Purpose: Provide insight into the “Third Multi-Annual program of EU Action in the Field of Health” for EFA by extracting the most relevant actions and specifying potential benefits or incentives for EFA’s involvement in the future. EFA intends to formulate a direct response in consultation with members.

Introduction:

Last November, the European Commission published a proposal for a regulation of the European Parliament and the Council of the European Union on establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020. Such programme builds on the results of the first Public Health Programme (2003-2008) and the second Health Programme (2008-2013). The programme seeks to improve the way Member States cooperate in the area of health and to provide leverage for reforms of national health policies.

Legal basis: article 168 of the Treaty on the Functioning of the European Union (TFEU) – in order to ensure a high level of health protection in the definition and implementation of all Union policies and activities, the EU shall complement and support national health policies, encourage the cooperation between Member States and promote the coordination between their programmes.

Overview:

Healthcare is one of the largest sectors in the EU, accounting for about 10% of gross domestic product and employing one in ten workers, a high average proportion of whom are workers with higher education. The financial crisis has required EU Member States to consider their best means for improving sustainability of health systems while maintaining high standards of healthcare quality to their citizens both today and in the future. Innovation remains fundamental for the advancement of efforts to reorganise and structure health systems to improve the sustainability of resource use and finance sources. The EU is poised to see an increase in potential employment opportunities within the healthcare sector as the demand for healthcare continues to grow; this creates significant compatibility with the EU 2020 Strategy Flagship Initiative for New Skills and Jobs.

The European Year of Active Ageing and Solidarity between Generations is a cornerstone for the document, as it views health problems as a key reason for staff absenteeism and early retirement; this in turn reduces productivity and European competitiveness in the global market. Since health

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1 The Health for Growth Programme exists to assist finding and applying innovative solutions for quality improvement, to increase the sustainability and efficiency of national health systems.
budgets occupy a significant percentage of national expenditure for all EU Member States, counteracting costly variables underscores the importance of creating sustainable solutions, such as an ageing population demographic, increasing expectations among patients for quality healthcare and expensive technological advancements in the industry. Although life expectancy has increased substantially in previous decades, the number of healthy life years has not progressed nearly as fast, which is indicative of increasing costs over a longer period of an older person’s lifetime. Today, chronic disease is responsible for the vast majority of premature mortality across Europe and the main source of economic burden by preventing people in prime working years from continuing with their employment.

The programme can potentially enable the shaping of national priorities through the provision of best practices from across Europe, facilitating the exchange of practical experience, expertise as well as knowledge and supporting health issues on national political agendas. Member States and stakeholders must maintain emphasis upon closely linking the programme to the Treaty on the Functioning of the European Union, the Europe 2020 agenda and existing legislation to create added value. In order to ensure fulfilment of actions and continuation of progress on the programme objectives, annual work programmes will be adopted by the Commission. Details will include priorities and actions undertaken, including allocation of financial resources and detailed eligibility criteria for beneficiaries.

Its implementation will be overseen by the Commission and Member States, which will ensure legal provisions regarding personal data protection (as well as confidentiality and safety of such data) and monitor consistency and complementarity with other EU mechanisms, actions, etc. A mid-term evaluation report will be established by the Commission no later than mid-2018 to gauge the achievement of the objectives of all measures and its European added value, in view of a decision on the renewal, modification or suspension of these measures. Lastly, Member States will appoint National Focal Points to assist with the programme promotion, the dissemination of progress updates from the Commission as well as the communication of information on the programme impacts within their respective countries to the Commission.

The general objectives of the Health for Growth Programme shall be to work with Member States to encourage innovation in healthcare and increase the sustainability of health systems, to improve the health of the EU citizens and protect them from cross-border health threats.

It focuses on four specific objectives with a strong potential for economic growth through better health:

1) To develop common tools and mechanisms at EU level to address shortages of resources, both human and financial, and to facilitate up-take of innovation in healthcare in order to contribute to innovative and sustainable health systems

   • Availability of informal care within the family environment is declining while changing family structures and an ageing population results in creating demand for more formal and professionalised care
   • Foster European cooperation on Health Technology Assessment (HTA) and explore the potential of e-Health and ICT for Health, including a dedicated e-Health network and cooperation among electronic patient registries as part of the implementation of the Directive on patients’ rights in cross border healthcare
   • Address shortages in health workforce and Member States systems reforms through pooling and strengthening of expertise on technical evaluation of policy actions
Measured through increase in number of Member States using the developed tools and mechanisms and pieces of advice

Actions most relevant for EFA:

i. Promote the uptake of health innovation and e-Health by increasing the interoperability of e-Health applications

ii. Provide expertise to assist Member States undertaking health systems reforms

iii. Support to the European Innovation Partnership on Active and Healthy Ageing, a pilot project under Europe 2020 Flagship Initiative Innovation Union

iv. Foster a health knowledge system, including Scientific Committees, to contribute to evidence-based decision making

2) To increase access to medical expertise and information for specific conditions also beyond national borders, and to develop shared solutions and guidelines to improve healthcare quality and patient safety in order to increase access to better and safer healthcare for EU citizens

- Reducing healthcare inequalities of primary concern to the EU and its citizens, especially when there is a deficiency of accurate health information for patients to act upon
- Regional and sub national inequalities, especially between urban and rural areas, are one of the greatest concerns for healthcare exclusion and access
- Improve access by fostering the network of specialised European centres of reference, which should be accessible to all citizens across the EU
- Set up a system of European reference networks, defining their criteria and conditions and develop shared solutions and guidelines for healthcare quality and patient safety in the EU

Measured through the increase in number of health professionals using expertise gathered through the European Reference Networks in context of Directive 2011/24/EU on application of patients’ rights in cross-border healthcare; the increase of number of patients using these networks; the increase in number of Member States using the developed guidelines

Actions most relevant for EFA:

i. Set up accreditation and support European Reference Networks

ii. Strengthen collaboration on patient safety and quality of healthcare, by increasing the availability of information to patients, exchange of best practices and development of guidelines; support action on chronic diseases care and research including development of European guidelines

iii. Foster a health knowledge system, to contribute to evidence-based decision making

3) To identify, disseminate and promote the up-take of validated best practices for cost effective prevention measure by addressing the key risk factors, namely smoking, abuse of alcohol and obesity, as well as HIV/AIDS, with a focus on the cross border dimension, in order to prevent diseases and promote good health

- Support the efforts of Member States aimed at prolonging the healthy and productive life years of their population by preventing chronic diseases
- Prevent smoking, harmful alcohol consumption, poor diet and insufficient physical activity as preventable risk factors leading to a vast number of chronic diseases
• Address challenges through fostering best practice in health promotion and cost-effective prevention targeting key health determinants, namely smoking, abuse of alcohol and obesity as well as HIV/AIDS with a focus on cross-border issues

*Measured through the increase in number of Member States involved in promoting good health and preventing diseases using the validated best practices*

**Actions most relevant for EFA:**

i. Exchange best practices on key health issues such as smoking prevention, abuse of alcohol and obesity

ii. Supporting the prevention of chronic diseases including cancer, by sharing knowledge and best practice and developing joint initiatives

iii. Actions required by or contributing to the objectives of EU legislation in the fields of tobacco products and advertisement

iv. Foster a health knowledge system, to contribute to evidence-based decision making

4) To develop common approaches and demonstrate their value for better preparedness and coordination in health emergencies in order to **protect citizens from cross-border health threats**

• Protect Europeans against harmful cross-border health threats through the coordination of preparedness and responses

• Support national capacity building in preparedness and management of health crises taking into account international initiatives

• Address gaps in risk assessment capacities between Member States

• Protect and improve human health against communicable diseases, major cross-border health scourges, measures concerning monitoring, early warning of and combating serious cross-border threats to health

*Measured through the increase in number of Member States integrating the developed common approaches in the design of their preparedness plans*

**Actions most relevant for EFA:**

i. Strengthen preparedness and response for serious cross-border health threats

ii. Improve risk assessment capacity by providing additional capacities for scientific expertise and map existing assessments

iii. Support capacity building against health threats in Member States by *inter alia* developing preparedness and responsive planning and coordination, common approaches to vaccination, developing guidelines and mechanisms for joint procurement of medical countermeasures

iv. Foster a health knowledge system, to contribute to evidence-based decision making

**Funding eligibility to beneficiaries:**

The budget allocation for the project is set at 446 million EUR in current prices, which applies for the period from 1 January 2014 to 31 December 2020. Financial contributions will take the form of grants, public procurement or any other interventions necessary for achieving the objectives of the
programme. The new 2014-2020 Programme departs from its predecessors in that it focuses specifically on actions of proven EU added value, which deliver concrete results while responding to identified needs or gaps.

Article 7: “Grants may be awarded to fund:
(a) Actions having a clear EU added value;
(c) The functioning of non governmental bodies where financial support is necessary to the pursuit of one or more of the specific objectives of the programme.”

Article 8: “2. The grants for the functioning of [these non-governmental] bodies may be awarded to the bodies which comply with all the following criteria:
(a) They are non-governmental, non-profit-making, independent of industry, commercial and business or other conflicting interests;
(b) They are working in the public health area, playing an effective role in civil dialogue processes at EU level and pursuing at least one of the specific objectives of the Programme…;
(c) They are active at the Union level and in at least half of the Member States, and have a balanced geographical coverage of the Union.”

External co-financing from a source other than EU funds is required, usually 40% (co-financing rule).

Key quotes:
The programme “…strengthens and emphasizes the links between economic growth and a healthy population to a greater extent than the previous programmes…geared towards actions with clear EU added value, in line with Europe 2020 objectives and current policy priorities.” P. 2
It “strengthens the link between technological innovation and its uptake and commercialisation; while fostering security, quality and efficiency of healthcare.” P. 2
It “supports better forecasting, planning of needs and training of health professionals, which will contribute to both organisational innovation and inclusive growth.” P. 3
“The programme provides possibilities to build and strengthen cooperation mechanisms and coordination processes between Member States with a view to identifying common tools and best practices that can create synergies, bring EU added value and lead to economies of scale, thus supporting reform under challenging circumstances.” P. 4
“Health system reform must clearly consist of a mix of immediate efficiency gains and longer-term strategic action addressing key cost drivers.” p. 4
“Chronic diseases are the main cause of death and poor quality of life in Europe. Over 4 million people in the European Union die every year because of chronic diseases, which represent 87% of premature mortality in the EU. Chronic diseases also represent a huge economic burden through loss of people’s capacity to work in the prime of their lives.” P. 6
“All participants in the various consultations strongly supported the Health Programme. Some Member States concurred with the view that it should be more focused, cost-efficient and based on actions with proven EU added value, whereas others were of the opinion that it should continue to support the existing objectives and a wide range of actions.” P. 8
“The EU Health Policy Forum argued that strong emphasis should be put on health determinants and a patient-centred focus. It also recommended that the programme addresses the role of social determinants.” P. 8
“The programme introduces a number of new elements: - progress indicators to measure and monitor the objectives and impact of the programme; - EU added value as a key determinant in setting the priorities for the annual work plans; - better dissemination and communication of the results of the projects to policy makers; - incentives to encourage greater participation of Member States with lower Gross National Income (GNI) in the programme, including a higher co-financing rate for those Member States.” P. 9

“The emphasis will be placed in accordance with the principle of subsidiarity, on areas where Member States cannot act in isolation in a cost-effective manner, where there are clear cross-border or internal market issues at stake, or where there are significant advantages and efficiency gains from collaboration at EU level.” P. 12

“The position of the patient should be strengthened to achieve better and safer health outcomes. Patients need to be empowered to manage their health and their healthcare more pro-actively. The transparency of healthcare activities and systems and the availability of information to patients should be optimised. Healthcare practices should be informed by feedback from and communication with patients. Support for Member States, patient organisations and stakeholders is essential and should be coordinated at EU level in order to effectively help patients and in particular those affected by rare diseases to benefit from cross-border healthcare.” P. 13

“Cost-effective promotion and prevention measures...will include actions towards the setting up of pan-European networks and partnerships engaging [with a] wide range of actors in communication and awareness raising actions on key health issues such as smoking prevention, abuse of alcohol, addressing obesity with a focus on the cross-border dimension and on Member States with no or little action on these issues.” P. 27

The programme “…supports European cooperation and networking on preventing and improving the response to chronic diseases including cancer, by sharing knowledge, good practice and developing joint activities on prevention…” p. 27

“Actions required by or contributing to the implementation of Union legislation in the fields of tobacco products and advertisement...may include activities aimed at ensuring the implementation, application, monitoring and review of that legislation.” P. 28