

Mid-term evaluation of the Third Health Programme (2014-2020)

Fields marked with * are mandatory.

INTRODUCTION

The EU ensures that human health is protected as part of all its policies, and to work with its Member States to improve public health, prevent human illness and eliminate sources of danger to physical and mental health. However, the EU Member States have the primary responsibility for formulating and implementing health policy and delivering healthcare services. The EU's competence only extends to supporting, coordinating or supplementing actions of the Member States.

One of the main ways in which the EU supports, coordinates and supplements actions by the Member States is the third programme for the Union's action in the field of health (2014-2020) (hereinafter: "3HP"). The 3HP provides financial support for actions to address a number of important health-related challenges facing European citizens, governments and health systems. The 3HP supports action across the EU from public authorities, research and health institutions, NGOs, international organisations and – in certain cases – private companies. The total budget for the seven years of its duration is €449.4 million. The 3HP addresses major health challenges facing MS from risk factors (such as use of tobacco and harmful use of alcohol) to chronic and rare diseases, responding to cross border health threats (e.g. Ebola and Zika viruses) as well as ensuring innovation in public health to name just a few areas. For more information on the 3HP, please visit the websites of [DG SANTE](#) or [CHAFEA](#).

This consultation is an opportunity for any interested parties to express their views and opinions on the 3HP. It is a part of the ongoing mid-term evaluation of the 3HP. The consultation covers:

- The objectives and priorities of the 3HP, and the extent to which these are appropriate and in line with health needs in the EU
- The way the 3HP is implemented, and the extent to which this is effective and efficient
- The overall added value and usefulness of the 3HP

The results of the public consultation will be used together with other evidence to inform the mid-term evaluation of the 3HP. The European Commission will publish a Staff Working Document, including a summary of the results of the consultation, in the second half of 2017.

*** Privacy Statement**

Before completing the form, please read carefully the [privacy statement to conform to European data protection regulations](#).

I have read and accept the terms and conditions related to this meeting

In case you wish to contact the Unit responsible for the event, please send an email to: SANTE-HEALTH-PROGRAMME@ec.europa.eu

I. KNOWLEDGE OF AND EXPERIENCE WITH THE 3HP

1.1. How would you describe the extent of your knowledge of:

| | Detailed, in-depth knowledge | Some knowledge | Only very basic knowledge | No knowledge at all |
|--------------------|----------------------------------|-----------------------|---------------------------|-----------------------|
| *EU health policy? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *The 3HP? | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

***1.2. Are you working on health issues that are closely related to (any of) the ones supported by the Health Programme?**

Yes
 No

***1.3. Are you aware of any activities that were funded by the 3HP that are relevant to your work?**

Yes
 No

1.4. Have you ever consulted, used, or participated in any of the results, services or products stemming from activities supported by previous Health Programmes? Please tick the following examples, as appropriate:

The Commission encourages dissemination of Health Programme outputs and results, however linking to the following external websites from this webpage should not be taken as an endorsement of any kind by the European Commission.

- The [European Code Against Cancer](#)
- European screening guidelines on [Breast cancer](#)
- European screening guidelines on [Colorectal cancer](#)
- European screening guidelines on [Cervical cancer](#)
- The [Orphanet](#) database and recommendations for rare diseases
- The Eudamed database for medical devices (only accessible to Member State authorities)
- The [Euripid](#) database for the pricing of medicines
- Materials on [health technology assessment](#)
- Training packages, e.g. on [cancer screening](#), [migrants' and refugees' health](#), capacity building in the preparation and response against health threats in [air](#) and [sea](#) travel
- Best practices for [tackling health inequalities](#)
- Best practices for the diagnosis and treatment of [HIV/AIDS](#), tuberculosis and [hepatitis](#)
- Scientific Opinions from the [Independent Scientific Committees](#)
- Advice from the [Expert Panel for investing in health](#)
- Information campaigns (e.g. [Ex-smokers are unstoppable](#))
- Reports (e.g. [Health at a Glance Europe](#), The Economics of prevention, Country Health Reports, EU Health Report, different Reports on the monitoring of health strategies on nutrition, alcohol etc.)
- Comparable health data (e.g. [ECHI indicators](#))
- Others

Others, please explain

In addition to the results, services and products mentioned above, other outputs that are used extensively by EuroHealthNet in promoting evidence based health policies are:

'Health for All Policies, working together for health and well-being'

<http://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/Final%20Crossing%20Bridges%20Publication%20ENG.pdf>

'The story of Determine, Mobilising Action for Health Equity in the EU'

<http://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/DETERMINE-Final-Publication-Story.pdf>

'Health inequalities in the EU – Final report of a consortium. Consortium lead: Sir Michael Marmot',

'Structural funds guidance tool for health equity' <http://fundsforhealth.eu/>

'Good practice principles for low risk drinking guidelines' <https://user-ucadpix.cld.bz/Good-practice-principles-for-low-risk-drinking-guidelines>

'Good practices in the field of health promotion and chronic disease prevention across the life cycle – Outcomes at a glance' Joint Action CHRODIS

http://chrodis.eu/wp-content/uploads/2016/01/Dissemination_brochure_02_WEB.pdf

'Quality Improvement tools for HIV prevention' <http://www.qualityaction.eu/tools.php>

EuroHealthNet's Health Inequality Portal (www.health-inequalities.eu/) also grew out of projects funded through the EU Health Programme.

* 1.5. Have you or the organisation / institution you represent ever applied for funding from the 3HP and/or its predecessors?

- Yes, I/we have applied for funding from the 3HP
- No, I/we have never applied for funding from the 3HP
- Don't know

1.6. If you have never applied for funding from the 3HP, please tell us why (tick all that apply)

- The opportunities and activities are not relevant for me and/or my organisation
- Lack of information on opportunities
- Lack of information on how to apply
- The co-funding rates are not attractive enough
- Excessive administrative burden
- Lack of language skills
- Lack of partners in other European countries
- Other, please specify

Other (please specify)

1.7. The 3HP is supporting cooperation at EU level between relevant health organisations, national health authorities, academia and non-governmental bodies. To what extent do you agree with the following statements?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know |
|---|----------------------------------|-----------------------|----------------------------|-----------------------|----------------------------------|-----------------------|
| *The cooperation is essential and should be maintained | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *The 3HP should be expanded to include other health areas | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *In practice, the 3HP's results (at least at this mid-term stage) are not visible and the cooperation should be abandoned | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

*** 1.8. In your opinion, what do you consider to be the main way(s) in which the 3HP is contributing (or could contribute) to addressing health-related challenges?**

The 3HP has been important to facilitating cooperation and exchange of good practices between EU countries and regions on key health issues, particularly in the context of projects funded through the programme. It has also contributed to building capacities and skills within EU Member States and to making their health systems more efficient and effective. From our experience, it has for example helped to put the issue of health inequalities on the agenda of EU-Member States, and raised awareness of effective practice in addressing non-communicable diseases and related risk factors, improving access to health care for vulnerable people, improving quality in HIV prevention and strengthening awareness and capacities in applying ESIF to reduce health inequalities. It has been particularly important in areas and regions with less resources and capacity.

The 3HP has also been very important in terms of gathering comparative data at EU MS level, to enable them to benchmark performance.

Where priorities are aligned with those of WHO Europe, it has been particularly important in encouraging countries to take up new approaches and initiatives, since funding linked to the 3HP is an incentive for countries and regions to take action, as in relation to the WHO Health 2020 programme.

1.9. What are the main aspects (if any) that need to be changed or improved in your opinion?

The four broad objectives of the 3PH are strong, but the devil lies in the details of how they are interpreted and implemented. We are pleased with the first thematic priority, to 'promote health, prevent disease and foster supportive environments for healthy lifestyles.' This can however, be interpreted more broadly (addressing upstream factors or the broader determinants of health) or narrowly (addressing more downstream, risk factors). The work programmes linked to the 3HP have tended to be based on a narrow interpretation. Those in the EU who are less or least well off are however less likely to benefit from interventions that aim to reduce smoking, drinking or encourage them to eat healthily if their economic prospects are bleak, they live in environments that are unhealthy and price-factors of healthy/healthy commodities are not addressed. If the programme is really to meet its objective of contributing to a reduction of health inequalities, it is crucial that it places a greater focus on the broader social determinants of health, and does not act on a narrow interpretation of 'fostering conditions for healthy lifestyles.'

Leading threats to health in the EU are lifestyle related diseases, environmental exposures such as air pollution, disease outbreaks, climate change and natural disasters. These threats are best addressed through measures taken beyond medical settings.

The Programme should therefore place a greater emphasis on encouraging engagement with other policy areas to ensure the conditions are in place for good health and to ensure it is more equitably spread across populations. It should provide greater support for capacity building to enhance leadership and advocacy skills for a Health in all Policies approach to strengthen health sector collaboration with the environment, economic and social policy sectors.

There should also, in this context, be a greater emphasis in the Programme to contributing to the sustainable development agenda as an approach to improve health and health equity in the EU.

A stronger 'HiAP' approach is also key to the objective of making health systems more innovative, efficient and sustainable, through better collaboration with other sectors with increased competences in addressing the social determinants of health. For example, the social and the economic sector, including mechanisms like the Social Investment Package and the EU Semester.

In addition, the 3HP mentions the importance of mental health, this should receive more attention in the implementation of the programme.

II. THE 3HP OBJECTIVES AND PRIORITIES

The 3HP aims to address a number of important health-related challenges facing EU citizens, governments and health systems. To do this, it pursues a series of objectives and thematic priorities, please see the [factsheet](#) about the 3HP for more information.

2.1. Do you think the EU should provide funding for actions in order to...?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know |
|---|----------------------------------|----------------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| *...promote health, prevent diseases, and foster supportive environments for healthy lifestyles | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *...protect citizens from serious cross-border health threats (Zika and Ebola outbreaks) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *...contribute to innovative, efficient and sustainable health systems | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *...facilitate access to better and safer healthcare for EU citizens | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *...contribute to addressing health inequalities and the promotion of equity and solidarity | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2.2. To what extent do you agree with the following statements about the 3HP?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know |
|--|----------------------------------|----------------------------------|----------------------------------|-----------------------|-----------------------|-----------------------|
| *The 3HP's objectives and priorities are clear and easy to understand | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *The 3HP's objectives and priorities are in line with the main health needs in Europe and are appropriate for addressing the key issues and challenges | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *The objectives and priorities of the 3HP are consistent with health policy objectives in my country | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| *The more explicit consideration of economic resources and constraints in the objectives of the 3HP (compared with its predecessors) is appropriate | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | | |
|--|---|---|---|---|---|---|
| <p>*The objectives and priorities of the 3HP are consistent with wider EU policy objectives, including the Europe 2020 strategy</p> |  |  |  |  |  |  |
| <p>*Overall, the way the 3HP's objectives and priorities have been defined facilitates more focused action than under its predecessors</p> |  |  |  |  |  |  |

2.3. If you have any concerns about the relevance and coherence of the 3HP and its objectives, please briefly summarise them here.

As mentioned in the response in 1.9, our concern lies not with the main objectives, which in and of themselves are relevant, but in how they are being interpreted and implemented through the annual work programmes. It is questionable whether the actions being taken and financed in the annual work-programme are those that will help to achieve the programme's overriding objectives.

As mentioned, the biggest challenges and threats to health in Europe lie in broader societal forces. It is important that the health sector engages more with these broader processes that are generating ill health and maintaining high levels of health inequalities. Yet the Health Programme is, more and more, implementing activities with a more narrow health-care, and bio-medical approach.

The 2017 Work Programme contained very few potential measures, for example, that could help to advance the objective of promoting health, preventing diseases and fostering supportive environments for healthy lifestyles.

2.4. The 3HP contains 23 thematic priorities, gathered under four specific objectives:

1. Promote health, prevent diseases, and foster supportive environments for healthy lifestyles
2. Protect citizens from serious cross-border health threats
3. Contribute to innovative, efficient and sustainable health systems
4. Facilitate access to better and safer healthcare for EU citizens

Please select up to five priorities that you consider to be the most important, and up to five that you consider to be not relevant.

| | Most important | Not relevant |
|--|----------------------------------|-----------------------|
| 1.1. Risk factors such as use of tobacco and passive smoking, harmful use of alcohol, unhealthy dietary habits and physical inactivity | <input checked="" type="radio"/> | <input type="radio"/> |
| 1.2. Drugs-related health damage, including information and prevention | <input type="radio"/> | <input type="radio"/> |
| 1.3. HIV/AIDS, tuberculosis and hepatitis | <input type="radio"/> | <input type="radio"/> |
| 1.4. Chronic diseases including cancer, age-related diseases and neurodegenerative diseases | <input checked="" type="radio"/> | <input type="radio"/> |
| 1.5. Tobacco legislation | <input checked="" type="radio"/> | <input type="radio"/> |
| 1.6. Health information and knowledge system to contribute to evidence-based decision-making | <input checked="" type="radio"/> | <input type="radio"/> |
| 2.1. Additional capacities of scientific expertise for risk assessment | <input type="radio"/> | <input type="radio"/> |
| 2.2. Capacity-building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries | <input type="radio"/> | <input type="radio"/> |
| 2.3. Implementation of EU legislation on communicable diseases and other health threats, including those caused by biological and chemical incidents, environment and climate change | <input checked="" type="radio"/> | <input type="radio"/> |
| 2.4. Health information and knowledge system to contribute to evidence-based decision-making | <input type="radio"/> | <input type="radio"/> |
| 3.1. Health Technology Assessment | <input type="radio"/> | <input type="radio"/> |
| 3.2. Innovation and e-health | <input type="radio"/> | <input type="radio"/> |
| 3.3. Health workforce forecasting and planning | <input type="radio"/> | <input type="radio"/> |
| 3.4. Setting up a mechanism for pooling expertise at EU level | <input type="radio"/> | <input type="radio"/> |

| | | |
|---|-----------------------|-----------------------|
| 3.5. European Innovation Partnership on Active and Healthy Ageing | <input type="radio"/> | <input type="radio"/> |
| 3.6. Implementation of EU legislation in the field of medical devices, medicinal products and cross-border healthcare | <input type="radio"/> | <input type="radio"/> |
| 3.7. Health information and knowledge system including support to the Scientific Committees set up in accordance with Commission Decision 2008/721/EC | <input type="radio"/> | <input type="radio"/> |
| 4.1. European Reference Networks | <input type="radio"/> | <input type="radio"/> |
| 4.2. Rare diseases | <input type="radio"/> | <input type="radio"/> |
| 4.3. Patient safety and quality of healthcare | <input type="radio"/> | <input type="radio"/> |
| 4.4. Measures to prevent antimicrobial resistance and control healthcare-associated infections | <input type="radio"/> | <input type="radio"/> |
| 4.5. Implementation of EU legislation in the fields of tissues and cells, blood, organs | <input type="radio"/> | <input type="radio"/> |
| 4.6. Health information and knowledge system to contribute to evidence-based decision-making | <input type="radio"/> | <input type="radio"/> |

2.5. If there are any other important thematic priorities you believe the 3HP should support in the future, or amendments to the existing priorities, please list them here.

Other important thematic priorities that should be included are:

-Strengthening approaches to work with other sectors to improve health and reduce health equity and building capacities to implement HiAP.

-Guiding, contributing to and helping to implement the EU's Sustainable Development Agenda (in the context of the UN Sustainable Development Agenda 2030) as an approach to improve health and reduce health equity.

-Improving the tools and capacities to monitor and act on health equity. This includes harmonising the use of Health System Performance Analysis (HSPA) tools and agreeing on common indicators and methodologies to assess national health system performances on health equity, in order to establish benchmarks and as a basis to compare good practices.

-Transforming current health-care systems into health promoting and prevention systems as set out in e.g. Joint Report on Health Care and Long-term Care systems and Fiscal sustainability https://ec.europa.eu/info/publications/joint-report-health-care-and-long-term-care-systems-fiscal-sustainability-0_en)

-Improving capacities to ensure that EU Structural and Investment Funds promote health and health equity.

These priorities are included in a 'Call for action on health and equity' that was developed in the context of the Health Policy Platform and endorsed by over 30 actors involved in the field of public health across the EU (see: <http://www.health-inequalities.eu/health-inequalities-statement/>)

EuroHealthNet and its Members have also developed a Health Promotion Statement on actions required to address current societal challenges in relation to health and health equity: <http://eurohealthnet.eu/searching-ehn?search=rejuvenate>

III. IMPLEMENTATION

The 3HP has a total budget of €449.4 million (2014-2020), which is used to support:

- Cooperation projects at EU level (via [project grants](#))
- [Actions](#) jointly undertaken by Member State health authorities
- The functioning of non-governmental bodies (via [operating grants](#))
- Cooperation with international organisations (via direct grants)
- Studies and other service contracts to cover specific needs related to the support of EU health policies

The 3HP is implemented on the basis of Annual Work Programmes developed by the European Commission in consultation with representatives of the countries that participate in the 3HP (via the Programme Committee). An executive agency ([CHAFEA](#)) is responsible for implementing the Programme; its tasks include issuing calls and evaluating proposals, disbursing payments, monitoring actions and disseminating the results. National Focal Points in Member States promote opportunities arising through the Programme. An infographic showing the different roles can be found [here](#).

3.1. To what extent do you agree with the following statements about the implementation of the 3HP?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know |
|---|-----------------------|----------------------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| *The types of funding mechanisms used by the 3HP are appropriate to achieve the objectives of the programme | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | | |
|---|-----------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------|-----------------------|
| <p>*The prioritised actions in the Annual Work Programme permit the optimal involvement of health actors and stakeholders' groups by making appropriate use of the different funding mechanisms</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>*The 3HP includes appropriate measures to involve all Member States, including those with lower incomes</p> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>*The more explicit consideration of economic resources and constraints in the objectives of the 3HP (compared with its predecessors) is appropriate</p> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>*The level of financial support that the 3HP offers is appropriate to address its objectives</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3.2. If you have any (additional) concerns about the 3HP and the way in which it is implemented, please briefly summarise them here and provide us with an indication of which area(s) they correspond to (tick all that apply):

- Eligibility / funding arrangements
- Application process
- Administrative burden
- Dissemination of results
- Other (please specify)

Other (please specify)

The aim of the 3HP is to 'complement, support and add value to the policies of the Member States. ' The funding mechanisms linked to the 3HP are an important vehicle to achieve this, and should also be available to a range of relevant organisations also working at the grass-root level that engage in measures that can benefit EU citizens directly. Over the past years, however, more and more of the budget available through the HP seems to be spent on consultancy work (via procurement) for the EC, which seems incongruent with the aim of benefiting EU citizens directly.

The idea of funding Joint Actions is for example a good one, since it encourages public officials who responsible for shaping and implement health policy to work together on specific issues. It is however important to ensure that that other relevant expert bodies can also collaborate in such initiatives. Other kinds of organisations can bring the kind of grass-root expertise that is important to shaping Joint Action outcomes. In addition, public officials in national ministries often lack experience or motivation to manage the different facets of EU-level initiatives. From our experience of working in different Joint Actions, the available resources are most efficiently and effectively used if different kinds of organisations are involved (Ministries, Institutes, EU-level as well as organisations with grass-root expertise on the topics). Allowing Member States to mandate only one additional organization to take part in Joint Actions therefore make the health programme less inclusive, and decrease its impact in practice.

Another concern is that the different mechanisms available to set health priorities at the EU level are not well-integrated. The links between the advisory groups that have been set up under 3HP and other SANTE groups is not clearly defined. Will, and how will, for example, the new steering group on prevention and promotion work together with the programme committee?

A final point is that more could be done to ensure the outcomes of the 3HP are applied, particularly by DG SANTE itself. The wealth of findings and information produced by the 3HP could be better used for evidence based policy making in EU institutions and at national/regional level. This calls for better communication strategies and and engagement with the general public. Involvement of end-users in developing policies and interventions is important and insufficiently addressed in 3HP.

3.3 To what extent do you agree with the following statement about the level of awareness of the 3HP?

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know |
|---|-----------------------|-----------------------|----------------------------|----------------------------------|-----------------------|-----------------------|
| *The results of actions funded by the 3HP are sufficiently disseminated and promoted to those who might be able to make use of them | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

3.4. Do you have other specific views that could not be expressed in the context of your replies to the above questions?

In the current political and economic context it is easy for health to become marginalized in light of other EU-sector priorities, since there are other areas in which the EU seemingly has stronger competencies. Amongst the overriding aims of the EU however, are to promote equality, justice, solidarity as well as the well-being of its people. Health and health equity are central to this. Achieving these aims can therefore only happen if the implementation of article 168 of the TFEU is taken seriously, and a high level of human health protection is to be ensured in the definition and implementation of all Union policies and activities.

It is for the health sector in the EC to lead on, and the EU Health Programme to help provide the tools and build the capacities to ensure that this is done. It is crucial to promote conceptions of health and health systems that go beyond narrow, medicalised notions and approaches. The EU Health Programme can and must be used to support this process, at the EU level and within EU Member States.

The need to strengthen the health and social dimension of the EU, to avoid widening socio-economic inequalities within and between Member States is clearer today than ever before. The EU Public Health Programme presents an opportunity to tangibly improve the lives of EU citizens.

As a partnership of public organisations working in the field of health at national, local and regional level, we have also recognized that the benefit of the 3HP lies as much, if not more, in the process of engagement in different initiatives funded through the programme, as in the tangible outcomes. It is therefore important that the programme provides professionals working in relevant organisations the opportunity to engage in collaborative processes, to learn from and experience the value of actions coordinated at EU-level.

IDENTIFICATION OF RESPONDENT

***Please indicate whether you are responding to this consultation as an individual or on behalf of one of the following types of organisations / institutions?**

- Individual / private person
- Public authority (national, regional or local)
- International organisation
- Academic / research organisation
- Professional association or trade union
- Non-governmental organisation
- Private company
- Other, please specify

*** Please state your country of residence/establishment**

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovak Republic
- Slovenia
- Spain
- Sweden
- United Kingdom
- Other

If you sent in comments in a language other than English, please indicate in which language you have replied.

***Which of the following best describes the field in which you or the organisation or institution you are representing are mainly active?**

- Health / public health policy making and planning
- Provision of healthcare services
- Health professional(s)
- Health research / education
- Patients and health service users
- Other, please specify

Other, please specify

EuroHealthNet is a not for profit partnership of organisations, agencies and statutory bodies working to contribute to a healthier Europe by promoting health and health equity between and within European countries. EuroHealthNet achieves this through its partnership framework by supporting members' work in EU and associated states through policy and project development, networking and communications.

*** First name**

Caroline

*** Last name**

Costongs

*** Job title**

Director

Your organisation's name (where relevant)

EuroHealthNet

The number of members your organisation represents (where relevant)

54 members and partners

Countries where your organisation is present (where relevant)

***If replying on behalf of an organisation or institutions, is your organisation or institution registered in the EU Transparency Register?**

- Yes
- No
- Not applicable

If yes please indicate your Register ID number

If you are responding on behalf of an organisation or institution, please register in the [Transparency Register](#). If your organisation/institution responds without being registered, the Commission will consider its input as that of an individual and will publish it as such.

*** Please indicate your preference for the publication of your response on the Commission's website:**

- I consent to publication of all information in my contribution, including my personal data
- I do not consent to the publication of my personal data as it would harm my legitimate interests. My contribution may be published in an anonymous form
- I prefer to keep my contribution confidential. (it will not be published, but will be used when analysing the results of the consultation)

(Please note that regardless of the option chosen, your contribution may be subject to a request for access to documents under [Regulation 1049/2001 on public access to European Parliament, Council and Commission documents](#). In this case the request will be assessed against the conditions set out in the Regulation and in accordance with applicable data protection rules.)

*Copyright clearance

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[Factsheet on the Third Health Programme \(http://ec.europa.eu/health/programme/docs/factsheet_healthprogramme2014_2020_en.pdf\)](http://ec.europa.eu/health/programme/docs/factsheet_healthprogramme2014_2020_en.pdf)

[Regulation \(EU\) No 282/2014 on the establishment of a third Programme for the Union's action in the field of health \(2014-2020\) \(http://data.europa.eu/eli/reg/2014/282/oj\)](http://data.europa.eu/eli/reg/2014/282/oj)

[Summaries of the Annual Work Programmes for 2014 \(http://ec.europa.eu/health/programme/docs/wp2014_annex_summary_en.pdf\)](http://ec.europa.eu/health/programme/docs/wp2014_annex_summary_en.pdf)

[Summaries of the Annual Work Programmes for 2015 \(http://ec.europa.eu/health/programme/docs/wp2015_summary_en.pdf\)](http://ec.europa.eu/health/programme/docs/wp2015_summary_en.pdf)

[Summaries of the Annual Work Programmes for 2016 \(http://ec.europa.eu/health/programme/docs/wp2016_summary_en.pdf\)](http://ec.europa.eu/health/programme/docs/wp2016_summary_en.pdf)

[Ex-post evaluation of the 2nd Health Programme 2008-2013 \(http://ec.europa.eu/health/programme/policy/2008-2013/evaluation_en.htm\)](http://ec.europa.eu/health/programme/policy/2008-2013/evaluation_en.htm)

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