



# **Ex-post Evaluation of the Health Programme (2008-2013)**

Executive Summary

Written by Coffey International Development and SQW,  
Cemka-Eval, and Economisti Associati

coffey  SQW



**EUROPEAN COMMISSION**

Directorate-General for Health and Food Safety  
Directorate C — Public Health  
Unit C1 — Programme Management and Diseases  
E-mail: [SANTE-HEALTH-PROGRAMME@ec.europa.eu](mailto:SANTE-HEALTH-PROGRAMME@ec.europa.eu)

*European Commission  
B-1049 Brussels*

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## **EXECUTIVE SUMMARY**

### ***1. Background and scope***

The Health Programme (HP) is the European Commission's main vehicle for funding collaborative actions to support public health in Europe. Its second iteration ran for six years, from 2008 until 2013, and had a budget of EUR 321.5m. The 2<sup>nd</sup> HP pursued objectives aimed at improving citizens' health security, promoting health and reducing health inequalities and generating and disseminating health information and health knowledge. Funding was disbursed to a variety of beneficiaries via six different instruments (including grants for collaborative projects, joint actions, and conferences, operating grants to NGOs or networks, direct grants to international organisations, and service contracts).

This report forms the ex-post evaluation of the 2<sup>nd</sup> HP and has as its purpose to assess the main outcomes and results achieved and identify the main problems and solutions with regard to implementation, particularly regarding recommendations from previous evaluations. The research focused on four main thematic blocs, namely programme management, dissemination practices, the impact of the HP and synergies with other programmes and services.

### ***2. Approach and validity***

The evaluation combined a variety of quantitative and qualitative data collection and review methods and analytical tools to respond to the specific information needs and requirements. These consisted of a review of relevant documentation, analysis of quantitative HP data (e.g. funding and beneficiary trends), an online survey of national officials, interviews with various stakeholders, an in-depth review of a representative sample of 80 funded actions and detailed case studies of 13 actions. The evaluation also included a bibliometric analysis of HP visibility in scientific journals, an analysis of public health capacity and links to HP participation, and a stakeholder analysis of priority audiences.

The diversity of HP objectives, topics and mechanisms, small size of the HP in relation to public health spending overall, lack of Programme and action level indicators and data, time lag before impacts (on health policies, systems or even health outcomes) could be realised and limited size of the evaluation posed numerous challenges. Taken together, they mean that the evaluation was not able to measure (in quantitative terms) the overall impact of the HP or specific actions, and we cannot be absolutely certain of the exact extent to which the generalisations made are applicable to the entirety of HP actions. Despite this, we were able to gain substantial insight on the HP using purposive sampling and the focus on key areas of interest, such as the identification of trends, success factors and barriers to HP effectiveness and lessons that could be applied readily to the next iteration of the HP.

### ***3. Key findings***

#### **Programme management**

##### *Substantial efforts to implement recommendations from the mid-term evaluation*

The mid-term evaluation in 2011 found that the HP had become unwieldy and needed to take a step back, consider the principles of sound project management and apply them. During the second half of the HP, steps were taken to implement many of the

recommendations, leading to numerous improvements in programme management. These included more strategic programming, the systematic use of EU added value criteria in grant applications and selection, clearer guidance for applicants and better contact with applicants and beneficiaries.

While stakeholders expressed some confusion about the respective roles of DG SANTE / Chafea, this appeared to be due to communication issues rather than overlapping or poorly defined roles. There were also still some concerns and complaints related to the administrative burden of financial and contract management and the application process.

#### *Trend towards more directive methods of planning*

Two changes during the second half of the HP increased the policy relevance of funded actions. Senior-level DG SANTE officials increased their involvement in annual planning, allowing for a greater level of coherence with other policies and programmes. This was accompanied by increased use of joint actions. Unlike projects (which are comprised of smaller groups of partners), each joint action secures buy-in from national governments and participation of key stakeholders from nearly all Member States. Similarly, there was an increase in service contracts, a prescriptive funding mechanism that allows DG SANTE to order studies and other products (like seminars) to meet particular needs.

#### *Programme geographically balanced, but lead beneficiaries concentrated in EU-15*

The evaluation sought to determine whether participation in the HP was spread equitably across the EU. While the number of participating organisations and distribution of funding (accounting for wage differences) were equitable, lead beneficiaries (who are responsible for steering actions) were concentrated in the EU-15, indicating discrepancies in capacity. The increased use of joint actions slightly increased participation from EU-12 countries, but it was offset by the rise in service contracts, which disproportionately benefited organisations based in the EU-15 (in particular Belgium and Luxembourg). Looking only at the truly 'collaborative' actions (i.e. projects and joint actions), the participation rates of most countries appear broadly in line with their public health capacity (defined based on an analysis of correlations between participation rates and a number of proxy indicators for which data was available), although there are some that participated significantly more or less than would have been expected.

#### *Provisions for monitoring still problematic*

While there had been some improvements to monitoring provisions, they remained problematic. At input and activity levels, comprehensive monitoring data is collected but not systematically organised and used, making it difficult to keep track of key issues in real time. At output and outcome levels, various reports and evaluations that are carried out for each action were too long and formalistic to either serve as genuine communication tools or play a role in monitoring the performance of the HP as a whole.

## **Dissemination**

#### *In spite of progress made, effective dissemination of results remains a challenge*

The mid-term evaluation in 2011 concluded that the dissemination of results is one of the main challenges facing the Health Programme. Simply put, if relevant target audiences are not aware of key results of HP-funded actions, the chances that these are accepted and implemented widely across the EU are significantly reduced.

Even though a considerable effort was made during the second half of the HP to enhance dissemination (e.g. by improving the project database, and by publishing brochures and organising meetings on key topics), there remains room for improvement in terms of raising awareness among relevant stakeholders of the results of HP-funded actions, thereby maximising their uptake and impact.

*Target audiences vary depending on the action*

The responsibility for disseminating the results of individual actions falls mainly on the partners themselves; it is mandatory for all projects and joint actions to include a specific work package dedicated to dissemination. As part of this, the vast majority of projects and joint actions use dedicated websites and conferences / events. Reports / guidelines for specialist audiences and newsletters are also fairly widely used, as are print promotion materials. Other tools, such as briefings for policy makers, press releases or social media activities, are only used by a small minority of actions.

An overall assessment of the effectiveness of the dissemination activities and tools is complicated by the diverse nature of HP-funded actions, which address issues and produce outputs that are of interest to very different groups. The case studies provided examples of actions which produced outputs of a very technical nature that are only relevant to relatively narrow audiences, and others that covered issues that are of potential interest to broader groups, and therefore warrant a more wide-ranging dissemination strategy.

*To be effective, communication needs to be tailored to the audiences*

In both cases, the evaluation found instances where communication was very effective, and others where it was less so (mainly due to a lack of clarity and focus as to the most relevant target audiences and how best to reach them). The key lesson is that, to disseminate results effectively, actions need to carefully consider which potential target groups are most relevant in terms of both their interests and their ability to use or contribute to the uptake of the results, prioritise accordingly, and tailor the messages, tools and channels to the needs of the key audiences.

One such channel that can be effective in certain circumstances are academic / scientific publications. The bibliometric analysis conducted for this evaluation suggests a reasonable amount of coverage and visibility in terms of articles published in scientific journals, although this varies very significantly from action to action, and – as noted previously – is only appropriate where the specific results in question are apt for such publications.

*DG SANTE and Chafea support for dissemination is somewhat effective*

Feedback on the dissemination activities by DG SANTE and Chafea was broadly positive. The project database in particular was found fairly useful, but actual usage is low, and there is room for improvement in terms of the content and the way in which it is presented.

When considering the targeting of future dissemination activities at the level of the programme as a whole, the stakeholder analysis conducted as part of the evaluation suggests that the HP's key stakeholders are public health organisations, healthcare providers, funders and commissioners, and health professionals. Academic and research organisations, as well as patients and healthcare users, also tend to be very interested, but their influence when it comes to implementing the results is more limited. On the other hand, policy-makers have significant influence, but their interest is often more limited, which means it is a key priority for the HP to find ways in which they can be engaged effectively. At the same time, it is important to emphasise that this aggregated and therefore simplified analysis should not detract from the need to identify relevant target audiences for each individual action, as discussed above.

## Impact

### *Action focus*

Given the EU's supporting role in public health, the evaluation looked at the HP's impact in terms of its ability to support Member State action by facilitating collaboration and strengthening the efforts of key stakeholders. About 75% of HP action was devoted to five key themes, comprised of (1) health determinants and healthy lifestyles; (2) prevention of major and rare diseases; (3) health monitoring and data; (4) health threats; and (5) health safety. The remaining 25% of funding was spread across around a dozen other themes and priorities.

HP-funded actions sought to address research, development and implementation. While the actions were more focused on development than the other aspects of the 'health intervention process', many actions, particularly projects and joint actions, addressed two or even all three aspects. An in-depth review of documentation from 80 actions showed that while most joint actions were conceived to influence policy, the objectives of the majority of service contracts, operating grants and projects were concerned more immediately with other issues, such as conducting rigorous research, despite the importance of policy impact for the HP.

### *Funding mechanisms*

The evaluation used case studies to examine projects, joint actions and service contracts in more depth. The funding mechanisms were shown to be complementary, with all of them potentially useful and effective in the right circumstances, which are summarised in the table below.

Funding mechanism	Ideal circumstances	Risks / challenges
Joint actions	<ul style="list-style-type: none"> <li>Clearly established case for pan-European collaboration at a technical (and not only political) level</li> <li>Buy-in from key stakeholders in (nearly) all Member States</li> <li>Feasibility of desired results already confirmed from previous work</li> <li>Political momentum sufficient for results to be applied in practice</li> </ul>	<ul style="list-style-type: none"> <li>Due to their size and the number of partners typically involved, joint actions are costly to implement and can be difficult to manage</li> <li>If established prematurely, joint actions can be too unwieldy to provide a forum for exploring new ideas and experimenting</li> <li>The chances of results being taken up is reduced if a critical mass of Member States is not secured</li> </ul>
Projects	<ul style="list-style-type: none"> <li>Highly relevant topic but case for pan-European collaboration not fully established, particularly regarding practical solutions</li> <li>Need for a 'pilot' to ascertain level of interest and feasibility of changing status quo</li> <li>Availability of strong leadership and established interest from a smaller group of committed partners to pursue a focused set of objectives</li> </ul>	<ul style="list-style-type: none"> <li>Value of collaboration beyond the level of the partners themselves needs to be established</li> <li>If the primary focus is on networking and sharing best practices, the need to create more tangible results can be lost</li> <li>Projects often struggle with national differences in data availability / comparability</li> <li>Overly ambitious / diverse objectives can reduce effectiveness</li> <li>If policy links are absent, it is difficult to overcome barriers for EU-wide implementation of results</li> </ul>
Service contracts	<ul style="list-style-type: none"> <li>Existence of specific and clearly defined DG SANTE needs / ideas</li> <li>Narrow set of objectives and limited scope</li> </ul>	<ul style="list-style-type: none"> <li>Level of ambition needs to be aligned with typical budgets (€100-250k).</li> <li>Clear need for action should be</li> </ul>



	<ul style="list-style-type: none"> <li>• Clear link to specific policy process or initiative</li> </ul>	<p>established beyond interest of specific DG SANTE units.</p> <ul style="list-style-type: none"> <li>• Excessive reliance on service contracts would be detrimental to HP inclusiveness (in terms of types and geographic spread of beneficiaries)</li> </ul>
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### *Success factors*

The case studies identified key success factors that applied to all funding mechanisms. These included links to identifiable needs and existing initiatives; choice of the 'right' funding mechanism; well-delineated scope and objectives; plausible intervention logic; feasibility of policy change; involvement of relevant partners; strong project management; and constructive engagement from DG SANTE / Chafea. On average, joint actions were the most likely to satisfy the criteria, which is partly due to their tendency to involve key stakeholders from (nearly) all Member States (as designated by national governments) and address issues where the case for action and political momentum had already been established. There were examples among all action types where given criteria were and were not present.

### *Impact timescale*

The path to impact was shown to often follow a typical pattern. Projects and joint actions typically run for about three years, and aim to develop and/or test approaches and/or tools that will only make a tangible impact once they are taken up and used by Member State authorities and other actors. This often entails more than one HP-funded action and can take around ten years, with a project leading into two or more joint actions.

## **Synergies**

### *Strong synergy effects between the HP and FP7, more limited with the Structural Funds*

There were important synergies between the HP and FP7, illustrated by the numerous areas where cross-fertilisation between specific FP7 projects and HP activities has occurred. There are examples of synergy effects working both ways: HP actions building on and using FP-funded research (e.g. on health threats from nanomaterials), as well as the FPs providing a vehicle to further investigate issues and knowledge gaps that arise as a result of HP actions (e.g. on specific HTA methodologies and application areas).

Synergy effects with the Structural Funds were less obvious, as few HP actions produced results that lend themselves to implementation using ERDF, CF or ESF co-funding. However, there were six specific HP-funded actions (a mix of projects, joint actions and service contracts totalling around €5million of HP funding) that addressed the use of the Structural Funds for health, and provided guidance and awareness-raising that should enable those responsible for Operational Programmes (as well as to relevant Commission services and other stakeholders) to more effectively address health-related issues during the current programming period.

## **4. Conclusions**

### **Relevance**

The 2<sup>nd</sup> HP's objectives are very broad and cover the vast majority of MS' and relevant stakeholders' needs. The funded actions are almost without exception directly related and therefore relevant to these overall objectives and priorities. A consequence of the very broad objectives was a certain lack of structure and prioritisation, making it difficult to understand fully what the HP does, why it does it, or – crucially – to what extent actions correspond to the actual concrete and specific needs of stakeholders in a given (broadly relevant but not clearly defined) topic area.

Leading on from this, "relevant" in this context is not synonymous with "potentially impactful". A relevant topic does not necessarily imply a strong case for EU-level cooperation. For this to be the case, relevance and EU added value (see below) need to coincide.

These problems were taken into account in the design of the 3<sup>rd</sup> HP, which undertook a horizon scanning exercise to identify the key health challenges facing Europe, as well as an analysis of if and how these could or should be addressed by the new Programme. The result is a set of more specific objectives, which cover a slightly reduced (but still very significant) amount of ground in terms of public health issues, and attempt to introduce a better focus in terms of specifically how progress is to be achieved. This promises to provide a stronger focus on those topics that are both relevant to MS and stakeholders, and most promising in terms of the potential added value of cross-border collaboration.

### **Effectiveness**

The 2<sup>nd</sup> HP aimed to support Member State action in the field of public health by facilitating collaboration and strengthening the efforts of others across three main objectives, which are (1) to improve citizens' health, (2) promote health and reduce health inequalities and (3) generate and disseminate health information and knowledge. The ex-post evaluation found that actions funded by the 2<sup>nd</sup> HP have contributed to significant progress and results across these three objectives, in ways such as fostering cross-border collaboration, developing and testing common tools and approaches or enhancing the evidence and information base.

Different public health activity areas bring with them different priorities and challenges, depending on e.g. pre-existing levels of collaboration and discrepancies between Member States. The 'toolbox' of funding instruments has allowed the HP to address a variety of subjects, and involve and support different relevant actors, in ways that have often proven to be highly effective.

While the diversity and volume of funded actions makes it impossible to quantify and list all of these contributions, the evaluation highlighted numerous examples. These include common approaches to health technology assessment, the development of common standards of care for musculoskeletal conditions and contributions to EU reports and guidelines on rare diseases. The HP has also been relatively successful (more so than for instance FP7 funding for public health related research projects) in involving partners from relatively lower income (and in particular EU-12) Member States, although there remains room for improvement in this respect.

At the same time, it is important to recognise that not all HP-funded actions were particularly effective when it came to achieving tangible and genuinely useful results and impacts. While joint actions typically achieve a tangible impact, projects relatively often fail to see their results taken forward and put into practice. Reasons for this included poor design, often with unspecific objectives and insufficient attention being

paid to key barriers to implementation and engagement of relevant enablers; and ineffective dissemination strategies. To avoid such shortcomings, efforts are needed to evaluate (ex ante and ex post), support, guide and where necessary challenge individual actions and beneficiaries to ensure the presence of the key success factors mentioned above in the Impact section. In addition, highly effective actions tended to demonstrate EU added value in areas such as economies of scale, innovation and implementing EU legislation.

The evaluation found that the choice of funding mechanism was also an important factor behind the success of a given action. While all funding mechanisms generated policy impact in certain circumstances, the evaluation identified examples where actions were not funded through the most suitable mechanism. To maximise effectiveness, it should be kept in mind that joint actions are suited to scaling up and institutionalising efforts once the case for pan-European collaboration has been established. Projects are useful as 'pilots' for ascertaining the level of interest and testing new approaches and tools (accepting a certain degree of risk and uncertainty), while service contracts can address specific needs for a given policy process or initiative. In a number of cases, it was the combination (over time) of two or more successive actions (using appropriate funding mechanisms) that enabled the HP to progress an issue or intervention through the different stages of development, from research through development to implementation.

## **Efficiency**

Efficiency considers the relationship between the HP's impact and its cost. The Programme's small size, large scope, and lack of clear strategic focus and priorities, imply a risk that resources would be diluted by the number of issues to be addressed. This risk was mitigated to some extent during the second half of the HP by more concrete links to the Europe 2020 strategy, and an increased focus on EU added value. The 3<sup>rd</sup> HP is building on these changes.

At the same time, the preponderance of actions, especially among projects, whose identifiable EU added value is comprised mainly of criteria like networking or the identification of best practices implies that a considerable amount of Programme funding still leads to few concrete results or outcomes. The fact that more than half of funding was devoted to the Health Promotion objective, where such actions are disproportionately concentrated, amplifies these concerns.

Efficiency is also dependent on well-functioning programme management arrangements. The growing responsibility of Chafea across all manner of administrative functions of the Programme has allowed certain tasks (such as changes to team costs on projects) to be streamlined, increasing their efficiency. While changes were mainly incremental during the second half of the Programme, several major initiatives appear likely to result in substantial gains during the 3<sup>rd</sup> HP; this includes the abolition of paper-based reporting for beneficiaries. After initial adjustments and reconfigurations, the respective roles of Chafea and DG SANTE had been clearly defined by the end of the Programme period. Despite this, numerous beneficiaries expressed confusion about the division of responsibilities. This led to wasted time and duplicated efforts that could be addressed during the 3<sup>rd</sup> HP through clear and consistent communication efforts.

The purpose and use of reporting and monitoring data are also problematic. While the considerable burden on action leaders and partners in providing Chafea with regular reports and data can be justified, the lack of common indicators or formats meant that the products of such requirements were not comparable. Moreover, we did not find any evidence of monitoring data actually being fed into processes to improve the Programme's performance. The technical (and often confidential) nature of action

reports also precluded their use for communication purposes. These issues imply a substantial dead weight in addition to hampering evaluation and dissemination efforts.

Finally, the long timescales involved in seeing the outputs of a given action work their way into actual practical changes imply sustained EU funding is needed to realise tangible progress. Funding for a series of successive actions on a topic is frequently needed for the outputs to reach a certain level of maturity. The possibility for the Programme to fund second (and sometimes third) iterations of given actions has led to significant outcomes, but it also creates a double risk. On the one hand, the achievements of some actions would fail to take root without further funding. On the other hand, if the HP focused too much on funding multiple iterations of actions on the same subject, it could miss opportunities to adapt priorities with changing times and to identify meaningful new initiatives.

### **EU-added value**

Chafea has developed a set of eight EU added value criteria for the 2<sup>nd</sup> HP, which helped inform the scoring of all applications for Programme funding, thereby ensuring that the (potential) EU added value is assessed ex ante for all actions. This is laudable, and the fact that the Regulation which established the third Programme has enshrined the criteria in legislation is an additional positive development.

The evaluation scored a sample of actions against the eight criteria and found that for certain criteria nearly all actions received high scores. However, much of the demonstrable EU added value was concentrated across the three criteria with weak links to tangible policy benefits, namely identifying best practices, benchmarking and networking. For other criteria, like innovation and economies of scale (that unambiguously require more concrete results), we found evidence of substantial added value only in isolated cases, and disproportionately little under the 'project' funding mechanism and within actions aimed at health promotion.

If achievements like building a more European health community (via networking) are to be valued over the short-term, then the Programme has demonstrated significant EU added value. However, the analysis also highlights the importance for actions (and those evaluating applications) to demonstrate credibly how this leads to more concrete benefits over the longer term. This requires a stronger focus, for example, on not only identifying good practices, but also addressing barriers to their implementation across Europe.

### **Coherence**

The Health Programme is highly coherent with the EU's overarching policy objectives embodied in the Europe 2020 strategy, in that it funds actions that have the potential to contribute to a healthier population and workforce (a key prerequisite for smart growth), and/or to reducing inequalities (a key component of inclusive growth). Demonstrable efforts were made during the second half of the programming period to further enhance this coherence, notably by significantly increased funding for actions to address healthy ageing and health inequalities.

While this is commendable, it is important to note that almost any action that contributes to improving the health status of the European population has the potential to contribute to growth and productivity in one way or another. It would therefore be wrong to attempt to focus the HP too narrowly on issues related to health promotion as such. These may be most *directly* relevant for growth, but they also represent an area where the EU added value of collaboration can often be less tangible.

## **5. Options for change**

Following on from the findings and conclusions, the following issues and challenges should be addressed to maximise the effectiveness and efficiency of the 3<sup>rd</sup> HP:

1. **Communicate the division of roles between Chafea and DG SANTE** more clearly, to avoid confusion and misunderstandings among (prospective) beneficiaries about how actions are steered and administered.
2. **Improve Programme monitoring**, so as to facilitate better performance monitoring as well as dissemination of results, by exploring the potential for developing indicators (at programme and action level); adopting an electronic monitoring system; providing more prescriptive guidance; and looking into post-action reporting.
3. **Encourage greater participation from MS that were under-represented during the 2<sup>nd</sup> HP (which includes some but not all EU-12 countries), inter alia by** targeting key governmental institutions, emphasising the opportunities the HP brings, and bringing on board 'champions'.
4. **Clarify whether public health capacity building is a HP objective**, and if so, carefully consider the potential implications for the setting of Programme priorities and the design of individual actions, as well as future evaluations.
5. **Take a more strategic approach to external communication**, so as to provide an impetus to approach the key issue of communication and dissemination head on at Programme level, by clearly defining objectives and the roles of different actors, as well as key priorities and actions.
6. **More insistence on, and greater scrutiny of, systematic dissemination strategy and planning** for individual actions, including a clear definition and prioritisation of stakeholders.
7. **Consider introducing 'cluster projects'** (beyond the HP *cluster meetings* that already exist), borrowing from the experience of other programmes (in particular INTERREG IVB NWE – North-West Europe) that provide a small amount of additional funding to bring together projects on similar topics funded by the programme to network and share knowledge and experience, with a view to maximising their visibility and impact.
8. **Better reporting on action progress and results**, with a view to making the deliverables more useful for dissemination, e.g. by requiring brief and accessible summaries of progress and/or results alongside each interim and final report, and publishing these via the database.
9. **Enhance HP visibility in scientific publications by exploring** whether / how beneficiaries can be brought to explicitly mention the HP co-funding in any publications they write that are directly linked to HP-funded action results.
10. **Emphasise key barriers to implementation and how they can be overcome in evaluating proposals, inter alia by strengthening** risk analysis and making this a clear point of emphasis for Chafea and external evaluators when assessing and challenging proposals.
11. **Review 'soft' EU added value criteria to maximise impact. For example, to receive high scores**, project applications should not only make a good case for how they will identify good practices, but also explain what the key

barriers to the promotion and application of those practices across Europe are, and how they will be addressed.

12. **Strategically assess and define balance between funding instruments**, considering trade-offs between more open, potentially innovative but also inherently risky actions (in particular projects) and more prescriptive ones (in particular service contracts), as well as the desired involvement of different key groups (including public authorities, civil society, and academia).
13. **Maximise synergies by intensifying consultation with other DGs**, in particular more upstream consultation of DG RTD on multi-annual HP priority setting, and consultations with DG REGIO and EMPL to raise awareness of relevant HP actions and results that could be implemented with ESIF support.
14. **Avoid an excessive focus on health promotion to demonstrate coherence with Europe 2020**, as the issues that appear most *directly* relevant for economic growth do not always coincide with those where there is the strongest case for EU-level collaboration.

## **KEY MESSAGES**

### Relevance

- The 2nd HP's very broad objectives mean the themes addressed by the actions it funded are all relevant.
- However, the broad objectives – defined in terms of public health issues or themes, rather than desired results – have led to a certain lack of focus.
- The more specific objectives defined for the 3rd HP should address this issue to some extent.

### Effectiveness

- The 2nd HP has contributed to significant progress in several areas of public health.
- The 'toolbox' of funding instruments (including projects, joint actions and service contracts) has been useful and appropriate – if the instruments are used 'correctly'.
- The 2nd HP was relatively successful in involving partners from EU-12 countries.
- Beneficiaries, DG SANTE and Chafea could do more to promote sound action design, uptake of results and hence impact.

### Efficiency

- The large scope and lack of focus mean the resources are spread very thinly.
- Programme management has been mostly effective.
- However, there are persistent problems with monitoring, communication, and the interplay between the two.
- The timescales to impact are frequently long (sometimes spanning several actions), which means sustainability can be a concern.

### EU added value

- The fact that a set of eight criteria has been defined and is built into the proposal evaluation process is a positive achievement, and helps ensure actions deliver EU added value.
- But actions that only / mainly add value by identifying best practices or promoting networking should demonstrate how this will translate into more tangible benefits.

### Coherence

- The 2nd HP is highly coherent with the Europe 2020 objectives of smart and inclusive growth.
- From 2011 to 2013, the funding awarded for actions that are directly relevant to Europe 2020 increased significantly, in particular for actions on healthy ageing and inequalities.

### Options for change

- Further improve programme management and focus, inter alia by improving the monitoring process.
- Improve communication, inter alia by more insistence on, and greater scrutiny of, systematic dissemination strategy and planning for actions.
- Take steps to maximise impact and synergies, inter alia by strategically assessing and defining the balance between funding instruments.

