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

2011/0339(COD) - 05/08/2019 - Follow-up document

The Commission presents the report on the implementation of the 2016 annual work programme (2016 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 2016 budget and how it was used.

Themes

The priority health initiative under the 2016 AWP was to set up the European Reference Networks (ERNs) in accordance with: (a) Directive 2011/24/EU of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare; and (b) the EU policy on rare diseases.

ERNs are virtual networks involving more than 900 healthcare providers across the EU. They aim to tackle complex or rare diseases and conditions that require highly specialised treatment and a concentration of knowledge and resources.

Several financing measures were used to support ERNs in 2016, amounting to more than EUR 8 million (EUR 8 012 343.47). These included:

- a call of interest for ERNs;

- requests for service for the independent assessment bodies to assess candidate ERNs;

- a call to fund the coordination costs of the approved networks (EUR 4 386 344.15);

- a call in support of rare disease patient registries for the ERNs (EUR 1 979 361.05).

Budget implementation

The overall budget for the third health programme 2014-2020 is EUR 449.4 million. This includes EUR 30 million for the operating costs of the Consumer, Health, Food and Agriculture Executive Agency (Chafea), mandated by the Commission to manage the programme. 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, and negotiates, signs and manages related grant agreements, and disseminates results of the actions. It is also responsible for many procurement procedures.

The budget set out in the work plan for 2016 AWP was EUR 62 160 000, broken down as follows:

- operational expenditure: EUR 56 451 000, corresponding to the third EU health programme (2014-2020);

- administrative expenditure: EUR 1 500 000, corresponding to the expenditure to support the third EU health programme (2014-2020);

- contribution of the health programme to Chafea's budget: EUR 4 209 000.

The total operational budget came to EUR 57 992 112 as it included an additional EUR 1 541 112 of EFTA/EEA credits and recovery credits from previous budget years.

A total of EUR 56 695 888.83 was committed under the 2016 AWP: Chafea covered EUR 48 248 609.99 of this amount, while DG SANTE committed an additional EUR 8 447 278.84 covering part of procurement and other actions.

Objectives, priorities and financing mechanisms in 2016

In 2016, the total operational budget committed (EUR 56 695 888.83) was divided among the programme's four specific objectives as follows:

1. Health promotion: EUR 25 622 317.07 (45% of the operational budget in 2016) 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 3 947 709.3 (7%) for protecting EU citizens from serious cross-border health threats.

3. Health systems: EUR 8 655 656.8 (15%) for contributing to innovative, efficient and sustainable health systems.

4. Better and safer healthcare: EUR 14 892 153.25 (26%) for facilitating access to better and safer healthcare for EU citizens

Future developments

Following the work done in 2015, Chafea continued to invest significantly in information and dissemination activities in close collaboration with DG SANTE and the health programme's network of National Focal Points. Chafea organised several workshops, collaborated in major national and international conferences, and organised stand-alone events with national authorities in EU countries. It also produced a series of brochures and info-sheets on the health programme's key priority areas.

As most actions are still in their early stages, concrete results are not yet available. Deeper insights into the programme's overall impact will only be available once the first generation of co-funded actions has been completed. Nevertheless, the multiannual plan developed at the outset of the third health programme ensures continuity and coherence between the different types of financing instruments available.