Health: Community action programme 2008-2013

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In accordance with Decision No 1350/2007/EC establishing a second programme of Community action in the field of health (2008-2013), the Commission presented a report on the independent *ex post* evaluation covering the implementation and results of the 2nd Health Programme.

This report presents the Programme and summarises the main conclusions from the mid-term and ex-post evaluations. It also outlines three areas, where implementation of the current 3rd Health Programme can be improved.

1) The objectives of the Programme: the overall aim of the Programme was to complement, support and add value to Member States' policies and contribute to increased solidarity and prosperity in the European Union by protecting and promoting human health and safety and improving public health.

The Programme financed action geared to achieving three main objectives:

- **improving citizens' health security** and protecting them from health threats and emergencies, such as pandemics or natural disasters;
- **promoting health and reducing health inequalities across Europe**, whether relating to lifestyle, such as access to opportunities for physical activity, or to health care, such as access to the necessary medical intervention;
- **generating health information and health knowledge** and disseminating them to relevant parties, from the general public to policymakers and health professionals.

In addition to grants for projects and tenders, new funding mechanisms were introduced from the beginning of the Programme in the form of joint actions, operating grants, conferences and direct grants to international organisations.

Programme evaluation: external independent evaluations were conducted at mid-term (in 2010-2011) and ex-post (2014-2015). Both gave a positive assessment of the Programme with limitations. They:

- confirmed the **relevance of the actions funded**, although underlining the weaknesses in the Programme design (large scope and non-explicit specific objectives);
- concluded that the Programme demonstrated **EU added value** mainly regarding identification of best practices, benchmarking for better decision making and networking;
- concluded that **only actions that have an EU added value** have the potential to impact on Member States' health policies and that the impact depends on the uptake and implementation of the results by the Member States. In relation to outreach to relevant stakeholders the actions of the Programme were successful to varying degrees.

Overall assessment: the Commission noted that the Programme:

- mobilised relevant stakeholders in all 28 Member States (with more of them being from EU 15 than EU 12 Member States) and three EEA EFTA countries (Norway, Iceland and Lichtenstein);
- covered a series of **common health concerns** (i.e concerning major chronic diseases, the health of an ageing population, the development of capacity to respond to cross-border health threats);
- provided a **wide range of useful tools** (i.e the EU information database for rare diseases) and best practices (i.e. for preventing the spread of HIV/AIDS, addressing obesity or applying cancer screening) for use at national and regional levels;
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- promoted **cooperation and coordination** between Member States' health authorities to keep health issues such as health inequalities, mental health, ageing, etc. high on their agenda.

However, both evaluations pointed out that the lack **of explicit objectives and progress** indicators in the Programme's design was conducive to the proliferation of priorities and made it difficult to define the overall results in a meaningful way.

Mid-term evaluation: the mid-term evaluation included a number of recommendations to: (i) improve the prioritisation of needs, (ii) fix more targeted and focused objectives, (iii) co-fund fewer actions, (iv) monitor on the basis of SMART indicators and (v) better disseminate outcomes. The lessons learnt from the evaluation were applied in the impact assessment accompanying the Commission's proposal for the 3rd Health Programme. The Commission will make a particular effort to improve monitoring, reporting and dissemination, support the participation of less active Member States in the Programme and develop synergies with other EU programmes.

Those lessons learnt will be used for improving the implementation of the 3rd Health Programme and will feed into the three following main areas of action below:

- **improved monitoring, reporting and dissemination efforts**: in order to ensure visibility, accountability as regards the use of its resources and above all its usefulness, it is important that the actions and their results are well known to the relevant key stakeholders. This intensified support for the dissemination efforts of individual actions has shown to be useful and to help extend the reach of relevant results. However, in light of the diversity and breadth of action, they cannot make up for the fact that some projects have not promoted their results to the specific audiences they are most relevant for. Therefore, in the 3rd Health Programme an effective dissemination strategy must be defined early on for all actions;
- **encourage participation of all Member States and other participating countries**: difficult economic circumstances are stated as among the reasons for some Member States' low participation. To address this the Commission has included the principle of 'exceptional utility' in the current 3rd Health Programme as a financial incentive to involve all Member States. Information days to promote the Programme should continue to be organised in all Member States and participating countries, the aim being that at least half of these events will take place in Member States underrepresented in the previous Programme period;
- **develop synergies with other EU programmes**: the 3rd Health Programme offers possibilities for such cooperation in supporting health in areas such as migration, dealing with emerging diseases relating to environmental factors such as climate change, innovation in health, health-sector reform and global health.

At the end of the 3rd Health Programme in 2020, the Commission will assess the extent to which the first three Programmes have produced positive impacts on Member States health policies in an effective, efficient, coherent and relevant way ensuring EU added value. The **monitoring arrangements for the 3rd Health Programme** will be used to support this broader assessment.