

# 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](mailto: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

European Partnership for Action Against Cancer Joint Action (EPAAC)

**\* 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 type="radio"/>	<input type="radio"/>	<input checked="" 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?**

Joint actions between competent authorities of member states are an essential tool for supporting effective and efficient implementation of EU policy and legislation, as evidenced by the Cancer Control (Cancon) joint action, which provide member states with expert guidance on implementing best practice in cancer control through improved organised cancer screening programmes, etc. Joint actions work best when international knowledge and expertise is combined with the qualitative input provided by civil society to better support member states in their tasks.

European Reference Networks have significant potential to improve health in Europe by providing economies of scale and pooling expert knowledge in the area of Rare Diseases. Such initiatives can lead to a significant and direct improvement of patients and citizens quality of life, which should be well communicated to the public.

Core funding to NGOs is a vital tool to sustain a variety of public health actions at various scales across Europe. This support passes directly to a large number of national and community-based civil society organisations in Europe and so is a cost-effective way for the 3HP to reach the European citizen. This support is therefore a key method by which the dissemination of 3HP results and actions can take place (for example by implementing the European Code Against Cancer, support for patient networks, etc.) The 3HP's new multi-annual approach to core funding is a successful development that has been managed with a reasonable administrative burden.

Support for expert groups and scientific committee is further important, if perhaps unseen, value that the programme offers. This function provides essential knowledge and experience that can help with implementing evidence-based decision-making, thereby contributing to sustainability and effectiveness of health systems.

Finally, action on tobacco control has been a signature achievement of the EU during the past decades. Actions to support member states with the best possible implementation of tobacco legislation are essential, as is the support for collaborations between all relevant actors and stakeholders in tobacco control. The programme is unique placed to provide this support, as it is unlikely any other entity could provide such a resource.

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

The 3HP has focused more on modalities such as joint actions and tenders, and less on project-based initiatives for a variety of important reasons. The limited project opportunities entails that a number of entities are discouraged from applying to the programme as they lack the necessary resources for tenders, joint actions or larger-scale projects. Therefore, the introduction of very modest, small scale projects (in terms of finances and duration) could be an effective way to bring in new players, and could lead to a wide array of quick actions that could, for example, be primarily focused on dissemination, or feasibility / proof-of-concept testing. Such projects could have lower co-financing rates in order to maximise the number of number of actions versus resources available.

International organisations participation in joint actions could be improved by adapting the nomination procedure so that the lead partner of the joint action is responsible for the nomination, as opposed to the country of establishment.

The rate applied for overheads should be reviewed to make sure that it is appropriate for the best implementation of actions.

## 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*...contribute to addressing health inequalities and the promotion of equity and solidarity	<input type="radio"/>	<input checked="" 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



<p>*The 3HP's objectives and priorities are clear and easy to understand</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>*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</p>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>*The objectives and priorities of the 3HP are consistent with health policy objectives in my country</p>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 objectives and priorities of the 3HP are consistent with wider EU policy objectives, including the Europe 2020 strategy</p>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<p><b>*Overall, the way the 3HP's objectives and priorities have been defined facilitates more focused action than under its predecessors</b></p>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	-----------------------	----------------------------------	-----------------------	-----------------------	-----------------------	-----------------------

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

Health equity is an issue that is mainstreamed across the programme, which is appropriate. Perhaps this topic could be made more visible in the programme's supported actions, and more explicit guidance could be offered on how to attack this very difficult topic. For example, from the various expert groups / fora supported by the EU.

**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 checked="" 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>
2.4. Health information and knowledge system to contribute to evidence-based decision-making	<input type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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.**

As there is already a long-list of issues, additional topics should not be added. The programme has shown that it can be flexible to crises and emergent issues, such as the recent refugee/migration crisis. Therefore, further prioritises do not need to be added.

Health information is a vital tool for supporting evidence-based policy and improving healthcare and public health in the long-term, yet the presentation of this issue in the programme could be clarified and rationalised to make clear that it is a component of most/all priorities. ECDC and JRC provide sustainable long-term support for health information and so this can allow for focus on priority areas that are under-addressed overall, such as health promotion and primary prevention.

Drugs-related issues may be better addressed in other EU programmes that are more proximate to the relevant legislation and policy dossiers of the Commission.

The EIP AHA is an important initiative of the EU, which brings together relevant organisations in improving healthcare at a level close to the citizen and patient experience. The focus of support from the 3HP should be exclusively on public health issues such as health promotion and primary & secondary prevention for an ageing population, as other programmes exist to support issues related to care models, etc. The same logic applies to eHealth actions.

### 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 checked="" type="radio"/>	<input type="radio"/>	<input 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 sustainability of project outcomes is still a difficult issue, which requires greater attention and support for stakeholders. The pool of knowledge that the 3HP can call upon should be exploited to help with tackling this difficult challenge.

As mentioned, small-scale projects could be a welcome addition and may help bring in new players, including those from low-participating countries.

The administrative burden has been greatly reduced with the online system, which is working very well on the whole. The periodic and technical reporting of actions should be reviewed as at present too much data is collected during this process, which takes away time from implementation. It is important to monitor actions and measure impact, however, it is difficult to see how all of the data collected can be used in a meaningful way. Therefore, this process should be reviewed to focus on the essential indicators and data required.

**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 checked="" type="radio"/>	<input type="radio"/>	<input 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?

Dissemination and evaluation of actions could be assisted by more prescriptive action from the programme, for example, by the mandatory requirement for a fixed minimum % of co-financing to be used for the dissemination and evaluation work packages.

Framework contracts could be established with expert dissemination or evaluation agencies (including SMEs) who are then at the disposal of funded actions to help / assist, or directly participate in the supported actions to improve dissemination or evaluation.

The necessity of final conferences for actions should be reviewed, and physical meetings retained only for those essential meetings as resources can be depleted by travel and related costs. Also, the necessity of stand-alone independent project websites could be re-considered. The 3HP could offer a more central hub where actions are stored as micro-sites. This would allow for more consistent application, and closer link between action and funding source.

Most actions appear to be approx. 36 months in length. Longer-term projects should be considered for those aspects which require long-term collaboration - for example supporting the development and implementation organised cancer screening programmes is a 10 year process, and so support of ~5 years (as can be the case in H2020) would be beneficial on such topics.

The JRC is currently developing a model for quality assurance of breast cancer centres in Europe. This process involves designing a comprehensive voluntary accreditation process, which if successful, could be translated to other areas. The 3HP should consider support for accreditation methods as an effective way to promote an essential level of performance and quality in health systems in Europe. This approach helps to raise standards in a more widespread way than would the direct support to "centres of excellence", which although important in the area of rare diseases, is not seemingly the most effective way to improve health equity, in general, across Europe.

## 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

Network of national cancer societies (covers all areas)

**\* First name**

David

**\* Last name**

Ritchie

**\* Job title**

Senior EU Cancer Control Officer

**Your organisation's name (where relevant)**

Association of European Cancer Leagues

**The number of members your organisation represents (where relevant)**

26

**Countries where your organisation is present (where relevant)**

23

**\*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**

19265592757-25

**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**

Any submission made by you on this website represents an agreement that the data you submitted will be used by the European Commission for the purposes of the mid-term evaluation of the 3rd Health Programme. This means that your contributions may be published individually or be part of a synthesis and referred to as meaningful example. Following your submission you also understand that you authorise the European Commission to reproduce, translate, print, publish and make available your contributions in print and electronic format and permit others to use the content or parts of it in accordance with [Commission Decision of 12 December 2011](#) on the reuse of Commission Documents.

- I took note of the above copyright clearance conditions and I agree with it
- I don't agree, please keep my contribution as specified under the abovementioned terms, but only for internal use in the Commission

## Useful links

[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)

---

## Contact

SANTE-HEALTH-PROGRAMME@ec.europa.eu

---