



# Mid-term Evaluation of the third Health Programme (2014 – 2020)

Executive Summary

Written by Coffey International Development  
SQW and Economisti Associati

ECONOMISTI ASSOCIATI  
ECONOMISTI ASSOCIATI

coffey   
A TETRA TECH COMPANY

SQW



**EUROPEAN COMMISSION**

Directorate-General for Health and Food Safety  
Directorate C — Public Health  
Unit C1 — Programme Management and Chronic Diseases  
E-mail: [SANTE-HEALTH-PROGRAMME@ec.europa.eu](mailto:SANTE-HEALTH-PROGRAMME@ec.europa.eu)

*European Commission  
B-1049 Brussels*

# **Mid-term Evaluation of the third Health Programme**

Executive Summary

***Europe Direct is a service to help you find answers  
to your questions about the European Union.***

**Freephone number (\*):**

**00 800 6 7 8 9 10 11**

(\* ) The information given is free, as are most calls (though some operators, phone boxes or hotels may charge you).

#### **LEGAL NOTICE**

This document has been prepared for the European Commission however it reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

More information on the European Union is available on the Internet (<http://www.europa.eu>).

Luxembourg: Publications Office of the European Union, 2017

ISBN 978-92-79-68456-2

doi: 10.2875/960827

© European Union, 2017

Reproduction is authorised provided the source is acknowledged.

## **0. EXECUTIVE SUMMARY**

### **Background and scope**

The third Health Programme (3HP) is the Commission's main vehicle for supporting policy coordination in health. It is the subject of the current evaluation and has a budget of €449.4m for the 2014-2020 funding period. It aims "To complement, support and add value to the policies of Member States, in terms of improving the health of EU citizens and reducing health inequalities". To do this, 3HP action is organised around four specific and operational objectives that are broken down into a 23 thematic priorities. These aim to focus the 3HP on types of issues and types of action where the potential to generate EU added value is greatest.

This mid-term evaluation of the 3HP has as its purpose to report on the achievement of the objectives of the programme, the state-of-play regarding the implementation of the thematic priorities and the efficiency of the use of resources and the EU added value of the programme. It covers the years 2014-2016, though given the early state of implementation of many of the actions funded so far, the assessment of effectiveness is limited to the management of the HP and likely impact.

### **Approach and validity**

The evaluation used a methodology comprised of distinct pillars that, taken together, allowed us to examine the HP from three different angles. These consisted of: (1) a programme assessment, which looked at the 3HP as a whole using documentary sources, consultation with key programme stakeholders and online focus groups; (2) case studies of eight of the 23 thematic priorities, which provided an in-depth examination of how the 3HP is working towards its objectives and explored details of how actions are implemented and delivered; and (3) an open public consultation which allowed stakeholders to provide views on different aspects of the 3HP.

The evaluation had to grapple with several challenges. Most importantly, the diverse and loosely related nature of funded actions meant it was not possible to assess impact in quantitative terms. This was exacerbated by the timing of the evaluation, since the research was conducted at a time when less than half of the programming period had elapsed and before many of the actions under review had been completed. Moreover, the sheer number and heterogeneity of thematic priorities and individual actions precluded in-depth study of all them. Our approach took these issues into account and sought to provide as much early-stage insight as possible. In doing so, we prioritised key aspects of the programme such as the thematic priority structure, multi-annual planning process, efforts to increase participation among organisations from poorer Member States (MS) and the consideration of EU added value in funding applications.

### **Overall Findings**

The HP has taken a long journey since its inception in 2003. The case for EU action has always been clear from Article 168 of the Treaty on the Functioning of the EU, and previous evaluations have consistently praised the achievements of funded actions and the HP as a whole. At the same time, earlier versions of the HP were criticised both for a lack of focus and management difficulties which to some extent undermined their potential added value.

The mid-term evaluation examined implementation of the 3HP in terms of specific aspects that are new in this Programme (e.g. multi-annual planning) or have been previously under-examined (e.g. process for defining the Annual Work Programmes). Particular attention was given to the state of implementation of the 23 thematic priorities agreed with the European Parliament and the Council (Health Programme Regulation N°(EU) 282/2014) and their continued relevance vis à vis the Programme

objectives and their contribution to the Commission priorities for years 2014-2020. This was an explicit request enshrined in the Programme legal basis (Article 14) in view of eventual modifications through a delegated act if any of the thematic priorities become obsolete or new needs appear.

The 3HP was designed with past criticisms in mind, and represents a concerted effort to tackle them while also making the most of the momentum gained so far. Most importantly, the programme structure agreed with European Parliament and Council has been designed so that actions are organised around four specific and operational objectives that are broken down into a 23 thematic priorities. These aim to focus the 3HP on types of issues and types of action where the potential to generate EU added value is greatest.

On the management side, multi-annual planning has been introduced to increase the coherence of the programme and various systems and processes have been simplified and digitised. Indicators have been put in place to monitor progress at action and programme levels, while funding applications are now assessed against specific EU added value criteria. An incentive structure to boost participation in the programme among organisations from poorer MS has been ramped up (called the “exceptional utility” criteria). Communicating about and publicising the HP, persistently a challenge, is being addressed through increased resources and a new Dissemination Strategy.

A few years after the 3HP began, it would be too early to assess these changes in terms of the HP’s impact on the public health of European citizens. Instead, the evaluation sought to give an early indication as to their effects on planning and implementation, and thereby ascertain the extent to which the pre-conditions for success are in place.

Taken as a whole, we found that the 3HP represents **a major improvement compared to what came before**. The new structure has increased the HP’s ability to target important health needs where it can add value (such as anti-microbial resistance and “e-Health” in the context of the digital single market to name just a few). It is also channelling efforts to identify common, structural challenges facing member states. For instance, mechanisms for pooling expertise at EU level and supporting MS in their health reforms have been set up (namely the Expert Panel on Health and the Expert Group on Health Systems Performance Assessment) and the 3HP is providing direct financial support to the OECD and WHO to produce country profiles which give a clear understanding of country specific needs. This focus is recognised by Member States: the consultation of Programme committee members and national focal points representing Member States’ interests confirmed the **3HP structure matches the main health challenges in their country**. A perception of the appropriateness of the 3HP design and structure was also confirmed in replies to the open public consultation.

At the same time as becoming increasingly focused on identified important issues such as those mentioned above, the 3HP structure provides flexibility. This has allowed it to be responsive to shifting circumstances and trends over its seven-year funding period, for instance in relation to a need for crisis management. The migrant crisis of 2015 presented an early and unprecedented test of the programme’s adaptability, given its pan-European nature and the strain it put on existing public health infrastructure. The HP’s intervention, which included the quick deployment of nearly €15m to support healthcare professionals and NGOs dealing with migrants on the frontline, was a major success that highlighted its potential to react decisively in uncertain times.

Where there is more predictability, the 3HP is being used as a tool to support the implementation of EU health legislation in areas of clear EU added value. These include cross border health care, health technology assessment, substances of human origin<sup>1</sup>,

---

<sup>1</sup> Substances of human origin include: blood, tissues and cells, and organs.

and medicinal products and medical devices. It is also being used to address important policies beyond those limited to “traditional” public health. For example, the new legal basis on serious cross-border health threats has meant DG SANTE can play a role in managing the EU response to health-security crises (i.e. the Ebola and Zika outbreaks). The on-going migrant crisis provides a topical example of the opportunity for synergies and coordination and deployment of significant funds in quickly evolving conditions. There is still work to be done to increase visibility and coordination with other actors, however the evaluation found the 3HP is coherent with other EU action in areas such as tobacco legislation, and the international development / global health arena.

Promisingly, the available evidence suggests that the **funded actions themselves are producing more concrete results and linking better to wider initiatives** than under the 2HP, including the EU Budget Focused on Results initiative<sup>2</sup>. In part this is because **support provided over the long term** through several actions (spanning successive iterations of the HP) is finally **gaining traction and bearing fruit**. But in part it is because **actions in the 3HP are more focused and purposeful**, especially where there is a clearly defined legal basis.

For instance, actions funded through the 2HP laid much of the groundwork for establishing European Reference Networks (ERNs) under the EU Directive on Patients' Rights in Healthcare (2011/24/EU), which also makes it easier for patients to access information on healthcare and thus increase their treatment options. During the first years of the 3HP preparatory steps have been taken (see Annex B - case study “Thematic priority 4.1”). Since March 2017 24 thematic ERNs, gathering over 900 highly specialised healthcare units from 26 countries, have begun working together on a wide range of diseases<sup>3</sup>. Similarly, the HP's work on Health Technology Assessment began with a project funded during the 1HP. This led to two JAs during the 2HP to test and pilot methods and generate the buy-in necessary for common approaches in this area. It is only with the third JA, funded through the 3HP, that these approaches are finally being operationalised and anchored in MS practices and at the same time DG SANTE is preparing future legislation on Health Technology Assessment.

In other areas where there is a legislative basis for EU action and clear EU added value, there has been a clear path of progress. For instance in relation to substances of human origin which is underpinned by Union legislation for safe standards<sup>4</sup>, actions funded in the 3HP take further previous work by developing methodologies and guidelines in new areas (i.e. novel therapies and products), creating new models for sustainable updating of technical standards, defining procedures in areas where this is lacking (e.g. clinical follow-up)<sup>5</sup>. This is also true in the case of medicinal products and medical devices, where efforts in the 3HP are expected to increase transparency of prices paid for medicinal products, to create more favourable conditions for the introduction of advanced therapies across the EU, among other benefits. These are important steps and demonstrate the importance of EU support in areas where there is a clear EU role to lead.

That being said, improvements to the programme's design did not resolve all its problems. The importance of continuity between funding periods meant that the changes were incremental rather than drastic, and that some previously-noted challenges remain. For example, while the four specific objectives provide a workable overarching framework for the 3HP, some of them are more clearly relevant than others. More concretely, objectives 2 (Protect Union citizens from serious cross-border health

---

<sup>2</sup> See here for more information on this initiative: [http://ec.europa.eu/budget/budget4results/initiative/index\\_en.cfm](http://ec.europa.eu/budget/budget4results/initiative/index_en.cfm)

<sup>3</sup> See here for more information [http://europa.eu/rapid/press-release\\_IP-17-323\\_en.htm](http://europa.eu/rapid/press-release_IP-17-323_en.htm)

<sup>4</sup> Summaries of EU legislation in the field of blood, tissues and cells and organs, can be found here: [http://eur-lex.europa.eu/summary/chapter/public\\_health/2902.html?root=2902](http://eur-lex.europa.eu/summary/chapter/public_health/2902.html?root=2902)

<sup>5</sup> See Annex B, case study on “Thematic priority 4.5”

threats) and 4 (Facilitate access to better and safer healthcare) relate to relatively narrow challenges that either flow between countries (e.g. health threats and anti-microbial resistance under objective 2) or create opportunities for collaboration to generate economies of scale (e.g. ERN for rare diseases under objective 4).

By comparison, Objectives 1 (Health promotion) and 3 (Health systems) deal with very broad challenges that are already high on Member State policy agendas. For these objectives, EU added value is typically generated through the sharing of best practices. Actions under these objectives can be highly appropriate, but more care is needed to ensure they fit well with existing initiatives and contexts, and have feasible plans for the eventual implementation of any best practices to be identified and shared. This is possible if care is taken to ensure this is designed into actions. For example an area where the identification, dissemination, and take up of best practices has already been strong is in relation to action on mental health (specifically, dementia<sup>6</sup>) and cancer. During the remaining period of implementation of the 3HP, DG SANTE intends to strategically enhance the transfer of best practices and established a Steering group on Promotion and Prevention in November 2016 for this purpose.

In addition, some thematic priorities are more precisely and narrowly defined than others in the legal basis, and there are a few minor potential overlaps and differences in scope. For example, while thematic priority 4.1 only deals with action related to the establishment of ERNs for rare diseases, thematic priority 1.4 on chronic diseases has been designed to address a huge array of public health issues (as agreed with the European parliament and Council). Each specific objective also includes two cross-cutting thematic priorities, on the implementation of EU legislation and health information. These can help focus attention on important areas, but they also create ambiguity in a programme structure that otherwise revolves around specific public health topics (i.e. themes) rather than types of action.<sup>7</sup>

These structural decisions had knock-on effects for individual actions, some of which were overly broad, insufficiently aligned with MS action and / or experiencing difficulties to disseminate results among key stakeholders. For example, the evaluation found that several actions funded under thematic priority 1.4 on chronic diseases had an overly broad scope, leading to a risk that the HP's resources would be spread too thinly and making it difficult to generate momentum in an area which is central to the health of EU citizens. There is a need to further ensure the thematic priorities are as well defined as possible to focus on actions which adequately address pressing issues.

Our examination of improvements to the programme's management processes reveals a similar pattern of generally positive change punctuated with some remaining room for further development. The introduction of multi-annual planning has enabled programme managers to take a more strategic approach to funding decisions and smooth the formal process of drafting AWP. The continued trends towards joint actions and away from projects reflects the growing maturity of the programme and serves to increase its cost-effectiveness (given the different relative administrative costs associated with the two financial mechanisms). Simplified and digitised application and grant management procedures have lessened the administrative burden both on DG SANTE / Chafea and applicants / beneficiaries.

The areas where there are still challenges in terms of project management indicate not a lack of progress, but rather highlight the difficulty in addressing longstanding problems. For example, while the process for setting Annual Work Programmes was generally considered objective, some stakeholders felt it gave more weight to the needs

---

<sup>6</sup> For example the joint action: "Act on Dementia".

<sup>7</sup> We note that the programme designers considered grouping all such thematic priorities under an additional specific objective, but decided that, on balance, it would be more confusing than the current set-up.



of the Commission and some Member States over others ones (as demonstrated by the survey of NFP and PCs where one in five participants reported involvement in drawing up the AWP as “not very adequate”). However, it is hard to envisage how DG SANTE could take the highly diverse needs of all Member States and interested stakeholders into account while at the same time funding purposeful and focused action in a field as broad as public health.

The increased scope of the “exceptional utility” criterion used to encourage participation among organisations from poorer MS (by providing higher levels of co-funding) has also not yet achieved great success. This is due in part to the complex and interrelated set of barriers other than difficulties securing co-funding that impede such organisations to apply to the HP. These include insufficient administrative capacity, the perceived complexity of the application process and concerns about the administrative burden. But tinkering with the parameters of the criterion and publicising it better might increase its uptake and make the distribution of HP funding somewhat more equitable. In a similar vein, despite improvements to the application and grant management procedures, smaller organisations in particular expressed concerns about their complexity and the reporting requirements.

To better integrate the seven EU added value criteria that were defined during the previous programme (and enshrined in paragraph 19 of the Regulation establishing the 3HP), many applications for funding are now screened and scored for EU added value. This has helped to mainstream the criteria among stakeholders and focus minds on the ways the programme can add value. However, we also found that the assessment panels responsible for awarding funding lack the guidance to apply the criteria in a systematic and objective way. Consequently, it was clear neither how scores were allocated nor how these weighed on funding decisions.

With regard to dissemination, the previous evaluation recommended DG SANTE and Chafea to “develop a formal communication strategy to define key communication objectives, actors, messages, audiences and channels”. Such a strategy now exists, and Chafea has in place a full-time Dissemination Officer to oversee its implementation. However, at the time of writing the strategy’s implementation was still in its initial stages. This represents a missed opportunity given achievements in such politically salient areas as support in dealing with the migrant crisis and the increased ability of the programme to demonstrate its EU added value. It also makes it harder for new potential beneficiaries to learn about the HP, and for results to be taken up. While it understandably takes time to generate the buy-in and marshal the resources needed to design and carry out new activities, the current funding period is nearly halfway complete. In the meantime, previous criticism about inadequate stakeholder engagement and the poor quality of accessible information about the HP remain valid.

Similarly, while the systems for monitoring implementation of the 2HP were harshly criticised, evidence so far does not suggest that major changes have been made to improve the efficiency of these processes in relation to monitoring of implementation. Concerning monitoring of actions’ outputs and outcomes, programmatic and action-specific indicators have now been introduced. Although the evaluation has found that these programmatic indicators are not as comprehensive as they could be, it is a significant step forward to have them in place and revisiting them to ensure better coverage can be an action going forwards. Regarding the action-specific monitoring, the evaluation was unable to find evidence showing how information is being gathered, collated and used. This leaves doubt about whether they will provide meaningful data for the ex-post evaluation and highlights a need for more attention to this area when actions finish and start to produce results.

Looking forward, we re-iterate that the changes brought in for the 3HP have been substantial and positive, and they augur well for the likely effectiveness of the

programme and its ability to provide value for money. The next section builds on these conclusions by making recommendations for the immediate and longer-term.

## **Main findings and conclusions**

The research concentrated on specific issues spread across the evaluation criteria of relevance, effectiveness, efficiency, EU added value and coherence. The paragraphs below summarise the main findings for each of them.

### ***Relevance***

- Validity of programme objectives: the present set of specific and operational objectives are broadly valid and appropriate. They have helped increase the 3HP's focus and concentrate limited resources on issues generating the most EU added value, while accommodating existing needs and emerging challenges.
- Appropriateness of thematic priorities: In setting 23 thematic priorities for action, the designers of the 3HP succeeded in better defining the purpose of the 3HP and increasing its coherence. There are still some inconsistencies in terms of how the thematic priorities are formulated (e.g. some are more specific or general than others). There are also some overlaps and potential duplications. These are not damaging per se, but efforts to refine or streamline the thematic priorities could make the HP structure more coherent in the future.
- Relevance of actions: the 3HP's structure of relevant objectives and thematic priorities to operationalise them has served to ensure the relevance of individual actions. Despite the diversity of issues addressed, the actions funded have corresponded to public health needs and demonstrated clear and suitable objectives. However, the actions under more broadly defined thematic priorities and open-ended funding mechanisms (i.e. operating grants) sometimes lacked focus, highlighting the need for particular attention to the planning stages of such actions, and monitoring and evaluation processes to gauge performance.

### ***Effectiveness***

- Process for defining Annual Work Programmes (AWPs): the evaluation found that the process for setting AWPs works well, with widespread agreement that the priorities defined on a yearly basis correspond to the public health needs of the MS and that the consultation process is well-defined and impartial. However, there were also some concerns about lacking transparency in informal consultation, perceived disparities among the MS in feeding into the AWP process and the pre-eminent role of DG SANTE in setting the HP's agenda. This demonstrates a need to explain the process to stakeholders and ensure their buy-in.
- Multi-annual planning (MAP): the newly adopted MAP exercise has proven to be a valuable tool which has facilitated a quicker, less controversial, more efficient adoption of the AWP according to those involved. Additionally, there is evidence that the MAP has enabled a more focused and strategic approach to planning in the medium-run (i.e. up to 3-4 years).
- "Exceptional utility" criterion aimed at increasing participation among organisations from poorer MS: by increasing the proportion of co-funding available to actions that include partners from low-GNI MS, the criterion addresses a real problem. However, the evidence suggests that take-up so far is low. In part this seems due to lacking awareness among potential applicants. It is also possible that the criteria do not create a sufficient incentive to overcome capacity and skills shortages that also act as barriers to participation in the 3HP.

- Contribution of the HP to objectives and priorities: based on case studies of two thematic priorities per each of the 3HP's four specific objectives, the evaluation found evidence of many potential benefits from funded actions. While it is impossible to ascertain whether the case study findings are indicative of the programme as a whole, it is also worth noting that the actions examined under objectives 2 (cross-border health threats) and 4 (access to healthcare) typically appeared likelier to generate tangible benefits in the near future. For the other objectives, the potential to generate EU added value depends to a greater extent on identifying gaps that can be filled with the sharing and eventual uptake of best practices. The path to making an impact then varies depending on the specific context.

### ***Efficiency***

- Allocation of resources among objectives and thematic priorities: the actions with the strongest EU added value are typically under objective 2 and 4 due to the clarity of purpose gained from EU legislation in these areas and cross-border nature of the issues at stake. Action under other areas can also add significant value and be cost-effective, provided that actions are sufficiently well-designed and outcome-focused. This has been reflected in the design and implementation of the 3HP, which allows for clarity in the level of funding directed towards objectives 2 and 4.
- Efficiency of programme management: irrespective of the size of an action, the biggest driver of efficiency is how effective the action is in achieving its goals and therefore the value added by EU action. While it was not possible to measure effectiveness in quantitative terms, early indications are positive, with evidence of many potential benefits from funded actions and generally good planning. Moreover, a high-level comparison of administrative costs with selected other Commission programmes demonstrated that the 3HP is relatively cheap to administer, while recently-introduced simplification measures have led to cost savings and been favourably received (though some concerns about administrative burdens remained).
- Monitoring: the 3HP has responded to previous criticism by introducing programmatic indicators and action level e-monitoring, as well as investing in strategic dissemination activities. While these are welcome steps, more work is needed to develop and operationalise the indicators. In terms of dissemination activities, the beginning stages of new plans are promising (i.e. the definition of a Dissemination Strategy for 2017 – 2020) but there is a need to progress faster.

### ***EU added value***

- Consideration of EU added value in action proposals: building the seven EU added value criteria into the application process represents a major improvement and has ensured that the majority of relevant potential beneficiaries consider EU added value when preparing their proposals, and that assessment panels in turn take it into account as part of the decision to award funding. However, applicants and evaluators sometimes lack a common understanding of the seven criteria, meaning they are not always considered in a consistent fashion. This points to a need for clearer guidance, as well as efforts to better define (and potentially refine) the criteria.

### ***Coherence***

- Internal coherence: the revised structure of the programme has substantially improved the coherence of the programme, providing a framework to fund actions in well-defined areas of intervention and fostering synergies between

actions. However, due to the ambitious and broad nature of the programme, some funded actions in given thematic priorities are not closely related, while in other cases potential links have not been identified or fully exploited.

- **External coherence:** the 3HP strengthens and emphasises the links between economic growth and a healthy population to a greater extent than the previous programmes, bringing it into line with the Commission's policy priorities. It has also demonstrated many practical complementarities with other programmes, particularly Horizon 2020, though such links could be publicised more and be further exploited (particularly for structural funds). The 3HP is also being used as a tool to address policies related to such issues as the Ebola and Zika outbreaks and migrant crisis, where HP funding has been quickly deployed to make a significant difference. In the international development / global health arena, the 3HP is coherent with other EU action but, suffers from low visibility and insufficient coordination between the HP / action beneficiaries and other actors.

## Recommendations

Following on the findings and conclusions, we make the following recommendations for the immediate and longer term. These distinguish between issues that are newly identified and those relating to recommendations that have been previous made but where work remains to be done.

### ***Recommendations on newly identified issues***

#### *Thematic focus of the programme*

1. **Maintain a focus on thematic areas of strong EU added value:** DG SANTE should maintain a clear thematic focus in areas where the EU has a clearly defined role (such as ERN, and HTA) and strengthen the delivery of results in these areas by the end of the Programming period
2. **DG SANTE should strengthen and build links between the HP and the wider policy agenda to maximise impact:** the example of the support provided through the 3HP on health needs arising from the 2015 migrant crisis illustrates the value of policy coordination in ensuring an adequate response to emerging health needs.

#### *Programme design*

3. **Spell out how action targeting health promotion and health systems should generate EU added value:** in the immediate term, DG SANTE should define in as much detail as possible the mechanisms by which best practices should be taken up in practical terms and reasonable timescales for doing so (either in general or with regard to specific funding calls). For the longer term, the operational objectives should include more detail about how the HP should generate EU added value and complement the actions of other actors. In addition, we suggest that a greater proportion of funding is directed towards the actions with the highest EU added value.
4. **Refine the thematic priorities as part of the continuing effort to focus programme spending:** the structure of thematic priorities should be maintained in the immediate term, but efforts could be made to increase the clarity of certain priorities. In the longer term, DG SANTE should consider streamlining thematic priorities to avoid any overlaps, ambiguities, or redundancies. In particular, thematic priority 1.2 on drugs related health damage

could potentially be included under 1.1 risk factors. Thematic priorities 2.4 and 4.6 on “fostering a health information and knowledge system” were included for the sake of consistency but in practice could be removed, while thematic priority 2.1 on risk assessment is also considered unnecessary (and could be subsumed under 2.2 on capacity dealing with health threats). It is also worth considering whether the scope of the thematic priorities is sufficiently distinct or whether some re-wording could improve clarity.

#### *Programme management*

5. **Refine the EU added value and fully integrate criteria into the application process:** in the immediate term, in order to help potential applicants and assessment panels to build a common understanding of the EU added value criteria as they currently stand, DG SANTE and / or Chafea could develop detailed but accessible guidance for applicants about what each of the criteria means, with practical examples. As a longer-term goal, the criteria could be streamlined to make them clearer. We suggest the following criteria: addressing cross-border health threats; improving economies of scale; and fostering the exchange and implementation of best practices.
6. **Integrate multi-annual planning with existing programme processes:** in order to engage stakeholders more in the multi-annual planning, we recommend DG SANTE consider its formal integration it into the consultation and priority-setting process.

#### ***Recommendations on previously identified issues where progress is still needed***

#### *Programme management*

7. **Develop a broader strategy to increase participation from poorer Member States and underrepresented organisations:** DG SANTE should consider steps to address the barriers to participation in a more holistic way. For instance more consideration could be given for the equitability and capacity building element of the HP, while ensuring the technical quality of the actions. Further efforts should also be made to reduce the administrative burden of applying for and receiving funding, led by Chafea.
8. **Invest in the resources necessary to improve the systems for monitoring programme implementation:** DG SANTE and Chafea should invest the resources needed to put in place and manage a simple and effective system for monitoring implementation of the programme.
9. **Implement and use programmatic and action specific monitoring indicators:** it is important that together, DG SANTE and Chafea put in place a system for reporting on, collecting and presenting data on the action specific indicators as soon as possible and revisiting the programmatic indicators to ensure that the key programme goals are covered. This could be built into the electronic reporting system for beneficiaries managed by Chafea.
10. **As with previous HP, there is a need to continue to step up efforts to communicate about the HP with core stakeholders and wider audiences:** given that only half of the programming period remains, it is crucial that DG SANTE and Chafea assemble the political will and resources to roll out the newly developed communication strategy in the near term.

## KEY MESSAGES

### Relevance

- The 3HP has valid and appropriate objectives in place which has led to actions which are focused and generate EU added value while accommodating existing needs and challenges.
- The thematic priorities are a positive development and facilitate synergies and coherent action. However, these could still be streamlined.
- The structure in place has supported relevant actions, especially in fields where there is legislative clarity and / or a clear cross-border dimension to activity. In areas where action is more open-ended or broadly defined, there is a danger of the actions being less focused.

### Effectiveness

- The AWP and MAP processes work well. The MAP in particular has enabled a more strategic approach to medium-term planning. The AWP process is clear and well-defined and impartial but to avoid confusion and ensure greater buy-in, the process could be better explained to stakeholders.
- The 3HP has improved how it attracts the participation of poorer MS through the “exceptional utility” criterion. Still, securing co-funding is only one part of the explanation for lower participation and a more holistic approach is needed.
- To date, the 3HP has contributed significant progress in several areas of public health: in the establishment of European Reference Networks, in the adoption of Health Technology Assessment, in supporting capacity building of Member States to respond to outbreaks and continuous updating of skills to take into account emergent issues such as the migrant crisis.

### Efficiency

- The allocation of resources in the 3HP has been found to be efficient overall.
- Programme management has been mostly effective, and has improved since the previous HP. For instance new indicators are in place for monitoring the HP and specific actions. Nevertheless, there are persistent inefficiencies and inadequacies with the monitoring of implementation data, which holds back the ability of managers to keep an up-to-date overview of the HP’s achievements.
- While significant strides have been made to ramp up dissemination, going forwards progress in this area must be prioritised.

### EU added value

- The HP has increased its ability to target important health needs where it can add value (e.g. anti-microbial resistance, e-health, accreditation schemes for breast cancer screening, etc.)
- The fact that the seven EU added value criteria are written into the regulation and are built into the proposal evaluation process are positive achievements allowing the majority of relevant potential beneficiaries to consider EU added value when preparing their proposals and in turn, for assessment panels to take it into account as part of the decision to award funding.
- However, we consider there to be scope to streamline the added-value criteria to focus on three key areas: addressing cross-border health threats; improving economies of scale; and fostering the exchange and implementation of best practices. This will make it easier to provide clear guidance of what the criteria mean and make it easier for them to be addressed more effectively.

### Coherence

- The 3HP has been found to be internally coherent, in part due to the revised structure of the programme. However, we found that where the definition of action remains broad and ambitious, coherence is harder to achieve.
- The 3HP is also coherent with the Commission’s policy priorities and has been shown to be an effective tool to respond to evolving needs.

