

## 1. OPEN PUBLIC CONSULTATION FINDINGS

### 1.1. Objectives of the consultation

The online open public consultation (OPC) took place from 23 November 2016 to 23 February 2017. The purpose of the consultation was to allow stakeholders to provide views on different aspects of the evaluation questions. It also fulfils the consultation requirement stipulated in the Better Regulation Guidelines published in May 2015. By definition, all citizens and organisations across the European Union (EU) were welcome to contribute to this consultation, however the OPC targeted those with an interest in health policy, public health, and/or healthcare in Europe.

The OPC gave the possibility to interested parties to express their views and opinions on the Third Health Programme (3HP) and focussed on the following topics:

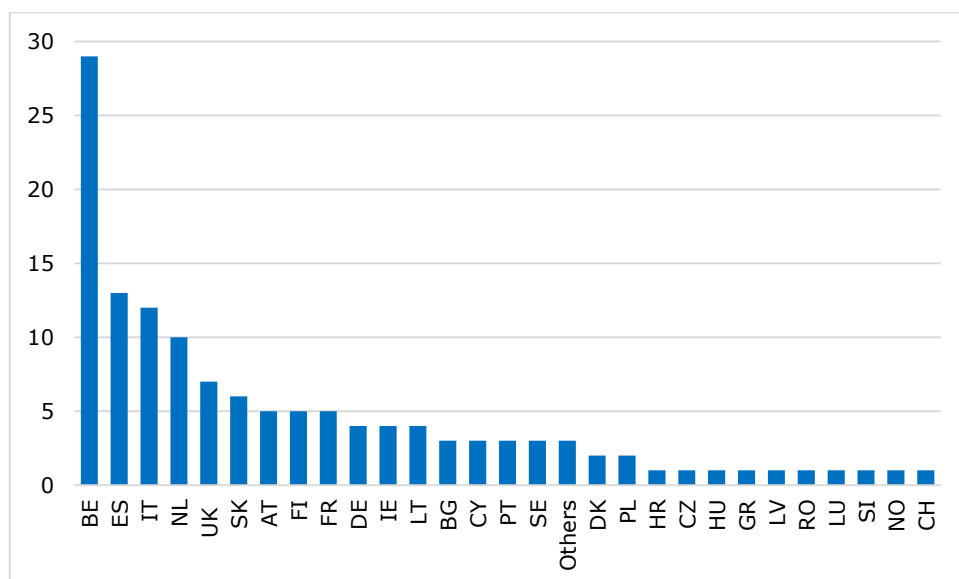
- The objectives and priorities of the 3HP, and the extent to which these are appropriate and in line with health needs in the EU;
- The way the 3HP is implemented, and the extent to which this is effective and efficient; and
- The overall added value and usefulness of the 3HP.

### 1.2. Who replied to the consultation?

In total, 133 responses to the OPC were received from stakeholders in all Member States as well as from stakeholders from outside the Union. Just over three quarters of respondents accepted to share their replies publicly, although around half preferred to do so anonymously. With the exception of four responses, replies were provided in English<sup>1</sup>.

As illustrated below, the highest number of respondents were from Belgium. More generally respondents tended to originate from the older MS of the EU (which are also the MS which are typically more involved in the 3HP<sup>2</sup>).

**Country of origin of respondents, n=133**



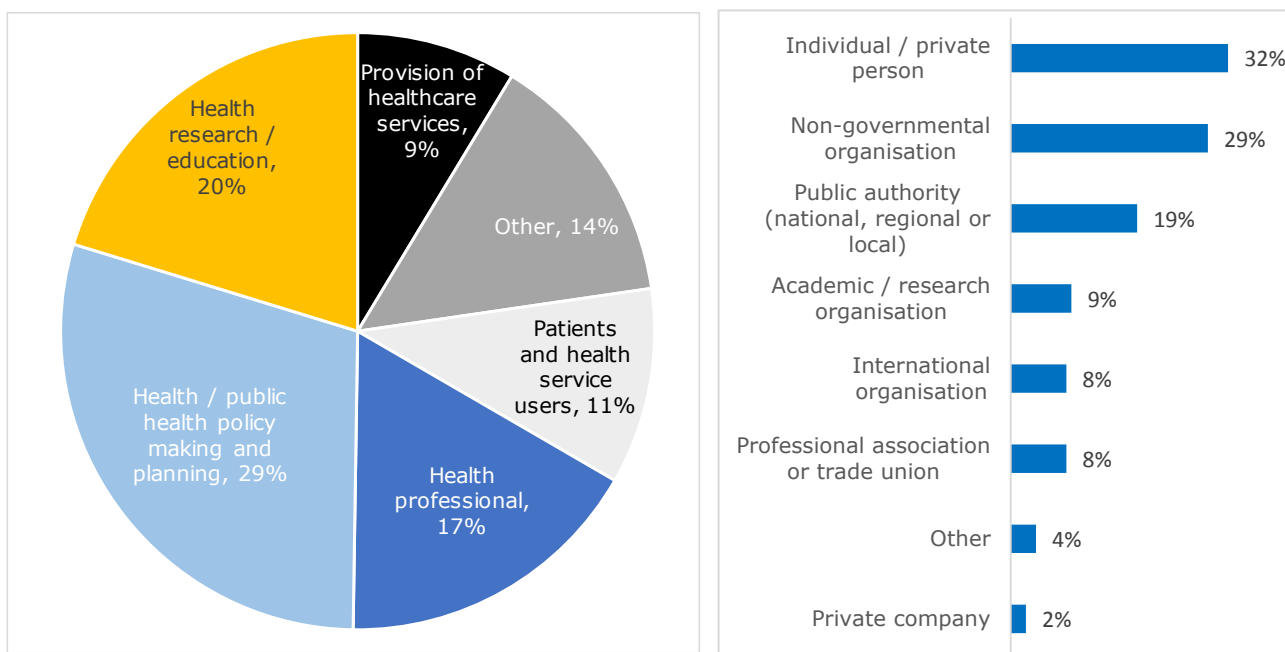
<sup>1</sup> These were from Italy, two from Finland and one from Ukraine.

<sup>2</sup> The exception is Slovakia.

The participants were asked to state whether they were responding to the OPC as an individual or on behalf of an organisation or institution, as well as their main field of professional activity. The respondents were able to select more than one answer to these two questions.

As shown in the right hand side of the figure below, a majority of respondents were individuals, followed closely by representatives of non-governmental organisations. Almost one fifth of respondents were representatives of national, regional or local public authorities. Fewer representatives from academia, international organisations and professional associations participated. The sectors in which respondents operate are shown in the left hand side of the figure below. Almost half of the survey participants noted they are mainly active in the field of health / public health policy making and planning, followed by health professionals and health research / education specialists. Respondents working in the provision of healthcare services were the least numerous.

**Profile of respondents, n=133**



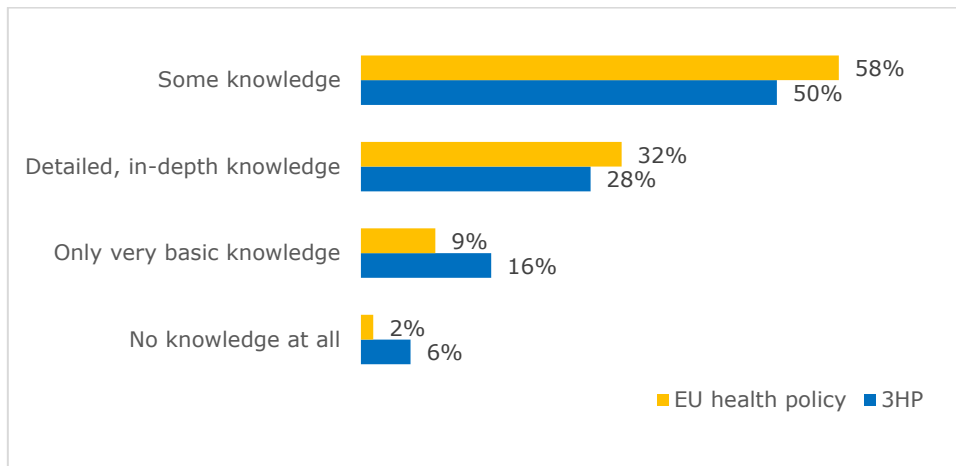
**1.3. Preliminary findings observed in the open public consultation**

Without prejudice to the results of the complete analysis of the contributions to the public consultation, the following trends can be observed.

**Respondents are familiar with 3HP, but many have never applied for funding**

Around three in ten respondents reported they have detailed, in-depth knowledge of the 3HP and EU health policy more broadly. It was more common for participants to report having some knowledge the 3HP (i.e. half of respondents selected this option). A small percentage of survey respondents stated that they have no knowledge at all of 3HP and this was even lower when it came to general EU health policy.

**Reported knowledge of respondents of HP and health policy in general, n=133**

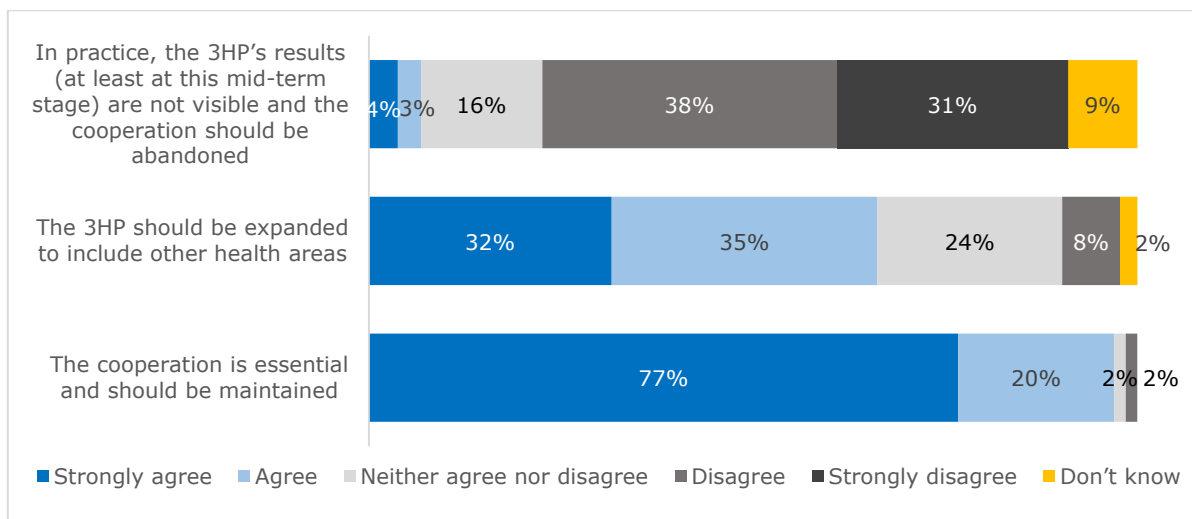


Over 90% of all respondents reported working on health issues that are closely related to the ones supported by the 3HP and three in four were aware of activities funded by the 3HP relevant to their work. However, almost half of the respondents noted they have never applied for funding from the 3HP. Among the reasons for not applying for funding, the respondents to the OPC mainly cited the lack of information on opportunities (more than half), followed by the excessive administrative burden (chosen by over a third of respondents). Almost half of the respondents reported experience with reports such as Country Health Profiles and EU Health Reports. Best practices for tackling health inequalities and for the diagnosis / treatment of diseases, as well as materials on health technology assessment were familiar to a third of respondents. The least popular activities were the Euripid and Eudamed databases.

**Respondents are supportive of activities funded under the 3HP in the context of EU level cooperation**

The respondents appeared largely supportive of the activities funded under the 3HP in the context of EU level cooperation between actors of the health sector, as over two thirds stated that the cooperation is essential and should be maintained. Respondents also appeared to share the view that the 3HP should be maintained (less than one in 10 reported it should be abandoned). The responses of survey participants showed less consensus regarding whether the scope of the 3HP should be expanded to include other health areas. Here, the number of neutral respondents and those who disagreed with this statement were higher.

**Views on activities funded under the 3HP, n=133**



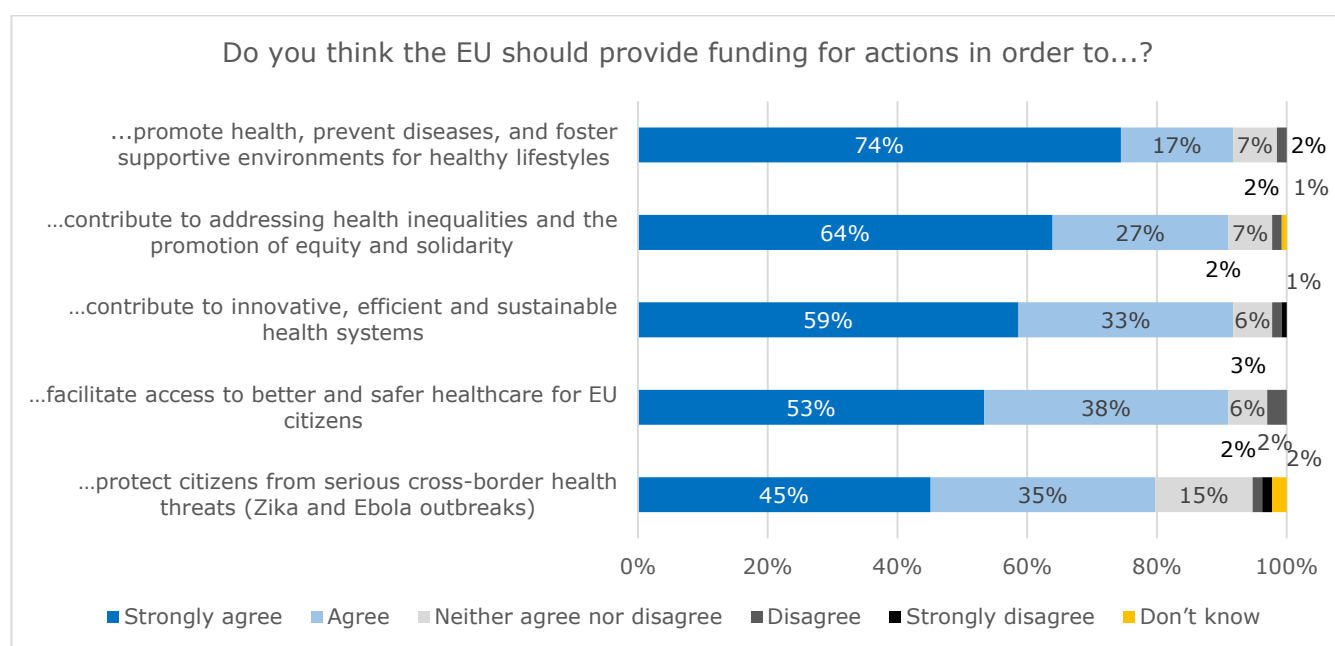
## **Respondents believe that the EU should continue supporting the important health-related challenges reflected in the 3HP's objectives**

The OPC sought to gather views on the appropriateness of the objectives pursued by the 3HP and, more generally, whether the EU should provide funding for actions necessary for the attainment of these objectives. The respondents were of the view that the EU should continue supporting the important health-related challenges facing EU citizens, governments and health systems reflected in the formulation of the 3HP's objectives. The areas considered as most important for EU action were to:

- promote health, prevent diseases, and foster supportive environments for healthy lifestyles (Specific Objective 1)
- contribute to innovative, efficient and sustainable health systems (Specific Objective 3), and
- contribute to addressing health inequalities and the promotion of equity and solidarity (General Objective).

The respondents were slightly less certain regarding the relevance of EU support for the protection of citizens from serious cross-border health threats (Specific Objective 2) and for the facilitation of access to better and safer healthcare for EU citizens (Specific Objective 4).

### **View on what EU should provide funding for, n = 133**



## **Respondents believe that the 3HP's objectives and priorities are appropriate**

The majority of respondents agreed that the 3HP's objectives and priorities are clear and easy to understand, as well as consistent with wider EU policy objectives (more than 60% agreed or strongly agreed with these statements). Similar shares of respondents were also of the opinion that 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. Overall, the outlook was slightly less positive when it came to the definition of the 3HP objectives and priorities and their consistency with national health policy objectives.

The OPC respondents were invited to select up to five priorities that they consider to be the most important, and up to five that they consider to be not relevant. The top five priorities were tackling chronic diseases; tackling risk factors; health information and knowledge systems to contribute to

evidence-based decision-making; developing patient safety and quality of healthcare and measures to prevent anti-microbial resistance. The thematic priorities considered to be least relevant by the respondents were additional capacities for risk assessment; the implementation of tobacco legislation; health workforce forecasting and planning; Health Technology Assessment.

***The funding mechanisms of the 3HP are considered as appropriate, but respondents consider that the level of financial support that the 3HP offers is not necessarily appropriate to address the 3HP’s objectives***

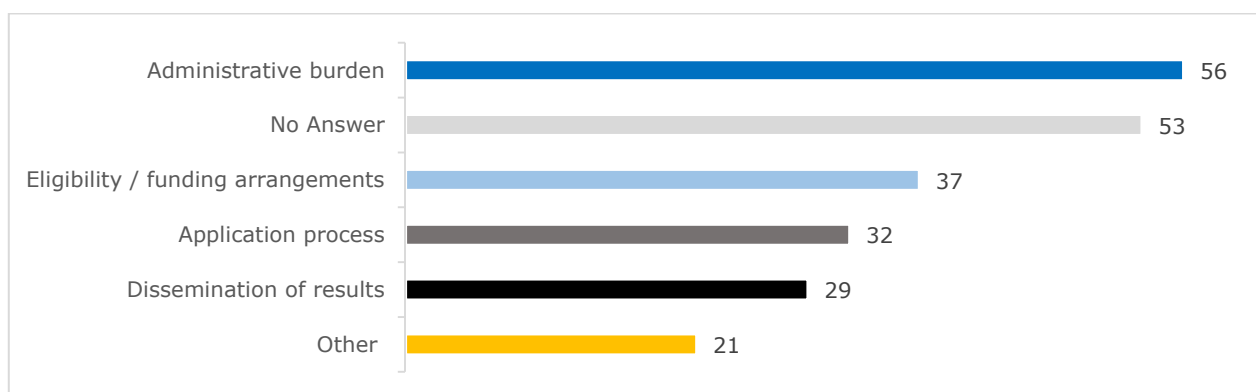
Half of the respondents agreed that the types of funding mechanisms used by the 3HP are appropriate to achieve the objectives of the programme. They were slightly less numerous to think that prioritised actions in the Annual Work Programme permit the optimal involvement of health actors and stakeholders' groups by making appropriate use of the different funding mechanisms. Less than one in three respondents agreed that the level of financial support that the 3HP offers is appropriate to address its objectives, in fact more respondents disagreed (i.e. that the financial support is not appropriate to address its objectives).

The participants were also asked whether they agreed or disagreed that the 3HP includes appropriate measures to involve all Member States, including those with lower incomes. The opinions of respondents from low- and high-GNI countries were broadly similar. 24 replies were received from low GNI countries and 109 replies were from high GNI countries. A majority of respondents from low-GNI countries agreed with the statement, and one in four were neutral<sup>3</sup>. Only less than 10% of low-GNI country respondents considered that the 3HP does not include appropriate measures to involve lower income Member States.

***When it comes to the implementation of the 3HP, respondents are mainly concerned about the administrative burden, as well as the eligibility and funding arrangements***

The participants were invited to share any additional concerns about the 3HP and the way in which it is implemented. Respondents were able to select more than one barrier. 53 participants did not provide an answer. The participants which did provide an answer to this question appeared to be mainly concerned with the administrative burden, as well as the eligibility and funding arrangements.

**Concerns regarding implementation of the 3HP, n=228<sup>4</sup>**



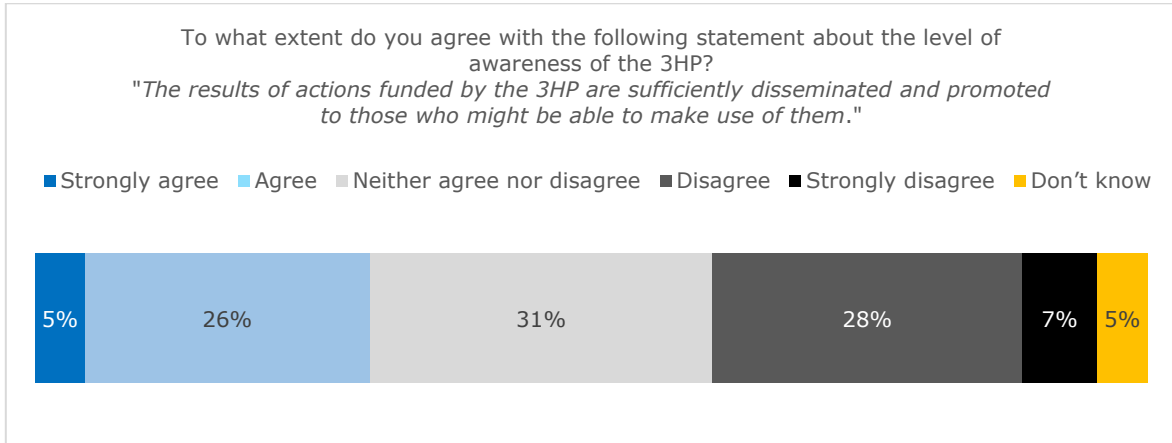
<sup>3</sup> To put these replies in context, we note that 8 out of the 22 had applied for funding and 14 either had not or did not know if they had. The respondents who had not applied were more likely to report that they did not agree that there are appropriate measures to include countries with lower income. Around half of respondents from low GNI countries were individuals, one third of respondents represented public authorities and the rest were either academics or NGOs.

<sup>4</sup> The figure is higher because respondents were able to select more than one reply

**More efforts are needed for the dissemination of results from actions funded by the 3HP**

The respondents were also asked whether they agree that the results of actions funded by the 3HP are sufficiently disseminated and promoted to those who might be able to make use of them. Roughly the same proportion of respondents agreed and disagreed with the statement.

**Views on how satisfactory dissemination of 3HP results are, n = 133**



**1.4. Next steps**

The Commission is now carrying out an in-depth analysis of the replies to the public consultation. The full synopsis report will be published in April 2017. The results will feed into the mid-term Evaluation of the 3HP.