The 3\textsuperscript{rd} EU Health Programme 2014-2020

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General provisions


• 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

€ 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
<table>
<thead>
<tr>
<th>Period</th>
<th>Program Description</th>
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<tbody>
<tr>
<td>1993-2002</td>
<td>8 different Action Programmes (health promotion, cancer, drug dependence, AIDS and other communicable diseases, health monitoring, rare diseases, accidents and injuries, pollution-related diseases)</td>
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<td>2003-2008</td>
<td>Community Action Programme for Public Health</td>
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<td></td>
<td>• Health Information</td>
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<td>• Health Threats</td>
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<td>• Health Determinants</td>
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<td>2008-2013</td>
<td>2nd Programme of Community Action in the field of Health</td>
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<td></td>
<td>• Health Security and Safety</td>
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<td>• Health Promotion and Health Inequality</td>
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<td>• Health Information</td>
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<td>2014-2020</td>
<td>3rd Programme of Community Action in the field of Health</td>
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<td></td>
<td>• Promote health, prevent diseases and foster supportive environments for health lifestyles</td>
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<td>• Protect citizens from serious cross-border health threats</td>
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<td>• Contribute to innovative, efficient and sustainable Health Systems</td>
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3rd Health Programme 2014-2020: scope and 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
4) Facilitate access to better and safer healthcare for Union citizens
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

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.


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.
Grazie per l'attenzione!

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http://ec.europa.eu/eahc/
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