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**COMMISSION STAFF WORKING DOCUMENT
EXECUTIVE SUMMARY OF THE EVALUATION**

Final Evaluation of the Third Health Programme 2014-2020

{SWD(2023) 369 final}

Purpose and scope of the evaluation

This staff working document presents the final evaluation of the third Programme for the Union's action in the field of health (2014-2020) (the Programme)¹.

It assesses the performance of the Programme, its main outcomes and achieved results and identifies the main problems and solutions with regard to its implementation.

Emphasis is put on five main evaluation criteria: relevance, effectiveness, efficiency, coherence and EU added value of the Programme.

Following the outbreak, in the first quarter 2020, of the COVID-19 pandemic in the EU territory, relevant actions funded by the Programme (2014-2020) were switched to their emergency mode and geared towards combatting the pandemic.

These actions were not included in the scope of the external study supporting the evaluation, since some of them were in early stage or in the middle of implementation at the time when the external study was launched. Nevertheless, the SWD mentions these actions, which were funded by the Programme in its last implementation year, as part of the EU response to the COVID-19. These emergency actions were mostly launched in the early stages of the pandemic, before the adoption of the EU4Health Programme (2021-2027)², which succeeded the Third Health Programme 2014-2020.

.The third Programme for the Union's action in the field of health (2014-2020)

With a **budget of EUR 449.4³ million over 7 years**, the Programme was the Commission's main instrument to underpin and support EU policy coordination in the area of health during the implementation period 2014-2020.

The Programme had **four specific objectives**:

- (i) promote health, prevent diseases and foster supportive environments for healthy lifestyles,
- (ii) protect EU citizens from serious cross-border health threats,
- (iii) contribute to innovative, efficient and sustainable health systems,
- (iv) facilitate access to better and safer healthcare for EU citizens.

¹ The Programme was established by REGULATION (EU) No 282/2014 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health (2014-2020) and repealing Decision No 1350/2007/EC, OJ L 86, 21.3.2014, p. 1.

² Regulation (EU) 2021/522 of the European Parliament and of the Council of 24 March 2021 establishing a Programme for the Union's action in the field of health ('EU4Health Programme') for the period 2021-2027, and repealing Regulation (EU) No 282/2014 (*OJ L 107, 26.3.2021, p. 1–29*)
[EUR-Lex - 32021R0522 - EN - EUR-Lex \(europa.eu\)](#).

³ Budget expressed in 2014 prices; Programme budget in current prices is equal to EUR 452.3 million.

These specific objectives are further broken down into **23 thematic priorities**⁴ and are linked with several **indicators** to measure the extent to which the specific objectives were achieved.

The Programme was implemented through annual work programmes adopted following a positive opinion of the Programme Committee consisting of Member States'⁵ representatives. The implementation made use of both grants (i.e. joint actions involving Member States' authorities, project grants, operating grants to NGOs, direct grants to international organisations, prizes, Presidency conferences) and procurement contracts. The Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA) was entrusted with the implementation of the Programme.

Key findings per evaluation criterion, lessons learned and recommendations

Effectiveness

The evaluation found that knowledge produced by the Programme was used in policymaking and that the Programme contributed to improvements in health and healthcare policies in the EU (in areas such as antimicrobial resistance, health technology assessment, health inequalities, alcohol, tobacco control and European Reference Networks for rare diseases).

Funded actions helped achieve the Programme's objectives to a large extent, in particular for objective 1 (promote health, prevent diseases and foster supportive environments for healthy lifestyles), objective 3 (contribute to innovative, efficient and sustainable health systems) and objective 4 (facilitate access to better and safer healthcare for EU citizens). This is demonstrated by the progress on the indicators associated with each of the specific objectives of the Programme. Results from the quantitative analysis of indicators have been cross-checked and confirmed by the assessment of the outcome of funded actions and corroborated by surveyed stakeholders' views.

As regards objective 2 (protect EU citizens from serious cross-border health threats), the relevant indicator (*'number of Member States integrating coherent approaches in the design of their preparedness plans'*) showed an increasing trend, indicating the ability of the Programme to effectively meet this objective. Complementary qualitative analyses confirmed that funded actions contributed to strengthen the preparedness and response of the EU and Member States, as they contributed (in coordination with other tools set up in DG SANTE and in the Commission) to respond to and mitigate the moderate health threats⁶ that frequently emerged during the implementation period.

⁴ The list of 23 thematic priorities is provided in Annex I of the [Regulation \(EU\) No 282/2014](#) OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health (2014-2020).

⁵ For ease of reference, this document refers to 'Member States'. However, where relevant, this shall also include EFTA countries and other countries which participated in the Programme (i.e. Bosnia and Herzegovina, Moldova, Serbia).

⁶ among which: the avian influenza H7N9 in human beings (2013-2014); resurgence of polio and tuberculosis in certain countries; hepatitis; Ebola outbreak in west Africa and later in Democratic Republic

Despite effective contribution of the Programme funded actions to combatting the COVID-19 pandemic, particularly in its early stages, the pandemic uncovered weaknesses in the preparedness and response to a major cross-border health threat of such magnitude at EU and at Member States level. These weaknesses and fragilities mainly related to the availability of tests and testing materials; to contact tracing, public health surveillance and rapid response to avoid further spread of the virus; to the availability of medical countermeasures (personal protective equipment, medicines and medical devices); to healthcare surge capacity (shortages of intensive care units, insufficient availability of healthcare staff). Preparedness and planning have been exposed, at the beginning of the pandemic, as being under-funded and under-developed, implying the need for preparedness and response systems and cultures to be strengthened.

It can therefore be concluded that the objective 2 was only met to a moderate extent by the Programme.

Finally, the participation of countries with low gross national income (low-GNI Member States) in the Programme did not increase significantly, despite the implementation of the exceptional utility criteria which was designed to boost their participation.

Efficiency

The Programme was relatively cost-effective. In particular, its functioning costs (administrative costs plus the costs allocated to the functioning of the executive agency CHAFEA) were found reasonable, decreasing over time and comparable with those of other EU programmes of similar size.

An analysis of the total implementation costs⁷ of actions funded under the 4 specific objectives and on cross-cutting issues, against the qualitative outcome of these actions enables to conclude that the total costs were proportionate to the results and outcomes of the funded-actions, even if the latter are not expressed in monetary terms. The benefits of the funded actions potentially outweigh, to a significant extent, their total implementation costs. This potential is further enhanced if longer-term effects⁸ of the actions are taken into account.

The introduction of the SYGMA⁹-COMPASS¹⁰ IT tools for submitting proposals, managing grants and monitoring and reporting (also used by the Horizon 2020 Framework Programme for Research and Innovation), enabled, together with other simplification measures (e.g. the introduction of framework partnership agreements for

of Congo – DRC; Zika virus outbreak; influenza; measles; dengue; yellow fever, West Nile fever, chikungunya viruses.

⁷ i.e. the total costs incurred by the Commission, Programme beneficiaries, Member States and relevant stakeholders.

⁸ e.g. establishment of lasting knowledge/expertise sharing networks; contribution to progressive changes in population behaviour, through the implementation of health promotion and disease prevention actions

⁹ European Commission's IT-based grant management system

¹⁰ European Commission's IT-based workflow system for the Horizon 2020 Framework Programme for Research and Innovation and for other EU Programmes of the research family, including the Third Health Programme 2014-2020

operating grants) to improve the efficiency of the Programme. However, according to some beneficiaries, there was scope to further simplify the processes, especially in relation to funding applications, monitoring and reporting.

Administrative costs were found heavy by some stakeholders, increasing the workload and potentially deterring countries with a low-GNI or smaller organisations from participating in the Programme or getting involved in future work.

The cost-effectiveness of actions could have been improved by introducing a more centralised information system (either using systems already in place in the Programme portal or adding a new one) dedicated to disseminating information about EU funding, ensuring synergies across projects, and further communicating on the results of the implemented actions.

Coherence

The actions funded by the Programme were aligned with its objectives and coherent with each other.

The Programme also encouraged cooperation and was aligned with other instruments financing health-related activities, in particular the European Structural and Investment Funds and Horizon 2020¹¹. Moreover, actions funded by the Programme contributed to wider EU policies and priorities (i.e. the Europe 2020 strategy for smart, sustainable and inclusive growth in 2014-2015, the Juncker Commission's priorities in 2016-2019 and the von der Leyen Commission's priorities in 2020), and were aligned with wider international obligations, in particular the WHO common policy framework 'Health 2020', as reflected in the Commission Communication on EU Global Health Strategy¹².

EU added value

The Programme provided added value in comparison with what could have been achieved by the EU without the Programme and by Member States acting alone. In particular, it funded multiple actions which demonstrated strong EU added value by encouraging Member States to exchange best practices, to cooperate and coordinate with each other on pertinent policy issues.

Furthermore, it enabled mutual learning and knowledge exchange in areas such as health promotion (nutrition, physical activity, prevention of non-communicable diseases), health technology assessment, rare diseases, antimicrobial resistance, alcohol and tobacco policy.

¹¹ Regulation (EU) No 1291/2013 of the European Parliament and of the Council of 11 December 2013 establishing Horizon 2020 - the Framework Programme for Research and Innovation (2014-2020) and repealing Decision No 1982/2006/EC (OJ L 347, 20.12.2013, p. 104–173)

¹² COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS EU Global Health Strategy Better Health for All in a Changing World, COM/2022/675 final.

<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022DC0675&from=EN>

The seven EU added value criteria designed for the assessment and selection of project proposals and funding applications were positively reviewed by the surveyed stakeholders who did not recommend updating them.

Relevance

An analysis of participating countries' priorities and action plans established at the beginning of the Programme implementation, indicates that the Programme was largely relevant in that it addressed national health needs. This was particularly the case for objectives 1 (promote health, prevent diseases, and foster supportive environments for healthy lifestyles) and 4 (facilitate access to better and safer healthcare for EU citizens). The involvement of Member States in the design phase was instrumental in ensuring the Programme's relevance.

However, surveyed stakeholders felt that higher budgets could have helped address other or additional problems better (e.g. child and infant health, including paediatric cancers, health inequalities and mental health).

The Programme has for the most part remained relevant to changes in health needs over time and was flexible enough to respond to emerging health needs such as the migrant/refugee crisis in 2015 and to undertake and fund emergency actions to combat the COVID-19 pandemic in 2020, in its early stages.

During the Programme implementation period, the relevance of preparedness and response to health threats significantly increased because of infectious diseases and the moderate (or less severe) outbreaks¹³ that originated either within the EU territory or in third countries. With the COVID-19 outbreak at the beginning of 2020 and the lessons learned from this pandemic, the protection of EU citizens from serious cross-border health threats became the highest health priority at EU level and in Member States and this has been reflected in the design of the successor EU health programme on the period 2021-2027.

Lessons learned and recommendations

Despite the overall achievements of the Programme through the effective implementation of its funded actions, the analysis showed that there have been limitations to what the Programme could have achieved. These can be addressed through the following recommendations:

- Continued focus should be placed on areas with high EU added value, notably preparedness and response to cross-border health threats, exchange and implementation of best practices; cooperation and coordination among Member States on health technology assessment, rare diseases and cancer.
- The flexibility and adaptability were two of the Programme key strengths. This aspect should continue in order to help face sudden emergencies or changes in health needs.

¹³ e.g. avian influenza H7N9 in human beings; resurgence of polio and tuberculosis; measles; hepatitis; Ebola outbreak in west Africa and in Democratic Republic of Congo; Zika virus; influenza; dengue; yellow fever, West Nile fever, chikungunya viruses.

- Having all Member States participate in the Programme can only strengthen its outputs and outcomes. Full participation also increases the added value of funded actions. Measures should therefore be introduced to remove barriers (e.g. financial and administrative barriers in relation with the complexity of application processes) to participation by Member States with fewer resources.
- The sustainability of funded actions can have a profoundly positive effect on EU and national health policies and systems. Guiding and actively supporting beneficiaries in conceptualising and implementing actions to foster sustainability is a key element to consider during future planning.

Lessons learned from the Programme and from the COVID-19 pandemic in terms of unforeseen challenges, as well as new health needs, were taken into account in the design of the EU4Health programme (2021-2027) which succeeded the third health programme (2014-2020). They also led, notably, to the Commission proposals for establishing a Health Emergency and Response Authority¹⁴ (HERA) and for building the European Health Union¹⁵, a set of key actions and legal instruments which help¹⁶:

- better protecting the health of EU citizens,
- equipping the EU and its Member States to better prevent and address future pandemics,
- improving the resilience of Europe's health systems.

¹⁴ Proposal for a Regulation of the European Parliament and of the Council establishing a European Health Emergency Response Authority (HERA)

¹⁵ COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS: Building a European Health Union: Reinforcing the EU's resilience for cross-border health threats

¹⁶ The European Health Union comprises a set of key actions, notably in the areas of: Crisis preparedness, reform of the EU pharmaceutical legislation, Europe's Beating Cancer Plan, A comprehensive approach mental health, the European Health Data Space, Global Health Security, together with accompanying legal acts. See [European Health Union \(europa.eu\)](https://europa.eu/european-health-union/)