

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

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 checked="" type="radio"/>	<input 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?**

Medtronic welcomes the review of the 3HP as an opportunity for the Commission to consider the views of stakeholders, reassess the challenges that the EU is currently facing in the field of healthcare and review its Health Strategy. It's positive that the 3HP allows for potential adjustments in its priorities and objectives in order to guarantee it meets the current needs and face raising issues. The 3HP supports the policies of Member States aimed at improving people's health, reducing the incidence of chronic diseases and health inequalities by promoting health, encouraging innovation in health, increasing the sustainability of healthcare systems and protecting EU citizens from serious cross-border health threats. We consider that the objectives of the 3HP overall reflect the global and EU health challenges and welcomes that the Commission is focusing its efforts and resources on these important aspects. We believe that the 3HP has implemented some of the

recommendations provided during the mid-term review of the Second Health Programme and welcome the increase in capacity between the two programmes. One aspect that we believe valuable and essential to ensure the effectiveness of the health programmes is that they evolve over time and are subject to regular reviews. We believe that one first aspect where the 3HP could enhance its impact concerns the dissemination and access to information about the funded projects, their effects and results. In addition, there is a perception that some projects may lack continuity. We believe that the 3HP should also support meaningful healthcare innovation for patients and society. Fostering innovation that adds real value and better patient outcomes at appropriate costs, leads to enhanced quality of life and sustainable healthcare systems. Medtronic encourages the Commission to consider the importance and the value of innovation in delivery of care, in addition to technology innovation.

Examples of projects contributing to improve health outcomes and reducing cost inefficiencies in a successful way already exist and have been in some cases replicated and used as best practice models. For instance, since its establishment in 2005, Hamburg's Martini Klinik had single-mindedly focused on prostate cancer care with a commitment to measure long-term health outcomes for every patient. The clinic uses comprehensive data on the health outcomes of its patients, including the documentation of all complications down to the level of individual surgeons, to continuously improve its performance. By 2013, Martini Klinik had become the largest prostate cancer treatment programme in the world with 5,000 outpatient cases and more than 2,200 surgical cases annually, with patients coming from all over Germany and from other countries. The clinic's rates of severe erectile dysfunction one year after surgery are less than half the German average, and instances of urinary incontinence are one-seventh of the average. Today two-thirds of its patients come from outside the Hamburg region - some even from outside Germany. The Imperial College Healthcare NHS Trust, a major teaching hospital recognised as a centre of excellence in cardiology and cardiothoracic surgery, treating more than 20,000 patients with a variety of heart conditions annually. Dealing with growing demand driven by changing demographics, the hospital faced the stark reality that it needed to accomplish more with the same resources to minimise a funding gap. To address Imperial College's needs, Medtronic's Integrated Health Solutions created a tailored solution to bring them the latest in cardiac technologies and to optimise non-clinical operations, aimed at closing the gap between cost and patient access. The seven-year partnership with the Imperial team started in November 2013 and included a cardiology transformation programme identifying £1.5 million in efficiency savings. The Maastricht University Medical Centre is an academic hospital and the main provider of health services for its region. It was facing an increase in both patient volume and the complexity of cases. They were also under continuous pressure from the health system to maintain high quality of care for more patients without increasing costs. The hospital set out the goals to become a truly patient-centric organisation and improve quality and care outcomes. They also wanted to increase employee engagement and become an employer of choice, whilst optimising processes and instilling a culture of continuous improvement. A tailored plan was created to optimise operational processes and clinical pathways and to fully manage

the CathLabs. This also made it possible to engage staff for successful change management. The five-year partnership started in 2014 and delivered \$2.5M in cost savings.

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

Favour projects with a comprehensive approach to healthcare

Medtronic welcomes that the 3HP establishes as its Specific Objective to “promote health, prevent diseases and foster supportive environments for healthy lifestyles”. The promotion of health and the prevention of diseases are a critical component to establish healthy habits and reduce the burden of illness and chronic diseases. According to data released by the Commission, chronic diseases account for 86% of deaths in the EU p/a and cost 2.5% of annual EU GDP. Healthcare systems are striving to improve patient outcomes, expand access to appropriate care and optimise costs. Developing ways to prevent citizens from getting sick and spreading diseases is a fundamental component of the projects that we believe the 3HP should finance. Indeed, prevention and preventive healthcare remain the most important tools for general improvement in health outcomes. Maintaining people in good health during their entire lifetime represents the best option to avoid disease in the first place. Early detection of diseases represents also an important factor in the fight against illness, and we believe it should be captured in the 3HP. WHO report on “Early detection of cancer” confirms that increased awareness of possible warning signs and early diagnosis allow quick action and greatly increase the chances for successful treatment. e.g. screening programmes addressing lung cancer (no EU guidelines exist) could save 67,000 lives p/a on an incidence of 410,000 cases in Europe, according to a study from the National Lung Screening Trial in the USA. Despite the success in expanding the average person’s lifetime, some individuals are not enjoying a satisfactory quality of life, suffering from conditions that hinder their daily activities. For these EU citizens prevention is no longer an option and some of them risk developing additional co-morbidities. Obesity, for instance, is a condition representing a gateway to other diseases, including most non-communicable ones. According to the WHO, 10-30% adults in EU countries suffer from obesity. These conditions are responsible for about 80% of cases of type 2 diabetes, 35% of ischaemic heart disease and 55% of hypertensive disease among adults in the European region. These conditions bring patients into contact with the healthcare system repeatedly for years, also for other associated ailments, and the nature of the care they receive is often complex. Early diagnosis, screening and treatment of one condition can have a positive impact on other comorbidities and improve quality of life. In research conducted by Prof. Rubino from King’s College London, it was found that obesity surgery can lead to about 63% of patients to go into remission from diabetes.

Favour projects & models with focus on value in healthcare

Value-Based healthcare (VBHC) models are being implemented across the globe with interesting examples in EU countries. With the patient at the centre of

care, VBHC aims to improve outcomes by defining a common set and require greater coordination by all healthcare players to achieve those results, with an additional aim of reducing costs through this process. We recognize that this type of healthcare transformation is complex and takes time, but we firmly believe that this approach offers the best pathway for the healthcare community to improve patient outcomes, while controlling rising healthcare costs. Availability and access to data is a key component to ensure the ability to gather cost/outcome data across disease pathways. The alignment of payment systems towards value will require a shift from the traditional focus on fee for service or procedure-based payment toward broader, longitudinal payments for specific diseases, especially chronic diseases, which comprise 86% of health spending. Innovative payment models like bundled payments are among the major strategies being tested and implemented by payers to align disease-specific payment, quality and value. Medtronic encourages the Commission to consider focusing resources of the 3HP to identifying key enablers for value-based approaches and patient-centred models. We believe that the harmonisation of outcomes and costs measurement and the development of outcomes measurements which take into consideration patients' views should be supported. Procurement is a significant element to enable and further develop value in healthcare. Given their significant influence, procurement agencies should be among the key players in healthcare leading the effort to focus on value. Policy-makers should encourage forms of procurement that are drivers to value, by selecting criteria other than price when evaluating products or services by health care providers. The EU Public Procurement Directive adopted in 2014 goes in this direction as it focuses on economic value by making the Most Economic Advantageous Tender the default criteria and encouraging the use of best price/cost.

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 type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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 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>						
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2.3. If you have any concerns about the relevance and coherence of the 3HP and its objectives, please briefly summarise them here.

We consider that the 3HP would benefit from an increased coherence between the objectives it identifies and the calls for proposals it sets out. For instance, the Annual Work Programme for 2014 included a comprehensive set of proposals and actions aimed at supporting the thematic priorities, with a particular focus on chronic diseases. However, the following Work Programmes considerably decreased their focus on this priority, despite the fact that the rising incidence in chronic diseases remains an urgent issue to be addressed in the EU. We believe that the healthcare community should work together to find innovative ways to reduce the incidence of chronic diseases, improve patient outcomes while at the same time reducing inefficiencies and costs. It is important to continue focusing on prevention, while at the same time addressing more the importance of early diagnosis and appropriate access to treatment for patients.

As previously mentioned, we believe that one aspect where the 3HP could enhance its impact concerns the dissemination and access to information about the funded projects, their effects and results. In addition, there is a perception that some projects may lack continuity. That is the case for example of the Joint Action on Chronic Diseases (CHRODIS). The project is currently coming to an end, and the Annual Work Programme for 2017 does not report information about a potential prolongation, lessons learnt or next steps. We consider that the 3HP would also benefit from an increased coherence between the objectives it identifies and the calls for proposals it sets out. For instance, the Annual Work Programme for 2014 included a comprehensive set of proposals and actions aimed at supporting the thematic priorities, with a particular focus on chronic diseases. However, the following Work Programmes considerably decreased their focus on this priority, despite the fact that the rising incidence in chronic diseases remains an urgent issue to be addressed in the EU.

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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input type="radio"/>
3.1. Health Technology Assessment	<input type="radio"/>	<input type="radio"/>
3.2. Innovation and e-health	<input checked="" 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 checked="" 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 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 checked="" 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.

Outcomes

Medtronic sees the element of outcomes as fundamental in the path towards better healthcare systems in the EU and believes it may be better emphasised in the Thematic Priorities. As recognised in the Commission Communication on “Effective, accessible and resilient health systems”, harmonised health outcomes measurement is essential to health system performance. However, HSPA indicators are primarily focused on processes and expenditure measure. We believe that more attention should be paid to the assessment of outcomes in the ongoing process of health system performance assessment. We consider important that outcome measurements and standardisation are included under the Thematic Priorities and that related projects are favoured by the 3HP as part of initiatives captured under “Health information and knowledge system to contribute to evidence-based decision-making”. We consider also central that the outcomes component is captured in payment models which prioritise value over volume. Bundled payments are among the major strategies now being tested and implemented to align payments, quality, and value. Bundled payment typically covers the range of services needed in a designated episode of care, including physician services, inpatient acute care, outpatient hospital services, readmissions, and post-acute care. As all aspects of a bundled payment are disease-specific and focused more broadly on the patient’s medical condition, the bundled payment mechanism can drive greater patient care coordination and alignment among providers, producing better patient

outcomes.

HSPA

Developing robust frameworks for assessing the performance of national health systems should be identified as a key tool for economic, social and health policy. Making the development and use of health systems performance assessment an objective of Europe's sustainable growth policies does not imply standardisation across countries. Responsibility for the organisation of health systems rests within Member State and the design of HSPA should reflect national preferences and specificities. However, comparison of health outcomes and costs based on standardised indicators can be a very powerful tool for use in national HSPA frameworks. The work of the OECD on the Healthcare Quality Indicators as well as the upcoming PARIS programme is highly important in this respect and should be further enhanced.

Innovative procurement

Procurement agencies and Public Procurement Directorates should be among the key players in healthcare leading the effort to focus on value. Policy-makers should encourage forms of procurement that select criteria other than price when evaluating products or services by healthcare providers. A value based system requires new thinking and participation from all stakeholders in the healthcare ecosystem, but the most significant force is procurement practices. In 2014, the EU sought to address price-only-based procurement through the Public Procurement Directive, which puts more emphasis on the concept of the best price-quality ratio in procurement. It aims to improve procurement by promoting quality and innovation while considering longer-term costs and other elements such environmental and social factors. Most Economically Advantageous Tendering (MEAT) value based procurement approaches can incorporate outcomes as a central part of the process, and proposes pragmatic way for innovative products, services and solutions to demonstrate their value when used in the health service. The MEAT criterion enables the contracting authority to take account of criteria that reflect qualitative, technical and sustainable aspects of the tender submission as well as price when reaching an award decision. The criterion have been used successfully across Europe to incentivise a broader way of measuring value; offering a stepping stone for Governments towards a VBHC system. Procurement can efficiently include patient outcomes during the tender process and reward innovation that leads to better value.

Knowledge sharing

We believe that knowledge and best practice sharing should also be fundamental component of the 3HP Thematic priorities. Policy makers should enable pilot projects, EU research funds and initiatives that encourage value in healthcare, promote the comparison of outcomes and health indicators, and allow cross-learning and best practice sharing. The Bridge Health project, the OECD PARIS programme and the OECD/Commission "State of the Health in the EU" represent a successful piece of work in this respect and should be further enhanced. The 3HP can play an integral role in funding projects that collect such data, like it did in the Work Programme for 2015 with the support for the implementation and scaling up of good practices in the areas of integrated care, frailty prevention, adherence to medical plans and age-

friendly communities. We highly encourage a continuation and increase of such actions.

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 type="radio"/>	<input checked="" 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 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 type="radio"/>	<input checked="" 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?

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

Other, please specify

Medical technologies and solutions company.

*** First name**

Valeria

*** Last name**

Fagone

*** Job title**

Senior Director Government Affairs EMEA

Your organisation's name (where relevant)

Medtronic PLC

The number of members your organisation represents (where relevant)

85,000 employees

Countries where your organisation is present (where relevant)

Medtronic operates in more than 155 countries worldwide with more than 260 locations. The principal executive office is located in Ireland and the Operational Headquarters in the Unites States.

***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

503957813562-10

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)

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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)

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[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)

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