

EVALUATION AND FITNESS CHECK (FC) ROADMAP			
TITLE OF THE EVALUATION/FC	Mid-term evaluation of the 3 rd Health Programme 2014-2020		
LEAD DG RESPONSIBLE UNIT	DG SANTE UNIT C1	DATE OF THIS ROADMAP	November 2015
TYPE OF EVALUATION	Evaluation Interim External	PLANNED START DATE	04 / 2016
		PLANNED COMPLETION DATE	12/ 2016
		PLANNING CALENDAR	See attached  Planning of the coming mid.docx http://ec.europa.eu/smart-regulation/evaluation/index_en.htm
This indicative roadmap is provided for information purposes only and is subject to change.			

A. Purpose
(A.1) Purpose
<p>The Commission with this evaluation pursues the purpose to assess at mid-term the implementation of the 3rd Health Programme 2014-2020, especially regarding the state of implementation of its 23 thematic priorities (set in Annex I of the Programme Regulation) and their continued relevance vis à vis all Programme's objectives and their contribution to the Commission's priorities for the years 2014-2020.</p> <p>The results of this evaluation will feed into a Commission consideration on whether a delegated act will be proposed to amend the thematic priorities of the Programme regulation. The evaluation should also provide substantial support for the next Programming period.</p>
(A.2) Justification
<p>Evaluating at mid-term the implementation of the Programme is a legal obligation stemming from Regulation (EU) No 282/2014¹ establishing the 3rd Health Programme 2014-2020, Article 13(3).</p> <p>The legal basis in Article 14 foresees also the possible follow-up of this evaluation and asks the Commission, if necessary, to present a proposal for adapting the Programme adequately.</p>

B. Content and subject of the evaluation
(B.1) Subject area
The 3 rd Health Programme is a sectorial financial instrument under the Multiannual Financial Framework (MFF)

¹<http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32014R0282&from=EN>

2014-2020 in the field of health. It underpins EU policy coordination in the area of health in order to complement, support and add value to the national policies of Member States in full respect of the responsibilities of the Member States for the definition of their health policies and the organisation and delivery of health services and medical care².

The 3rd Health Programme has been restructured following experience with and results from the implementation of the two previous Health Programmes (1st HP in 2002-2007 and 2nd HP in 2008-2013).

A number of priorities are similar to those in the previous Programme although the perspective of this Programme has changed considering health related issues not only as a cost but also as an investment for growth in times of important demographic changes and rapid technological progress. The Programme's limited budget requires a strict selection of key objectives and priorities aligned to important policy initiatives thus concentrating big parts of the budget to stimulating innovation and modern health policies.

The 3rd Health Programme objectives were set in a very explicit and practical way announcing the kind of outputs expected and indicators for measuring the progress. EU added value criteria have been integrated in the legal basis and used also in the establishment of the Annual Work Programmes and in the awarding procedure. The Annual Work Programmes have been established on the basis of a preliminary multi-annual planning exercise and respecting specific criteria set in the Programme Regulation (Annex II).

Important simplification measures have been taken to reduce the administrative burden of stakeholders and optimize Programme's implementation. These are electronic tools for proposal sub-mission, grant management and timely follow-up and reporting on Programme deliverables, but also simplified awarding procedures and multi-annual instead of annual agreements for operating grants.

(B.2) Original objectives of the intervention

With a total budget of €449,5 million over seven years, the Programme is positioned to serve the Member States needs under the overarching Commission priorities:

- the link between the health status of the population and its contribution to growth and jobs through labour market participation and labour productivity;
- investment in health as a source of economic prosperity and social cohesion;
- societal challenges (such as demographic ageing; inequalities, burden of chronic diseases, effectiveness and resilience of health systems).

The general objective of the Health Programme is to **complement, support and add value to the policies of Member States to improve the health of EU citizens and reduce health inequalities by promoting health, encouraging innovation in health, increasing the sustainability of health systems and protecting Union citizens from serious cross-border health threats.**

This is translated into **4 specific objectives** :

1) in order to *promote health, prevent disease and foster supportive environments for healthy lifestyles*: **identify, disseminate and promote the uptake of evidence-based and good practices for cost-effective health promotion and disease prevention measures by addressing in particular the key lifestyle related risk factors with a focus on the Union added value;**

2) in order to *protect citizens from serious cross-border health threats*: **identify and develop coherent approaches and promote their implementation for better preparedness and coordination in health emergencies;**

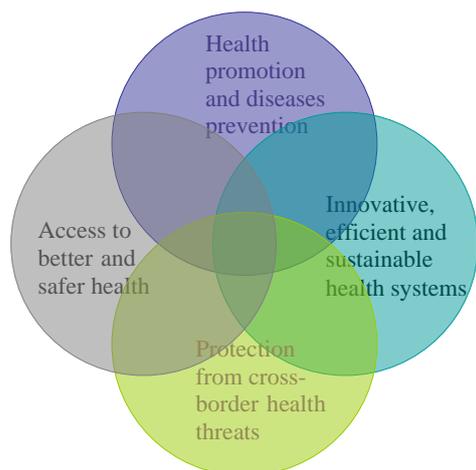
3) in order to *support public health capacity-building and contribute to innovative, efficient and sustainable health systems*: **identify and develop tools and mechanisms at Union level to address shortages of resources, both human and financial, and to facilitate the voluntary uptake of innovations in public health intervention and prevention strategies;**

4) in order to *facilitate access to better and safer healthcare for Union citizens*: **increase access to medical**

² Article 168 of the Treaty on the Functioning of the European Union and recital 1 of the Programme Regulation (EU) N° 282/2014.

expertise and information for specific conditions beyond national borders, facilitate the application of the results of research and develop tools for the improvement of healthcare quality and patient safety through, inter alia, actions contributing to the improvement of health literacy.

Since 2002 the Health programmes follow an integrated approach: The 4 specific objectives of the programme are interlinked and interactions are being promoted. However for the purpose of Programme management and monitoring, each priority and the corresponding actions funded are attributable to one objective.



(B.3) How the objectives were to be achieved

The following **diagram resumes the challenges, main aims, specific and operational objectives of the Programme in correspondence to the 23 thematic priorities.**



3rd Health Programme Overview.

On this basis, and following specific criteria set in Annex II of the Programme Regulation, the Commission prepares every year with the support of the Programme Committee members the Annual Work Programme. The Work Programme defines the most relevant actions to address Member States health needs and create added value at EU level. These actions should have high public health relevance and pertinent geographical coverage; the choice should take into consideration that all 23 thematic priorities should be covered adequately in the overall period 2014-2020, and budgetary resources should be distributed in a balanced way between the different objectives of the Programme. This way the Commission sets out and publishes annually the possibilities to co-fund actions that may interest potential applicants who are ready and will to work for the completion of the Programme objectives and priorities. Then, the Consumers, Health, Agriculture and Food Executive Agency (Chafea) implements this Programme mainly through competitive calls for proposals and tenders.

The Programme uses **different financial mechanisms** as a means to better respond to Member States' and stakeholders' needs: grants for projects, joint actions with Member States, operating grants for non-governmental organisations, direct grants for boosting cooperation with international health organisations, and direct financing through procurement procedures for covering specific needs related to the support of EU health policies (e.g. for studies, development of IT tools etc.)

The programme is a supporting programme for policy coordination. The definition of actions for the Annual Work Programme is an opportunity to dialogue with Member States and test if the Programme objectives and priorities are still relevant to their needs. In some cases the Programme is an instrument for encouraging Member States to

undertaken large cooperation and to make progress on issues of common interest where political endorsement is necessary.

The Programme's specific objectives are twofold and their success can only be defined in terms of the rate of **implementation, participation by Member States and take-up of the outcome in the different Member States and stakeholder groups**, on top of the individual results per action, compared with predefined levels. Every action and thematic priority comes as a complement and support to the Member States initiatives according to the general Programme objective.

Other factors³ influencing the Programme's outcomes and consequently its impact, are the existence of clear links to existing policy initiatives, the plans for sustained follow-up efforts, the feasibility of policy change (considering the surrounding context) in the medium-term, the well-delineated action scope and objectives, plausible intervention logic, involvement of relevant partners, strong project management, constructive engagement from DG SANTE / Chafea and the choice of the most suitable financial mechanism for each action.

Progress indicators have been developed at the level of the Health Programme objectives and priorities and these indicators are further detailed in the draft annual budget procedure (see below under evidence).

Synergies exist also at EU level with other Programmes and could play an important role (see final evaluation report of the 2nd HP 2008-2013): this cross-fertilization can not only bring new ideas to be tested in real settings through the Health Programme, but could and should also help bring about more ambitious Programme outcomes, a better uptake of results and actions which build *upon* each other.

C. Scope of the evaluation/FC

(C.1) Topics covered

The evaluation will cover the first three years of Health Programme implementation and will mainly examine **the relevance of the choices made** in the AWP 2014, 2015 and 2016 and proposals submitted and awarded for EU funding under the subsequent calls. It will cover also the **efficiency of the use of resources, the Union added value of the Programme, the internal and external coherence of the Programme, and simplification measures**, assessing the need for change and alignment of the Programme's priorities in view of new challenges or to deliver better results.

Due to the timing of the interim evaluation, signed grant agreements/contracts will only be available for actions funded under the calls 2014 and 2015. It is expected that for only very few of them interim reports will be available in 2016. Therefore this **evaluation** cannot yet take into account results from actions funded under this programme.

(C.2) Issues to be examined

The evaluation will cover relevance, efficiency, coherence, utility and EU added value.

In view of the timing of the interim evaluation assessment of the effectiveness will be limited to the management of the programme.

The evaluation will focus on actions funded around priorities that have received important EU co-funding in the first three years of the Programme. Examples for actions that may receive special attention are:

- **the role of the Health Programme in supporting cooperation at institutional, national and regional level** on Health Technology Assessment, e-health and the European Innovation Partnership for an Active and Healthy Ageing;
- **the Programme's contribution to the inclusive growth and social cohesion objectives**, with a focus on chronic diseases, risk factors, access and quality of care, the establishment of European Reference Networks and Non-governmental Organisations work supported by the Health Programme;
- **the Programme's contribution to migration policy** with a focus on the contribution of the

³ According to the recent ex-post final evaluation report of the 2nd Health Programme 2008-2013, pp. 68

Programme enabling its stakeholders and MS to take-up the necessary measures and react in coordinated manner in the ongoing Refugees Crisis.

- the Programme's contribution to provide support to the Ebola outbreak in Western Africa in 2014-15 and suggestions for a better link with the Commission social priorities.

The evaluation is expected to **assess the performance of the Programme in comparison to the previous situation (ie before the third Programme) in view to suggest improvements especially regarding further rationalisation/simplification and elaboration of indicators related to the above mentioned Programme priorities and objectives.**

The following evaluation questions are indicative of the issues this evaluation will deal:

RELEVANCE

- To which extent are the actions prioritised in the Annual Work Programmes the most relevant vis-à-vis the Programme objectives and priorities?
- To which extent are the Programme objectives still valid and in accordance with health needs in Europe? Are the needs identified at the time of the adoption of the Programme still relevant or have new needs emerged which necessitate an adjustment of the Programme?
- To which extent the Health Programme thematic priorities are sufficient and sufficiently covered to achieve the Programme objectives and Commission wider priorities?

EFFECTIVENESS

- To which extent is the process for defining and prioritising actions through Annual Work Programmes fair and effective?

EFFICIENCY

- To which extent is the distribution of Programme credits among the 23 thematic priorities efficient?
- To which extent the simplification measures contribute to the efficiency of the Programme?

EU ADDED VALUE

- In how far have the 8 EU added value criteria lead to the development of proposals that are addressing these aspects?

COHERENCE/CONSISTENCY

- To which extent have the priorities of the Health Programme led to more synergy, focus and coherence between the funded actions in delivering on the objectives?

UTILITY

- To which extent is the Health Programme useful and if necessary how could its utility be increased?

(C.3) Other tasks

N/A

D. Evidence base

(D.1) Evidence from monitoring

The following data collected for the monitoring of the Programme implementation are available:

- Overview of all actions financed by the 3rd Health programme as well as aggregated data of the earmarked and committed amounts par year, per thematic priority and per objective;
- Detailed information on the proposals submitted and their evaluation:
- Detailed information on actions awarded and grant agreements signed.
- Information on state of play and evolution of the programme indicators on an annual basis.

These provide a key input for the evaluation in addition to a series of other documents (Annual Work Programmes, Calls 2014, 2015 etc. , summaries of actions and deliverables that are publicly available through the SANTE (http://ec.europa.eu/health/index_fr.htm) and Chafea (<http://ec.europa.eu/chafea/>) websites

(D.2) Previous evaluations and other reports

Evaluations of the first and second Health Programme are available at http://ec.europa.eu/health/programme/key_documents/index_en.htm#anchor_1 The 3rd Health Programme is implementing a series of recommendations made during the previous Programme evaluations. Therefore, it is useful to know what these recommendations are and why the Programme strives to respect them.

Currently, the Commission is preparing the report of the ex-post final evaluation of the 2nd Health Programme to the European Parliament and to the Council. This report will be available on the same Website.

Other policy documents related to the Health Programme (e.g. impact assessment, Annual Work Programmes, Annual Reports etc.) can be found at DG SANTE Website http://ec.europa.eu/health/programme/policy/index_en.htm

These documents constitute the basis for understanding the rationale of the Programme and its overall functioning.

Other information on the functioning of the Programme available on the Chafea's Website will be used in the evaluation

especially the database: <http://ec.europa.eu/chafea/projects/database.html> and publications *and info sheets* regarding *a series of Programme actions*

http://ec.europa.eu/chafea/publications/publications_for_health_programme.html

http://ec.europa.eu/chafea/health/hp-infosheets_en.html

(D.3) Evidence from assessing the implementation and application of legislation (complaints, infringement procedures)

N/A

(D.4) Consultation

The Commission envisages a consultation of the Health Programme's stakeholders as part of this evaluation for the beginning of autumn of 2016. The strategy for this consultation and the questions will be decided jointly with the Interservice Steering Group and on the basis of the preliminary conclusions of this evaluation. The idea is to cross-check the evaluation preliminary conclusions for example on the need to suspend some priorities or add new ones.

This open public consultation will respect the instructions for public consultations according to Better Regulation and will last 12 weeks.

The open public consultation will include the following groups of stakeholders:

- Governmental policy makers

- Governmental public health organisations
- International organisations
- Academic and research organisations
- Non-governmental organizations
- Health Professionals
- Patients and service users

The launch of stakeholder consultations related to this initiative will be announced in the consultation planning that can be found at:

http://ec.europa.eu/yourvoice/consultations/docs/planned-consultations_en.pdf.

(D.5) Further evidence to be gathered

N/A

E. Other relevant information/ remarks

The final evaluation of the 2nd Health Programme underlined weaknesses in the communication/explanation of linkages between the actions funded and the EU health policies and initiatives. It concluded that the main difficulty in defining appropriate Programme indicators at output and outcome level is due both to the diversity in form and content of its many funded actions and an inability to draw links between relatively small actions and higher-level public health indicators.

The challenges are even greater with the 3rd Health Programme which should serve at the same time its own general and specific objectives and contribute to a challenging situation where new priorities emerge such as the ten policy areas that are set as priorities by the current European Commission (as announced in July 2014⁴) and the recent Refugees crisis.

In the 3rd Health Programme participated in 2014 and 2015 all 28 EU Member States, and the EFTA countries, Norway and Iceland.

Serbia, Moldova and, Bosnia and Herzegovina have started bilateral negotiations in view of their participation in the years to come.

No other third country outside Europe is currently participating.

⁴ http://ec.europa.eu/priorities/docs/political-guidelines-short_en.pdf