



CALL FOR PROPOSALS
PREVENTION OF NON-COMMUNICABLE DISEASES IN SLOVAK CITIES
(Sk - HEALTH)
Swiss Contribution
SLOVAKIA

1. BASIC DATA AND CONDITIONS

The Call for Proposals “Prevention of non-communicable diseases in Slovak cities” (hereinafter referred to as “Call for Proposals”) is the Programme Component 3 of the “Swiss-Slovak Health Programme” (hereinafter referred to as “the Programme”).

The **aim** of the Call for Proposals is **to strengthen the** systemic approach towards prevention of non-communicable Diseases (NCDs) and health promotion via complementing Programme Components 1 and 2 and providing support for cross-sectoral and multi-level cooperation among stakeholders in the field of NCDs prevention and health promotion. **This Call for Proposals shall create opportunities for local self-government to implement evidence-based, good-practice activities to prevent NCDs and promote healthy lifestyle within their territories.** Slovak Cities, City boroughs and Towns selected in this Call for Proposal shall engage into a pilot network of healthy cities, contributing from the local level to the other two Components of this Programme, which represent the NCDs prevention at national and regional level. To receive relevant feedback, the Call is limited to municipalities exceeding 20,000 inhabitants, while smaller municipalities, association of municipalities or other legal entities may become Project Partners.

The Call for Proposals has been prepared based on Strategic Framework for HealthCare 2014-2030, chapter 4.1 dedicated to public health. The document emphasises the role of the municipality, as a significant health determinant and “health” itself as a result of social determinants, which suggests that strategic plans of social development and community plan of social services should include the component of “health”.

The main **objective** of the Programme shall be **reduction of death rate from preventable and treatable causes and reduction of preventable NCDs, while all the Components shall contribute to this objective by fulfilling the complementary partial objectives and actions.**

The Call will support pilot initiatives at the municipal level focused on activities promoting health and healthy lifestyle. Given the

Call launching:	19 May 2025
Call closure:	30 September 2025 23:59 CEST
Call number:	HLT03
Programme impact:	Reduction of death rate from preventable and treatable causes and reduction of preventable NCDs
Programme output(s):	Governance model for NCDs prevention and health promotion endorsed Coordinated involvement of the self-governments in NCDs prevention and health promotion Awareness and understanding of the NCDs and health promotion among the general public increased Improved coordination and communication at the municipal level in the area of NCDs prevention and health promotion



Maximum project grant to be applied for:	EUR 750,000
Minimum project grant to be applied for:	EUR 400,000
Co-financing:	Co-financing is not required.
Total allocation:	EUR 5,250,000
Announced by:	Ministry of Investments, Regional Development and Informatization of the Slovak Republic
Eligible applicants:	Slovak Cities, City boroughs and Towns with population exceeding 20,000 inhabitants ¹
Eligible partners:	<ul style="list-style-type: none"> • National administration, excluding the Ministry of Health of the SR and the Public Health Authority of the SR; Regional Public Health Authorities are eligible Partners, however, Regional Public Health Authorities which are part of Component 1 of the Programme cannot be awarded the project grant. • local administration (including associations and cities), • university/academic sector and schools, • NGO/non-profit sector, • private sector and other organizations established as a legal person either in Switzerland or Slovakia and international organizations to be actively involved in, and effectively contributing to, the implementation of a Programme Component.
Further conditions:	<ol style="list-style-type: none"> 1. The Programme Components' main objective must be in line with the objective of Programme, which is the reduction of death rate from preventable and treatable causes and reduction of preventable NCDs rate in Slovakia. 2. The position of at least one Prevention Coordinator, meeting the Job Description and Qualification Requirements defined by Annex No. 4, must be established within the Programme Component. 3. The Programme Component Operator must accept and follow the methodological supervision under the leadership of the Programme Component 1 Operator, the Ministry of Health of the Slovak Republic. 4. To define "city health profile", which, according to the WHO definition means a public health report that describes the health of the city's population, bringing together key pieces of information on health and its determinants in the city and interpreting and analysing the information. This report shall be composed at the beginning and at the end of the implementation period of the Programme Component. 5. The Programme Component Operator must become member of and actively participate in the pilot network of cities created by the Programme Operator in the spirit of "Healthy Cities" and also actively participate in the multi-sectoral network and communication

¹ According to the data of the Statistical Office of the Slovak Republic, a total of 49 Slovak municipalities exceeded 20,000 inhabitants by the end of 2023. All these municipalities are eligible to apply. If other municipalities exceed 20,000 inhabitants according to the same dataset by the end of 2024, they may contact the Programme Operator to request technical adjustments in the system, allowing them to submit an application. Updated data will not affect the eligibility of municipalities that are already eligible according to the data as of the end of 2023.



	<p>platform created and maintained by the Ministry of Health of the Slovak Republic. The draft Statute of the pilot network, outlining rights and obligations of its members is attached in Annex No. 5.</p> <ol style="list-style-type: none"> 6. The Programme Component Operator must present the intervention implemented within the Programme for evaluation and incorporation to the National Portal of Best Practice. 7. The Programme Components selected through this Call for Proposals shall be implemented in line with applicable state aid rules. 8. The application shall, for the eligible activities 4–10 defined in chapter 5 of this document, include: <ol style="list-style-type: none"> a. Description of the planned outputs of the activities to be reached at population / patient level: number of inhabitants / patients included or addressed, method for evaluation of the results based on the baseline and follow-up measurement, b. Description of the way in which hard-to-reach communities will be addressed by the activity, c. Basic information about construction work planned <u>if relevant: objective/-s of construction work and relation to the planned outputs, planned budget for construction work, planned timeline.</u>
Funding source(s):	Swiss Contribution and State Budget of the SR

2. CONTEXT AND RELEVANCE

The second **Swiss-Slovak Cooperation Programme** is implemented based on [the Framework Agreement between the Swiss Federal Council and the Government of the Slovak Republic on the implementation of the Second Swiss Contribution to selected EU Member States to reduce economic and social disparities within the EU](#) (hereinafter referred to as “the Framework Agreement”), signed on 19 September 2023. The conclusion of the Framework Agreement allows the Slovak Republic to receive funds from the Second Swiss Contribution under the so-called cohesion allocation of CHF 44.2 million (approx. EUR 46.41 million), of which CHF 15 million has been allocated for the Health Area (approx. EUR 17.65 million).

The basic framework of the Programme, including its thematic areas of support, financial allocation, duration, objectives and specific conditions of implementation are defined in Annex of the Framework Agreement Country-Specific Set-up.

The Programme was approved by the Swiss authorities on 18 December 2024. The Support Measure Agreement was signed on 1 April 2025.

The implementation of the Programme is carried out in accordance with the [Regulations on the implementation of the Second Swiss Contribution to selected EU Member States to reduce economic and social disparities within the EU](#) (hereinafter referred to as “the Regulation”), the Framework Agreement, the Support Measure Agreement and [other implementing programme documents](#).

"SWISS-SLOVAK HEALTH PROGRAMME" (SK-HEALTH)

The Programme is implemented by the Ministry of Investments, Regional Development and Informatization of the Slovak Republic as the Programme Operator. The cooperating entity is the Ministry of Health of the Slovak Republic as the line Ministry and the Programme Component 1 Operator.



The **objective** of the Programme is to support the implementation of the Slovak Strategic framework for health care for 2014-2030, in particular the prevention and control of non-communicable diseases (NCDs) and the advancement of health promotion. This shall be done via creation and endorsement of the Governance model for NCDs prevention and health promotion, coordinated involvement of the self-governments, strengthened awareness and understanding of the NCDs and health promotion among the general public, and improved coordination and communication at the national, regional and municipal level.

Pre-defined Programme Component 1 “Strengthening governance of the NCDs prevention and health promotion in Slovakia”

Pre-defined Programme Component 1 will be implemented by the Ministry of Health of the Slovak Republic as the Programme Component 1 Operator in cooperation with the Public Health Authority and 8 regional Public Health Authorities as the Programme Component Partners.

Programme Component 1 is focused on:

- a. Creation of the Governance model for coordinated system of NCDs Prevention and Health Promotion,
- b. Establishment of the Digital Platform called “National Portal of Best Practice” as a Toolbox and Accumulator of best practice in field of NCDs Prevention and Health Promotion,
- c. Health Promotion and Disease Prevention Personal Capacities strengthening.

Programme Component 2: Restricted Call for Proposals for Self-Governing Regions

The Restricted call builds on the foundation laid by Programme Component 1, focusing on the creation and maintenance of the network of prevention coordinators and at the same time on the implementation of specific measures on regional level. These measures directly address needs of the specific region in the area of prevention of NCDs and/or health promotion.

Programme Component 3: Open Call for Proposals on prevention of NCDs in Slovak cities and towns

The Call builds on the foundation established by Programme Component 1, focusing on the creation and maintenance of a network of prevention coordinators while simultaneously supporting the implementation of targeted measures on local level. These measures are designed to directly address the specific needs of each municipality in the areas of NCDs prevention and health promotion.

The synergy is ensured by the complementarity of the three components, as the pillars of systemic approach towards NCDs prevention and health promotion in Slovakia. While Component 1 focuses on development of governance model and coordination mechanisms, Components 2 and 3 further develop complexity of the coordinated network at all levels of governance and moreover, implement targeted actions. Together, they contribute to reduction of death rate from preventable and treatable causes and reduction of preventable NCDs rate by improved governance, coordination among actors and awareness among public.

3. CALL EXPECTATIONS

According to the updated Strategic framework for health care for 2014-2030, NCDs, such as cardiovascular diseases, cancers, diabetes and chronic respiratory diseases **account for more than 80% of mortality, morbidity and disability in Slovakia**. Around 13 700 people died of cancer in 2019 – the second highest mortality rate in the EU. Slovakia has one of the highest death rates in the EU from preventable and treatable causes.



Long-term effects of NCDs and their progression over time, in combination with the ageing of the population, create enormous strain on public resources and health-related expenses. As a result, health is not only a social issue but also a critical economic concern, with these two dimensions being closely interconnected.

The most serious gaps identified in Slovakia were **absence of systematic and coordinated approach in the area of prevention and health promotion, shortage of capacities and resources, and absence of functioning governance mechanisms and processes.**

The ambition of the Call is, inter alia, to support **the cooperation** of entities active in the field of NCDs prevention and health promotion in order to implement **wide range of measures** and increase awareness and education with the aim **to protect health of population, with emphasis on hard-to-reach communities.**

The supported Programme Components shall implement **meaningful actions** in the following areas:

1. Establishment of a **Prevention Coordinator** position to oversee health-related initiatives at the local level.
2. Development of a **City Health Profile**, integrating health as a key element in municipal decision-making and planning.
3. Active engagement of supported applicants in the **pilot network in the spirit of “Healthy Cities”**, facilitating knowledge-sharing and collaboration.
4. Implementation of at least one **intervention** from a range of eligible activities, aimed at creating healthier urban environments. The list of eligible activities is listed in Chapter 5.

The Call encourages municipalities to **go beyond traditional social services** and strategically integrate health into governance, planning, and community development.

The Applicants are **encouraged to reach out to the hard-to-reach communities**. This term indicates existing barriers not only in terms of social exclusion, but also geographical barriers, age and health barriers, lack of knowledge barriers, economic barriers (e.g. many in-habitants living in distant areas do not have car and are immobile).

The Applicants are also encouraged to **Slovak-Swiss cooperation** with the aim of **strengthening the bilateral relationship in the area of NCDs prevention and health promotion**, as well as mutually sharing experience, know-how and best practices.

The importance of the **balance between primary and secondary prevention** in activities is strongly emphasised and will be followed-up during the programme evaluation process.

4. LOGFRAME

Programme Components supported under the Programme contribute to the Programme Impact defined as **“Reduction of death rate from preventable and treatable causes and reduction of preventable NCDs”** and to the following **Programme Outcomes** and **Programme Outputs**:

- *Outcome 1: “Governance model for NCDs prevention and health promotion endorsed”, specifically to its output 1.3 “National Portal of Best Practice established”.* The Programme Components selected in this Call do not contribute to any of the indicators for this Outcome directly, but are necessary for the successful implementation of this Outcome.



- *Outcome 2: “Coordinated involvement of the self-governments in NCDs prevention and health promotion”, specifically to its output 2.1 “Self-governments actively engaged in defined tasks in the area of NCDs prevention and health promotion” and output 2.2 “Self-governments informed on best practices in the area of NCDs prevention and health promotion”.*
- *Outcome 3: “Awareness and understanding of the NCDs and health promotion among the general public increased”, specifically to its output 3.1 “Interventions in the area of NCDs prevention and health promotion implemented by the self-governments”.*
- *Outcome 4: “Improved coordination and communication at the municipal level in the area of NCDs prevention and health promotion”, specifically to its output 4.1 Pilot network in the spirit of “Healthy Cities” approach established.*

In the Application Form, Applicants are required to set target values for the Programme Outcome and Output Indicators that their Programme Component is supposed to contribute to.

For all indicators, target values must be provided. The target value must be higher than zero. Some indicators may have their target values fixed by the Programme Operator.

Indicators:

Outcome 2: Coordinated involvement of the self-governments in NCDs prevention and health promotion

- **Mandatory indicator** – 2.2 Number of cities and towns actively involved in the "Healthy Cities" network
Definition: It is expected that if the cities and towns are active in the network then their engagement in the NCDs prevention is active.

Output Indicators:

Output 2.1 Self-governments actively engaged in defined tasks in the area of NCDs prevention and health promotion

- **Mandatory indicator** - 2.1.2 Number of health coordinators hired and sustained by cities and towns
Definition: It is expected that every city and town involved in the Programme will hire at least one health coordinator. The cities and towns will be obliged to keep the positions established and occupied during the sustainability period. Since the cities and towns operate with significant budgets (a district town of moderate size of twenty thousand inhabitants may operate on a yearly budget of EUR 20 mil), establishment of one position should not be seen financially demanding, however, it is essential that at the end of the implementation of the Programme, the towns and cities are convinced that the positions of prevention coordinators are indeed meaningful.
- **Mandatory indicator** - 2.1.3 Number of interventions implemented by self-governments
Definition: It is expected that each Self-Governing Region, as well as each City / Town will implement at least one activity from the pre-defined list of interventions.

Output 2.2 Self-governments informed on best practices in the area of NCDs prevention and health promotion

- **Mandatory indicator** - 2.2.2 Number of Self-governments attending the Market Place event - target value fixed to 1
Definition: Market place events are important mechanism for endorsement of common and replicable solutions for regional / local NCD challenges. The aim is to introduce options and motivate stakeholders to implement innovative



approach and solutions. Attendance of the main actors in field of NCDs prevention and health promotion is essential for the spread of knowledge and implementation into the practice.

Outcome 3: Awareness and understanding of the NCDs and health promotion among the general public increased

Output Indicators:

Output 3.1 Interventions in the area of NCDs prevention and health promotion implemented by the self-governments

Mandatory indicator - 3.1.1 Number of interventions/activities conducted in the area of NCDs prevention or health promotion 2025-2029

Definition: It is expected that the awareness and understanding of the general public will increase mostly through the activities implemented by regional and local stakeholders, especially by the Self-Governing Regions and the towns and cities. This includes activities such as Health days/ prevention days, school activities, employer education activities etc.

Outcome 4: Improved coordination and communication at the municipal level in the area of NCDs prevention and health promotion

Output Indicators:

Output 4.1 Pilot network in the spirit of “Healthy Cities” approach established

Mandatory indicator - 4.1.1 Number of cities and towns engaged in the network – minimum target value set to 1

Definition: It is assumed that at least 8 cities and/or towns will apply in the Open Call with quality applications. To mitigate the risk of low interest, cities and towns will not only be obliged to hire health coordinators, but may also implement prevention interventions on their territory. Statute of the partnership within pilot network is defined and attached in Annex No. 5.

- **Mandatory indicator - 4.1.2 “City health profile” for each of the included cities and towns will be created at the beginning and at the end of implementation period of the Programme Component - target value fixed to 2**

Definition: Cities and towns will be obliged to compose a “health” profile of the city, which means to propose how the “health” element will be present and determining in all the decision processes of the city and in its planning. The main goal is to direct them towards health aspects of the well-being of their citizens and help them realize the potential of city as an important determinant of health.

The full Logframe of the Programme is listed in the Support Measure Agreement.

5. ELIGIBLE ACTIVITIES

The grant shall primarily support municipal cooperation in health prevention programmes, in line with relevant legislation and with the following four Core Elements defined by WHO within the concept of Healthy Cities:

1. Investing in the people who make up our cities;
2. Designing urban places that improve health and well-being;
3. Fostering greater participation and partnerships for health and well-being;
4. Improving community prosperity and access to common goods and services.



Eligible Activities and Initiatives:

- 1. Position of Prevention Coordinator establishment and maintenance (mandatory activity).**
Job Description and qualification requirements are defined in Annex No. 4.
Cities and Towns are obliged to sustain active fulfilment of the tasks during the sustainability period.
- 2. Definition of the “city health profile”, according to [WHO definition](#) (mandatory activity).**
A public health report that describes the health of the city’s population, bringing together key pieces of information on health and its determinants in the city and interpreting and analysing the information. This report shall be composed at the beginning and at the end of the implementation period of the Programme Component.
- 3. Partnership in the pilot “network for health” (mandatory activity).**

In addition to the three mandatory activities defined above, the applicant shall implement at least one activity from the list below, or activity of his choosing relevant to the Objective of the Programme Component, which is the **reduction of death rate from preventable and treatable causes and reduction of preventable NCDs rate.**

- 4. Changes in the organizational structure, such as:**
 1. Establishment of a healthy city coordinating committee,
 2. Opening healthy city secretariat.
- 5. Conducting of an assessments:**
 1. Community needs assessment in context of Community plan of social services,
 2. Introducing the concept of HIA (Health Impact Assessment) into decision-making process.
- 6. Changes to physical environments to promote health and reduce risks:**
 1. Creating parks, recreational areas, public spaces, green spaces,
 2. Improving air and water quality.
- 7. Active Transportation:**
 1. Develop and promote activities focused on active transportation, such as use of bike, walking paths, and safe playgrounds,
 2. Promotion on active mobility by increasing cycling via bike share programmes and/or street design,
 3. Awareness focused on the implementation of safe Routes to Schools.
- 8. Increasing Health literacy among citizens:**
 1. Providing individuals and communities with skills and knowledge for healthy living and the ability to navigate health,
 2. Education and social services and resources across the city and in different settings in the pursuit of good health,
 3. Education and support towards higher participation rate in screenings of diseases.
- 9. Activities building Community resilience:**
 1. Investing in social networking, social support, community development, developing skills and competencies and social cohesion and connection, minimizing vulnerabilities and strengthening the community’s social capital.
 2. Actions to improve health equity at community level inspired by [Marmot Places Concept](#)



10. Local Programs: Support community-led health initiatives and programs that address local health needs and priorities:

1. Activities supporting “Healthy early interventions”,
2. Activities supporting “Healthy ageing”,
3. Reduced Vulnerability,
4. Mental Health and well-being,
5. Healthy Diet and weight,
6. Reduced harmful use of alcohol,
7. Tobacco control,
8. Healthy Places,
9. Increased physical activity,
10. Violence and injury prevention.

The main idea is to support healthy lifestyle and support municipalities in building a pilot network in the spirit of “Healthy Cities” which will provide targeted support for activities to promote health and healthy lifestyle.

6. SELECTION CRITERIA AND PRIORITISED PROGRAMME COMPONENTS

When selecting Programme Components for funding, priority will be given to those that most effectively integrate health promotion into municipal governance and community life, ensuring a sustainable impact on public well-being. Key factors include:

- Strong municipal commitment to embedding health into decision-making and urban planning.
- Active engagement of local communities and vulnerable groups in health literacy and preventive initiatives.
- Multi-sectoral partnerships fostering collaboration across government levels and stakeholders.
- Implementation of innovative, scalable interventions aligned with the WHO Healthy Cities framework.

Programme Components that best meet these priorities according to the table in Annex No. 2 (Selection criteria), show effective community involvement, demonstrate direct impact, strong partnerships and effective management, and achieve specific objectives will be most likely to be supported.

7. ELIGIBLE EXPENDITURES

An eligible expense is generally one that meets all of the following conditions:

1. it complies with the principles of effectiveness, efficiency and economy pursuant to Act No. 357/2015 on Financial Control and Auditing and on Amendments to Certain Laws as amended and Act No. 523/2004 Coll. on Budget Rules of the Public Service and of Change and Amendment of Some Acts as amended;
2. it was incurred in accordance with the terms of this call;
3. it is necessary for the implementation of the Programme Component, directly related to the execution of its activities and aimed at achieving the Programme Component objectives;
4. it was incurred and paid by the Programme Component Operator or Programme Component Partner within the specified time period set for Programme Component implementation;



5. it was actually incurred, recorded in the accounting documents of the Programme Component Operator or Programme Component Partner, is identifiable and verifiable, supported by original documentation in accordance with Act No. 431/2002 Coll. on Accounting as amended and on amendments of some acts.

Except for the so-called “ineligible expenditures” listed in Article 6.6 of the [Regulation](#), all types of expenditures may be eligible, provided that they meet the conditions listed in this Call and in Article 6.1 and 6.2 of the Regulation².

The period of eligibility of expenditure for each Programme Component will be set out in the Programme Component Contract. As a rule, expenditure under a Programme Component is eligible from the date of the decision on approval of the Programme Component by the Steering Committee for the Programme. Expenditure may be eligible until **31 December 2028**.

Expenditure shall be deemed to have been incurred when the subject matter of the expenditure has been delivered (in the case of goods) or performed (in the case of services and works), invoiced and paid for. In exceptional cases where the subject of the expenditure has been delivered or performed in the last month of the eligibility period, expenditure shall be deemed to have been incurred within the eligibility period even if the invoice was issued in the month immediately following the end of the eligibility period and paid within 30 calendar days of the date of issue.

The grant rate of the Programme Components is 100% for all Applicants.

Office and administrative expenses are part of a flat rate and their expenditure is not proven. Office and administrative costs are reimbursed at the flat rate of 7% of the eligible direct costs for staff employed under the Programme Component, as specified in the Programme Component Contract. Office and administrative costs shall be limited to the elements listed in chapter D, point 8.6.3 of the [Project Implementation Manual](#). No other form of reimbursement is possible, and these types of costs are not covered under any other cost categories.

Within each Programme Component, one general item called Reserve in the amount of 5% of the Total Eligible Expenditure of the Programme Component shall be obligatory, and the following expenses shall be financed from this item in particular:

- (a) expenditure on audits that may be required by the Audit Authority,
- (b) expenditure on translations of tender documents, if requested by the Swiss Party,
- (c) expenditure on reports by an independent auditor or a qualified and independent public official³,
- (d) a provision for foreign exchange losses of the Swiss counterparts,
- (e) other expenses for unforeseen circumstances.

Value added tax relating to eligible expenditure is an eligible expenditure if the Programme Component Operator is not liable to pay this tax or is not entitled to deduct this tax.

The recommended limits for certain expenditure are set out in [Annex 5](#) of the Project Implementation Manual.

Swiss and international organisations whose primary seat is outside Slovakia shall submit a report from an independent auditor qualified to carry out statutory audits of accounting documents, confirming

² More information can also be found in the [Project Implementation Manual](#).

³ According to Articles 6.8.4 and 6.8.5 of the Regulations.



that the claimed expenditure has been incurred in accordance with the Regulation, national legislation and relevant national accounting practices. This report shall, subject to paragraph 6.8.1 of the Regulations be considered sufficient proof of the expenditure incurred.

A report issued by a competent and independent public officer recognised by the relevant national authorities as having a budget and financial control capacity over the entity incurring the costs and who has not been involved in the preparation of the financial statements, certifying that the claimed costs are incurred in accordance with the Regulations, the relevant law and national accounting practices, shall, subject to paragraph 6.8.1 of the Regulations, also be accepted as sufficient proof of expenditure incurred.

8. RECOMMENDED MILESTONES AND TIMEFRAME

The Programme Operator highly recommends that the Programme Components comply with the following time frame:

Event/Milestone	Expected date
Call launching	19 May 2025
Expected Date of Information Day on the Call (online)	May / June 2025
Call closure – deadline for submission of applications	30 September 2025 23:59 CEST
Expected date of announcement of the results of the Call	31 January 2026
Expected possible start date of Programme Component implementation	28 February 2026
Latest date for completion of Programme Component	31 December 2028
End of eligibility of the Programme Component expenditures	31 December 2028
Deadline for submission of the Last Payment Application (Final Project Report)	15 January 2029

9. PARTNERSHIP

Programme Components **can** be implemented in partnership. The eligible Programme Component partners are set in chapter 1 of the Call for Proposals. A Programme Component application can have up to four Programme Component Partners.

Partnership statement, letter of intent or other similar documents proving the Partner's interest in participating in the Programme Component shall be submitted along with the Application. The document should be signed and submitted as a scanned version or .PDF version, if a digital signature is integrated.

The involvement of the Swiss partner in the implementation of the Programme Component is positively perceived. The Swiss partner is not subject to any co-financing obligation and does not bear any exchange rate risks. The Applicant shall provide the co-financing of the Swiss partner.

The partners' expenses can be included in the Programme Component budget. Expenditure by Swiss Programme Component Partners is reported under a separate Activity. Partnership agreements must be concluded between the applicant and the Programme Component partner/-s.

Partnership agreements with financially participating partners will be submitted at the latest before the first payment is made to the Programme Component Operator.



Partnerships can represent an important opportunity to enhance the quality and expand the potential of a Programme Component.

Partnership does not and must not replace:

- Providing routine project administration, such as preparing monitoring reports, maintaining accounts, etc. These activities are a standard part of project management but do not, in themselves, define a partnership.
- The provision of standard commercial services available on the market and required during the project (e.g. IT services, marketing services, etc.). Suppliers that typically provide commercial services are not considered partners unless there is a deeper collaboration that adds value beyond traditional services.
- Delivery of goods and construction work.

Partnerships must not be used as a means of circumventing business relations. When selecting suppliers, it is essential to comply with the Public Procurement Act⁴.

In relation to the Programme Operator, it is important to realise that the Applicant is responsible for all commitments and irregularities of the Partner.

10. PARTNERSHIP WITH SWISS ENTITIES

One of the objectives of the Swiss Contribution is to strengthen the bilateral relations with the Swiss entities. Partnership Programme Components with organisations from Switzerland may be considered an advantage.

Programme Components partners from Switzerland shall be actively involved in the development of the Programme Component and effectively contribute to its implementation. The eligible activities in cooperation with the Swiss Programme Component partner within the Programme Component are e.g. skills sharing, examples of good practise and know-how transfer, joint workshops, study trips, studies and other bilateral activities supporting the objective, outcome and outputs achievement.

11. SELECTION PROCEDURES

The Administrative Compliance Check and the Eligibility Check of the application and of the applicant is ensured by the technical means of the EGRANT system.

The expert evaluation of each Programme Component Application shall be carried out by three external evaluators. The evaluators are nominated by the relevant line ministry – Ministry of Health of the Slovak Republic, the Programme Operator – Ministry of Investments, Regional Development and Informatization of the Slovak Republic and the Swiss Contribution Office. In case that any of the entities decides not to exercise its right, the Programme Operator shall nominate the evaluator.

Each entity, except the Programme Operator, shall nominate 1 evaluator for every 15 Programme Components Applications. The Programme Operator shall always nominate two evaluators to eliminate potential Conflicts of Interest.

The evaluator shall evaluate the Programme Component Application in the EGRANT system. Each evaluator is randomly assigned in EGRANT to an Evaluation of the Programme Component Application.

⁴ Act No. 343/2015 Coll. on Public Procurement



In case of a conflict of interest of an evaluator, the Programme Operator shall assign the Programme Component Application to another evaluator.

The evaluator shall evaluate the Programme Component Application based on the scoring criteria set out in the Call.

All nominated evaluators must meet the condition of independence from their nominating institutions and Steering Committee.

Further details are set out in the Evaluator's Guide (Annex No. 8 of the Project Implementation Manual).

Programme Component decision

Based on the results of the evaluators' evaluation, the ranking of the Programme Component Applications is determined on the basis of the average of the scores of all three evaluators.

The decision to approve, disapprove or include a Programme Component Application in the Programme Components list shall be taken by the Steering Committee for the Programme.

Decision-making is governed by the Rules of Procedure of the Steering Committee for the relevant Support Measure.

Programme Component reserve list

The Steering Committee is empowered to establish a reserve list of Programme Components.

In case that additional funds under the Programme become available, the Programme Operator is entitled to select from the Programme Components reserve list new Programme Components to be financed.

12. FINANCING AND REPORTING

Payments of the Project Grant shall take the form of **Advance Payment**. The Programme Operator shall ensure the payment of the Project Grant to the Programme Component Operator through Advance Payments **up to 100% of the Project Grant amount**, unless otherwise provided in the Programme Component Contract. The amount of **each Advance Payment** shall **not exceed 20%** of the amount of the Project Grant awarded.

The first Advance Payment shall be paid following the signature of the Programme Component Contract, unless a condition precedent is set out in Programme Component Contract. In such case the first Advance Payment shall be paid on the fulfilment of such condition. The first Advance Payment shall be made in accordance with the Indicative Reimbursement Plan, which follows a four-month frequency, in the amount as per the approved Application and within **fifteen working days from the date of entitlement**, which is defined as the date when all conditions for payment specified in the Programme Component Contract are fulfilled.

The Programme Component Operator submits a **Programme Component Interim Report** at specified intervals, called Reporting Periods, to the Programme Operator in order to regularly inform about the quality and progress of the Programme Component implementation. In the EGRANT system, the Programme Component Interim Report is a part of the Payment Request. The frequency of submission of Payment Requests is normally once every 4 months. The Programme Component Operator shall submit the Payment Request within 15 working days of the end of the relevant Reporting Period.



The Programme Component Operator declares the completion of the Programme Component with the last payment request. Unless otherwise agreed, the Programme Component Operator is obliged to submit the completed last Payment Request by 15 January 2029 at the latest.

Reports and Payment Requests shall be submitted in the Slovak language.

Sustainability is the period during which Programme Component Operators must maintain the purpose, objectives and outputs of the Programme Component. The sustainability of the Programme Component will be described in the Application and must be set for a minimum of 3 years. The minimum sustainability period of the Programme Component will be specified in the Programme Component Contract. The Programme Component sustainability report will be submitted as part of the Programme Components reports. During the sustainability period, the Programme Component Operators will be required to provide a report on the maintenance of the Programme Component's outputs, and compliance with conditions may be verified on-site.

13. STATE AID

The Programme Operator shall, in line with Article 3.3.8 of the Regulation, ensure that any public support under the Swiss Contribution complies with the procedural and substantive State aid rules applicable at the time when the public support is granted.

The activities eligible under the Call are aimed at NCDs prevention and health promotion in Slovakia. The activities are non-economic in nature, they are supposed to be aimed at public interest, carried out by predominantly public or non-governmental organisations, without direct economic activity and are therefore generally not considered as providing *de minimis* or State aid.

However, before approving an Application the Programme Operator will carry out a State aid test and each application will be assessed individually to ensure compliance with the *de minimis* or State aid rules.

If the Programme Operator finds that the grant may constitute *de minimis* or State aid, it will verify whether the aid can be granted as *de minimis* aid within the meaning of an existing *de minimis* aid scheme.

14. PROJECT APPLICATION SUBMISSION

Applications shall be submitted electronically via EGRANT system accessible at direct link by the date and time of the call closure specified in Chapter 1 of this Call (Basic data and conditions). In the EGRANT system it is necessary to register for the Call.

The procedure for submitting the Application is set out in the Project Implementation Manual. Instructions for completing the Application Form are provided directly in the Application Form in the EGRANT system. The Application Form shall be submitted in Slovak language with a summary in English. The Executive Summary is necessary and important due to the involvement of persons from abroad at different stages of the evaluation.

The following mandatory attachments shall be submitted along with Application:



1. Partnership statement, letter of intent or other similar documents proving the partner's interest in participating in the Programme Component, if the Programme Component is planned to be implemented in partnership,
2. Title deeds for all properties on which construction work will take place (to be assessed as part of the Programme Component), if relevant. If the applicant or partner is not the owner of the property, attach a lease, property management agreement or other agreement declaring the relationship to the property. This agreement must be valid for the period of the duration of the project and the sustainability period.

Optional attachments may be submitted within the Application. Relevant supporting documentation demonstrating compliance with individual selection criteria, if relevant, is recommended as optional annexes.

15. FURTHER INFORMATION

There is no legal entitlement to the Project Grant.

Before and during preparation of an Application the Applicant is strongly advised to comply with the following documents, as amended:

- [Project Implementation Manual, including Annexes](#),
- EGRANT system instructions for completing the Application (Annex No. 1b)[insert hyperlink].

Further recommended documents to be consulted are:

- [SUPPORT MEASURE AGREEMENT](#) between the Swiss Agency for Development and Cooperation and the Ministry of Investments, Regional Development and Informatization of the Slovak Republic on the Support Measure „Swiss-Slovak Health Programme“,
- [the Management System of the Second Swiss-Slovak Cooperation Programme](#),
- [Framework agreement on the implementation of the second Swiss contribution](#),
- [The Regulation on the implementation of the second Swiss contribution to selected Member States of the European Union](#),
- Other documents published at the webpage www.swiss-contribution.sk.

The Programme Operator can be contacted for queries by:

- e-mail: swiss-contribution@mirri.gov.sk (the request needs to be linked to the call – by call code HLT03; questions received by e-mail will be responded within 7 days);
- phone: +421-2-2092 8450.

16. CALL ANNEXES

Annex No. 1a): Application form – Preview

Annex No. 1b): Instructions for completing the Application

Annex No. 2: Selection Criteria

Annex No. 3: Rules of Procedures of Steering Committee



Annex No. 4: Job Description and Qualification Requirements of the position “Prevention Coordinator”

Annex No. 5: Statute of the partnership within pilot network in the spirit of “Healthy Cities”