from the rights holders concerned).

Access rights for the granting authority, EU institutions, bodies, offices or agencies and national authorities to results for policy purposes

The beneficiaries must grant access to their results — on a royalty-free basis — to the granting authority, other EU institutions, bodies, offices or agencies, for developing, implementing and monitoring EU policies or programmes.

Such access rights are limited to non-commercial and non-competitive use.

The access rights also extend to national authorities of EU Member States or associated countries, for developing, implementing and monitoring their policies or programmes in this area. In this case, access is subject to a bilateral agreement to define specific conditions ensuring that:

- the access will be used only for the intended purpose and
- appropriate confidentiality obligations are in place.

Moreover, the requesting national authority or EU institution, body, office or agency (including the granting authority) must inform all other national authorities of such a request.

Access rights for third parties to ensure continuity and interoperability

Where the call conditions impose continuity or interoperability obligations, the beneficiaries must make the materials, documents and information and results produced in the framework of the action available to the public (freely accessible on the Internet under open licences or open source licences).

COMMUNICATION, DISSEMINATION AND VISIBILITY (— ARTICLE 17)

Communication and dissemination plan

The beneficiaries must provide a detailed communication and dissemination plan, setting out the objectives, key messaging, target audiences, communication channels, social media plan, planned budget and relevant indicators for monitoring and evaluation.

Additional communication and dissemination activities

The beneficiaries must engage in the following additional communication and dissemination activities:

- **present the project** (including project summary, coordinator contact details, list of participants, European flag and funding statement and project results) on the beneficiaries' **websites** or **social media accounts**
- for actions involving **publications**, mention the action and the European flag and funding statement on the cover or the first pages following the editor's mention
- for actions involving public **events**, display signs and posters mentioning the action and the European flag and funding statement
- upload the public **project results** to the EU4Health Project Results platform, available through the Funding & Tenders Portal .

SPECIFIC RULES FOR CARRYING OUT THE ACTION (— ARTICLE 18)

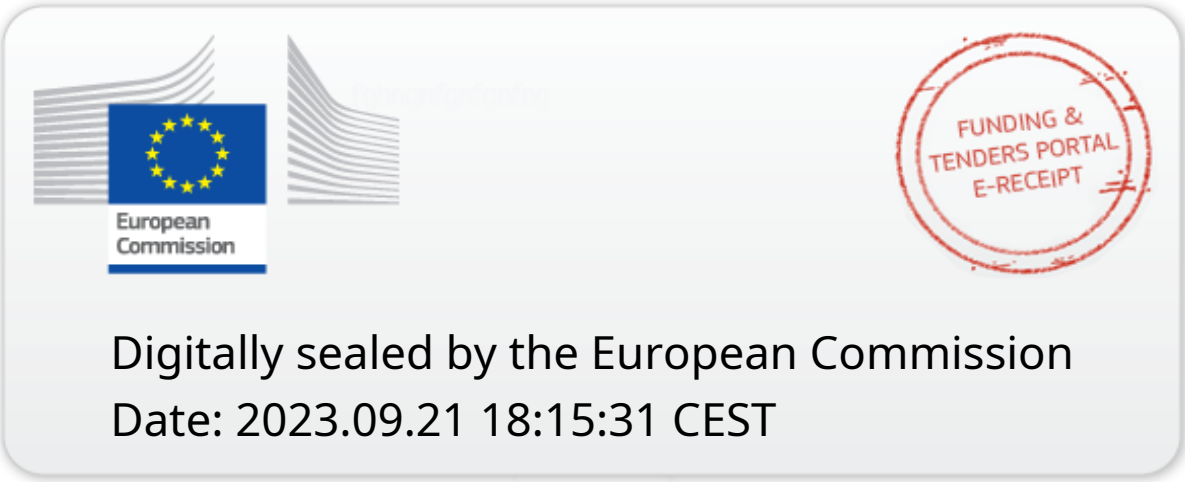
Durability

Unless exempted by the granting authority, the beneficiaries must commit to continue to use and maintain after the end of the action equipment bought and eligible at full cost, for activities pursuing the action's objectives. Such equipment must be used for these purposes — for at least five years after the end of the action (see Data Sheet, Point 1) or until the end of its economic lifespan (i.e. until it has been fully depreciated) — whichever is earlier.

Specific rules for blending operations

When implementing blending operations, the beneficiaries acknowledge and accept that:

- the grant depends on the approved financing from the Implementing Partner and/or public or private investors for the project
- they must inform the granting authority both about the approval for financing and the financial close — within 15 days
- the payment deadline for the first prefinancing is automatically suspended until the granting authority is informed about the approval for financing
- both actions will be managed and monitored in parallel and in close coordination with the Implementing Partner, in particular:
    - all information, data and documents (including the due diligence by the Implementing Partner and the signed agreement) may be exchanged and may be relied on for the management of the other action (if needed)
    - issues in one action may impact the other (e.g. suspension or termination in one action may lead to suspension also of the other action; termination of the grant will normally suspend and exit from further financing and vice versa, etc.)
- the granting authority may disclose confidential information also to the Implementing Partner.



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