

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

The SCIENTIFIC COMMITTEE ON EMERGING AND NEWLY IDENTIFIED HEALTH RISKS (SCENIHR) is very important

*** 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 checked="" 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 checked="" type="radio"/>	<input 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 Programme should continue to identify, disseminate and promote the uptake of evidence-based policies and good practices for cost-effective primary prevention which aim to prevent disease or injury before they occur. The programme should continue to support the implementation of the WHO Framework Convention on Tobacco Control which includes actions that still need great attention such as the protection of public health policies from commercial and other vested interests of the tobacco industry (Article 5.3); the adoption of price and tax measures to reduce the demand for tobacco (Article 6); the control of the illicit trade in tobacco products (Article 15), and the support for the economically viable alternatives to tobacco growing (Article 17). Indeed, chronic diseases are responsible for over 80 % of premature mortality in the Union and tobacco control is essential to increase the number of 'healthy life years' and enable the elderly to enjoy a healthy and active life as they get older.

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

The programme should also systematically apply the Health in All Policies principle, including ex-ante and ex-post health impact assessments of all EU policies and programmes.

A stronger focus on NCD prevention through addressing tobacco control and the implementation of all the articles of the FCTC, also including those that are not the primary responsibility of DG Sante such as taxation, illicit trade, development, research and tobacco growing.

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 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

<p>*The 3HP's objectives and priorities are clear and easy to understand</p>	<input type="radio"/>	<input checked="" 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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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>*Overall, the way the 3HP's objectives and priorities have been defined facilitates more focused action than under its predecessors</p>						
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2.3. If you have any concerns about the relevance and coherence of the 3HP and its objectives, please briefly summarise them here.

Objectives need to be updated to be relevant to current and near-future health challenges, and to reflect the commitment to the implementation of the Framework Convention on Tobacco Control (FCTC) as well as those of the SDGs and the NCDs targets.

The description of the objectives should also be updated to ensure that they efficiently address the challenge of chronic diseases. In this sense, the objectives should have an integrated, horizontal approach which attempts to involve all the relevant levels, from communities to policy makers; they should also be updated to include action on the cross-border health threats linked to the development of the internal market and EU trade policies.

Looking ahead, there should be better coherence between objectives (health improvement, protection, reduction of inequalities, sustainable health systems, etc.), and measurable outcomes from actions, programmes and policies. These must go beyond best practice exchange to real-world implementation with monitored, measurable health impacts.

The Commission and agencies also need to ensure coherence between Health objectives in the Treaties and programmes with other policy areas and programmes. e.g. tobacco taxation policies. Indeed, tobacco taxes are the most effective, yet the least utilised tobacco control measure. Sometimes this is due to other department within the Commission and finance ministries not realising the potential of tobacco taxation. In this sense, there should be a real effort from the Programme to work on these issues. Indeed, advocating for tobacco control - and, specifically, high tobacco taxes as a NCD and cancer prevention strategy - should be a priority so as to ensure that the public health community can present the latest evidence. Working with people harmed by tobacco is important, but the new programme must absolutely ensure that the public health community is REQUIRED, TRAINED and SKILLED to engage with policy makers outside of the health departments /ministries.

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

3.5. European Innovation Partnership on Active and Healthy Ageing	<input checked="" 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 checked="" 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 checked="" 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.

Capacity building on taxation and illicit trade to ensure that the public health community can meaningfully engage with policy makers outside of the health departments/ministries

1.6 - 2.4 and 4.6 seem to be the same?

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 checked="" 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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)

As specified above under section III, the Annual Work Programmes developed by the European Commission is developed in consultation with representatives of the countries that participate in the 3HP (via the Programme Committee). It would be good to involve in the programme committee people outside of health sector so that the "health in all policies" principle was enshrined as a bottom up and top down approach (from conception to the disseminating of results). Indeed, the objectives (all the way to the dissemination of the results of projects and JAs) are mostly conceived (and therefore disseminated well) by and within European health policy circles; for all this to be relevant and to reach decision makers in other policy areas at national, regional, local and supranational levels, e.g. Finance Ministries, city administrations, etc. as well as other global regions, it would be wise to involve them right from the start.

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 checked="" 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?

We agree here with the response provided by the European Public Health Alliance: EU added value is clearest in a focus on internal market measures to tackle cross-border health threats, not only including communicable diseases and pandemics, and especially a stronger focus on AMR, but also recognising that all member states face the same threats from cross-border determinants including unhealthy dietary environments, alcohol, environmental health threats (including air quality, climate change), consumer safety, tobacco, sedentary work and mobility, and the impacts of employment and social precarity on (mental) health.

The importance of prevention (of chronic diseases, communicable diseases and AMR) in economic and health system sustainability should be highlighted in Health contributions to EU economic, budget, taxation, social and employment policies and programmes. Much closer coordination is needed to respect the "Health in all Policy" requirements.

The focus of objectives should shift away from 'best practice' exchanges. This is because, in terms of prevention, we already know what to do (i.e the necessary health protection and disease prevention responses are well known and undisputed in the health community (e.g. WHO/OECD best buys)) - some of the objectives should focus specifically on capacity building and buy-in messages towards authorities OUTSIDE PUBLIC HEALTH (taxation, custom authorities, agriculture, media, etc.....).

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

Advocacy outside of the health sector

*** First name**

*** Last name**

*** Job title**

Your organisation's name (where relevant)

The number of members your organisation represents (where relevant)

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.)

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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)

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