Third EU Health Programme 2014-2020
THE CHALLENGES

- increasingly challenging demographic context threatening the sustainability of health systems
- fragile economic recovery limiting the resources available for investment in healthcare
- increase of health inequalities between/within Member States
- increase in chronic diseases prevalence
- pandemics and emerging cross-border health threats
- rapid development of health technologies


- Following the Commission's proposal of November 2011
- 7 years, proposed budget of € 449.39 million
- Other Programmes for health are:
  - Horizon 2020,
  - Structural and Investment funds
EU Health actions and Programmes

- AIDS Prevention & communicable diseases
- Injuries prevention
- Drug prevention
- Health Monitoring
- Cancer
- Rare diseases
- Pollution related diseases
- Health Promotion, Information, Education & training

1998 - 2002

- Community action in the field of health 2003-2007
  EUR 312 million

2003 - 2007

- 2nd Community action in the field of health 2008-2013
  EUR 321.5 million

2008 - 2013

- 3rd Union action in the field of health 2014-2020
  EUR 449.4 million
The scope of the Programme

- Promoting health
- Complement, support and add value to the policies of MS to improve the health of EU citizens and reduce health inequalities
- Increasing the sustainability of health systems
- Protecting citizens from serious cross-border health threats
- Encouraging innovation in health
The 3rd Health Programme is aligned with

The *Europe 2020* Strategy for intelligent, sustainable and inclusive growth

The *EU Health Strategy "Together for Health"* and its shared principles and objectives

Taking forward work already started in the current Health Programme 2008-2013,

Supporting EU health legislation including legislation on medicinal products and medical devices
The future Programme: a tool for investing in health(*)

- for spending smarter but not necessarily more in sustainable health systems
- for investing in people’s health, particularly through health-promotion programmes
- for investing in health coverage as a way of reducing inequalities and tackling social exclusion

The objectives

1) Promote health, prevent disease 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 Union citizens

Address in particular the key risk factors with a focus on the Union added value.

Coherent approaches integrated into MS preparedness plans

Innovative tools and mechanisms in health and health prevention

Increase access to medical expertise and information for specific conditions
1) Promoting health, preventing diseases and fostering supportive environments for healthy lifestyles

- Cost-effective promotion and prevention measures for addressing tobacco, alcohol, unhealthy dietary habits, physical inactivity

- Action in reducing drug-related health damage, including information and prevention.

- **Chronic diseases** including cancer; good practices for prevention, early detection and management, including self-management

- **HIV/AIDS, TB and hepatitis; up-take of good practices for cost-effective prevention, diagnosis, treatment and care**

- Legislation on tobacco products advertisement and marketing

- **Health information** and knowledge system
2) Protecting citizens from serious cross-border health threats

- **Legislation** in the fields of communicable diseases and other health threats (*Health Security Initiative*)

- Improve **risk assessment** by providing additional capacities for **scientific expertise and map existing assessments**

- Support **capacity building**, cooperation with neighbouring countries, preparedness planning, non-binding approaches on vaccination, joint procurement

- Health information and knowledge
3) Contributing to innovative, efficient and sustainable health systems

- Health Technology Assessment

- Up-take of health innovation and e-health solutions

- Health workforce forecasting and planning (number, scope of practice, skills), mobility/migration of health professionals

- Mechanism for pooled expertise and good practices assisting Member States in their health systems reforms

- Health in an ageing society, including European Innovation Partnership on Active and Healthy Ageing

- Legislation in the field of medical devices, medicinal products and cross-border healthcare

- Health information and knowledge system including Scientific Committees
4) Facilitating access to better and safer healthcare for EU citizens

- **European Reference Networks** (on the basis of criteria to be set under Directive 2011/24/EU)

- **Rare diseases** (networks, databases and registries)

- **Patient safety and quality of healthcare** including the prevention and control of healthcare-associated infections

- **Antimicrobial resistance**

- **Legislation** in the field of tissues and cells, blood, organs, medical devices, medicinal products, and patients’ rights in cross-border healthcare

- **Health information** and knowledge system
The implementation

**Annual Work Programmes**
The Commission implements the Programme by establishing annual work programmes on the basis of which calls for proposals and call for tenders are organised every year.

**Programme Committee Members**
The Commission is assisted by a committee for establishing the annual Work Plans and monitor the Programme implementation.

**National Focal Points**
Member states designate National Focal Points for the promotion of the Programme and the dissemination of the Programme results and the identification of impacts generated
The contact details of NFP could be found on the CHAFEA website
http://ec.europa.eu/eahc/health/national_focal_points.html

**Consumers, Health and Food Executive Agency (CHAFEA)**
The Agency is entrusted by the Commission to manage the Health Programme and it works closely with us. http://ec.europa.eu/eahc/about/about.html
Interventions/Financial mechanisms

- Actions with MS competent authorities (*joint actions*) (invited procedure for direct awarding)
- Projects (*call for proposals ➔ grants*)
- Work of NGOs and Networks (*call ➔ operating grants*)
- Cooperation with International Organisations (*direct grants*)
- Studies, evaluations, IT services, etc (*public procurement*)
Financial provisions

60% is the maximum co-financing rate for all types of grants, and in some rare cases of exceptional utility this may be raised up to 80%.

Public procurement is of course covered 100%. 
Beneficiaries (recipients of funding)

- Legally established organisations
- Public authorities, public (or non-public sector) sector bodies (research and health institutions, universities and higher education establishments)
- Non-governmental bodies
- International organisations
- Private companies (through public procurement)

Specific eligibility criteria will be presented by the Chafea
Participation of third countries

The Programme is open on a cost basis, to the participation of third countries, in particular of:

(a) acceding countries, candidate countries and potential candidates benefiting from a pre-accession strategy, in accordance with the general principles and general terms and conditions for their participation in Union programmes established in the respective Framework Agreements, Association Council Decisions or similar Agreements;

(b) EFTA/EEA countries in accordance with the conditions established in the EEA Agreement;

(c) neighbouring countries and the countries to which the European Neighbourhood Policy (ENP) applies in accordance with the conditions laid down by a relevant bilateral or multilateral agreement;

(d) other countries in accordance with the conditions laid down by a relevant bilateral or multilateral agreement.
EU added value: a key concept

- **Implementing EU legislation** and ensuring that the legislation implemented is correct
- **Economies of scale** with the aim of saving money and providing citizens with better service
- **Promotion of best practice in all participating Member States** in order for EU citizens to benefit from the state of the art best practices
- **Benchmarking for decision making** requiring a strong commitment to use results with the aim of facilitating evidence based decision making
- **Focus on cross border threats** in order to reduce risks and mitigate their consequences
- **Free movement of persons** with the aim of ensuring high quality Public Health across Member States
- **Networking as an important tool for disseminating results** to all Member States including non participants
Monitoring and Evaluation

• monitor the implementation of the actions under the Programme in the light of its objectives and indicators, including available information on the amount of climate-related expenditure.

• report thereon to the Programme committee and shall keep the European Parliament and the Council informed

• evaluate at mid-term by end June 2017

• evaluate ex-post the long-term impact and the sustainability of effects with a view to feeding into a decision on the possible renewal, modification or suspension of a subsequent programme.

• make the results of actions publicly available and ensure that they are widely disseminated in order to contribute to improving health in the Union.
Conclusions

**Objectives** more focused and tangible (SMART)

Limited number of **actions** prioritised **on EU added value criteria** (23 thematic priorities – Annex I of Programme Regulation)

Same type of beneficiaries as in the past two Health Programmes

Same type of interventions **but attention to the new procedures**

**Progress indicators** to monitor the objectives and the impact

Annual Work Plans based on **long-term policy planning**

**Better dissemination** and communication of results

**Simplification** of administrative and financial procedures
More info

on the SANCO website
for Health Programmes including the Commission proposal for the new Programme

on the CHAFEA Database
for the results of previous Health Programmes
Thank you!