

PUBLIC CONSULTATION ON THE FINAL EVALUATION OF THE THIRD HEALTH PROGRAMME 2014-2020

Fields marked with * are mandatory.

Introduction

The 3rd Health Programme is a sectorial financial instrument under the Multiannual Financial Framework (MFF) 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 care.

The Commission is conducting a final evaluation of the 3rd Health Programme. Its purpose is to monitor, evaluate and report on the implementation of the actions of the 3HP in relation to its objectives and indicators (time period: 2014-2020). The evaluation will cover the following criteria: Effectiveness, Efficiency, Relevance, Coherence, and EU-added value.

This consultation is a part of a series of consultations (public consultation, targeted stakeholder surveys, stakeholder interviews, focus groups), foreseen in the stakeholder strategy.

Your insights will help us to assess the successes and areas for improvement of the Programme. You can contribute to this consultation by filling in the online questionnaire. If you are unable to use the online questionnaire, please contact us using the email address below.

Questionnaires are available in all official EU languages. You can submit your responses in any official EU language.

Depending on your role in the programme this questionnaire may prompt you to participate in a targeted consultation, organised by ICF, contracted by the Commission to perform a study in support of this evaluation.

For reasons of transparency, organisations and businesses taking part in public consultations are asked to register in the EU's Transparency Register.

In case you wish to contact the Unit responsible for the open public consultation, please send an email to: [S ANTE-3HP-FINAL-EVALUATION@ec.europa.eu](mailto:ANTE-3HP-FINAL-EVALUATION@ec.europa.eu).

If you have any issues with completing the survey you can contact the study team here: 3hpstudy@icf.com

About you

* 1 Language of my contribution

- Bulgarian
- Croatian
- Czech
- Danish
- Dutch
- English
- Estonian
- Finnish
- French
- German
- Greek
- Hungarian
- Irish
- Italian
- Latvian
- Lithuanian
- Maltese
- Polish
- Portuguese
- Romanian
- Slovak
- Slovenian
- Spanish
- Swedish

* 2 I am giving my contribution as

- Academic/research institution
- Business association
- Company/business organisation
- Consumer organisation
- EU citizen
- Environmental organisation

- Non-EU citizen
- Non-governmental organisation (NGO)
- Public authority
- Trade union
- Other

* 5 First name

Gabriella

* 6 Surname

Sutton

* 7 Email (this won't be published)

g.sutton@eurohealthnet.eu

* 11 Organisation name

255 character(s) maximum

EuroHealthNet - The European Partnership for Health Equity and Wellbeing

* 12 Organisation size

- Micro (1 to 9 employees)
- Small (10 to 49 employees)
- Medium (50 to 249 employees)
- Large (250 or more)

13 Transparency register number

255 character(s) maximum

Check if your organisation is on the [transparency register](#). It's a voluntary database for organisations seeking to influence EU decision-making.

48562122691-12

* 14 Country of origin

Please add your country of origin, or that of your organisation.

- Afghanistan
- Djibouti
- Libya
- Saint Martin
- Åland Islands
- Dominica
- Liechtenstein
- Saint Pierre and Miquelon

- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Eswatini
- Ethiopia
- Falkland Islands
- Faroe Islands
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern and Antarctic Lands
- Gabon
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Lithuania
- Luxembourg
- Macau
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar/Burma
- Namibia
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- São Tomé and Príncipe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Sint Maarten
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- South Korea
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard and Jan Mayen
- Sweden

- Bonaire Saint Eustatius and Saba
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- British Virgin Islands
- Brunei
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Clipperton
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Nauru
- Nepal
- Netherlands
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- North Korea
- North Macedonia
- Norway
- Oman
- Pakistan
- Palau
- Palestine
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- The Gambia
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States

- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Cook Islands
- Costa Rica
- Côte d'Ivoire
- Croatia
- Cuba
- Curaçao
- Cyprus
- Czechia
- Democratic Republic of the Congo
- Denmark
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Philippines
- Pitcairn Islands
- Poland
- Portugal
- Puerto Rico
- Qatar
- Réunion
- Romania
- Russia
- Rwanda
- Saint Barthélemy
- Saint Helena
- Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- United States Minor Outlying Islands
- Uruguay
- US Virgin Islands
- Uzbekistan
- Vanuatu
- Vatican City
- Venezuela
- Vietnam
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

* 15 How would you describe your knowledge of the 3rd Health Programme?

- Detailed in-depth knowledge
- Some knowledge
- Only very basic knowledge
- No knowledge at all

* 16 Have you or the organisation / institution you represent ever applied directly or indirectly for funding from the 3rd Health Programme?

Indirect application refers to support to or partnering with an organisation which has directly applied for funding from the 3rd Health Programme

- Yes
- No
- Not aware of

- Not applicable

17 As part of your involvement in the 3rd Health Programme, what type of funding instruments did you come across?

- Project grants
- Operating grants
- Direct grants to international organisations
- Joint actions
- Procurement contracts
- Health Policy Platform & Health Award/Health Prize

* 20 Have you or the organisation / institution you represent ever received funding from the 3rd Health Programme?

- Yes
- No
- I don't know

21 What type of funding instrument you benefitted from?

- Project grants
- Operating grants
- Direct grants to international organisations
- Joint actions
- Procurement contracts
- Health Policy Platform & Health Award/Health Prize

* 22 What is your background in relation to the 3rd Health Programme?

- Stakeholder directly involved in the **programme design**
- Stakeholder directly involved in the **programme implementation**
- Stakeholder directly involved in the **programme evaluation**
- Stakeholder who **benefitted from the programme**
- Stakeholder who **has interest in the programme**

The Commission will publish all contributions to this public consultation. You can choose whether you would prefer to have your details published or to remain anonymous when your contribution is published. **For the purpose of transparency, the type of respondent (for example, 'business association, 'consumer association', 'EU citizen') country of origin, organisation name and size, and its**

transparency register number, are always published. Your e-mail address will never be published.

Opt in to select the privacy option that best suits you. Privacy options default based on the type of respondent selected

*25 Contribution publication privacy settings

The Commission will publish the responses to this public consultation. You can choose whether you would like your details to be made public or to remain anonymous.

Anonymous

Only organisation details are published: The type of respondent that you responded to this consultation as, the name of the organisation on whose behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published as received. Your name will not be published. Please do not include any personal data in the contribution itself if you want to remain anonymous.

Public

Organisation details and respondent details are published: The type of respondent that you responded to this consultation as, the name of the organisation on whose behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published. Your name will also be published.

I agree with the [personal data protection provisions](#)

RELEVANCE

This section invites you to assess whether the priorities and objectives of the 3rd Health Programme address needs and problems in society.

Health and healthcare needs and problems in the EU at the time of the programme's development (2014)

The mid-term evaluation of the 3rd Health Programme identified a set of health and healthcare needs and problems at the time when the Programme was established in 2014:

- An ageing population, threatening the financial sustainability of health systems and causing health workforce shortages;
- A fragile economic recovery, limiting the availability of resources to invest in healthcare;
- An increase in health inequalities between and within Member States; An increase in the prevalence of chronic disease;
- Pandemics and emerging cross-border health threats; The rapid development of health technologies; Increase in mental health problems (particularly among the young);

- Other specific emergency situations which expose EU health professionals to unprecedented challenges (for example, dealing with the repercussions of the influx of refugees);
- and Threats to environmental health such as air quality and pollution monitoring

* 26 To what extent did the 3rd Health Programme correctly identify the health and healthcare needs and problems at the time of the development?

- To a large extent
- To a moderate extent
- To a small extent
- Not at all
- I don't know

* 28 In your view, were there any relevant problems or needs that were not identified by the 3rd Health Programme at the time of its development?

- Yes
- No

29 Please explain

1) Health inequalities across the social gradient and along the lifecourse (beyond systematic differences between the Member States, but also within the Member States).

Whilst the programme shed light on the importance of health promotion, disease prevention and public health to foster on healthy living environments, we feel that health inequalities – although included as a general objective for the programme – were not sufficiently addressed throughout the thematic priorities. The health programme could have shed more light on the systems and processes that widen the health inequalities gap across the social gradient and along the life course and use this knowledge to move towards more sustainable and innovative health systems. In addition we feel the programme could have made a much stronger impact on progressing social rights and the right to health by providing for actions on poverty (especially in childhood), income and living conditions. It could have also prioritised investments in building capacities, applying equity impacts assessments, and building partnerships across the sectors and disciplines to address inequalities in health in a more holistic and integrated manner.

2) Mental health and psychosocial wellbeing

Furthermore, although the programme acknowledges the high prevalence of mental health problems, we feel that the issue was not extensively included as a key thematic priority in and of itself. Building on this, the third programme could have been a key tool in integrating a psychosocial approach to mental wellbeing, taking into account and linking to the social and environmental factors that undeniably play a role in community positive mental health.

3) Digital health, health literacy and digital inclusion

The rapid development of health technologies could have been addressed more explicitly with respect to issues related to digital inclusion, health and digital literacy and skills, and their unequal distribution across the social gradients.

The 3rd Health Programme has 4 specific objectives as listed in question 11 below. These specific objectives are further broken down into 23 thematic priorities as listed in question 12 below.

Citizens' perceptions of key health issues in the EU

More than half of the citizen from the 27 Member States consider that the overall quality of health care in their countries is fairly good. Moreover, only 7% mentioned having a very bad quality of health care in their countries.

In terms of their perceptions of key health issues in the EU, citizens consider that:

- Unnecessary use of antibiotics makes them become ineffective.
- Not getting vaccinated can lead to serious health issues.
- The main health risks in the future will be related to diseases and epidemics, ageing population and pollution.
- Possible risks of contracting a disease (e.g., HIV, hepatitis, etc.) when treated with donated blood, cells, or tissues.

30 In your view, how relevant are the 3rd Health Programme's specific objectives in relation to EU health needs?

	1 - Not at all relevant	2	3	4	5 - Very relevant	I don't know
* Promote health, prevent disease and foster supportive environments for healthy lifestyles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
* Protect Union citizens from serious cross border health threats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
* Contribute to innovative, efficient and sustainable health systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
* Facilitate access to better and safer healthcare for Union citizens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

31 Please provide details about your responses in the question above:

The four objectives are of course very relevant to the EU's health needs. However, we believe that the programme had potential to prominently address health equity. While the general objective of the programme addresses the need to reduce health inequalities, it would have been better to include a stand-alone specific objective to achieve health equity, or at least, for it to be integrated within the first specific objective on promoting health, preventing disease and fostering supporting environments for healthy lifestyles.

32 Please rate the relevance of each of the 3rd Health Programme priorities on a scale of 1 to 5 (1 is not at all relevant and 5 is very relevant).

1. Promote health, prevent disease and foster supportive environments for healthy lifestyles

	1 - Not at all relevant	2	3	4	5 - Very relevant	I don't know
* 1.1 Risk factors such as use of tobacco and passive smoking, harmful use of alcohol, unhealthy dietary habits and physical inactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
* 1.2 Drugs-related health damage, including information and prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 1.3 HIV/AIDS, tuberculosis and hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 1.4 Chronic diseases including cancer, age-related diseases and neurodegenerative diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
* 1.5 Tobacco legislation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
* 1.6 Health information and knowledge system to contribute to evidence-based decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

33 2. Protect Union citizens from serious cross border health threats

	1 - Not at all relevant	2	3	4	5 - Very relevant	I don't know
* 2.1 Risk assessment additional capacities for scientific expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 2.2 Capacity building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
* 2.3 Implementation of Union legislation on communicable diseases and other health threats, including those caused by biological, and chemical incidents, environment and climate change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
* 2.4 Health information and knowledge system to contribute to evidence-based decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

34 3. Contribute to innovative, efficient, and sustainable health systems

	1 - Not at all relevant	2	3	4	5 - Very relevant	I don't know
* 3.1 Health Technology Assessment - HTA	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 3.2 Innovation and e-health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 3.3 Health workforce forecasting and planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 3.4 Setting up a mechanism for pooling expertise at Union level	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 3.5 European Innovation Partnership on Active and Healthy Ageing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 3.6 Implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 3.7 Health information and knowledge system including support to the Scientific Committees set up in accordance with Commission Decision 2008 /721/EC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

35 4. Facilitate access to high quality, safe healthcare for EU citizens

	1 - Not at all relevant	2	3	4	5 - Very relevant	I don't know
* 4.1 European Reference Networks	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 4.2 Rare diseases	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 4.3 Patient safety and quality of healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 4.4 Measures to prevent Antimicrobial resistance and control healthcare-associated infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 4.5 Implementation of Union legislation in the fields of tissues and cells, blood, organs	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* 4.6 Health information and knowledge system to contribute to evidence-based decision making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

36 Please provide details about your responses in the question above:

Whilst the above priorities are relevant to the EU's health strategy and response, they tend to promote a more biomedical perspective. Our scoring reflects this observation, as well as the need to incorporate psycho-social measures which address the social determinants of health.

We feel that the programme could have better captured the importance of specifically addressing health inequalities and the social and structural determinants of health which impact the prevalence of such inequalities. Moreover, under the objective of tackling cross-border health threats, the programme could have addressed the health impacts of environmental threat, such as climate change and poor air quality, to a greater extent.

EFFECTIVENESS

This section invites you to assess how successful the 3rd Health Programme has been in achieving or progressing towards its stated objectives. The specific objectives and thematic priorities for the Programme are listed below:

Specific Objectives:

1) Promote health, prevent disease and foster supportive environments for healthy lifestyles; 2) Protect Union 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.

Thematic priorities:

1.1 Risk factors such as use of tobacco and passive smoking, harmful use of alcohol, unhealthy dietary habits and physical inactivity; **1.2** Drugs-related health damage, including information and prevention; **1.3** HIV / AIDS, tuberculosis and hepatitis; **1.4** Chronic diseases including cancer, age-related diseases and neurodegenerative diseases; **1.5** Tobacco legislation; **1.6** Health information and knowledge system.

2.1 Risk assessment additional capacities for scientific expertise; **2.2** Capacity building against health threats in Member States, including, where appropriate, cooperation with neighbouring countries; **2.3** Implementation of Union legislation on communicable diseases and other health threats, including those caused by biological, and chemical incidents, environment and climate change; **2.4** Health information and knowledge system

3.1 HTA; **3.2** Innovation and e-health; **3.3** Health workforce forecasting and planning; **3.4** Setting up a mechanism for pooling expertise at Union level; **3.5** European Innovation Partnership on Active and Healthy Ageing; **3.6** Implementation of Union legislation in the field of medical devices, medicinal products and cross-border healthcare; **3.7** Health information and knowledge system including support to the Scientific Committees set up in accordance with Commission Decision 2008/721/EC

4.1 European Reference Networks; **4.2** Rare Diseases; **4.3** Patient safety and quality of healthcare; **4.4** Measures to prevent Antimicrobial resistance and control healthcare-associated infections; **4.5** Implementation of Union legislation in field of tissues and cells, blood, organs; **4.6** Health information and knowledge system.

* 37 To what extent have measures implemented by Member States overall been aligned with the specific objectives and thematic priorities of the 3rd Health Programme?

- To a large extent
- To a moderate extent
- To a small extent
- Not at all
- I don't know

38 Please explain

To a certain extent, Member States advanced on a range of objectives outlined in the third health programme. A notable example is the Joint Action on Health Equity Europe, funded through the programme, which advanced awareness and action on health equity across the social gradient, and the implementation of health-equity-in-all policies across a selection of partner countries who could “do something”, “do more” or “do better”. This joint action strongly supported the programme’s general objectives of reducing health

inequalities in EU.

However, more effort and funding at EU and national level are needed to effectively boost health promotion and disease prevention, encouraging system reforms and cross-sectoral collaboration. In order to properly address the thematic priorities around risk factors (such as unhealthy dietary habits, physical activity and tobacco and alcohol consumption), measures need to better capture multisectoral, integrated and structural approaches to health. Acknowledging that the programme stimulated some progress in this area, we believe that more can be done to ensure that measures do not increase health inequalities and promote/encourage fragmented responses within health and social systems.

We believe that the programme had the potential to better address mental health and wellbeing, physical activity, the commercial and fiscal determinants of health (food and nutrition, advertising and marketing), and digital health exclusion. Attention to harmful impacts of unsustainable lifestyles, unhealthy environments and climate emergency has been visible towards the end of the funding period.

*** 39 To what extent have programme actions led to general improvements in health and healthcare in the EU and at MS level?**

- To a large extent
- To a moderate extent
- To a small extent
- Not at all
- I don't know

The EU complements national health policies by supporting national governments of the EU Member States to achieve common objectives, pool resources and overcome shared challenges. In addition, the EU also formulates EU-wide laws and standards for health products and services, and provides funding for health projects across the EU.

EU health policy focuses on protecting and improving health, giving equal access to modern and efficient healthcare for all Europeans, and coordinating any serious health threats involving more than one EU country. Disease prevention and response play a big part in the EU's public health focus. Prevention touches many areas such as vaccination, fighting antimicrobial resistance, actions against cancer and responsible food labelling.

[EU health priorities and actions.](#)

41 To what extent is the 3rd Health Programme able to strengthen the impact of EU health policy?

	To a large extent	To a moderate extent	To a small extent	Not at all	I don't know
* Complementing national policies	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Encouraging cooperation between Member States	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Formulating EU-wide laws and standards for health products and services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Coordinating cross-border health threats	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Disease prevention and response	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

EFFICIENCY

This section invites you to assess the relationship between the resources used by the 3rd Health Programme and the changes it generated.

42 To what extent do you believe costs associated with the 3rd Health Programme are reasonable and kept to the minimum necessary in order to achieve the expected results?

	1 - Not at all	2	3	4	5 - To a large extent	I don't know
* Programme operational costs (design & implementation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
* Management costs for funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
* Administrative costs for applicants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
* Administrative costs for Chafea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
* Monitoring & reporting costs for Member States and the Commission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

EU ADDED VALUE

In this section we would like you to indicate changes which can reasonably be argued to be due to the 3rd Health Programme, over and above what could reasonably have been expected from national actions alone.

* 43 What has been the Programme's contribution, beyond what Member States could have achieved acting alone?

- It provided high added value
- It provided moderate added value
- It provided negligible/marginal added value
- It did not provide any added value
- I don't know

* 44 Which of the 7 EU value added criteria, listed below do you consider the most important? Please select up to three criteria

- Exchanging good practices between Member States
- Supporting networks for knowledge sharing or mutual learning
- Addressing cross-border threats to reduce their risks and mitigate their consequences
- Addressing issues relating to the internal market to ensure high-quality solutions across Member States
- Unlocking the potential of innovation in health
- Actions that could lead to a system for benchmarking to allow informed decision-making at Union level
- Improving efficiency by avoiding waste of resources due to duplication and optimising use of financial resources
- Other

COHERENCE

This section invites you to indicate the extent to which the 3rd Health Programme, complemented and created synergies with other EU Programmes and with national initiatives.

* 46 To what extent did the 3rd Health Programme complement and/or create synergies with other EU programmes or with wider EU policies?

Examples of other EU programmes include, but are not limited to: The Horizon 2020 Programme for Research and Innovation, EU Structural Funds, the European Social Fund, the European Fund for Strategic Investments (EFSI), Asylum, Migration and Integration Fund, Citizens, Equality, Rights and Value Programme, COSME, ...)

- To a large extent
- To a moderate extent
- To a small extent
- Not at all
- I don't know

47 Please explain:

Based on our involvement, we were able to see a good synergy between the programme and the contribution of the EU structural funds for health, the Horizon 2020 Programme (where links between health,

equity and environment were researched to aid both) as well as the European Social Fund (where we could strengthen the intersection of health and social systems and further tackle socio-economic determinants of health, occupational health and skills and child poverty).

* 48 To what extent did the 3rd Health Programme complement and/or create synergies with national initiatives and/or programmes ?

- To a large extent
- To a moderate extent
- To a small extent
- Not at all
- I don't know

49 Please explain

Closing Questions

50 Thank you for your answers.

If you have any more information you want to share, please enter it in the box below, or upload it.

EuroHealthNet welcomes this public consultation on the final evaluation of the third health programme, and commends efforts to take stock of the impact of this programme. We were pleased to see health promotion and disease prevention given priority as a thematic objective, and reiterate the importance of investment in these areas to create healthy living environments. We felt that the biomedical approach was a strong component of the programme's architecture, and would therefore advocate a wider perspective which takes psycho-social considerations into account, to further enable our participation in future programmes. We therefore strongly recommend the integration of a psychosocial approach to health - integrating health, social, digital, commercial and environmental, and structural determinants within the specific objectives and thematic priorities, to enable a wider pool of stakeholders to take on a more active role. As a matter of urgency, we would recommend making the reduction of health inequalities across the lifecourse and social gradients an explicit stand alone objective of the current Health Programme in an amended form.

Furthermore, we would like to express our concern about the limited to no possibility for civil society organisations and public health stakeholders other than the national public bodies to participate in the Joint Actions activities funded by the 3rd Health Programme. We strongly advise to open the Joint Actions to whole-of-government stakeholders, to further foster integrated and multi-sectoral approaches to health. Last but not least, we strongly believe in the importance of multi-annual operating grants, and support their reinstatement in the long-term.

51 Please upload your file(s)

Only files of the type pdf,txt,doc,docx,odt,rtf are allowed

80159269-df61-4549-8cda-ac180781ce2f/170223_Consultation_Mid-termEvaluation3rdHealthProgramme2014-2020.pdf

Background Documents

[Guidance document for surveys_04.02.2022_cln.pdf](#)

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