



# The 3<sup>rd</sup> EU Health Programme 2014-2020

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Consumers,  
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# General provisions

- **Regulation (EU) No 282/2014** of the European parliament and of the Council (*OJ L 86, Vol.57 of 21 March 2014*)

[http://ec.europa.eu/health/programme/policy/index\\_en.htm](http://ec.europa.eu/health/programme/policy/index_en.htm)

- Established for a 7-year period (**1 January 2014 to 31 December 2020**)
- Funding: **449 394 000 EUR**

# Health Programme budget

over 7 years

**€449,39 million**



—

**€ 33,48  
million**  
for the  
**CHAFEA**

=

**€415,9  
million**



**€ 52, 57  
Million  
(2014)**

+ EFTA contribution = **€54,4**

**2015**

**€ 53,63  
million**

**2016**

**€ 55,91  
million**

**2017**

**€58,16  
million**

**2018**

**€ 59,9  
million**

**2019**

**€61,68  
million**

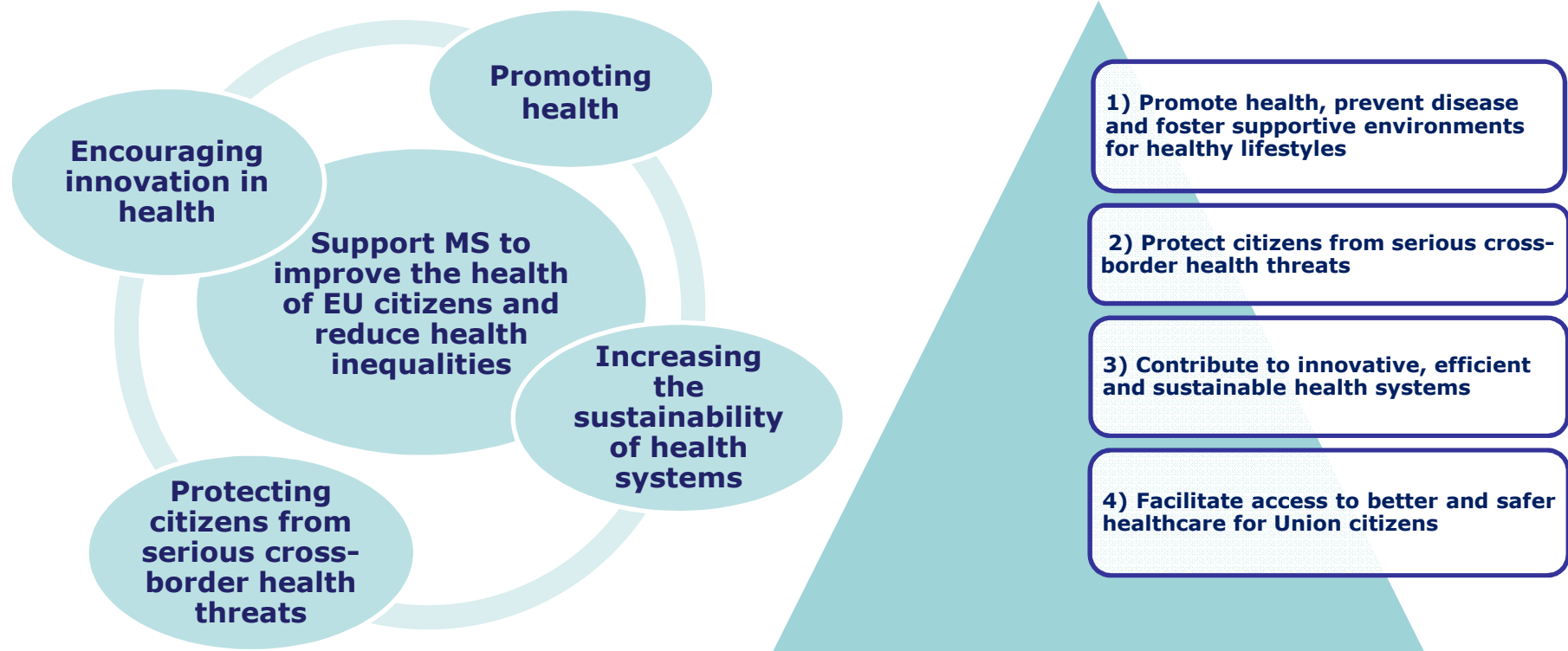
**2020**

**€62,91  
million**



1993-2002	<b>8 different Action Programmes</b> (health promotion, cancer, drug dependence, AIDS and other communicable diseases, health monitoring, rare diseases, accidents and injuries, pollution-related diseases)
2003-2008 € 353,8 Mio.	<b>Community Action Programme for Public Health</b> <ul style="list-style-type: none"> <li>•Health Information</li> <li>•Health Threats</li> <li>•Health Determinants</li> </ul>
2008-2013 € 321,5 Mio.	<b>2<sup>nd</sup> Programme of Community Action in the field of Health</b> <ul style="list-style-type: none"> <li>•Health Security and Safety</li> <li>•Health Promotion and Health Inequality</li> <li>•Health Information</li> </ul>
<b>2014-2020</b> <b>€ 449,4 Million</b>	<b>3<sup>rd</sup> Programme of Community Action in the field of Health</b> <ul style="list-style-type: none"> <li>•Promote health, prevent diseases and foster supportive environments for health lifestyles</li> <li>•Protect citizens from serious cross-border health threats</li> <li>•Facilitate access to better and safer healthcare for Union Citizens</li> <li>•Contribute to innovative, efficient and sustainable Health Systems</li> </ul>

## 3<sup>rd</sup> Health Programme 2014-2020: scope and objectives





## 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**
- **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



### 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 design of the Programme

## as compared to previous Programmes

- **Objectives** more focused and tangible (SMART)
- Limited number of **actions** prioritised **on EU added value criteria (21 thematic priorities! – Annex I of Programme Regulation)**
- **Progress indicators** to monitor the objectives and the impact
- Annual Work Plans based on **long-term policy planning (Multi-Annual Planning involving all SANCO units)**
- **Better dissemination** and communication of results
- **Simplification** of administrative and financial procedures



## **New Annex II – Criteria for establishing annual work programmes**

- Policy Relevance
- EU added value
- Public health relevance
- Support to implementation of legislation
- Pertinence of geographical coverage
- Balanced distribution of resources between objectives
- Adequate coverage of thematic priorities



# Financial provisions

## Interventions (financial instruments):

- Grants for projects
- Grants for "joint actions" **New procedure!**
- Operating grants **New procedure!**
- Direct grants to International Organisations
- Public procurement (tenders, framework contracts)
- Presidency Conference

**New: no more co-funding for conferences!**

## Beneficiaries (recipients of funding)

- Legally established organisations
- Public authorities, public sector bodies (research and health institutions, universities and higher education establishments)
- Non-governmental bodies
- International organisations



# Financial instruments, grants

- **Project Grants** → Multibeneficiary grant
- **Actions cofinanced with Member State Authorities** → Multibeneficiary direct grant, invitation for submission of proposal **NEW: no call anymore!**
- **Operating Grants** → 3-year Framework Partnership Agreement under which invitations for submitting of proposal for 3 yearly Operating Grants will be issued
- **Presidency Conference and Direct** → Monobeneficiary direct grant, invitation for submission of proposal



# General principles EC funding

## Applicable to all financing mechanisms

1. **Co-funding rule:** external co-financing from a source other than EC funds is required (own resources or financial contributions from third parties)
2. **Non-profit rule:** the grant may not have the purpose or effect of producing a profit for the beneficiary (total Expenses = total incomes)
3. **Non-retroactivity rule:** only costs incurred after the starting date defined in the grant agreement can be co-funded
4. **Non-cumulative rule:** only one grant can be awarded for a specific action carried out by a given beneficiary



# Implementation

## Annual Work Programmes

The Commission implements the Programme by establishing annual work programmes in accordance with Regulation (EU, Euratom) No 966/2012 and the criteria set out in Annex II of the Regulation (EU) No 282/2014

## 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

[http://ec.europa.eu/chafea/health/national\\_focal\\_points.html](http://ec.europa.eu/chafea/health/national_focal_points.html)

## **Consumer, Health and Food Executive Agency (CHAFEA)**

*The Agency is entrusted by the Commission to implement the Health Programme, working in close collaboration with DG SANCO*



*Consumer, Health and Food Executive Agency*

**CHAFEA**

*<http://ec.europa.eu/chafea/index.html>*



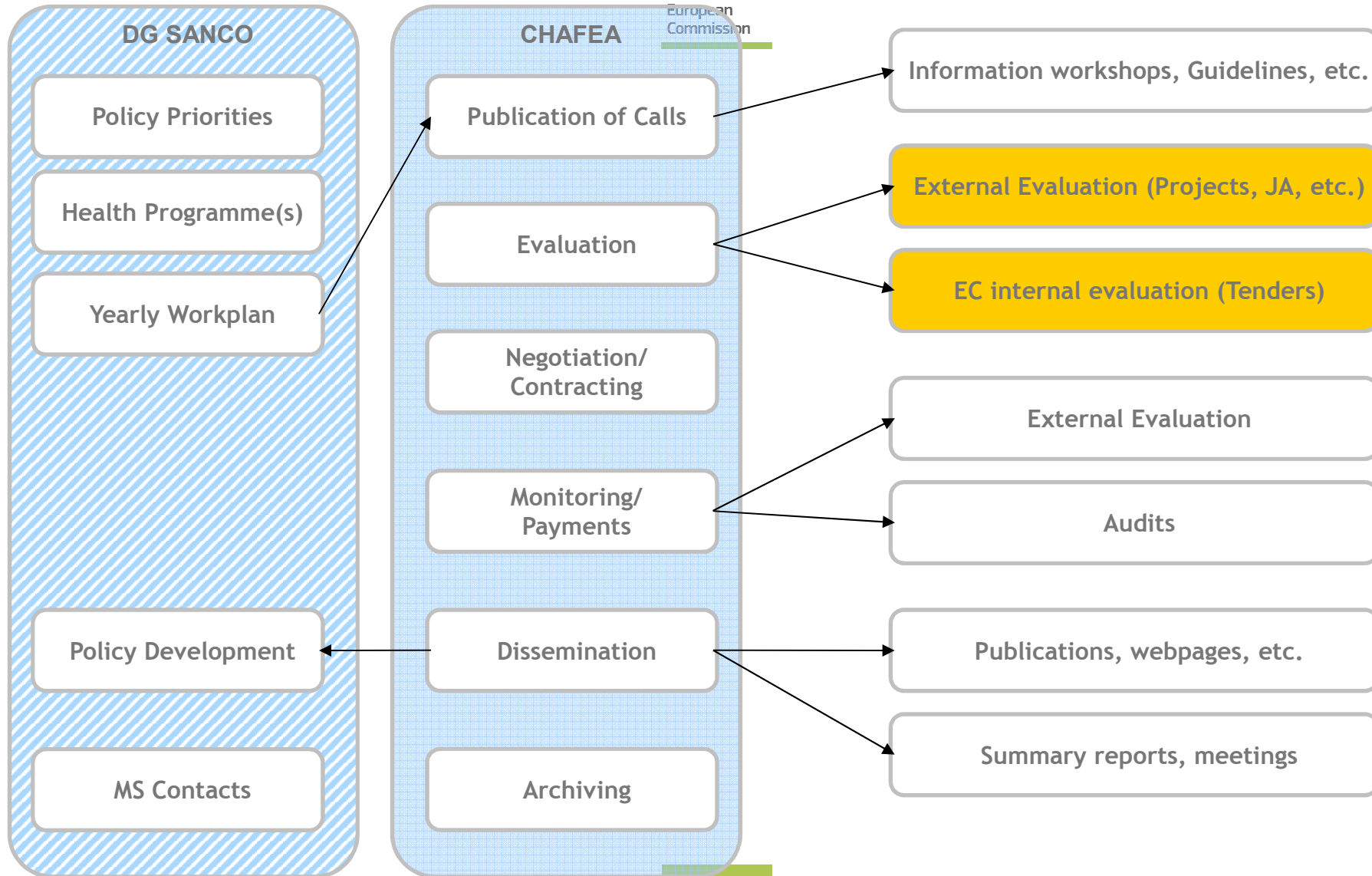


# About CHAFEA

- The Consumers, Health and Food Executive Agency (formerly the Public Health Executive Agency –PHEA- from 2005 to 2008 and then Executive Agency for Health and Consumers – EAHC- from 2008 to 2013) was created on 1 January 2005.
- In 2008, the Agency's mandate was prolonged and expanded to include actions in consumer protection and training for safer food.
- In December 2013, the Agency's mandate was further extended until 2024
- Chafea implements the EU Health Programme, the Consumer Programme and the Better Training for Safer Food initiative.
- The Agency provides a professional service in performing the tasks and activities entrusted to it by the European Commission, and it works closely with the Health and Consumers Directorate General.
- Chafea manages relations with some 2800 beneficiaries and contractors involved in close to 400 projects/service contracts in the field of health, consumer protection and food safety; it has about 50 staff members with an administrative annual budget of 7.2 million euro (year 2013).
- Chafea is based in Luxembourg.



European Commission



Consumers, Health And Food Executive Agency



# Grazie per l'attenzione!

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# 7 ways to create EU-added value

## 1. Implementing EU legislation

- Objective: ensuring that legislation is implemented correctly
- Example: JA on Facilitating collaboration on organ donation between national authorities in the EU

## 2. Economies of scale

- demonstrate 'return on investment' for MS & ensure sustainability
- Objective: To save money, and to provide better service to citizens
- Target: No duplication of efforts
- Example: JA on Forecasting health workforce needs for effective planning in the EU

# 7 ways to create EU-added value

## 3. Promotion of best practice

- Objective: Citizens benefit from state of the art best practice, capacity building where necessary
- Target: 'best practice' applied in all participating MS
- Example: JA on Mental Health and well-being

## 4. Benchmarking for decision making

- Focus on indicators with real impact on decision making.
- Objective: To facilitate evidence based decision making
- Target: Real time data comparison available
- Example: JA on Improvement of HIV prevention in Europe

# 7 ways to create EU-added value

## 5. Cross border threats

- Objective: To reduce risks and mitigate consequences of health threats
- Target: Depending on individual threats
- Example: JA on the impact on maritime transport of health threats

# 7 ways to create EU-added value

## 6. Movement of persons

- Patients crossing borders, migration issues and Brain drain - movement of workers across Europe
- High 'EU legitimacy'. Ensure high quality Public Health across EU MS. Added value depends on the scale of the problem
- Example: JA on Forecasting health workforce needs for effective planning in the EU

# 7 ways to create EU-added value

## 7. Networking

- Very difficult to put into objectives, targets, and indicators.
- Is a 'side effect' of other actions
- Is the rationale of the funding of 'networks'
- Is very important for dissemination of the results to all MS including non-participants