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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 <u>privacy statement to conform to European data</u> <u>protection regulations</u>.

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: <u>SANTE-HEALTH-PROGRAMME@ec.europa.eu</u>

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?	•	•	•	0
*The 3HP?	•	0	0	0

*1.2. Are you working on health issues that are closely related to (any of) the ones supported	d by
the Health Programme?	

(0)	Yes
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*1.3. Are you aware of any activities that were funded by the 3HP that are relevant to your work?

Yes

O No

O No

1.4	4. Have you ever consulted, used, or participated in any of the results, services or products
S	stemming from activities supported by previous Health Programmes? Please tick the following
е	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 <u>air</u> and <u>sea</u> travel
	Best practices for tackling health inequalities
	Best practices for the diagnosis and treatment of <u>HIV/AIDS</u> , tuberculosis and <u>hepatitis</u>
	Scientific Opinions from the <u>Independent Scientific Committees</u>
	Advice from the Expert Panel for investing in health
	Information campaigns (e.g. <u>Ex-smokers are unstoppable</u>)
	Reports (e.g. <u>Health at a Glance Europe</u> , 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. <u>ECHI indicators</u>)
	Others
Others	s, please explain
* 1.5.	Have you or the organisation / institution you represent ever applied for funding from the
	and/or its predecessors?
®	
O	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	•	•	•	©	•	•
*The 3HP should be expanded to include other health areas	•	•	•	©	•	•
*In practice, the 3HP's results (at least at this mid- term stage) are not visible and the cooperation should be abandoned	©	©	•	©	•	©

* 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?

Health is not an EU competence, but mostly a Member States' one. This implies that the health and quality of life of European citizens vary greatly among and in some cases, when the health is a regional competence, within the EU Member States. The 3HP has helped improving this situation through better cooperation between several Member States and health actors on a wide variety of topics. It fosters evidence-based policy-making, for example through pilot projects and research initiatives that can trigger concrete actions at Member State level. In addition, it has funded several not-for-profit organisations for their core activities, which otherwise would have not been financed by any other actor and therefore they could have not been realised. In times of wide-spread Euro-scepticism, the 3HP can also demonstrate genuine commitment of the EU to addressing issues that European citizens consider of paramount importance: health is consistently identified as a top priority for them.

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

The EU's public health programme represents the only known opportunity for patients' groups to access public funding for health promotion and to ensure vulnerable groups' representation in the EU. However, the 3HP has constantly reduced the funding opportunities for NGOs during its implementation period 2014-2020. For example, to receive core-funding, organisations are required to be financially independent from industry: core funding from corporate sources should not exceed 20%, as this is judged to represent a conflicting interest. In the second public health programme, organisations had to commit to respect this criterion during the financial years covered by the grant. With this new programme, the European Commission changed this requirement by judging independence based on the annual accounts of the last financial year for which the accounts were closed. Due to this change, several European patients' groups have been considered ineligible to apply, yet those who have received operating grant several consecutive years are not. Paradoxically, this reinforces patient groups' need to survive on industry funding and prevents them from diversifying their funding sources. Such interpretation may lead to unjustified limitations of patients' representation in EU decision-making processes. This thematic is also linked to the discussion undergoing at the European Parliament on the funding of the NGOs from the EU budget. Instead, the system used by the European Medicines Agency to judge financial independency of patients' organisations should be adopted. Also, the recently published 2017 work programme has drastically decreased the opportunity for applying to anybody who has not previously received funding from the programme: for example, 95% of the budget dedicated to grants for projects is reserved to ERN who already signed a FPA for the period 2017-2020. Other grants are reserved to International Organisations and to actions co-financed by Member States and will be awarded without a call for proposals.

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 <u>factsheet</u> 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	•	•	•	•	•	•
*protect citizens from serious cross- border health threats (Zika and Ebola outbreaks)	•	•		•	•	•
*contribute to innovative, efficient and sustainable health systems	•	•		•	•	•
*facilitate access to better and safer healthcare for EU citizens	•	0	©	•	•	•
*contribute to addressing health inequalities and the promotion of equity and solidarity	•	•	•	•	•	•

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
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*The 3HP's objectives and priorities are clear and easy to understand	©	•	©	•	©	0
*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	•	•	•	•	•	•
*The objectives and priorities of the 3HP are consistent with health policy objectives in my country	•	•	•	•	•	•
*The more explicit consideration of economic resources and constraints in the objectives of the 3HP (compared with its predecessors) is appropriate	©	•	•	•	•	•
*The objectives and priorities of the 3HP are consistent with wider EU policy objectives, including the Europe 2020 strategy	•	•	•	•	•	•

*Overall, the way the 3HP's						
objectives and						
priorities have						
been defined	0	0	•	0	0	0
facilitates more						
focused action						
than under its						
predecessors						

2.3. I	If you have	any concerns	s about the r	elevance an	d coherence	of the 3HP	and its	objectives
ple	ease briefly	summarise th	nem 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	0	0
1.2. Drugs-related health damage, including information and prevention	0	•
1.3. HIV/AIDS, tuberculosis and hepatitis	0	0
1.4. Chronic diseases including cancer, age-related diseases and neurodegenerative diseases	0	•
1.5. Tobacco legislation	0	0

1.6. Health information and knowledge system to contribute to evidence-based decision-making	0	0
2.1. Additional capacities of scientific expertise for risk assessment	0	0
2.2. Capacity-building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries	0	0
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	0	0
2.4. Health information and knowledge system to contribute to evidence-based decision-making	0	0
3.1. Health Technology Assessment	0	0
3.2. Innovation and e-health	0	0
3.3. Health workforce forecasting and planning	0	0
3.4. Setting up a mechanism for pooling expertise at EU level	0	0
3.5. European Innovation Partnership on Active and Healthy Ageing	0	0
3.6. Implementation of EU legislation in the field of medical devices, medicinal products and cross-border healthcare	0	0
3.7. Health information and knowledge system including support to the Scientific Committees set up in accordance with Commission Decision 2008/721/EC	0	0
4.1. European Reference Networks	0	0
4.2. Rare diseases	0	0
4.3. Patient safety and quality of healthcare	0	0
4.4. Measures to prevent antimicrobial resistance and control healthcare-associated infections	0	0
4.5. Implementation of EU legislation in the fields of tissues and cells, blood, organs	0	0
4.6. Health information and knowledge system to contribute to evidence-based decision-making	0	0

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

As previously expressed, we strongly believe that NGOs should be allowed to apply for funding by showing their commitment to be financially independent in the year covered by the grant. In the past, there have never been problems with organisations that had to send back the money received. Another system that could be used is the one followed by the European Medicines Agency. In addition to these amendments referring to financial structure of the 3PHP, which will increase patients' involvement, we would be glad to see the following areas identified as priorities in the years to come:

- Increased attention given to prevention: Member States spend less than 3% of their healthcare budget on prevention and this is not enough. If we only look at the case of allergy, untreated allergy entails indirect costs between 55 and 151 billion Euros per year, while with proper diagnosis and treatment, 142 billion Euros could be saved every year. This is double the size of the Horizon 2020 programme. Although we were happy to see the call for a project on prevention in the 2017 work plan, we believe that something more should be done. The EU should go beyond the "health in all policies" approach and start speaking of a "prevention in all policies" principle. Actions should be streamlined with other EU funding programmes and mechanisms to reduce the burden of air pollution (both indoor and outdoor) on patients, reduce the exposure to harmful chemicals and improve food safety, limit the consumption of tobacco, alcohol and unhealthy food, improve educational programmes at the national and EU levels to promote healthy lifestyles, etc.
- Chronic diseases general strategy: we have seen more and more attention paid to certain non-communicable diseases (e.g.: cancer, as established in the 2017 work plan), while others (e.g.: respiratory diseases) have not been properly tackled by EU policy-makers. A comprehensive EU strategy on chronic respiratory diseases with disease-specific chapters should be adopted by the EU as chronic respiratory diseases are the epidemics of the XXIst century and they are destined to grow even more due to the ageing of the population. Attention should also be given to polypharmacy and multimorbidity as the majority of patients is affected by this problem and their quality of life decreases considerably.
- Increasing patients' literacy and patients' empowerment: this could be done through national programmes as above identified and of course be embedded in the comprehensive strategy on chronic diseases. We share EPF concerns, as literate and empowered patients take better decisions for their health that ultimately result in less burdensome economic healthcare systems. This would also positively affect the reduction of health inequalities within and between EU Member States

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	©	•	•	•	©	•

*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				•		
*The 3HP includes appropriate measures to involve all Member States, including those with lower incomes	©	©	©	•	©	•
*The more explicit consideration of economic resources and constraints in the objectives of the 3HP (compared with its predecessors) is appropriate	©	•	©	•	©	©
*The level of financial support that the 3HP offers is appropriate to address its objectives	©	©	©	•	©	©

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)
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		©		•	©	•

3.4. Do you have other specific views that could not be expressed in the context of your replies to the above questions?

We share EPF concerns about the 3HP and the way in which it is implemented, especially when it comes to excessive administrative burden and eligibility (both for joint actions and, as previously mentioned, operating grant for non-profit organisations). This is a crucial moment for Europe and having the support of open-minded and Euro-friendly organisations that see the importance and added-value of the European project is fundamental and the 3PHP could help achieving this objective. Being the European umbrella federation of patients with allergy, asthma and chronic respiratory diseases (COPD) in Europe, we would like to underline the need to have more patients involved in all decision-making processes influencing their health, as they are the ones living with the diseases and therefore having a unique expertise that could help shape EU healthcare systems for the better. The 3PHP should reflect this.

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

* Pleas	se state your country of residence/establishment
0	Austria
•	Belgium
0	Bulgaria
	Croatia
	Cyprus
0	Czech Republic
	Denmark
	Estonia
	Finland
	France
	Germany
	Greece
	Hungary
	Ireland
	Italy
	Latvia
	Lithuania
	Luxembourg
	Malta
	Netherlands
0	Poland
0	Portugal
	Romania
	Slovak Republic
	Slovenia
	Spain
0	Sweden
0	United Kingdom
	Other
	sent in comments in a language other than English, please indicate in which language you 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
Daniela
* Last name
Morghenti
* Job title EU Policy Adviser
Your organisation's name (where relevant)
European Federation of Allergy and Airways Diseases Patients' 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

If yes please indicate your Register ID number

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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 <u>Regulation 1049/2001 on public access to European Parliament, Council and Commission documents</u>. 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)

Regulation (EU) No 282/2014 on the establishment of a third Programme for the Union's action in the field of hea (2014-2020) (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)

<u>Summaries of the Annual Work Programmes for 2015 (http://ec.europa.eu/health/programme/docs/wp2015_summary_en.pdf)</u>

Summaries of the Annual Work Programmes for 2016 (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)

Contact

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