Health Programme

In a nutshell
The European Union’s third Health Programme for 2014-2020 is designed to complement, support and add value to the policies of the Member States to improve the health of EU citizens and reduce health inequalities, whilst respecting national autonomy in delivering health services and medical care. Its €449 million seven-year budget represents a substantial increase on the €321.5 million financial envelope for the 2008-2013 Health Programme.

EU’s Multiannual Financial Framework (MFF) heading and policy area
Heading 3 (Security and citizenship)
Public health

2014-2020 financial envelope (in current prices and as % of total MFF)
Commitments: €449.39 million (0.04%)

2014 budget (in current prices and as % of total EU budget)
Commitments: €58.58 million (0.04%)
Payments: €44.78 million (0.03%)

2015 budget (in current prices and as % of total EU budget)
Commitments: €59.75 million (0.04%)
Payments: €57.04 million (0.04%)

Methods of implementation
Direct management (European Commission; Consumers, Health, Agriculture and Food Executive Agency – Chafea).

In this briefing:
- EU role in the policy area: legal basis
- Objectives of the programme
- Funded actions
- Assessment of the programme
- Other EU programmes and action in the same field
EU role in the policy area: legal basis

Under Article 168 of the Treaty on the Functioning of the European Union (TFEU), the European Union (EU) must ensure a high level of human health protection in the definition and implementation of all its policies and activities. EU action should complement Member States' public health policies, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. In addition, the EU should foster cooperation on public health policy between Member States, as well as with non-EU countries and international organisations. However, Member States bear sole responsibility for defining their own health policy, and for organising and delivering health services and medical care.


Objectives of the programme

The EU's third Health Programme 2014-2020 succeeds what were referred to, respectively, as the Public Health Programme (2003-2007) and the second Health Programme (2008-2013). It aims to complement, support and add value to the policies of the Member States to improve the health of EU citizens and reduce health inequalities in a number of ways: by promoting health, encouraging innovation in health, increasing the sustainability of health systems, and protecting citizens from serious cross-border health threats. The focus is on areas where the EU can deliver added value.

The programme pursues four 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; and 4) facilitate access to better and safer healthcare for EU citizens.

The 23 thematic priorities for each of these objectives include, respectively, actions to 1) address lifestyle-related risk factors (such as smoking, drinking, unhealthy diet and physical inactivity), drugs-related health damage, HIV/AIDS, tuberculosis, hepatitis and chronic diseases (e.g. cancer, neurodegenerative diseases); 2) build capacity for better preparedness and coordination in health emergencies, including scientific expertise and health information systems; 3) develop tools and mechanisms such as the Health Technology Assessment, e-health and health workforce planning; and 4) support the establishment of European reference networks and measures on, for example, rare diseases, patient safety and the prevention of antimicrobial resistance.

Funded actions

The Health Programme is implemented by the European Commission's Consumers, Health, Agriculture and Food Executive Agency (Chafea), through annual work plans. These set out priority areas and the criteria for funding actions under the programme. National Focal Points designated by the Member States assist the Commission in promoting the programme.

The recipients of funding (the beneficiaries) can be legally established organisations such as public administrations, public sector bodies, research institutes, universities, non-governmental organisations and health stakeholders (particularly patients' and
health professionals’ organisations). They must be established in one of the 28 EU Member States or a European Free Trade Association (EFTA) country.¹

**Figure 1: Financial envelopes for the EU’s public health programmes since 2003**

![Financial envelopes for the EU's public health programmes since 2003]

Data source: European Commission.

There are two main funding mechanisms: grants and public procurement.

Grants can be for cooperation projects, for joint actions by Member State health authorities, or as operating grants to finance core operating costs of non-governmental bodies. They can also take the form of direct grants to international organisations. The basic principle is joint funding: the EU contribution is 60% of the total eligible cost; in cases of ‘exceptional utility’ towards achieving the objectives of the programme, this contribution can increase to as much as 80%.

Projects should offer high added value at EU level, involve at least three partners from different countries, be innovative and last no longer than three years. There have so far been three calls for proposals for the current 2014-2020 funding period. The most recent closed on 15 September 2015 and covered issues including integrated care, chronic diseases, tuberculosis, viral hepatitis and transplantation therapies.

Joint actions are co-financed by the health authorities, or by public sector bodies and non-governmental bodies mandated by them, and should provide a genuine European dimension. Up to now, they have typically involved on average 25 partners. The themes identified for 2015 are health technology assessment cooperation (€12 million in EU co-financing), prevention of frailty (€3.5 million in EU co-financing), market surveillance of medical devices (€850 000 in EU co-financing) and rare cancers (€1.5 million in EU co-financing).

Operating grants co-finance the core activities of a non-governmental body or network, and are disbursed under Framework Partnership Agreements (FPA). In 2014, FPAs totalling €4.72 million were concluded for the period 2015-2017. One example is the proposal for an FPA for the European Organisation for Rare Diseases (EURORDIS), which received a grant of €770 000.

Public procurement under the programme consists of calls for tender and framework contracts.
In the 2014 call for tender, a total of €12.68 million was awarded. By way of example, a project to validate tools for screening and diagnosing frailty as part of integrated care for older people received €1.12 million.

The 2014 framework contracts amounted to a total of €3.93 million. They included the following specific contracts: EAHC/2012/Health/01 – preparedness activities relevant to the monitoring, assessment and coordination of the response to cross-border health threats (€643 559); AHC/2013/Health/01 – a study on cross-border health services and potential obstacles for healthcare providers (€211 550); EAHC/2013/Health/10 Lot 2 – an assessment of citizens’ exposure to tobacco smoking (€199 950); EAHC/2013/Health/14 – regional workshops/conferences on the results of the 2008-2013 Health Programme in key policy areas (€498 953); and EAHC/2013/Health/23 – mapping best practices for the identification of characterising flavours in tobacco products (€219 400).

Actions funded under the second Health programme
Examples of ongoing measures from the previous Health Programme (2007-2013) include: a project for a European pilot network of reference centres in refractory epilepsy and epilepsy surgery (E-PILEPSY) (maximum EU contribution: €1.43 million); a joint action for a European Guide on Quality Improvement in Comprehensive Cancer Control (CANCON) (maximum EU contribution: €2.99 million); and an operating grant for Alzheimer Europe (maximum EU contribution: €285 168).

Assessment of the programme
In 2009, the European Court of Auditors (ECA) published a special report on the EU's Public Health Programme (PHP) for 2003-2007, in which it criticised the PHP's scale in relation to its limited means (€232 million over seven years). The ECA wrote that an ill-defined 'intervention logic' was not conducive to clear, objective and appropriate performance indicators, and that the number and variety of projects had led to duplication and fragmented results. It also pointed to weaknesses in project design and implementation. However, the ECA praised the PHP's capacity, and that of its networks in particular, to unite stakeholders in different Member States, thus facilitating peer support and peer learning. It called on the Commission to significantly reduce the number of priorities and to focus on European added value in a future public health programme. The ECA added that other forms of cooperation, such as the EU's 'open method of coordination', should be further developed.

In 2013, the European Public Health Association (EUPHA), an umbrella organisation for public health associations and institutes in Europe, studied the uptake across European countries of public health innovations from the EU Public Health Programme in the period 2003-2005. It concluded that EU funding for public health did contribute to cross-border knowledge transfer and uptake of innovations, but recommended a stronger focus on defining public health innovations and demonstrating their contribution to Europeans' health and well-being.

More recently, in 2015 the European Commission published an ex-post evaluation of Health 2008-2013. Its key findings were that the Commission had successfully implemented recommendations from the programme's mid-term evaluation in 2011, taking a more strategic approach and consistently using EU added value criteria, but that monitoring and dissemination of results still posed problems. The evaluation noted synergies between the programme and the EU's Framework Programme for Research
(FP), with some measures from Health 2008-2013 building on and using FP-funded research (for example, on health threats from nanomaterials). The authors suggested that a future programme should encourage greater participation by funding recipients in Member States with lower gross national income (GNI).

Health 2014-2020 puts greater emphasis on the link between a healthy population and economic growth than earlier programmes, against the backdrop of the EU's Europe 2020 strategy for smart, sustainable and inclusive growth. It also responds to current pressures on public finances amid sluggish economic growth in the EU, with a focus on cost-effective disease prevention.\textsuperscript{3} The Commission’s then-proposal for a regulation on a Health for Growth Programme set out a number of ways in which the new programme would simplify and improve on its predecessors, in response to evaluations and audits of Public Health 2003-2007 and Health 2008-2013. Essentially, the third Health Programme aims to do fewer things better, focusing on EU added value and tangible results. New elements include progress indicators, better dissemination and communication of project results, and stronger incentives for lower-GNI Member States to participate in the programme, including preferential co-financing rates. The proposal also reflects the revised EU Financial Regulation, intended to streamline funding award procedures.

Parliament's priority in negotiations on Health 2014-2020 was to increase the focus on age-related diseases, such as neurodegenerative diseases, and for the budget to be shared between objectives according to their likely benefits to public health.\textsuperscript{4} The report produced in June 2012 by the Committee on the Environment, Public Health and Food Safety (rapporteur: Françoise Grossetête, EPP, France) proposed changing the name of the programme to 'Health and Growth for Citizens', but the current title was subsequently agreed in a compromise between Parliament and Council.

Other EU programmes and action in the same field

EU Cohesion Policy aims to reduce economic and social disparities between regions in Europe, and health is considered an important asset in achieving this aim. The EU supports investments through the European Structural and Investment Funds (ESIF) in health areas such as ageing populations, healthcare infrastructure and sustainable systems, e-health, health coverage, and health promotion programmes. Health is eligible for support under several of the Cohesion Policy priorities for 2014-2020, including thematic objectives\textsuperscript{7} 2 – ICT, 3 – SMEs, 8 – Employment, 9 – Social Inclusion and 11 – Institutional Capacity. The European Regional Development Fund (ERDF) can fund health infrastructure and equipment, e-health, and research and support for SMEs. The European Social Fund (ESF) can finance activities linked to active and healthy ageing, health promotion and addressing health inequalities, support for the healthcare workforce, and strengthening of public-administration capacity.

Research programmes, public-private partnership

Funding for health projects was also provided in FP7, and currently in Horizon 2020. During 2014-2015, the policy challenge ‘Health, Demographic Change and Wellbeing’ will receive some €1.2 billion in investment for personalising health and care, to support a better understanding of healthy ageing, and to improve prevention and treatment of disease.

Joint funding is made available through the Innovative Medicines Initiative (IMI), a public-private partnership between the EU and the pharmaceutical industry that aims to accelerate the development of medicines. Its budget for 2014-2024 is €3.3 billion, half of which comes from Horizon 2020.
Endnotes

1 Organisations from other countries can participate as subcontractors or collaborating stakeholders.


7 The operational programmes are still awaiting approval. Available figures are by thematic objective.

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