

Third programme for the Union's action in the field of health (2014-2020)

2011/0339(COD) - 11/10/2017 - Follow-up document

The Commission report presents the main conclusions of the mid-term evaluation of the 3rd Health programme 2014-2020 under Regulation (EU) No 282/2014 on the establishment of a third programme of Union action in the field of health (2014-2020). It also presents ideas for improving the implementation of the programme for the remaining programming period (2018 – 2020).

The mid-term evaluation conducted in 2016-2017 - based on an external study and open public consultation - focused on the relevance of the thematic priorities, the achievement of the objectives and the effectiveness of the Programme's management. However, it also touched upon other issues such as the efficient use of resources, the programme's EU-added value and its internal and external coherence.

Results and achievements: the mid-term evaluation was **positive** and found that implementation of the programme is on track.

1) Health promotion and disease prevention: the Programme has supported cooperation among Member States through the generation, **use, sharing and exchange of knowledge and best practices** thus contributing to the achievement of SDG 3 to "ensure healthy lives and promote well-being for all at all ages".

The Commission, jointly with the OECD and the European Observatory on Health Systems and Policies, is bringing together expertise in the State of Health in the EU cycle to strengthen country-specific and EU-wide knowledge in health, supporting Member States in their evidence-based policy making. The perspective is to create a sustainable and integrated EU health information system.

Exchange of best practice has also been at the heart of several co-funded actions, in areas as diverse as HIV/AIDS and tuberculosis or the reduction of alcohol-related harm.

2) Crisis preparedness and management: activities to support capacity building against health threats have helped to avoid duplication and improve capabilities, delivering added value for the EU. During the Ebola and Zika virus outbreaks, the programme was used to support EU-funded activities to limit the spread of these threats.

Examples of further action include implementing the joint procurement of vaccines and medical counter-measures and improving the capacity of laboratories to rapidly detect new or emerging risks and ensure uniform standards of testing.

3) Innovation in health systems: the programme works in synergy with other EU programmes and policy areas to increase the efficiency of EU expenditure and maximise its impact. The joint action to support the **eHealth network** promotes digital services infrastructure in the public health sector. Collaboration among EU health technology assessment bodies has resulted in common tools and standards, providing opportunities for substantial economies of scale.

4) Access to better and safer healthcare: **24 European Reference Networks for rare diseases** have been established to unite the expertise of more than 300 healthcare providers and 900 centres of expertise across Europe and make it available to rare disease patients. The programme also plays a crucial role in addressing Antimicrobial Resistance (AMR).

The main lessons learned are:

- **all thematic priorities remain valid** and most actions deliver useful outcomes with **high EU-added value**, in particular for crisis management and for the safety and security in Europe;
- the Programme is in line with the **needs of the Member States**: the defined objectives are clear, explicit and specific, and the actions financed in the first three years are relevant;
- **programme management** has been made more efficient by better defining the types of objectives expected and providing indicators to measure progress;
- the Programme demonstrated its **responsiveness and flexibility** in the face of emerging needs such as the refugees' crisis in summer 2015, which made a significant contribution to the Commission's migration policy. Overall, action on migrants and refugees represents a public health investment of EUR 14.4 million;
- **efficiency is being improved**: broader thematic areas like health promotion and health systems were identified as priorities by Member States' representatives in e-surveys and by a large number of health stakeholders in the public consultation and received the highest amount of funding. The programme introduced simplification measures concerning rules and procedures;
- the open public consultation attracted the attention of a broad selection of interested parties and provided strong support for continued cooperation through the Programme, particularly in areas such as **health promotion, disease prevention and eHealth**.

Improvements to be made: following the ex-post evaluation of the second Health Programme, the Commission undertook to work on three main aspects of the third Health Programme, as stated in its report to the European Parliament and the Council in May 2016: These commitments were to:

- improve **monitoring, reporting and dissemination efforts**;
- encourage **participation** of all Member States and other participating countries, and to work with all Member States, particularly those with greater public health needs; and
- develop **synergies** with the Commission's main priorities and other programmes.

Moreover, and as suggested in the mid-term evaluation, the programme should **remain focused on issues where EU added value can be achieved**. These areas fall mainly under the objectives of protecting against cross-border health threats and the access to better and safer healthcare.