

Valutazione intermedia del 3° Programma Europeo Salute 2014-2020 e visione sul Programma Europeo per la Salute post 2020

- *Health & Ageing sector investment, European funds and human resources: the post 2020 perspective".*
- *Rome 18-19 January 2018*

- *Giovanni Nicoletti*
- *Ministero della salute*

Evaluating the Health Programmes

➤ ***Ex-post final evaluation
of the 2nd Health
Programme 2008-2013***

- The evaluation exercise:
April 2014 - July 2015

➤ ***Mid-term evaluation
of the 3rd Health
Programme 2014-2020***

- The evaluation exercise:
April 2016- December 2016

***Commission Report
released October 2017***

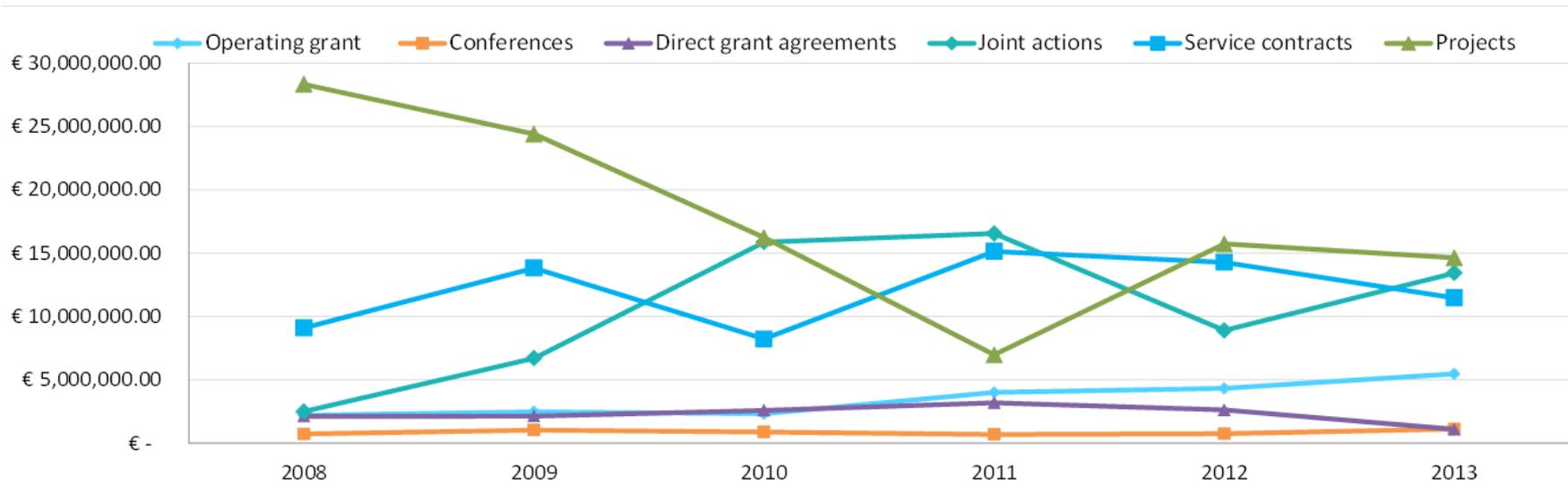
**Ex-post final evaluation of
the 2nd Health Programme
2008-2013**

The 2nd Health Programme 2008-2013

Directive methods of planning:

- Joint actions ↑ Service contracts ↑
Projects ↓
- Increased involvement of senior-level officials in AWP
- Policy relevance ↗

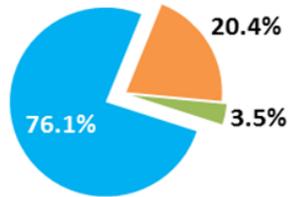
Funding mechanism	Total	%
Projects	€106 293 671.24	36 %
Service contracts (tenders)	€72 053 873.45	25 %
Joint actions	€63 962 704.38	22 %
Operating grants	€20 825 185.85	7 %
Direct grant agreements	€13 805 987.00	5 %
Grants for conferences	€5 268 308.14	2 %
Other	€11 693 227.81	4 %
Total	€293 902 957.87	100 %



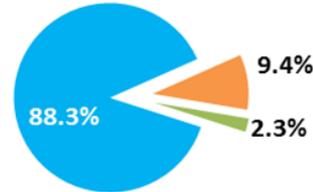
The 2nd Health Programme's balance

■ EU15
■ EU12
■ Other

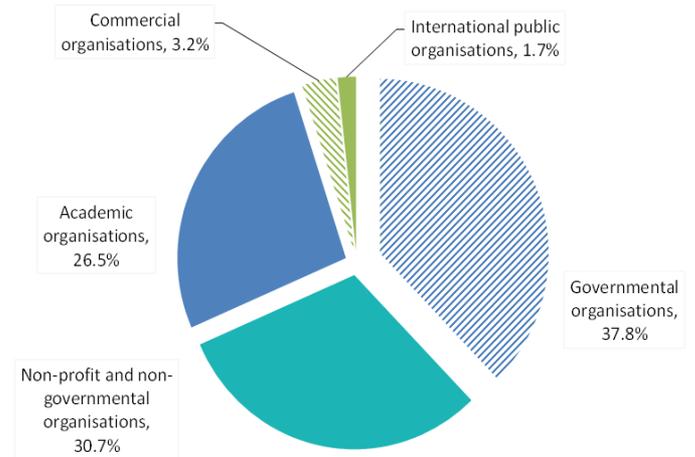
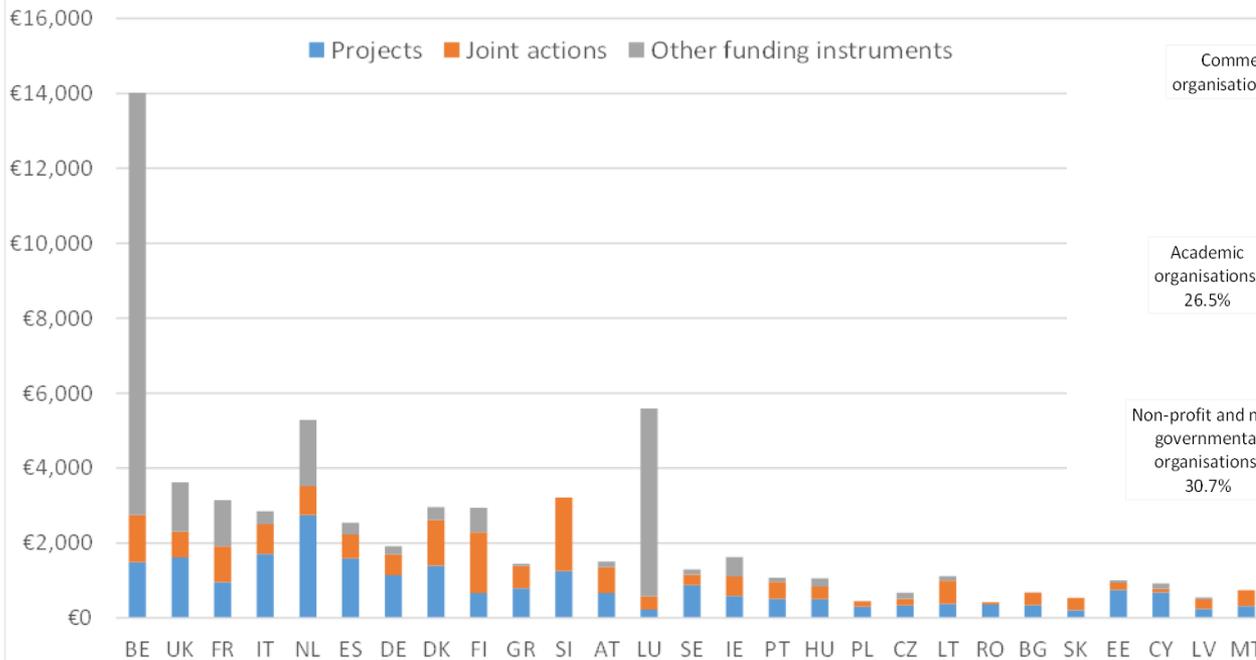
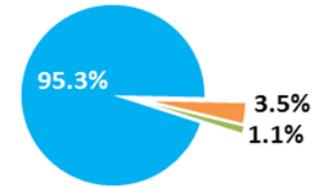
All beneficiaries (n = 2,803)



Funding received (total = 245 m EUR)



Lead beneficiaries (n = 706)

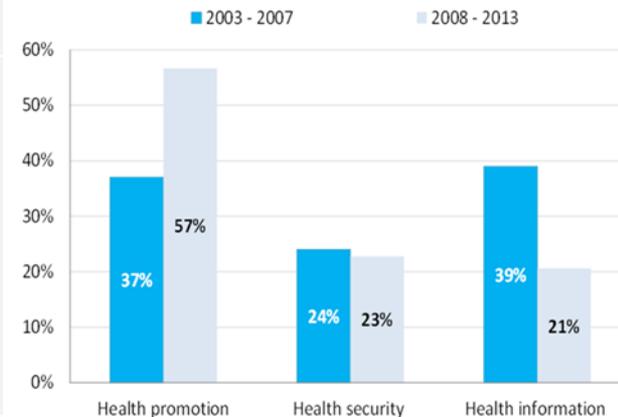


Attribution of funds per strand, priority and sub-priority



	Priority	Sub-priority	Funding awarded (%)			
Health Security	Health threats	(Non-) communicable diseases & health threats	6%	13%	23%	
		Prevention, vaccination & immunisation policies	2%			
		Risk management / preparedness health emergencies	3%			
		Response capacity & assets	1%			
		General contingency & specific health emergency plans	1%			
	Improve safety	Scientific advice & risk assessment	2%	10%		
		Organs & substances of human origin, blood & blood derivatives	4%			
Patient safety		4%				
Health Promotion	Healthy lifestyles & reduced health inequalities	Increase healthy life years & promote healthy ageing	8%	15%	57%	
		Identify the causes of, address & reduce health inequalities	7%			
	Health determinant	Address health determinants & promote healthy lifestyles		24%		41%
		Prevention of major & rare diseases		16%		
		Health effects of wider environmental determinants		1%		
		Promote actions to help reduce accidents & injuries		1%		
Health Information	Exchange knowledge	Exchange knowledge & best practice on health issues	2%	2%	21%	
		Enhance the application of best practice within MS	0%			
	Collect, analyse & disseminate	Health monitoring & comparable data	11%	18%		
		Mechanisms for analysis & dissemination of information	5%			
		Development / implementation of policies / legislation	2%			

Comparison between the 1st and the 2nd Health Programme



Operationalising the options for change

- 14 options for change
- Translated into an Action Plan

The 2nd Health Programme 2008-2013

Programme management

- Relatively well-managed, and improving
- Many recommendations of mid-term evaluation implemented...
 - More strategic programming
 - EU added value criteria mainstreamed
 - Better guidance for applicants
 - Efforts to enhance communication
- Chafea's role and responsibilities clarified
- Still room to improve monitoring and dissemination,

The 2nd Health Programme 2008-2013

Funding instruments

All useful and
potentially
effective in the
right
circumstances



Balance is important
Implies trade-offs between risk and impact



Mid-term evaluation of the 3rd Health Programme



Mid-term evaluation of the 3rd Health Programme 2014-2020

**Report to EP by June 2017 and if
necessary adopt a delegated act
modifying annex I of Programme
Regulation (EU) 282/2014 by
August 2017**

Mid-term evaluation

- ❑ *Roadmap publicly available for feedback from 14/12/2015 to 14/01/2016 on <https://t.co/uLgPVBjH8W>*
- ❑ *Term of Reference and tendering procedure in 02/2016*
- ❑ *Evaluation Exercise from April to December 2016*
- ❑ ***Public consultation with stakeholders in September 2016 (open for 12 weeks)***

3rd Health Programme 2014 - 2020

4 OBJECTIVES:

PROMOTE HEALTH &
PREVENT DISEASES



CROSSBORDER
HEALTH THREATS



INNOVATIVE, EFFICIENT AND
SUSTAINABLE HEALTH SYSTEMS



ACCESS TO
HEALTHCARE

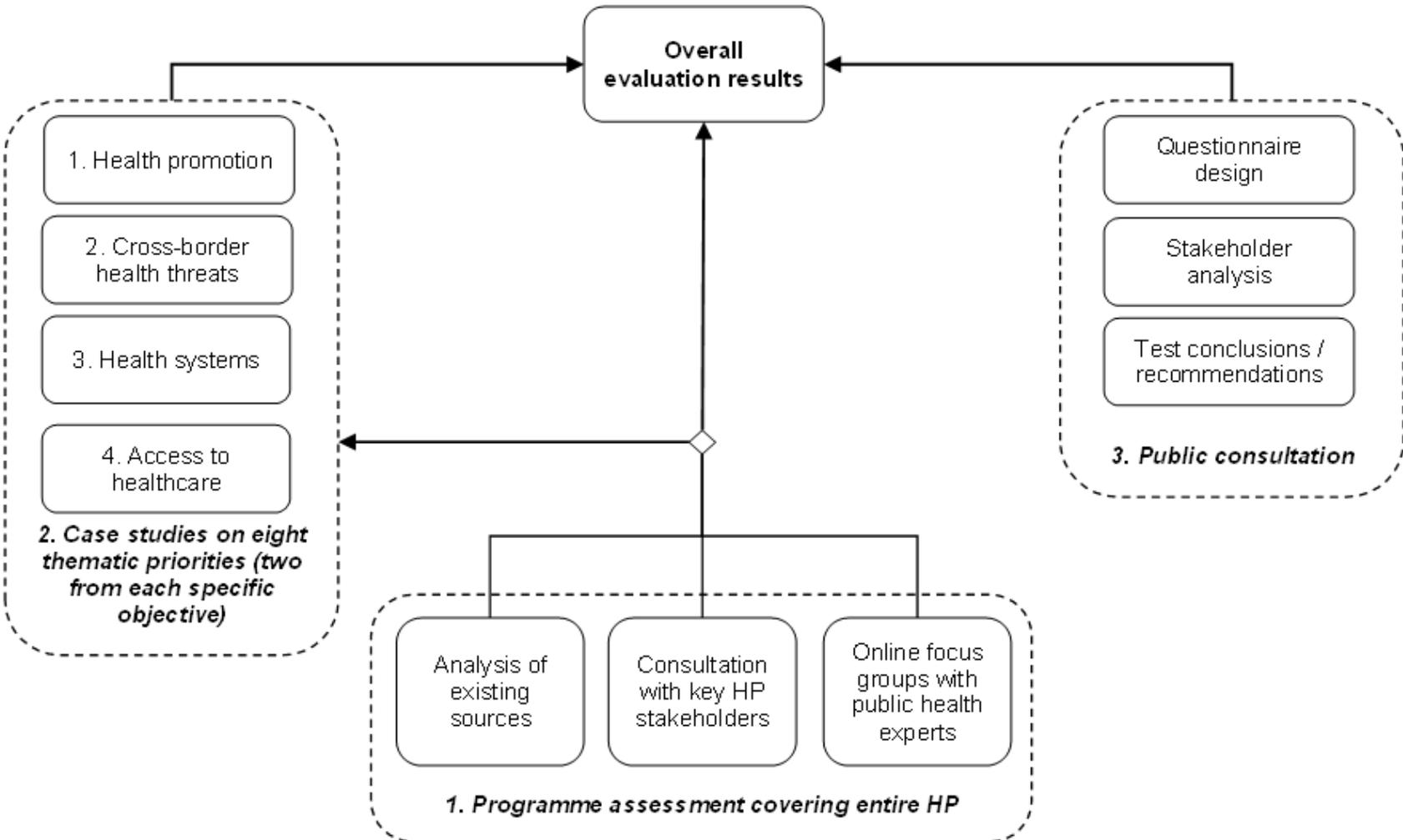


Regulation (EU) No 282/2014 of 11 March 2014
OJ L 86, 21.3.2014, p. 1-13

Mid-term evaluation

- **legal obligation** (Article 13 of Regulation (EU) No 282/2014)
- **external independent study** (05/2016- 06/2017)
- **Commission report to EP and Council on the results of the mid-term evaluation of the 3rd Health Programme** (11/10/2017)
https://ec.europa.eu/health/programme/policy/2014-2020/midterm_evaluation_en
- ✓ **Results from the ex-post evaluation of 2nd Health Programme: Commission report to EP and Council** (10/05/2016)
https://ec.europa.eu/health/programme/policy/2008-2013/evaluation_en

Evaluation approach



Allocation of budget by objective

Objective	2014	2015	2016	2014 – 2016
1 Promote health, prevent disease and foster supportive environments for healthy lifestyles	31%	23%	43%	33%
2 Protect citizens from serious cross-border health threats	10%	3%	8%	7%
3 Contribute to innovative, efficient and sustainable health systems	33%	45%	16%	31%
4 Facilitate access to better and safer healthcare for Union citizens	20%	11%	26%	19%
Horizontal	7%	18%	6%	10%

Health Programme, 2014 – 2016 – overall budget of €165.6 million



THIRD HEALTH PROGRAMME



Top thematic priorities

17.3 Migrants and refugees, and other horizontal activities

17.2 Chronic diseases

14.6 Risk factors

13.2 HIV, tuberculosis and hepatitis

13.2 Health information

12.7 Health Technology Assessment

12.6 European Reference Networks

12.2 EIP Active and Healthy Ageing

12.0 Medicinal products

11 Capacity building on health threats

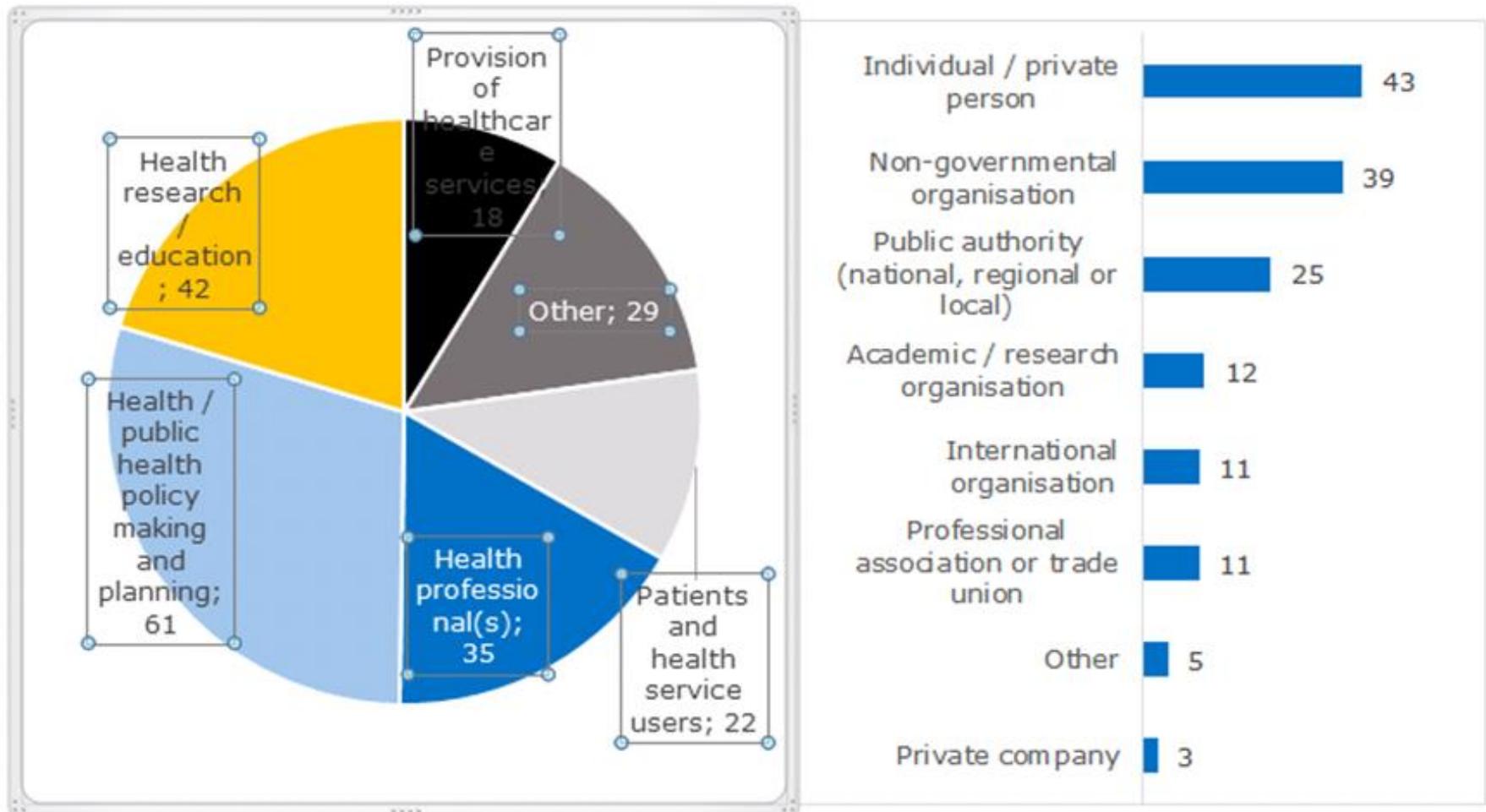
(commitments 2014-2016, € million)

Source: https://ec.europa.eu/health/programme/policy/2014-2020/midterm_evaluation_en



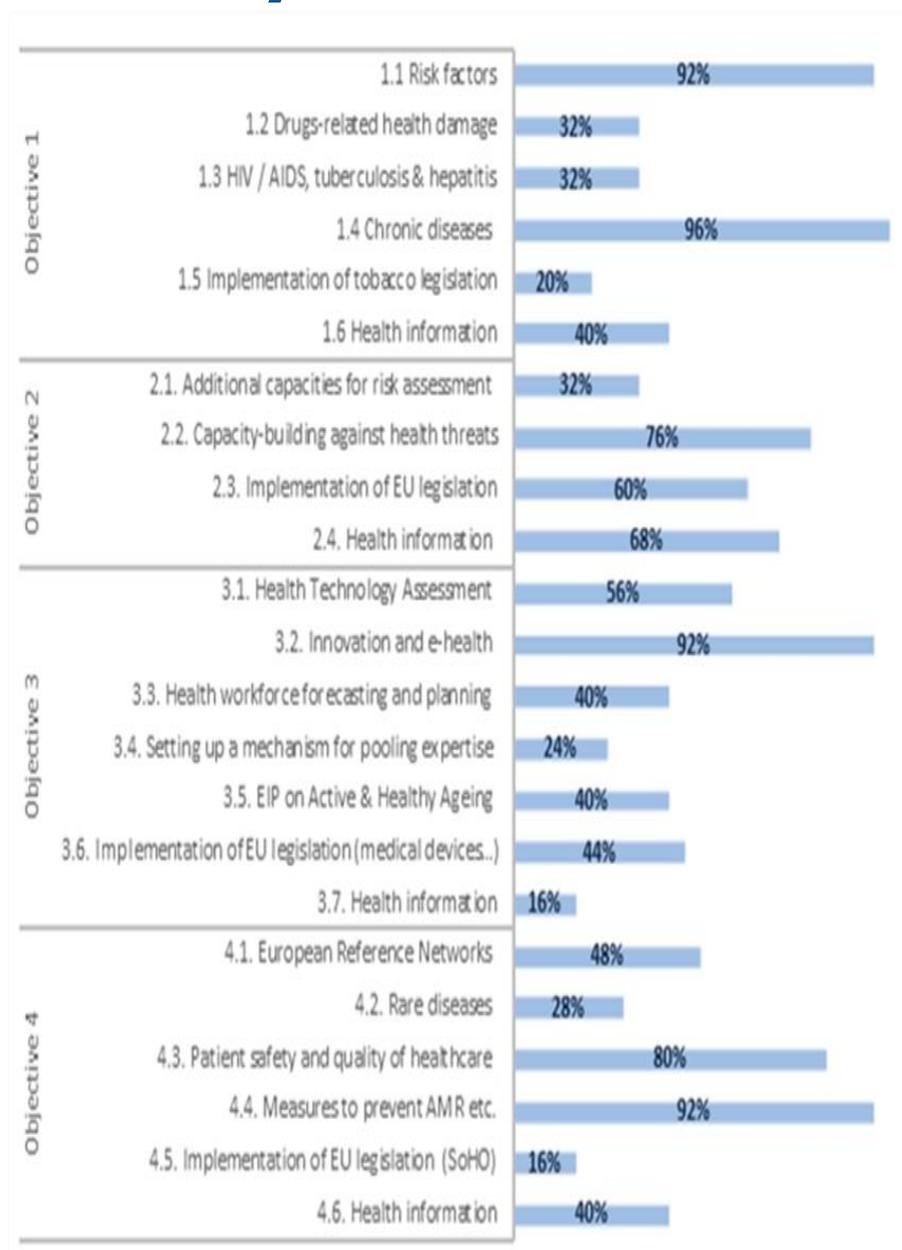
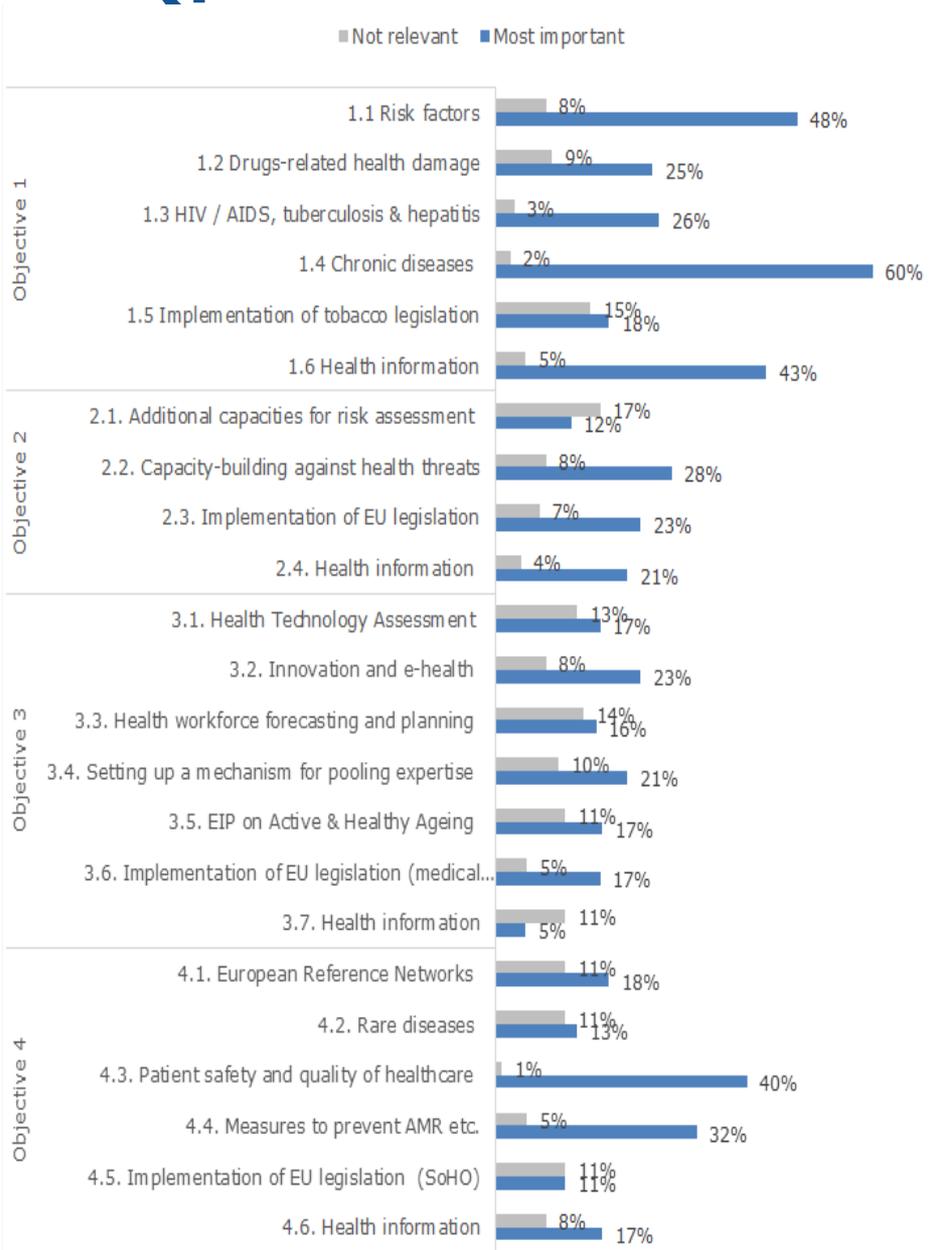
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Open public consultation

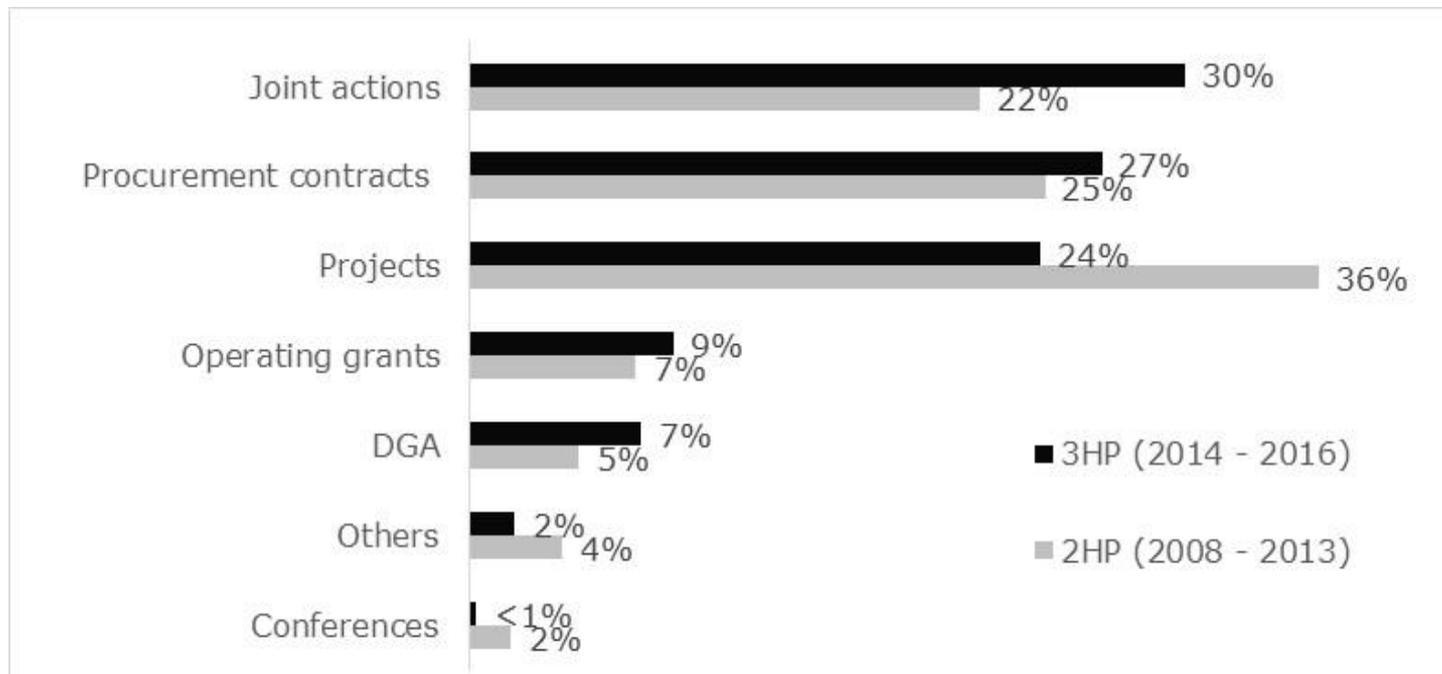


Prioritisation

(public consultation vs esurvey with MS)



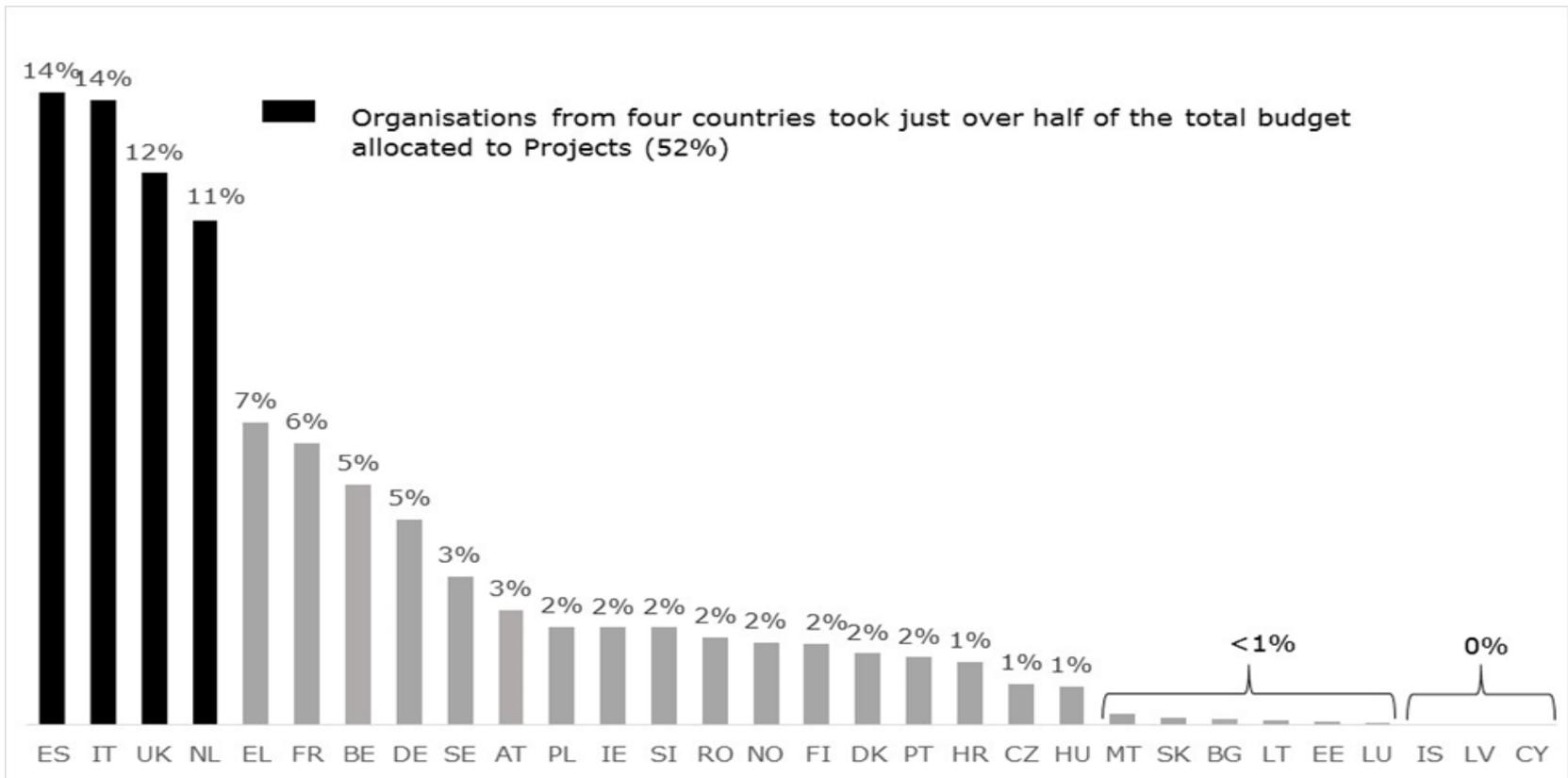
Proportion of total funding by mechanism for 2HP and 3HP (2014 – 2016)



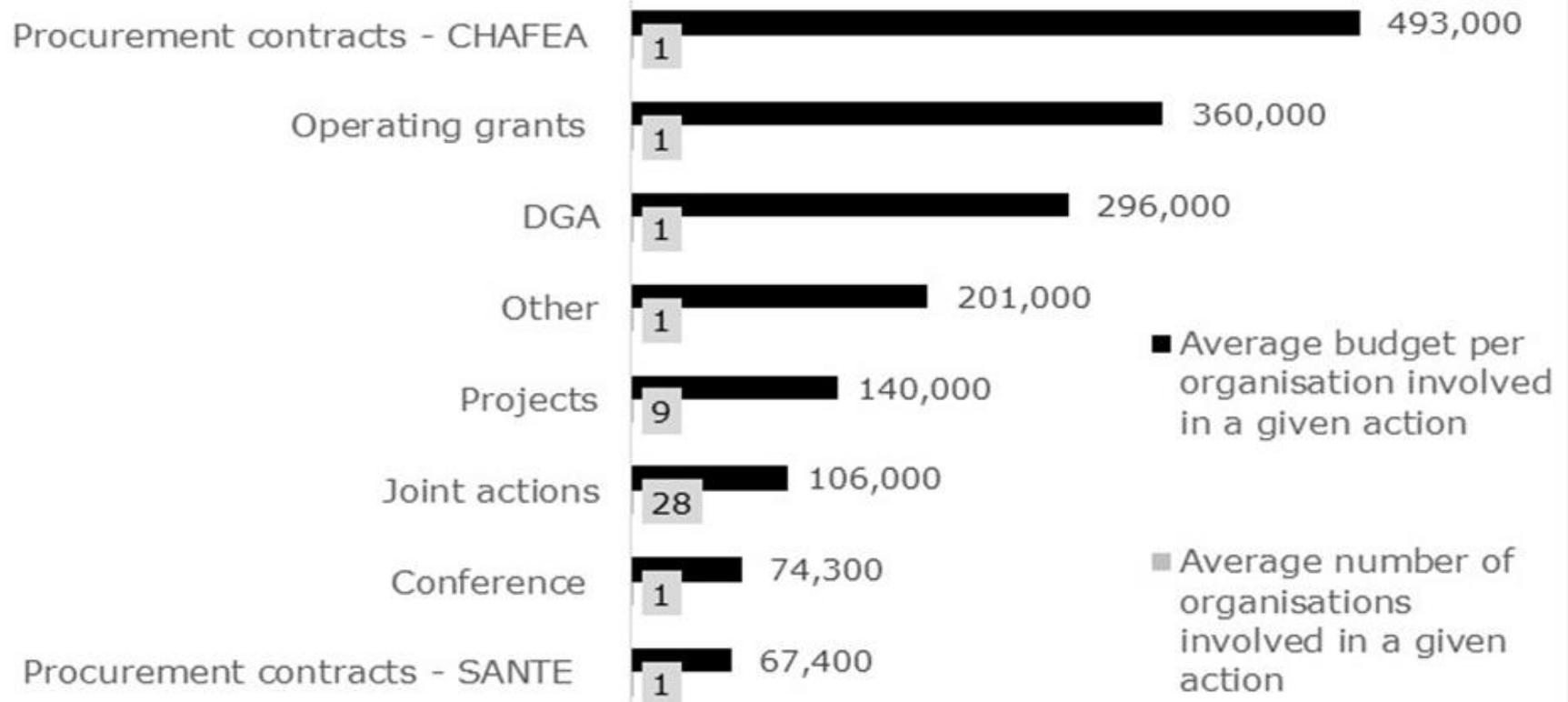


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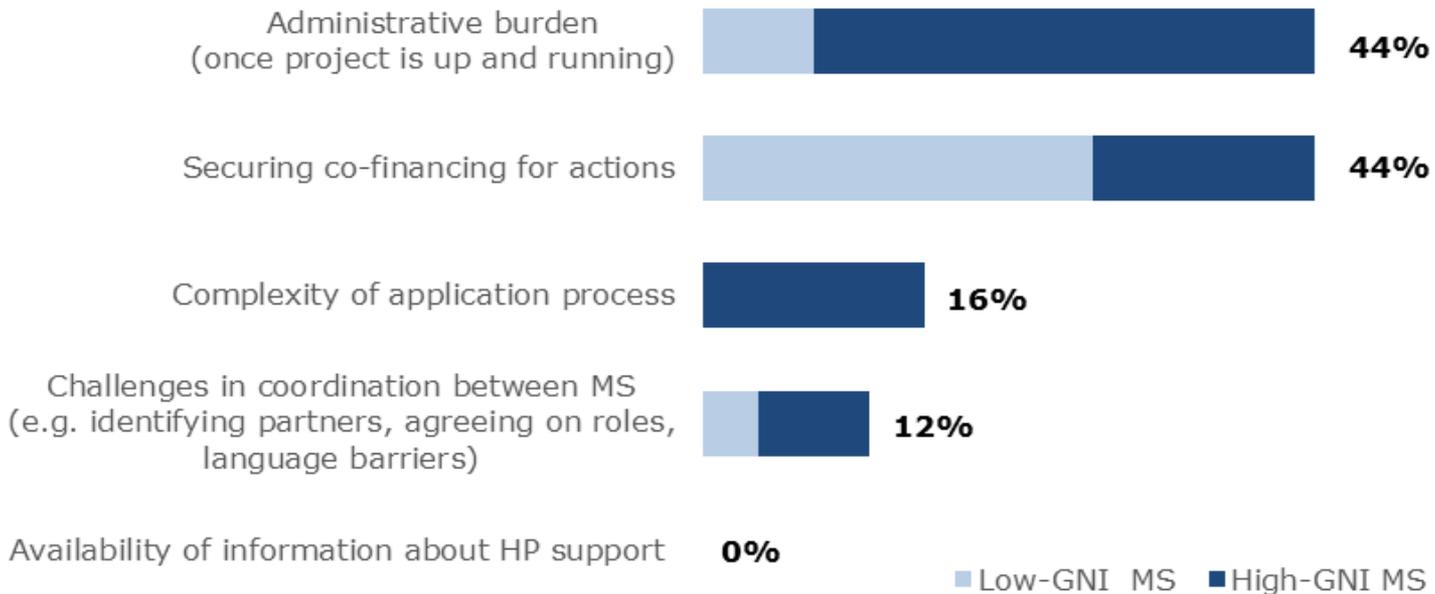
Funding for project across organisations, 2014 and 2015



Comparative data for funding mechanisms (2014 - 2016)



potential barriers to participation (low and high-GNI Member States)



Overall conclusions

- Relevance to health needs
- Objectives set are clear, explicit and specific
- Programme management has become increasingly effective
- Efficiency is being improved
- The actions funded are of strong EU added value
- Simplification measures have been taken



Major achievements

- Establishing 24 European Reference Networks on rare diseases;
- Supporting Member States to increase their capacity-building to respond to outbreaks (e.g. Ebola and Zika viruses);
- Contributing to the EU's migration policy by supporting Member States to respond to the health needs of high influx of migrants and refugees; and training health professionals and other front-line staff.

Major achievements

uptake of innovation in public health intervention and prevention strategies

- support for EU health legislation on medicinal products and medical devices,
- eHealth Network activities and Health Technology Assessment

Major achievements

The State of Health in the EU

- 28 Country-Health Profiles alongside their Companion Report
- prepared by the OECD and the European Observatory on Health Systems and Policies, in cooperation with the Commission,
- whereas the Companion Report is the Commission's own analysis of cross-cutting topics and their EU value added.

Lessons learnt (1)

Maintain focus on thematic areas of strong EU added value

- No need for changing the structure of thematic priorities in the immediate term given their importance for monitoring spend over time.
- In the longer term beyond 2020, consider further streamlining any thematic priorities to avoid any potential overlap or ambiguities but also to remove apparent redundancies

Lessons learnt (2)

Strengthen and build links between the HP and the wider Commission and EU policy agenda to maximise visibility and impact

- Links to Sustainable Development Goals
 - ❑ ***"Ensure healthy lives and promote well-being for all at all ages"***
- development of synergies with the Commission's main priorities and other programmes
 - ❑ ***Ensure that the investments through other funds and Programmes respect the agreed EU health policies***

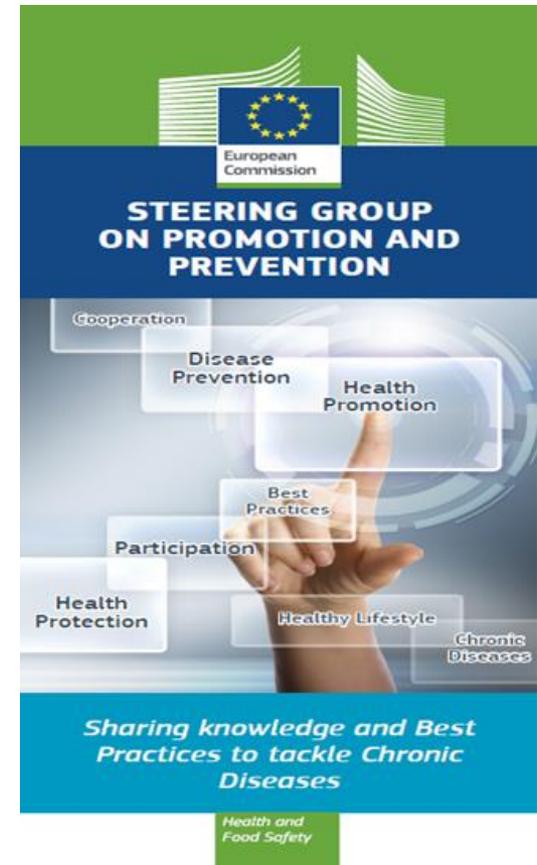
Lessons learnt (3)

Spell out how action targeting health promotion and health systems should generate EU added value

- *in the immediate term*: define the mechanisms by which best practices should be taken up in practical terms and reasonable timescales for doing so (either in general or with regard to specific funding calls).
- This information should then be shared with key stakeholders such as potential applicants and NFPs.

From identification of best practices to their implementation in national policies **Steering Group on Promotion and Prevention**

- Select interventions for implementation, contributing to Sustainable Development Goal #3
- Fill the gaps identified in the 'State of Health'
- Select interventions from Joint Actions and projects, explore national implementation using EU funds



From identification of best practices to their implementation in national policies

- Criteria for selection of interventions agreed with Member States
https://ec.europa.eu/health/sites/health/files/mental_health/docs/compass_bestpracticescriteria_en.pdf
- First set of best practices selected for implementation at national level
- National priorities and strategies guide the selection of best practices

for immediate action from Chafea

- Refine the EU added value and fully integrate it into the application process
- Develop a broader strategy to increase participation from low GNI Countries
- Improve monitoring programme implementation (implement and use monitoring indicators)
- Communicate about HP with core stakeholders and wider audience





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REFLECTION PAPER ON THE
FUTURE OF EU FINANCES

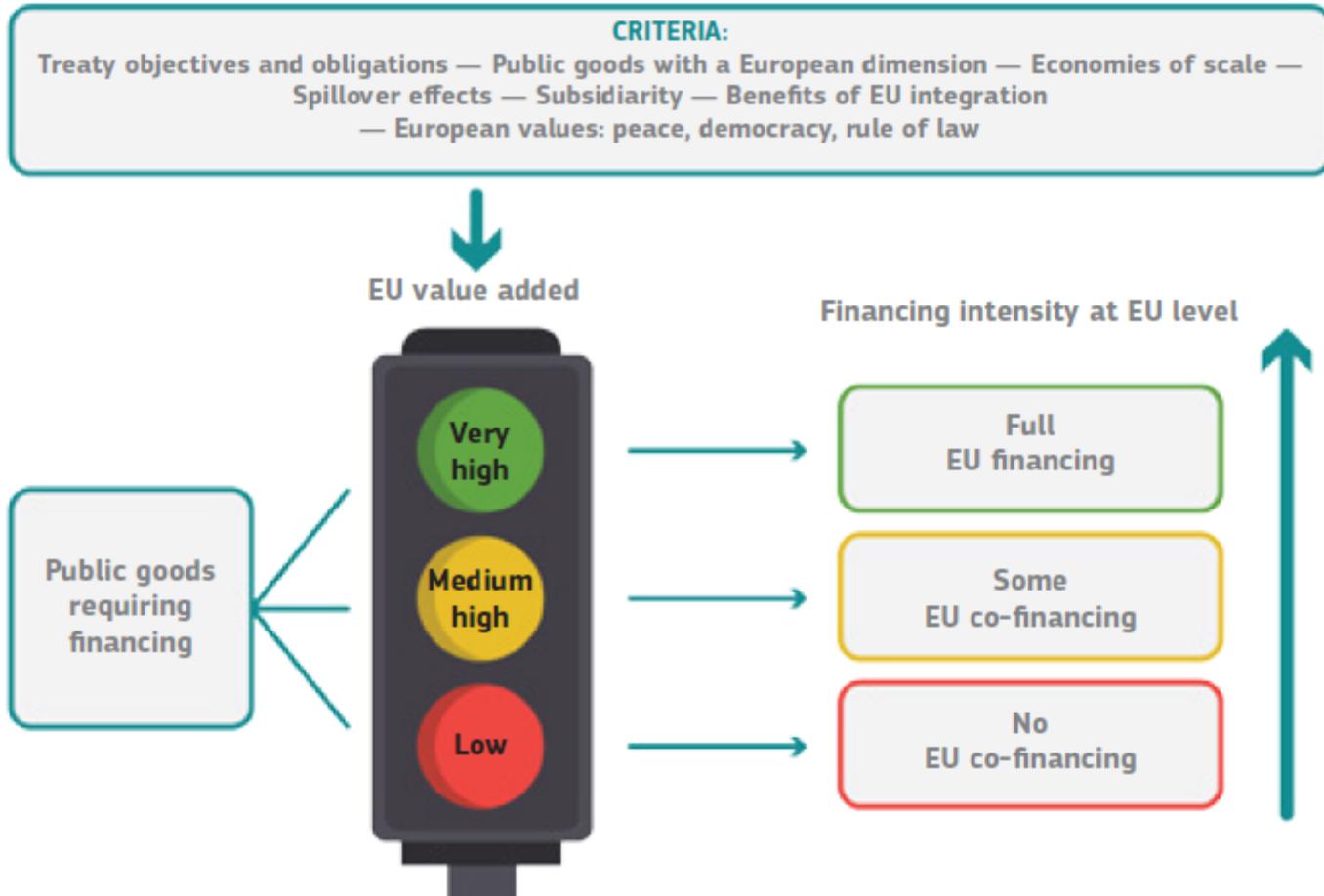


Areas financed by the EU budget (2014-2020) in billion EUR



Note: Commitments; adjusted for 2018

EU value added and funding from the EU budget



Source: European Commission

Sustainable development goals at the heart of the EU's sustainability policy



Source: United Nations

Box 4: Principles for reform

The design of the future EU budget should be driven by these key principles.

- ▶ **EU value added:** funding should be concentrated on the areas of highest value added, taking into account the different dimensions indicated in Section 2 such as focus on results.
- ▶ **Accountability:** the debate on the future EU budget will follow a democratic and transparent process. The use of additional instruments outside the EU budget should be kept to a minimum, as they blur the understanding of the budget and put at risk democratic control, transparency and good management.
- ▶ **More flexibility within a stable framework:** The multiannual structure of the EU budget is an asset. Certainty and predictability are a prerequisite for long-term investment. However, experience has shown that more flexibility is essential to respond to crises and unforeseen events. This should be reflected in a more flexible structure and a larger share of the budget should be left unallocated.
- ▶ **Simplified rules:** citizens should not be discouraged from applying for EU funding as a result of excessive bureaucracy. Efforts to cut red tape and further simplify the rules of implementation should therefore continue. Moving towards a **single set of rules** would help achieve this.

According to this logic, there are five basic options for the future of EU finances.

- ▶ **Carrying on:** the EU-27 continue to deliver their positive reform agenda.
- ▶ **Doing less together:** the EU-27 do less together in all policy areas.
- ▶ **Some do more:** the EU-27 allow groups of Member States to do more in specific areas.
- ▶ **Radical redesign:** the EU-27 do more in some areas, while doing less elsewhere.
- ▶ **Doing much more together:** the EU-27 decide to do more together across all policy areas.

SCENARIOS



1
Carrying on



2
Doing less together



3
Some do more



4
Radical redesign



5
Doing much more together

	1 Carrying on	2 Doing less together	3 Some do more	4 Radical redesign	5 Doing much more together
POLICY PRIORITIES	Taking forward current reform agenda	Mainly financing of functions needed for the single market	As in Scenario 1; additional budgets are made available by some Member States for the areas where they decide to do more	Financing of priorities with very high EU value added	Doing much more across policy areas
VOLUME	Broadly stable	Significantly lower	Somewhat higher	Lower	Significantly higher
COMPETITIVENESS	Slightly higher share	Same as in scenario 1 but significantly lower amount	Same as in scenario 1	Higher share	Higher share
ECONOMIC, SOCIAL AND TERRITORIAL COHESION	Lower share	Lower amount	Same as in scenario 1	Lower share	Higher amount

Scenario 1 Carrying on

General trend and volume

- ▶ Broadly stable
- ▶ Reflects current reform agenda of the EU-27
- ▶ Lower relative shares of cohesion and agriculture to finance new priorities
- ▶ Higher use of financial instruments and guarantees

Expenditure

- ▶ Common agricultural policy
 - Better targeted support for farmers under special constraints (e.g. small farms, mountainous areas and sparsely populated regions) and risk management tools for all farms
 - Investment in rural development (particularly agri-environmental measures)
- ▶ Economic, social and territorial cohesion
 - Investment for all regions at a lower level
 - Higher levels of national co-financing and use of financial instruments
 - Stronger focus on social inclusion, employment, skills, innovation, climate change, energy and environmental transition
- ▶ New priorities
 - Internal/external security, migration and border control; defence (research and development, capabilities)
- ▶ Structural reforms linked to the European Semester
 - Positive incentives either through cohesion policy or through a dedicated fund

Scenario 2 Doing less together

General trend and volume

- ▶ Significantly reduced
- ▶ Focus on internal market functioning
- ▶ Amounts for cohesion and agriculture significantly reduced
- ▶ Much higher use of financial instruments and guarantees

Expenditure

- ▶ Common agricultural policy
 - Support only for farmers under special constraints (e.g. small farms, mountainous areas and sparsely populated regions)
 - Risk management tools for all farms
- ▶ Economic, social and territorial cohesion
 - Support only to cohesion countries and cross-border cooperation
 - Focus exclusively on social inclusion, employment, skills, innovation, climate change, energy and environmental transition
- ▶ Single market programmes maintained (trans-European networks, customs, consumer protection, agencies)
- ▶ No financing for new priorities (security, border control, migration, defence)
- ▶ Discontinue other programmes (Erasmus+, research and innovation, aid to the most deprived, health, culture, citizenship, etc.)

Lessons learned and possible direction for post 2020

- Advocate further integration of health in the **Objectives and Investment Priorities**
- Direct the use of Funds towards achieving the **Sustainable Development Goals**
- Continue **capacity-building support** to national authorities
- Continue to provide support to **health systems reforms**
- Trigger stronger support to address **health inequalities**

Lessons learned and possible direction for post 2020

- Provide support to deployment of **cost effective new technologies**
- Continue support for **upgrading new skills** for health professionals
- Encourage definition of **better health related indicators** which would allow measuring effectiveness of the funds
- encourage development of **guidance on assessment and planning of expenditures** allowing for better estimation of health-related expenditures



English EN

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European Commission > Consultations >

CONSULTATION

Public consultation on EU funds in the area of investment, research & innovation, SMEs and single market

PAGE CONTENTS

- About this consultation
- Target group
- Objective of the consultation
- How to submit your response
- View the questionnaire
- Responses to this consultation
- Consultation outcome

About this consultation

Consultation period	10 January 2018 - 8 March 2018
Policy areas	Banking and financial services, Business and industry, Competition, Consumers, Customs, Digital economy, Economy, finance and the euro, Digital society, Energy, Environment, Digital economy and society, Food safety, Fraud prevention, Institutional affairs, Justice and fundamental rights, Migration and asylum, Research and innovation, Regional policy, Single market, Taxation, Transport, Public health
Departments	Agriculture and Rural Development , Economic and Financial Affairs , Climate Action , Competition , Energy , Environment , Migration and Home Affairs , Justice and

https://ec.europa.eu/info/consultations/public-consultation-eu-funds-area-investment-research-innovation-smes-and-single-market_en



Thanks for your attention!

