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

2011/0339(COD) - 12/12/2018 - Follow-up document

The Commission presents the report on the implementation of the 2015 annual work programme (2015 AWP), under the third Health Programme 2014-2020 established by Regulation (EU) No 282/2014 of the European Parliament and of the Council.

It provides detailed information on the 2015 budget and how it was committed. It also takes account of the amendment to the 2015 AWP to channel funding towards those Member States under particular migratory pressure that require support in their response to the related health challenges.

Themes

The 2015 AWP focused on innovation in health and healthcare, with two related action streams (health technology and migrants' health) highlighted in this report. The Commission decided to amend the 2015 AWP in response to the high influx of migrants in clear need of international protection and the need to provide financial support to organisations able to support Member States in addressing this emergency situation.

The priority health topic for the 2015 AWP was 'health technology assessment (HTA) and innovation'. This was addressed through several actions funded by different financing mechanisms and signed in the first quarter of 2016, most of them for 3 years, meaning that they will run until the end of 2018 and in some cases until 2020.

They are:

- the new joint action on HTA, representing the highest ever EU contribution (EUR 11 999 798.74) to a single aspect of health policy under the third Health Programme;

- two projects and a joint action on integrated care (total EU contribution EUR 6 837 798.31);

- the preparatory work for the establishment of the European Reference Networks (EUR 381 372.23).

Budget implementation

The overall budget for the third Health Programme 2014-2020 is EUR 449.4 million. This includes EUR 30 million for the functioning of the Consumer, Health, Food and Agriculture Executive Agency (Chafea) which the Commission has mandated to manage the Health Programme 2014-2020. Chafea has been providing the Commission with technical, scientific and administrative assistance in implementing the Health Programme since 2005. It organises annual calls for proposals, coordinates the evaluation of submissions, negotiates, signs and manages related grant agreements, and disseminates the results of actions. It is also responsible for many procurement procedures.

The budget set out in the work plan for the 2015 AWP was EUR 59 750 000, broken down as follows:

- ***operational expenditure***: EUR 54 041 000, corresponding to the third programme for EU action in the field of health (2014-2020) budget line 17 03 01 ('Encouraging innovation in health, increasing the sustainability of health systems and protecting Union citizens from serious cross-border health threats');

- ***administrative expenditure***: EUR 1 500 000, corresponding to the support expenditure for the third Programme for EU action in the field of health (2014-2020) budget line 17 01 04 02.

The total operational budget was EUR 55 629 805 and the total administrative budget was EUR 1 551 822.66. This included EFTA/EEA credits and recovery credits from previous budget years.

Objectives, priorities and financing mechanisms in 2015

In 2015, the total operational budget was divided among the four specific programme objectives as follows.

1. Health promotion: EUR 15 669 170.92 (29 % of the operational budget in 2015) for promoting health, preventing diseases and fostering supportive environments for healthy lifestyles taking into account the 'health in all policies' principle.

2. Health threats: EUR 5 016 028.59 (9 % of the operational budget in 2015) for protecting EU citizens from serious cross-border health threats.

3. Health systems: EUR 25 106 924.35 (46 % of the operational budget in 2015) for contributing to innovative, efficient and sustainable health systems.

4. Better and safer healthcare: EUR 6 127 923.17 (11 % of the operational budget in 2015) for helping EU citizens access better and safer healthcare.

Other salient features

- 2015 was the second year of the third Health Programme that was seriously affected by the pressure caused by the unprecedented influx of refugees entering Europe;

- the number of participants involved in joint actions continued to be relatively high, as was the case for the second Health Programme and first year of the third Health Programme. There were between 10 and 45 partners (beneficiaries) per joint action. This high number was a challenge for the Programme's overall management and coordination, as all partners had to sign the grant agreement;

- electronic monitoring and reporting has been introduced to save time on both sides however further improvements are to be introduced in the coming years, including an improved electronic monitoring and reporting system and better and more targeted dissemination.