

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

As a professional trade association, the Plasma Protein Therapeutics Association is not in a position to apply for funding from the 3HP

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 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?**

It is the financing of prioritized health challenges in alignment with concrete needs in Member States requiring European solutions

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

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 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 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 type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| * ...facilitate access to better and safer healthcare for EU citizens | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| * ...contribute to addressing health inequalities and the promotion of equity and solidarity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

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

| | | | | | | |
|--|-----------------------|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <p>*The objectives and priorities of the 3HP are consistent with wider EU policy objectives, including the Europe 2020 strategy</p> | <input type="radio"/> | <input checked="" 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> | <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.

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 checked="" type="radio"/> | <input type="radio"/> |
| 1.4. Chronic diseases including cancer, age-related diseases and neurodegenerative diseases | <input 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 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 checked="" 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 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 checked="" 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.

The Thematic Priority 4.2. "Rare diseases" should be amended to read as follows in order it is more explicit by providing examples of areas which deserve a special focus:

"Rare diseases including a special focus on rare plasma disorders"

Justification

The Third EU Health Program targets amongst its objectives to facilitate better access to healthcare for Union citizens and to reduce health inequalities. Patients all across the EU today suffer from rare plasma disorders (such as, e.g. hemophilia, immunodeficiencies) which in comparison to many other rare diseases, are entirely treatable. There are currently significant healthcare inequalities and disparities in access to appropriate care across the EU in this field. Given the European Commission's commitment to addressing the needs of patients with rare diseases, particular attention should be paid to those diseases for which highly effective treatments are readily available, such as plasma protein therapeutics, which are most often lifesaving or do significantly contribute to raising quality of life. Plasma protein therapeutics are very specific biologicals which are "Unique by nature".

A special recognition of plasma related diseases within the rare disease category is thus needed to address patient access issues and ensure a high standard of care for all EU citizens. Such special recognition should also be considered in relation to research and development of connected plasma protein therapeutics and thus be reflected in the workstreams of the forthcoming EU Framework Programme (FP9) on EU support for Research & Development.

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 checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>*The more explicit consideration of economic resources and constraints in the objectives of the 3HP (compared with its predecessors) is appropriate</p> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <p>*The level of financial support that the 3HP offers is appropriate to address its objectives</p> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

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

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?

PPTA expresses its specific view on the topic of barriers to access to treatment in the context of the Commission's specific objective 4. "Facilitate access to better and safer healthcare for Union citizens":

Given that the EU Health Programme is interconnected with other EU program initiatives in other DGs, it would be important in PPTA's view that the Commission looks into an effort of DG SANTE, also in combination with DG ECFin, on contributing to reduce or eliminate barriers to treatment access which have a particularly negative impact on patients.

1. The clawback/payback tax

In PPTA's view, an important example of such an access barrier is the application by several EU Member States of the clawback or payback tax, or any other comparable tax mechanism, at excessively high levels and indistinctly to all pharmaceuticals including to plasma protein therapeutics (PPTs). Indeed, the EU Commission mentioned in its 2012 "Report on cost containment policies in public pharmaceutical spending in the EU" (G. Carone et al.) several structural downsides of the clawback/payback policies in EU Member States, including those impacting patient treatment. Further to this, we also refer to the WHO guideline on country pharmaceutical pricing policies (ref. WHO guideline on "Country pharmaceutical pricing policies" (2015) p.vii and p.10) that recommends "to consider exempting essential medicines from taxation for reasons of equity and safeguarding access to adequate care". Antihemophilic clotting factors as well as immunoglobulines are included in the WHO "Essential Medicines List".

The access of patients to PPTs is particularly concerned. These medicines are "unique by nature" biologicals for the treatment of relatively small, vulnerable patient communities who heavily rely on them and who do not have alternatives; PPTs are very specific medicines which are characterised, amongst others, by high manufacturing costs including starting material costs (57% versus 14% for traditional chemical compounds), and a long production time (up to 9 months). However, this is not consistently recognized by the Member States which practice the clawback/payback taxation. We currently thus face a very divergent situation in the EU: this includes the exemption of PPTs from the clawback tax in several Member States, other countries apply reduced taxation levels for PPTs, whilst other countries apply the "one size fits all" clawback tax approach to all medicines.

Consequently, PPTA proposes that the Commission establishes a Guidance for EU Member States (MS) which apply clawback/payback taxation to move away from the "one size fits all" approach towards considering special regimes for specific and unique product categories such as PPTs. These regimes should preferably foresee the exemption of PPTs from existing clawback/payback tax mechanisms. Alternatively, if this doesn't apply, the Commission guidance should foresee that EU MS apply a much reduced tax level to the PPT sector.

PPTA is happy to assist with more information and references regarding this topic.

2. Insufficient availability of human blood plasma for manufacturing of PPTs

Due to the constant improvement in diagnosis and the extension of life-expectancy more patients with rare plasma disorders will need more therapies. The clinical demand for these medicines has always increased over the past years and this will continue. Therefore, more plasma for fractionation will be needed to manufacture these essential therapies that patients need.

Considering the flat supply of recovered plasma, apheresed source plasma is the essential source for the further growth to meet clinical needs of plasma protein therapies, which are used for treating chronic and often life-threatening rare genetic diseases. Patients affected by these severe rare

diseases, such as immunodeficiency, hemophilia, protein C deficiency, or alpha-1 antitrypsin deficiency, rely heavily on regular access to these medicines. In order to guarantee a continuous access to these life-saving therapies it is important that an uninterrupted plasma supply is ensured.

The collection of apheresed source plasma, however, is performed only in a few EU Member States. This must change.

The Commission should thus foresee in its policies and legislation developments the encouragement of more apheresed source plasma donation programmes in EU Member States, and raise the awareness on the importance of donating plasma.

PPTA is happy to assist with more information and references regarding this topic.

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**

Karl

*** Last name**

Petrovsky

*** Job title**

Senior Manager Health Policy Europe

Your organisation's name (where relevant)

Plasma Protein Therapeutics Association

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

687559214721-11

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)

Contact

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