

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

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

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

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

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

Other (please specify)

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

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

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

Whilst recognising the Member States' competences, the EU HP brings clear added value in areas where member states acting individually would be inefficient and fragmented.

The HP can serve as a mechanism to promote evidence-based policy-making, for example pilot projects and research initiatives that can trigger concrete actions at Member State level. Already in the impact assessment of the previous health programme, it was recognised that "the HP made it possible to develop many activities... where the economic situation and budget restrictions would not have allowed them to be made a priority" and promoted important issues on EU and national agendas, influenced policy-making and implementation at national level.

The main challenges facing Europe's healthcare systems will not disappear in the near future and must, therefore, be treated as real challenges requiring appropriate investment both at national and EU level. These include demographic change and chronic diseases, but also the legitimate expectations of patients and the recognition that health systems must become more patient-centred.

Action at European level through the HP can also demonstrate genuine commitment of the EU to addressing issues that European people - patients and citizens - consider important; health is consistently identified as a top priority.

The 3HP can also support monitoring and benchmarking of health systems in Member States and set ambitious but achievable targets for areas of improvement, reduce inequalities in access across Europe and to empower European citizens, many of whom are patients, carers or family members.

A European strategy for patient empowerment, with a meaningful action plan for improving health literacy, would contribute to improving health outcomes and increasing the wellbeing of European people as required under the Treaty. Such a strategy would be relevant across health promotion and prevention through to the development of more patient-centred healthcare systems, and enhancing quality of life and productivity.

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

There are two key areas where in our view the HP could be improved, to add more direct value to European citizens, a large number of whom are either living with chronic disease or are family members of patients.

Empowerment

The need for patient-centredness to be embedded in health systems through

patient empowerment is recognised in the Regulation setting up HP3: "Healthcare practices should be informed by feedback from, and communication with, patients." In the final report of the chronic disease reflection process (2013) and other relevant work including the Expert Group on HSPA and the Joint Action PaSQ, patient empowerment has been identified as a key priority. Under the HP, a study was commissioned in 2014 and two studies are ongoing on self-management. However, the recommendations of the EMPATHIE study regarding transferability of good practices and the development of an EU strategy on patient empowerment have not been followed up. Neither has a comprehensive mapping of patient empowerment initiatives across the EU, put forward in the 2013 report, been done. An EU strategy on Patient empowerment is in our view indispensable to ensure that this element is not dismissed and that the valuable but fragmented work done until now is fully exploited. There are important synergies also with the current OECD initiative on healthcare quality indicators.

This would add value by directly benefiting patients and citizens, going beyond initiatives in single disease-areas and country settings and supporting the sustainability of health systems across the continuum of health promotion, prevention, self-management and chronic disease care. A specific aspect of empowerment is access to information. Health information is addressed in the programme through data collection to inform policy. Increasingly important is the need of patients, professionals, and carers to have access to sound health information. HP3 states: "The transparency of healthcare activities and systems and the availability of reliable, independent and user-friendly information to patients should be optimised." This is necessary to support people's capacity to manage their health, maintain good health and manage well with a chronic condition, as well as navigate the health system and claim their legitimate rights. Well-informed, health-literate patients have been shown to be more discerning about their health, in a position to make more informed choices and decisions, and more likely to seek earlier diagnosis and recover faster. The converse is also true.

The 2014 Council Conclusions asked Member States and Commission to consider a proposal for a Council Recommendation on the provision of information to patients on patient safety. Supporting this under the HP would also support the implementation of Directive 2011/24/EU on the application of patients' rights in cross-border healthcare, which obliges Member States to provide accessible information about safety and quality of care, but has not been properly implemented. Health literacy is a vital 21st-century life skill, which supports the other elements of the objectives set out in the 3HP, including the promotion of health, prevention of disease, and facilitation of access to healthcare. The EU HP can support Member States in implementing health literacy as well as monitoring of change through implementing a regular EU-wide survey.

Access to safe, high-quality healthcare

Health is recognised as being a value in itself, but also a precondition for economic prosperity and social cohesion. Chronic disease is recognised as a risk factor for health inequalities. Currently, there is no EU-wide methodology or proper indicators to monitor access to healthcare. The HP could focus more on equitable access, e.g. by developing a framework for

monitoring, benchmarking and spreading of good practice. Within the “Health at a glance” initiative, meaningful feedback from health stakeholders such as patients’ and professionals’ organisations should be sought to achieve a reliable benchmarking framework for access and to give direction for future EU actions.

Regarding patient safety and quality of care, the Commission communication on effective, accessible and resilient health systems (2014) pointed to further action to improve safety and to reduce unwarranted variation between and within Member States; there was strong support by the public for a broader EU agenda to address quality and safety of healthcare. Nevertheless, the sustainable collaboration framework called for in the 2014 Council conclusions has not materialised by end of 2016 as it should have. Meanwhile, the Commission’s Expert Group on Patient Safety has been discontinued.

We believe in the second part of HP3 this must be rectified: the Expert Group which is inclusive and has demonstrated its value, should be reinstated; and the recommendations for sustainable collaboration on safety and quality from Joint Action PaSQ should be implemented.

II. THE 3HP OBJECTIVES AND PRIORITIES

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

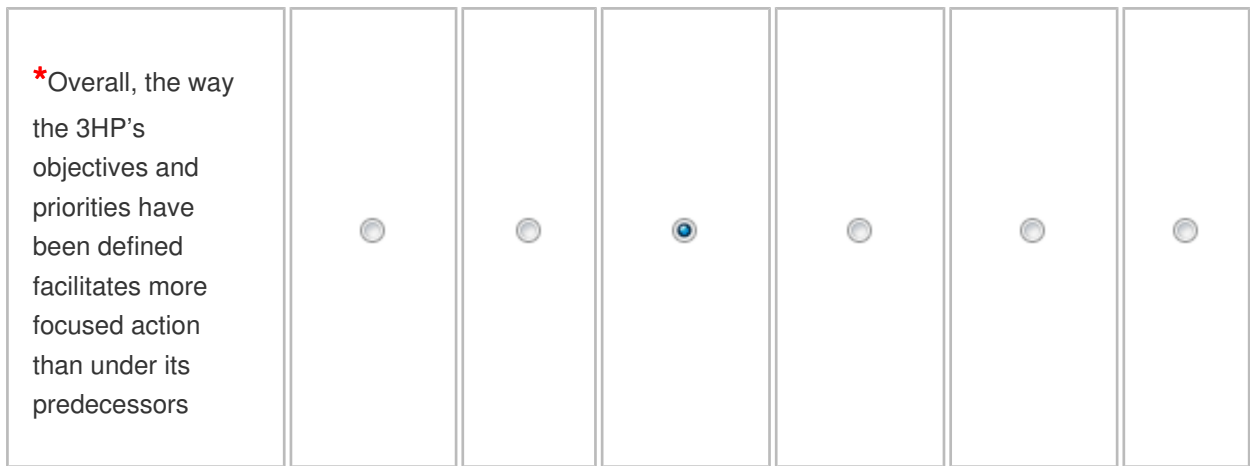
2.1. Do you think the EU should provide funding for actions in order to...?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
*...promote health, prevent diseases, and foster supportive environments for healthy lifestyles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*...protect citizens from serious cross-border health threats (Zika and Ebola outbreaks)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*...contribute to innovative, efficient and sustainable health systems	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input 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 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>*The objectives and priorities of the 3HP are consistent with wider EU policy objectives, including the Europe 2020 strategy</p>	<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.

It is our strong belief, and that of our membership, that health should not be considered only as an instrumental value supporting economic growth. The evidence shows this is the case, but health is also a fundamental right, and thus EU health policy should not be guided only by economic imperatives. We applaud the efforts of DG Sante to ensure that the fundamental values of equity and solidarity remain at the heart of EU HP, but we regret that under the current Juncker Commission health - and the EU HP - has not been given the prominence that it deserves.

As an example, as referred to above, we are particularly concerned about the lack of action in the area of patient safety and quality of care. Since the end of the Joint Action "PaSQ", despite several Council conclusions and European Parliament resolutions calling for the establishment of a sustainable European-level collaboration to drive improvements in safer care, nothing has happened. We are concerned that patient safety in particular is being marginalised due to priority given by Member States to more "immediate" financial concerns. However, improving the safety of healthcare is not only a priority for European citizens but also an area that Member states cannot effectively tackle alone. The cost of non-action is likely to far exceed the cost of action in the long term.

Complementing national policy is clearly important, but the EU HP should not merely reflect national proposals and reiterate policies. Instead, it should also trigger actions that can promote health, increase health systems' sustainability, contribute to patient-centred innovation, and empower patients and citizens.

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 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 type="radio"/>	<input type="radio"/>
1.6. Health information and knowledge system to contribute to evidence-based decision-making	<input type="radio"/>	<input type="radio"/>
2.1. Additional capacities of scientific expertise for risk assessment	<input type="radio"/>	<input type="radio"/>
2.2. Capacity-building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries	<input type="radio"/>	<input type="radio"/>
2.3. Implementation of EU legislation on communicable diseases and other health threats, including those caused by biological and chemical incidents, environment and climate change	<input 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>
3.4. Setting up a mechanism for pooling expertise at EU level	<input type="radio"/>	<input type="radio"/>

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

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

We would only note that it is impossible to select only 5 priority areas, since for patients with chronic conditions there are many more: also health workforce development (including skills and new roles), antimicrobial resistance although this could be considered as part of patient safety; and of course ERNs under rare diseases. Furthermore, contribution of health information to evidence-based policy and decision-making is fundamental (see also our comments, above). Finally, since the implementation of relevant legislation is an obligation under the Treaties, we did not tick those priorities even though they are, of course, essential.

III. IMPLEMENTATION

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

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

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

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

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

<p>*The prioritised actions in the Annual Work Programme permit the optimal involvement of health actors and stakeholders' groups by making appropriate use of the different funding mechanisms</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>*The 3HP includes appropriate measures to involve all Member States, including those with lower incomes</p>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" 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 proportion of Joint Actions compared to projects has increased steadily since 2014, with the 2017 work programme being almost exclusively JAs. We are concerned that changes in the rules governing JAs have undermined the participation of European-level stakeholder groups, such as patient NGOs. As the only way for a stakeholder group to be an associate member is to be endorsed by a Member State - which prefer to endorse national groups - EU stakeholders now have very limited capacity to be involved in decision-making or implementation of JAs. Coupled with lack of funding for NGOs within JAs, this severely restricts their contribution and undermines the impact of JAs. The lack of transparency in the shaping of JAs and lack of stakeholder involvement are in our view a dangerous shift away from inclusiveness in implementation of the HP, undermining efforts made over past years to promote participation. This is in stark contrast to successful collaborations in the past, such as the JA on Patient Safety and Quality of Care. Its outcomes, impact, dissemination and visibility would be much weaker had it not benefited from direct input and leadership from stakeholder groups. We believe stakeholder participation should be mandatory in future JAs, with adequate budgeting. Procedures for granting JAs should be reviewed to ensure effective and transparent access for European NGOs representing stakeholder groups directly concerned by the actions.

Patient organisations have been interacting with the EMA and its various Committees, notably the Patient and Consumer Working Party, over the last 10 years to bring real-life experience and expertise to the EU regulatory process. The EMA strongly supports collaborating with patient groups. But apart from expenses and daily allowance to attend meetings, patient groups do not receive any financial support for their work to inform and educate patient communities about the EU regulatory processes. In future, patients will become ever more important partners of the regulators. To strengthen this work, the HP should financially support those patient and health NGOs that are eligible to interact with the EMA.

Whilst Operating Grants were introduced under the previous HP, HP3 brought welcome changes, e.g. the multi-annual approach which facilitates longer-term planning and implementation for NGOs. We believe that this approach should be

maintained in the future. However, improvements are needed regarding the application and reporting process to ease the administrative burden on NGOs without compromising on quality or impact. When it comes to evaluation, we fully believe in the importance of demonstrating both impact and added value of supporting health NGOs, specifically patient organisations, by means of operating grants. But evaluation strategies for NGOs require specific expertise and should be developed to meet the requirements of accountability and transparency whilst recognising that demonstrating impact, especially in policy, is not always straightforward and may need to be looked at over longer periods of time than one year.

Based on our experience, we believe there is a need to administer operating grants differently from projects. E.g., defining organisational activities in terms of “work packages” is artificial and unnecessarily complex. More flexibility in defining tasks and deliverables within the context of a work plan is needed to allow NGOs to respond and adjust to changing external circumstances.

We would also like to point out that for those NGOs in receipt of an OG, the funding is adequate. However, because of the reintroduction of the retroactive rules on financial independence, several patient groups are excluded from even applying. These NGOs could bring significant added value to the HP objectives as well as their specific constituencies. The current rules lead to a perverse situation whereby patient groups who are not eligible are forced to become more dependent on corporate support. For these reasons, we believe that the rule regarding financial independence should be reassessed in the future HP.

The demand for OGs outweighs the resources available. We recognise that budgets are limited but believe there is a unique added value that patient organisations bring to EU policy, by fostering valuable innovation, including social/systems innovation; contributing to making the regulatory environment more transparent and patient-centred; and supporting effective implementation of EU law and recommendations. This makes investment in a relatively modest HP per se, and the OG budget line, highly cost-effective.

We would therefore encourage a reflection on whether investment in the various budget lines within the EU HP is adequate; and further, on the basis of this review and a scoping exercise, assess the overall budget required for a HP that enables effective inclusion of (non-profit) stakeholders.

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 would like to express our strong support for the EU HP in and of itself. Health is consistently identified as a top priority by European citizens, and the Treaty itself obliges the EU to ensure a high level of protection for human health in all its policies. The EU HP adds significant value in supporting actions and co-operation to ensure that European policy and national policies resonate with the needs of patients and citizens. Indeed, the existence of a separate, well-resourced EU HP is even more crucial in the light of developments since 2014.

In reviewing the impact and added value of the HP, the extent it enables the active participation of civil society actors such as patient organisations to give vital input into health policy should be given careful consideration. Amongst other things, transparency of policy and how consultation processes are managed should be reviewed to ensure they enable maximum input; and the frameworks through which the HP supports patient and civil society organisations should be examined taking into account feedback received from grant beneficiaries under projects, Joint Actions and operating grants. The objective should be to support and enable a genuinely participatory, democratic and inclusive approach to EU health policy-making, with appropriate financial and administrative supports in place.

The EU HP must continue to be appropriately funded, possibly even with increasing level of funding, and selection of priorities should address the priorities of European patients and citizens, as well as having broad impact beyond one country or one disease-area. The latter is important to avoid a deepening of the existing health inequalities across the EU which undermine social cohesion and economic development.

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

*** First name**

Kaisa

*** Last name**

Immonen

*** Job title**

Director of Policy

Your organisation's name (where relevant)

European Patients' Forum

The number of members your organisation represents (where relevant)

67 member organisations, both disease-specific and national coalitions

Countries where your organisation is present (where relevant)

All EU Member States through our membership

***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

61911227368-75

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
