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**COMMISSION STAFF WORKING DOCUMENT**

**Mid-term evaluation of the Health Programme 2008-2013**

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**Mid-term evaluation of the Health Programme 2008-2013**

## 1. INTRODUCTION

The purpose of this Staff Working Document is to present the conclusions of the mid-term evaluation of the Health Programme 2008-2013 as per the legal obligation stemming from Article 13(a) of Decision No 1350/2007/EC establishing the second Programme of EU action in the field of health for the period 2008-2013.

The evaluation covers action under the Programme from 2008 to 2010. It was carried out between October 2010 and July 2011 by independent experts from a consortium of consultants 'The Evaluation Partnership' that tendered for this task.

The overall purpose of this evaluation was to assess the progress achieved so far under the Health Programme 2008-2013 with a particular focus on impact and EU added value.

The results of this evaluation have fed into the new Commission proposal for the Health for Growth programme 2014-2020 adopted on 9 November 2011.

The full evaluation report is available online on the DG Health and Consumers website: [http://ec.europa.eu/health/programme/key\\_documents/index\\_en.htm#anchor4](http://ec.europa.eu/health/programme/key_documents/index_en.htm#anchor4)

## 2. THE HEALTH PROGRAMME 2008-2013

The Health Programme 2008-2013 is the second programme of EU action in the field of health. It came into force on 1 January 2008 by means of Decision No 1350/2007/EC<sup>1</sup> of the European Parliament and of the Council of 23 October 2007. The Decision provides for a **total Programme budget of 321.5 million euros**. The Programme aims to complement, support and add value to national policies and contribute to solidarity and prosperity in the EU by protecting and promoting human health and safety and improving public health.

The Health Programme is the main financial instrument of the **EU Health Strategy set out in the White Paper 'Together for Health: A Strategic Approach for the EU 2008-2013'**. The strategy aims to provide an overarching framework spanning core issues in health as well as health in all policies and global health issues.

The Programme is managed by the Commission with the assistance of **the Executive Agency for Health and Consumers (EAHC)**. A specific Committee, the **Programme Committee**,<sup>2</sup> composed of national representatives, assists the Commission in implementing and monitoring the Programme in the light of its objectives.

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<sup>1</sup> Official Journal L 301 of 20.11.2007, pp. 3-13.

<sup>2</sup> See Article 10 of Decision No 1350/2007/EC establishing a second programme of Community action in the field of health (2008-13).

### 3. METHODOLOGY AND EVALUATION ISSUES

The main sources of data used in carrying out the evaluation were as follows:

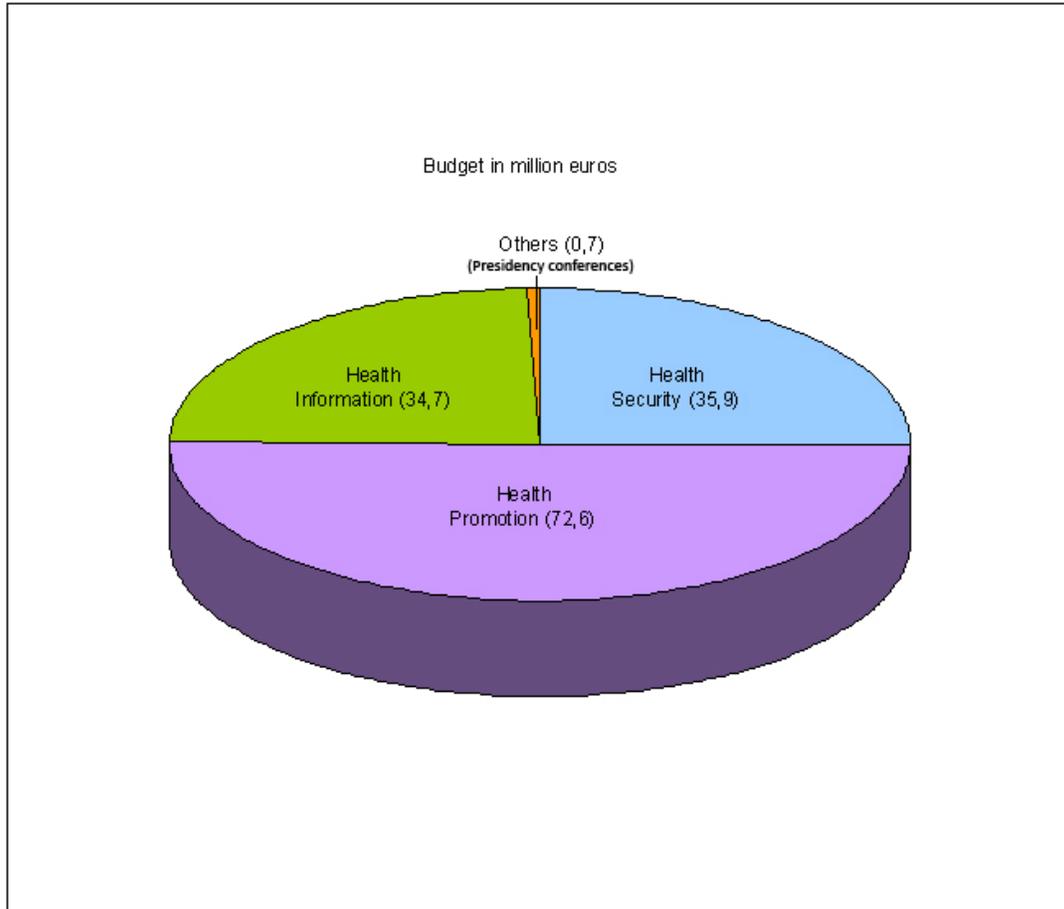
- a literature review and an extensive desk-based research exercise with a particular focus on the Programme's intervention logic as well as its consistency and complementarity with other EU Programmes;
- interviews with Programme stakeholders including members of the European Parliament, Programme Committee members, other representatives participating in different health policy committees, National Focal Points associated with the Programme, independent health experts, Commission officials, experts from international organisations, and project officers in the EAHC;
- an e-survey for the leaders of all the actions (projects with the exception of service providers) funded under the Health Programme between 2008 and 2010;
- an in-depth analysis of a sample of 14 actions funded under the Health Programme (2 conferences, 1 direct agreement, 2 joint actions, 2 operating grants, 6 projects and 1 contract service) to assess their relevance, effectiveness, efficiency and utility as well as their contribution to fulfilling the Programme's objectives.

### 4. A GENERAL OVERVIEW OF THE FIRST THREE YEARS OF IMPLEMENTATION OF THE PROGRAMME

#### 4.1 Distribution of funds and number of actions financed

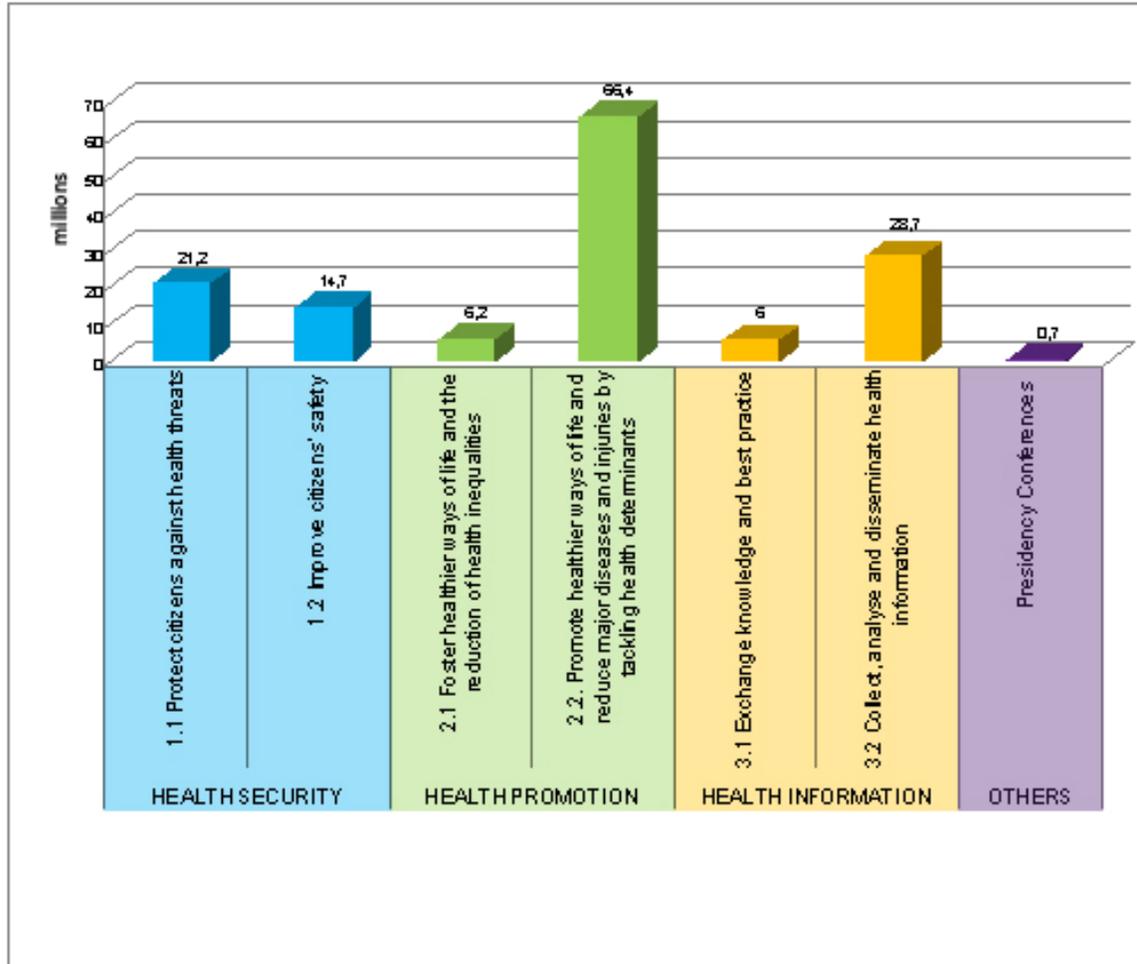
In the period 2008-2010, a total of €143.9 million was allocated to the Health Programme and distributed between its three objectives as follows:

- a) to improve citizens' **health security**, €35.9 million;
- b) to **promote health**, including the reduction of health inequalities, €72.6 million and
- c) to generate and disseminate **health information** and knowledge, €34.7 million.



**Graphic No 1:** Distribution of funds per Health Programme objective (strands)

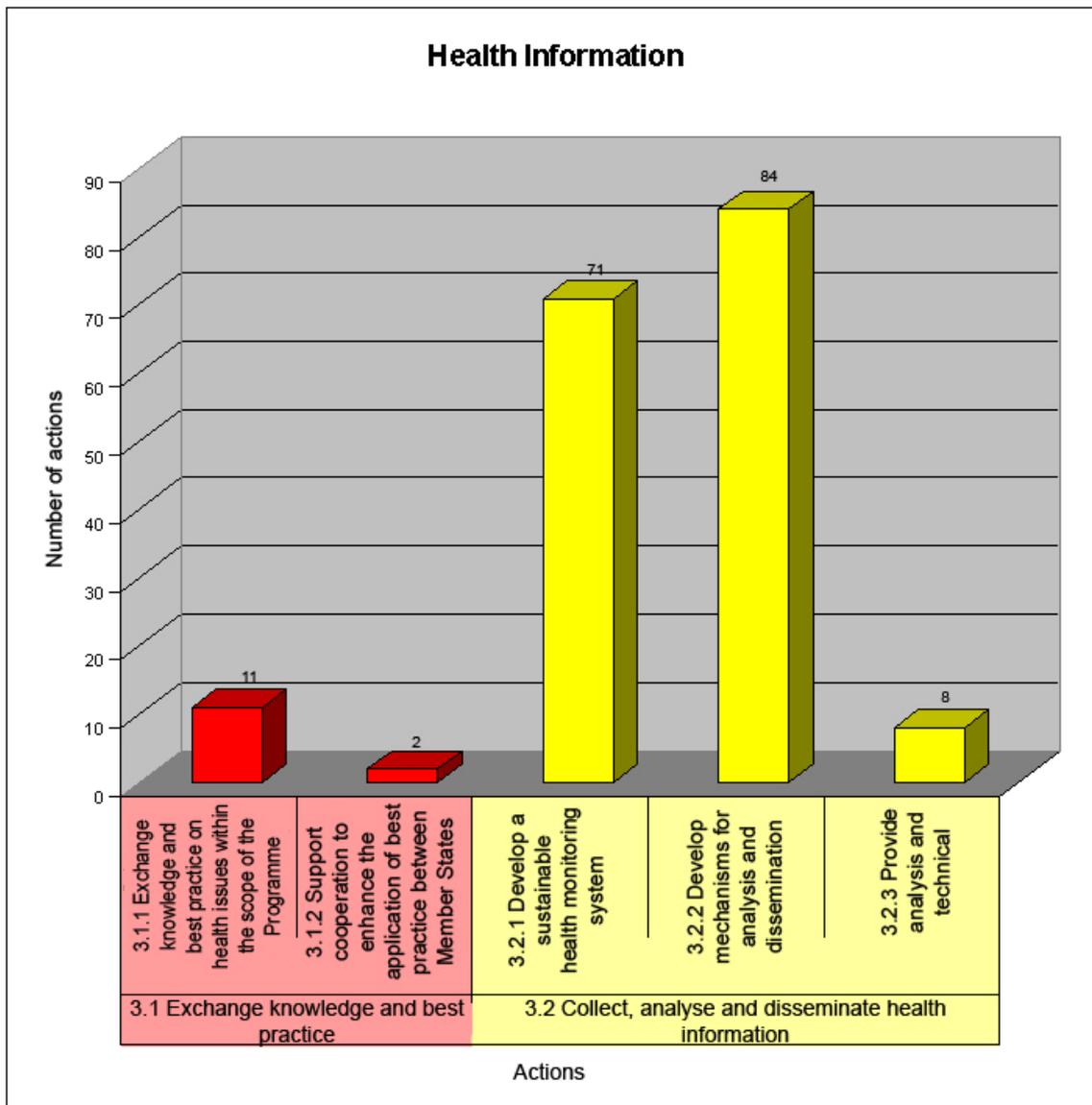
This corresponded to a total of 479 actions co-funded in the time frame 2008-2010. The histograms below show the distribution of these actions over three objectives (strands), six sub-objectives and eighteen action areas of the Programme, according to Decision No 1350/2007/EC and its Annex.



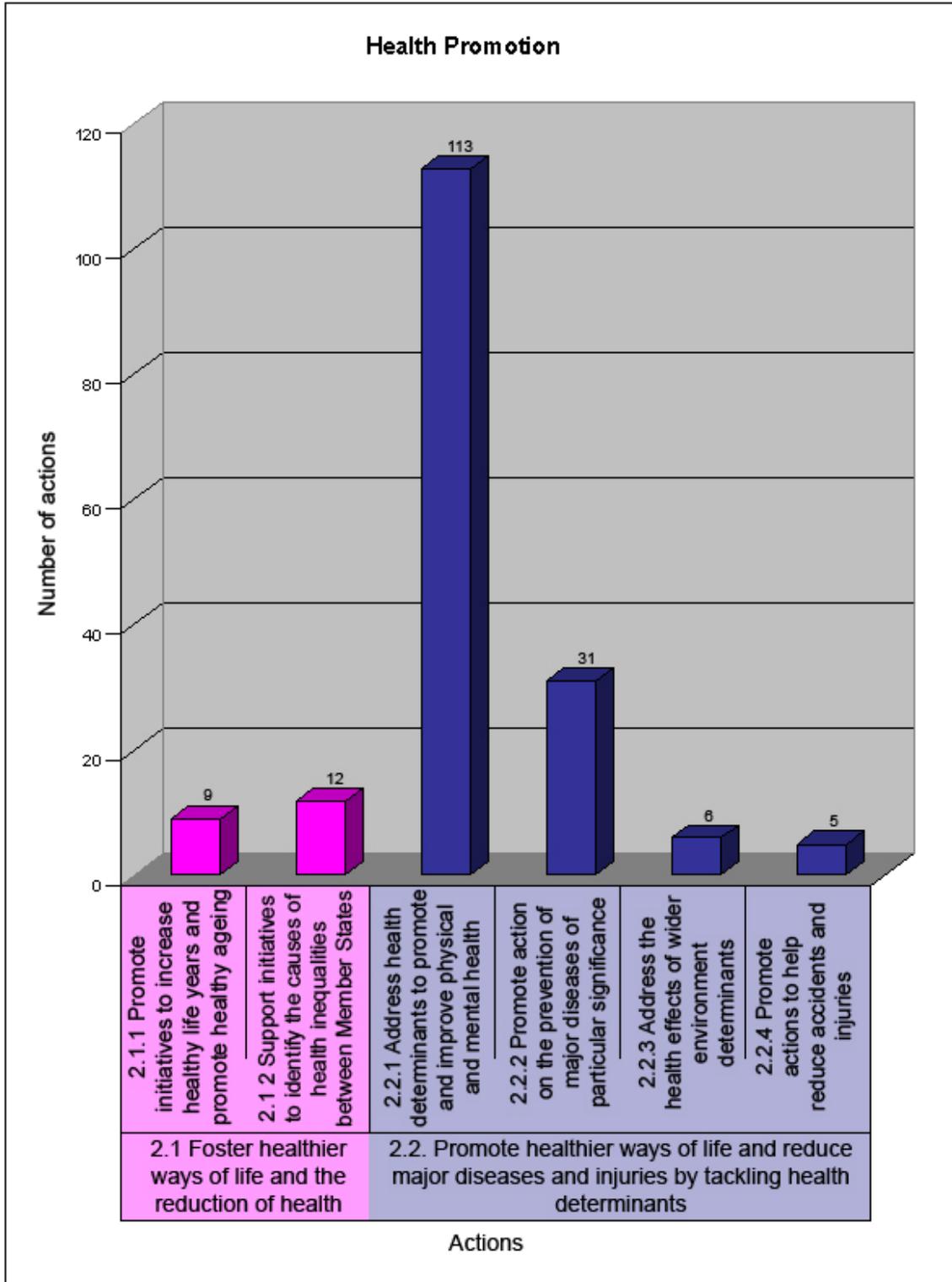
*Graphic No 2:* Distribution of funds per objective and sub-objective

As can be seen, the different actions co-funded in 2008, 2009 and 2010 are widely spread among the Health Programme's objectives, sub-objectives and action areas. According to the Programme Decision, implementation should lead to 'a reasonable balance between the different objectives'.<sup>3</sup> The fact that the 'Health Promotion' objective, mainly through the sub-objective 'Promote healthier ways of life and reduce major diseases and injuries by tackling health determinants', received half of the available budget for the period 2008-2010 could be interpreted, according to the evaluators, as the result of a political emphasis placed particularly on this objective.

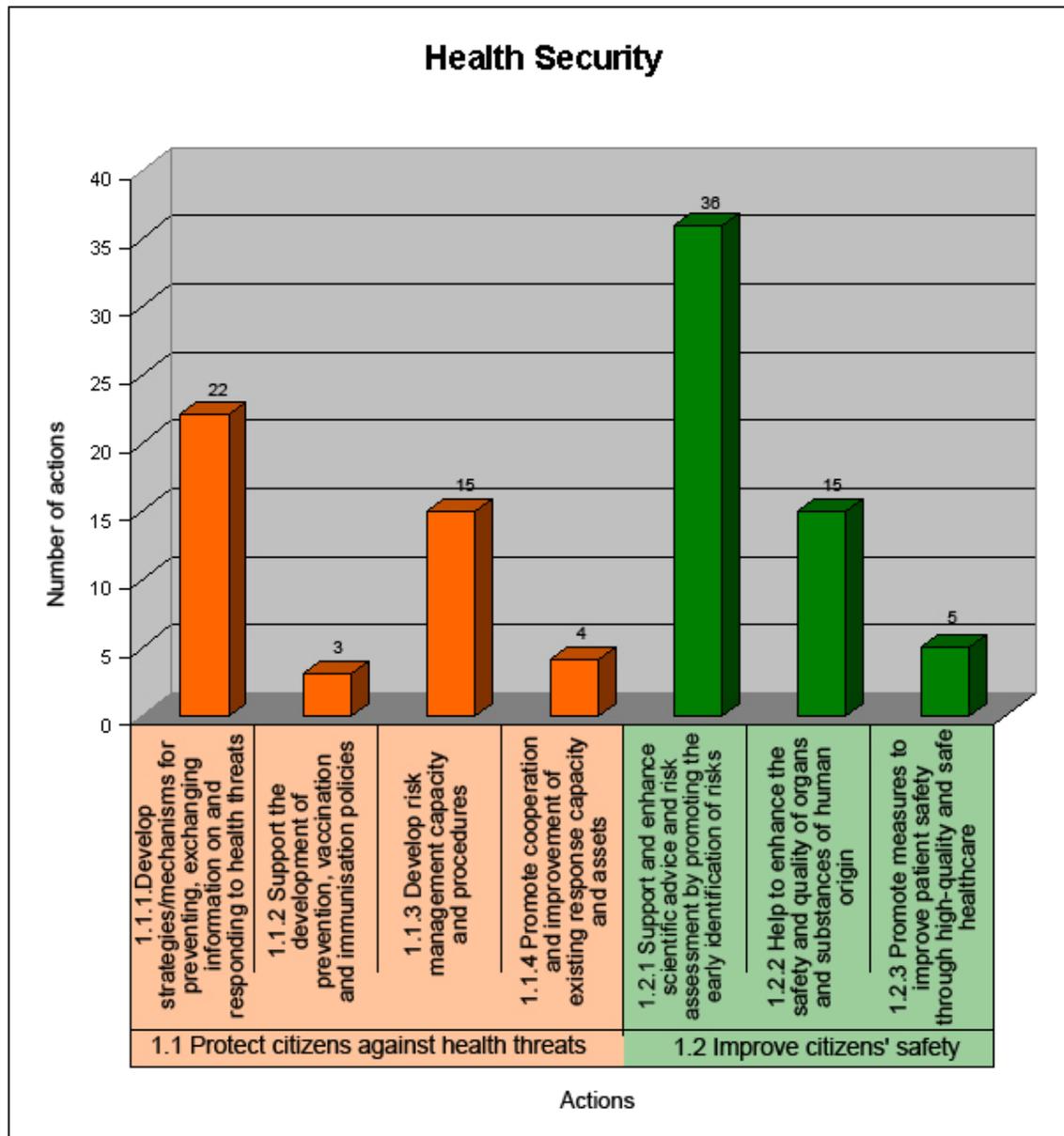
<sup>3</sup> Recital 31 of Decision No 1350/2007/EC.



*Graphic No 3:* Number of actions within the Health Information objective



**Graphic No 4:** Number of actions within the Health Promotion objective



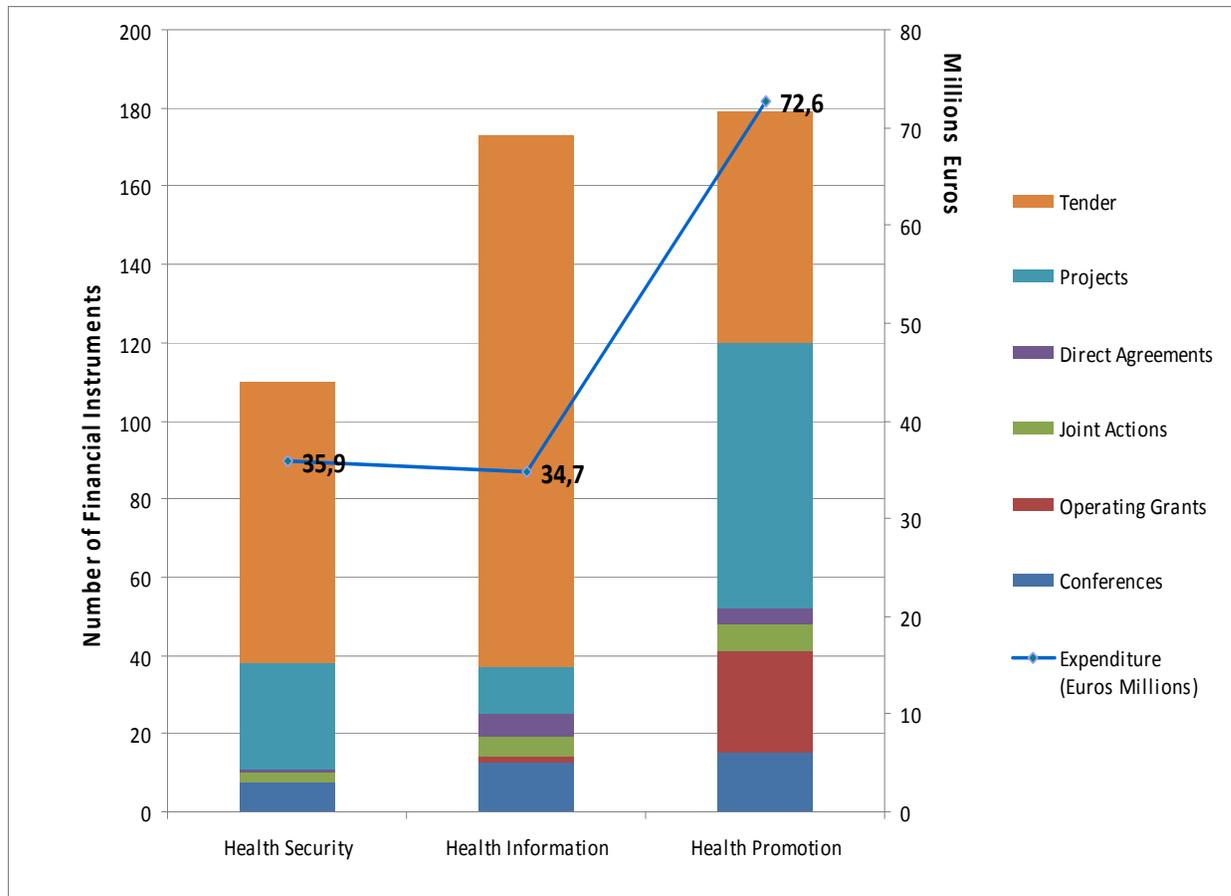
*Graphic No 5:* Number of actions within the Health Security objective

## 4.2 The financing mechanisms

The Health Programme offers potential beneficiaries a wide range of financial mechanisms to achieve its objectives. These are: project grants, tenders (provision of services), direct grant agreements with international organisations, joint actions with Member States, operating grants for non-governmental organisations and grants for conferences.

All the existing financial mechanisms were used during the period 2008–2010:

- 107 grants for action (projects) involving regional governments (public health bodies) and civil society;
- 274 tenders for actions needed to achieve the Programme’s objectives;
- 18 direct grant agreements with international organisations;
- 15 joint actions with Member States;
- 27 operating grants for the functioning of a non-governmental body or a specialised network;
- 38 grants for conferences.



**Graphic No 6:** Financial instruments per strand

These financial mechanisms enlarged the scope of possible activities to achieve the objectives of the Programme when compared to the first Public Health Programme. They have been generally positively assessed by the beneficiaries. For example, the new financial mechanism for joint actions between the Commission and the Member States allowed, for the first time, cooperation jointly financed by national authorities on key issues such as rare diseases or Health Technology Assessment (HTA).

### 4.3 The outputs of the Programme

The outputs of the financed actions can be described under the following thematic categories as stated by the evaluators following the analysis of the e-survey results:

- **Knowledge and evidence** which is beneficial on a number of different levels, including providing a basis for informed policymaking and further research;
- **Tools and/or methodologies** that help to achieve advantages for both the public health communities (*i.e* in the form of integrating their work processes) and citizens directly (*i.e* with regard to improving diagnostic tests, improving patient care, etc.);
- **Communication, awareness raising and networking;**
- **Comparable data** across the EU and covering many Member States providing information for policymaking purposes;
- **Training, educational material and guidance**, having a positive impact on the public health community (e.g. by providing guidelines in the field of patient care, diagnostics, social inclusion of vulnerable groups, etc.) and on citizens who might benefit from better education of healthcare professionals;
- **Best practices**, helping to achieve and maintain high standards in all areas related to health, such as research, access, care, treatment, etc.;
- **Capacity building** of the public health community at different levels (e.g. by increasing the capacity of healthcare systems in new Member States to deal with diseases through an exchange of knowledge with healthcare institutions in old Member States).

## 5. MAIN FINDINGS

### 5.1 Impact

Most of the actions of the Health Programme 2008-2013 have a multi-annual lifespan of, on average, three years. Consequently, most of the co-funded actions were still at an early stage of implementation at the time of the mid-term evaluation.

This represents an intrinsic limitation of the evaluation, in particular when it comes to questions about the impacts of the Programme. In addition, with actions on health it can take a while before the impact is visible.

Nevertheless, the evaluators arrived at the following conclusions:

**Firstly**, even though the Health Programme's overall funding volume is relatively minor compared to other EU programmes, it impacts significantly on the work done by public health practitioners across the EU. It has attained a certain, while modest, global resonance that is important for the Programme's overall recognition. It contributes to creating and maintaining a professional public health community at European level, fostering the exchange of knowledge and experiences. The modest efforts in terms of health data collection and exchanges between Member States would not have taken place without the support of the Health Programme.

**Secondly**, a number of activities on health determinants and comparing health data could not have been developed in new Member States without the support of the Health Programme. This is of great importance as in the current budgetary situation in many Member States, when health budgets are under enormous pressure, these activities would not otherwise have been prioritised.

**Thirdly**, the Health Programme has promoted important issues on EU and national political agendas such as rare diseases and cancer screening guidelines. It has influenced policy development and implementation at national levels.

In this context, dissemination of the Health Programme results is clearly an area for improvement and is directly linked to the issue of the intervention logic: the outcomes of the actions financed by the Programme that target health policymaking at EU level as well as at national or regional level are not sufficiently known and therefore not used enough by national stakeholders and policymakers. However, it is essential to ensure both impact and sustainability of the Programme results. More dissemination would entail more feedback from end users and would also help to monitor the effects generated by the actions of the Programme.

## 5.2 EU added value

EU added value is the value that EU action adds to the value that would otherwise have been created by Member States acting alone or by action contributing to objectives more specific to the Commission. The concept of EU added value plays a key role in the assessment of subsidiarity where, in the areas which do not fall within its exclusive competence, the Union has to justify its action in terms of the additional advantage it might have over action by individual Member States.<sup>4</sup>

A definition of the Health Programme's EU added value<sup>5</sup> has been provided by the Executive Agency in the light of its experience with the Public Health Programme 2003-2008 and the current Health Programme 2008-2013. The significant step forward

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<sup>4</sup> Report on European added value: the benefits of spending at EU level, Commission Staff Working Document 2011.

<sup>5</sup> Prior definition of EU added value was missing in the Programme Decision No 1350/2007/EC.

achieved by the mid-term evaluation was the testing and validation of seven criteria according to which an action is considered as having EU added value when:

- the expected results target the **identification and selection of a best practice, on the basis of scientific evidence**;
- the action supports existing or creates new **network activities**;
- the results are expected to produce **economies of scale**;
- the expected results are likely to contribute to the **implementation of EU legislation** and/or to assessing the impact of the evaluation or contribute towards further development of the EU legislation;
- a **comparison** based on scientific evidence and/or quality data identifies the product of an action and can be **used in the political decision-making process**;
- the action targets the development of a dedicated structure to coordinate the response of a targeted health threat or facilitate the exchange of information on a targeted health threat, or it results in a specific intervention to combat health threats. The objective is always to **reduce risks and mitigate consequences of cross-border health threats** in an interdependent EU;
- the action can also address the **free movement of people**, which is a fundamental principle and EU has high legitimacy to ensure a high level of quality of public health across EU Member States.

The evaluators assessed *a posteriori* 14 actions and this exercise resulted in the identification of projects where the added value could be verified based on predefined assessment criteria.

The evaluation concluded that actions funded under the Health Programme contribute to EU-wide effects most prominently in the areas of: a) promotion of best practices for enabling all citizens to benefit from state of the art procedures and ensuring capacity building where necessary, and b) professional networking. EU added value has been also identified in other areas such as economies of scale (return on investment) for Member States when resources are pooled across the EU to shape joint solutions.

However, the evaluators pointed out that determining *a priori* the potential ‘EU added value’ of actions to be financed is crucial for targeting high-profile health issues and to increase the effectiveness and efficiency of the Programme.

### 5.3 Consistency and complementarity with other policy areas

It is recognised that the Health Programme creates synergies with other EU funding programmes. The synergy between road safety activities carried out by DG MOVE and DG SANCO is an example. Reducing injuries and death from alcohol-related road accidents is one of the priority themes of the EU strategy to support Member States in reducing alcohol-related harm.<sup>6</sup> The first progress report<sup>7</sup> (2009) on the EU alcohol strategy indicates achievements in respect of the legal situation in Member States with

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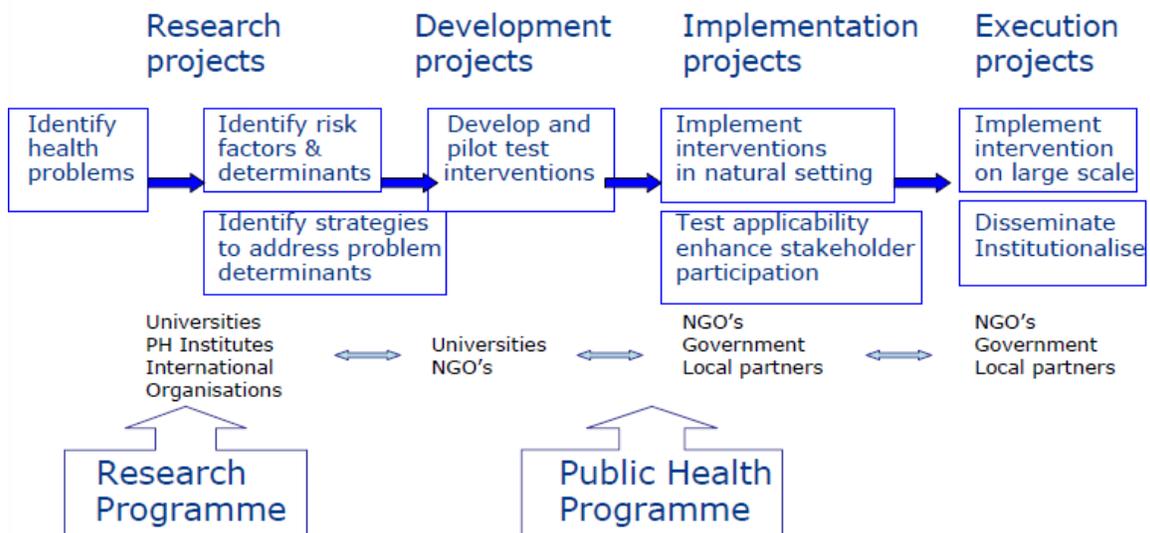
<sup>6</sup> [http://europa.eu/legislation\\_summaries/public\\_health/health\\_determinants\\_lifestyle/c11564b\\_en.htm](http://europa.eu/legislation_summaries/public_health/health_determinants_lifestyle/c11564b_en.htm)

<sup>7</sup> [http://ec.europa.eu/health/archive/ph\\_determinants/life\\_style/alcohol/documents/alcohol\\_progress.pdf](http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/documents/alcohol_progress.pdf)

regard to Blood Alcohol Concentration (BAC). Furthermore, a large number of voluntary commitments, aimed at increasing citizens' awareness of the risk related to drink driving, are taken by Members of the EU Alcohol and Health Forum, established in 2007 as one of the implementation instruments of the EU Strategy on alcohol-related harm. Synergies are also created with national health initiatives and with international organisations active in the area of health (WHO, OECD, etc.). However there is still scope for more collaboration and synchronisation among different policy areas. For instance, in the area of maritime transport, a strategy and operational mechanisms for safeguarding the health of travellers and crews of passenger and cargo ships and preventing the cross-border spread of diseases would be useful. Such a strategy should facilitate the implementation and enforcement of the EU legislation: Directive 2010/65/EU on reporting formalities for ships arriving in and/or departing from ports of the Member States, and Council Directive 2009/13/EC of 16 February 2009 implementing the Agreement concluded by the European Community Shipowners' Associations (ECSA) and the European Transport Workers' Federation (ETF) on the Maritime Labour Convention.

The evaluators concluded that more synergies could be created between, for example, the Health Programme and the Framework Programme for Research and Innovation. In this context, results and actions funded under the Health Programme could identify knowledge gaps or new health policy challenges where research could provide evidence or options for solutions while concrete research results from the EU Framework Programme for Research and Innovation could be further disseminated and lead to the development of new actions to be implemented under the current Health Programme or the next one.

The chart below reflects a possible scenario regarding the complementarity of projects/activities funded under the Health Programme and the EU Framework Programme for Research and Innovation. It shows the different stages of knowledge/evidence production, from generation to testing (pilot projects) through to implementation and further dissemination and the uptake at european, national and regional level.



These synergies are dependent on effective information exchange between researchers, as well as on information exchange between the relevant Commission services. This could lead to more effective dissemination of project results to the benefit of both the Research and Health Programmes. Shared knowledge on areas funded under the FP7 healthcare strand and the Health Programme would also reduce the risk of overlap and would enable researchers to build on the consistencies and complementarities.

#### **5.4 Management of the Programme**

The evaluators assessed a significant improvement in the delivery of the Programme in comparison with the previous period 2003-2008. This is mainly related to the outsourcing of the Programme management to the EAHC. The process for selection of actions to be co-funded has been strengthened to ensure that the best projects are being financed.

### **6. RECOMMENDATIONS AND THEIR IMPLEMENTATION**

The evaluators made five main strategic and operational recommendations by and large drawing on the findings of previous exercises.<sup>8</sup>

#### **6.1 Recommendation No 1:**

Regarding the conception of the Health Programme, the evaluators recommended that its objectives should be more tangible and focused on certain public health issues, especially those that Member States cannot tackle alone. Indicators should be determined so that the progress towards reaching those objectives can be measured.

#### **6.2 Recommendation No 2:**

To ensure effective implementation of the Health Programme, it is recommended to attend to planning of its long-term targets. In conjunction with other policy implementation tools, appropriate priority actions could then be determined, financing mechanisms selected and an appropriate spread among the objectives and priorities ensured. There is a need to explain and document this process clearly and provide a rationale/justification behind varying levels of funding for each objective.

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<sup>8</sup> The reports of the mid-term evaluation and the ex-post evaluation of the Public Health Programme 2003-2008 are available on [http://ec.europa.eu/health/programme/key\\_documents/index\\_en.htm#anchor4](http://ec.europa.eu/health/programme/key_documents/index_en.htm#anchor4).

### **6.3 Recommendation No 3:**

It is recommended to provide the applicants with clearer guidelines for preparing their proposals and encourage/follow up their usage, for example:

- Define an intervention logic at project level (definitions and very clear examples of inputs, outputs, results, outcomes and impacts of an action);
- Set indicators at project level that could provide an insight into the extent to which the outcomes are being/have been achieved. Without this, it is difficult to determine how effective an action is/has been and the extent of its impact at the time of assessment;
- Set SMART<sup>9</sup> objectives at project level in order to effectively measure progress;
- Define what is required in certain sections of the application form, i.e. ‘evidence base’, given that applicants might have different understanding of certain terms used;
- Assess potential EU added value against clear and quantifiable criteria (as stated above, this aspect is crucial and therefore guidance on it should be clear);
- Define target groups/dissemination/evaluation plans.

### **6.4 Recommendation No 4:**

The EU added value of actions should feature to a greater extent in the application process. As a condition sine qua non, applicants should describe the type of EU added value their action will bring, potentially making use of seven EU added value criteria developed by the EAHC and used as part of the mid-term evaluation (see point 5.2 above). Applicants could provide a self-assessment of EU added value which would be assessed and validated during the evaluation process.

### **6.5 Recommendation No 5:**

In order to ensure better dissemination of results, the evaluation recommends that a share of the funding within the action itself be allocated to dissemination. This should be clearly outlined in the financial statements of the proposals. Once actions come to an end, it is recommended to make better use of existing dissemination channels, i.e. the EU Public Health website, publications, newsletter, etc. In order to reach national policymakers project results should be disseminated on an annual basis to inform Programme Committee members. Information should also be communicated regularly to

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<sup>9</sup> Specific, Measurable, Attainable, Relevant, Time-bound = SMART.

the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions to promote uptake of results at the appropriate EU/national/regional/local level.

## **7. FOLLOW-UP OF EVALUATION RECOMMENDATIONS**

Based on the above-mentioned findings and recommendations, a number of issues have already been considered in the Impact Assessment for the preparation of the proposal for the Health for Growth Programme 2014-2020<sup>10</sup> adopted by the Commission on 9 November 2011.

The Commission's proposal aims at improving the Health Programme conception and management based on lessons learnt from the mid-term evaluation and previous evaluations and audits of the first and second Health Programmes.

The first Public Health Programme 2003-2008 brought together a series of parallel actions<sup>11</sup> previously implemented separately during the period 1998-2002. It established a recognised position for public health activities at the European level and, to this end, was structured around three objectives: 'health information', rapid reaction to 'health threats', and health promotion and disease prevention through addressing 'health determinants'. This integrated approach provided the opportunities to create EU added value by creating synergies among the actions, and by allowing more Member States to participate, sometimes on issues they would not have been able to tackle on their own. It had the potential to broaden the vision on public health within the Commission. However, the wide range of issues addressed through the many projects resulted in the dilution of Programme input and fragmented results.

The second Health Programme 2008-2013 was centred around the same objectives as the first programme. It serves as the main financial instrument of the EU Health Strategy and in particular its principle of Health in all policies. Emphasis was also placed on additional health concerns in terms of health inequalities subsequent to the EU enlargement, and the transfer of knowledge to the new Member States. The mid-term evaluation has provided encouraging messages but it has also demonstrated that the overall design of the next Programme should be reviewed (*see above recommendations Nos 1, 2, 4 and 5*).

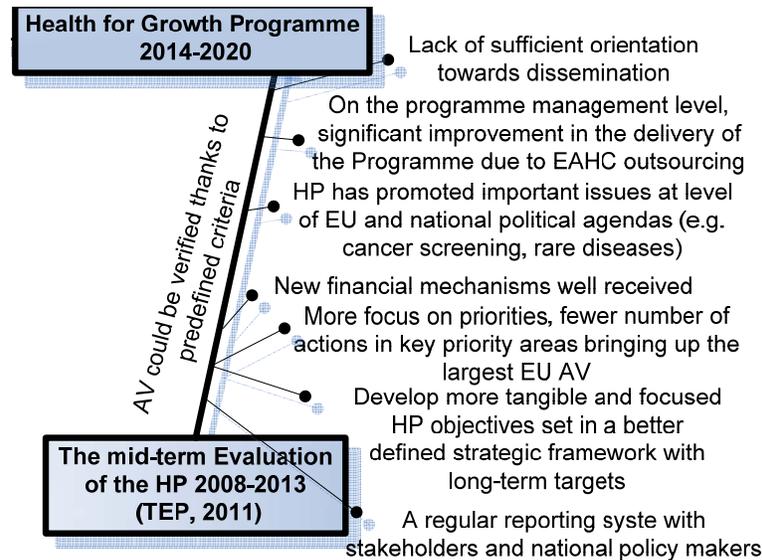
While the first and second Health Programmes have addressed a wide range of issues, a more targeted effort in selected areas is crucial to delivering results and maximising impact.

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<sup>6</sup> [http://ec.europa.eu/health/programme/policy/index\\_en.htm](http://ec.europa.eu/health/programme/policy/index_en.htm)

<sup>11</sup> These were Health Promotion, Information, Education and Training, Rare Diseases, Pollution-related disease, Injury prevention, AIDS and Communicable diseases, Cancer programme, Drug prevention, and Health monitoring.

## 7.1 Towards the new Health for Growth Programme



The proposed Health for Growth Programme aims to improve the concept and design of the programme with a **concrete and explicit orientation**. While the new programme offers some continuity in terms of health topics and financial instruments that have worked well in the past, it puts the emphasis on working closely with Member States in **developing innovative and sustainable health systems and helping them implement the EU health policy**. The new programme strengthens the link between healthcare systems, the benefits of a healthy population and economic growth, the key factors required to make our socio-economic model in Europe durable and strong. The current financial crisis accentuates the need for Member States to reform national health systems and ensure their sustainability.

The new Programme will support Member States' efforts to improve the cost-effectiveness of their health systems by facilitating the uptake of innovation, addressing health workforce shortages, fostering the prevention of chronic diseases, exchanging best practices and sharing knowledge, as well as combating cross-border health threats.

The proposal strikes the right balance between what is achievable within the limited period of seven years and the relatively modest budget of €446 million (at current prices). In line with the objectives of the Europe 2020 strategy, priority is given to four

**SMART objectives and a reduced number of actions with proven EU added value** so as to concentrate support **in key areas where Member States cannot act in isolation in a cost-effective manner.**

These are:

- (1) to develop common tools and mechanisms at EU level to address shortages of resources, both human and financial, and to facilitate uptake of innovation in healthcare in order **to contribute to innovative and sustainable health systems;***
- (2) to increase access to medical expertise and information for specific conditions also beyond national borders and to develop shared solutions and guidelines to improve healthcare quality and patient safety in order **to increase access to better and safer healthcare for EU citizens;***
- (3) to identify, disseminate and promote the uptake of validated best practices for cost-effective prevention measures by addressing the key risk factors, namely smoking, alcohol abuse and obesity, as well as HIV/AIDS, with a focus on the cross-border dimension, in order **to prevent diseases and promote good health;***
- (4) to develop common approaches and demonstrate their value for better preparedness and coordination in health emergencies in order **to protect citizens from cross-border health threats.***

Efforts should be mainstreamed and synergies promoted while avoiding duplication with other Union programmes and financial instruments, in particular the framework programmes for research and innovation, the Structural Funds, and the Programme for social change and innovation.

For the first time, the **level of funding per objective**, even though indicative, is to be established beforehand, which gives a good indication as to where the priorities of the Programme are. These objectives will be achieved through **fewer, more strategic actions focused on key priorities**. Moreover, actions under all the objectives of the new Programme will contribute to bridging existing health inequalities between Member States by enhancing mutual or joint learning processes.

The outcomes of the actions should be tailored to the real needs of the Member States in order to **facilitate their uptake by policymakers** and their use in the development of health policies. This would be considered as **the indicator of impact** for the success of the Programme.

Indicators will also measure **the progress and performance for each of the actions**, as well as the Member States' participation and **the extent of dissemination of project results**.

Dissemination, as identified in the mid-term evaluation, is one of the biggest challenges and a prerequisite for the uptake and use of the results by policymakers and health professionals. The proposed new Programme aims at ensuring, through improved and monitored dissemination, the promotion of the Programme's results and thereby contributing to their scientific validation.

Additionally, specific efforts are already being made and will be continued in the current Health Programme 2008-2013, to provide policymakers both in the Commission and in Member States with **short relevant messages from finalised projects**. This will be done in addition to the transmission of reports and other deliverables, often quite voluminous, in order to highlight and pass on the essence of the results.

Finally, the Commission will continue to **inform regularly** the European Parliament, the Council, the European Economic and Social Committee and the Committee of Regions on the Programme's results to **promote their application at EU, national and regional/local levels**.

In this context, a High Level Conference on 'EU Health Programmes: results and future perspectives' will be organised on 3 and 4 May 2012. Representatives of stakeholder groups are expected to bring their experience in the main deliverable areas of the programmes such as the creation of networks, sharing of best practices, data collection and analysis and feeding into policies. The conference will also provide a good opportunity to present the proposal for a new Health for Growth Programme and exchange views on how it can contribute to future EU health policy.

## **8. CONCLUSION**

The mid-term evaluation of the Health Programme 2008-2013 has provided substantiated conclusions concerning the potential of the Programme for influencing and complementing Member States' actions in the area of health. It has also tested and validated the EU added value of Programme actions and their expected results. Furthermore, it has recommended a number of improvements to the Programme including better prioritisation of needs, more targeted and focused objectives, reduction of the number of actions to be co-funded, monitoring through SMART indicators, and better dissemination of the Programme outcomes.

The Commission proposal for the Health for Growth Programme 2014-2020 has already incorporated these recommendations and particular effort should be made to follow them up for the Programme's successful implementation.