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#### COVER NOTE

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From:	Secretary-General of the European Commission, signed by Mr Jordi AYET PUIGARNAU, Director
date of receipt:	10 May 2016
To:	Mr Jeppe TRANHOLM-MIKKELSEN, Secretary-General of the Council of the European Union

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Delegations will find attached document SWD(2016) 149 final.

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**EXECUTIVE SUMMARY  
OF THE COMMISSION STAFF WORKING DOCUMENT**

**Accompanying the document**

**REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE  
COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE  
COMMITTEE OF THE REGIONS**

**Ex-post evaluation of the 2nd Health Programme 2008-2013  
Decision No 1350/2007/EC  
establishing a second programme of Community action in the field of health (2008-2013)**

{ COM(2016) 243 final }  
{ SWD(2016) 148 final }

## EXECUTIVE SUMMARY

This document accompanies the Commission's report "*Ex-post evaluation of the 2<sup>nd</sup> Health Programme (2008-2013)*" and sets out its main findings based on a contractor's independent study<sup>1</sup> conducted from May 2014 to July 2015. The conclusions of the evaluation will feed into the implementation of the 3rd Health Programme (2014-2020).

The 2nd Health Programme was geared to a wide range of broad objectives and priorities. Given the limited budget, there was a need to focus and concentrate activities on areas of high relevance for Member States and programme stakeholders in line with EU health policy priorities and the Commission's broader policy orientations, as set out in the Europe 2020 strategy.

The purpose of the ex-post evaluation of the 2nd HP was to assess the main outcomes and results achieved and identify the main problems and solutions with regard to implementation, particularly regarding recommendations from previous evaluations.

The evaluation focused on four main thematic blocks, namely programme management, dissemination practices, the impact of the Health Programme and synergies with other programmes and services. It involved a variety of quantitative and qualitative data collection and review methods and analytical tools to respond to specific information needs and requirements respecting the principle of triangulation.

The contractors were explicitly asked not to repeat earlier evaluation work that was executed to impact on the design of the 3<sup>rd</sup> Health Programme but to concentrate instead on issues that have been insufficiently explored in past exercises such as the relationship with the research programmes, the rationale for the programme intervention and the effectiveness of new funding modalities such as the joint actions.

The diversity of Health Programme objectives, topics and mechanisms, the small size of the Health Programme in relation to public health spending overall, the lack of Programme and action level indicators and data, and the time lag before impacts (on health policies, systems or even health outcomes) posed a number of serious limitations. Therefore the evaluation assessed individual actions and outputs without being able to extrapolate conclusions regarding the overall impact of the whole Programme.

The evaluation found that the Programme delivered a range of valuable outputs with a clear link to EU health policy priorities and national priorities which was achieved through focussing on the financing of Joint Actions and projects. Their main EU added value was linked to the exchange of best practices between Member States and improved cooperation through networking. Some examples of outputs from the 13 case studies<sup>2</sup> examined in the framework of this evaluation are: the pan-European cooperation between health technology assessment agencies and methodological guidance for assessing innovative health technologies which enabled decision-makers to identify innovations that really make a difference; the sharing of best practice in the area of rare diseases on development and implementation of national plans and the standardisation of nomenclatures which have helped Member States in developing their rare diseases policies and improved health professionals' access to relevant information on rare diseases; increased and extended laboratories preparedness to detect highly infectious pathogens; improving tools to support the choice of most cost-effective prevention policies against cardiovascular diseases through scientific data and innovative tools; support to organ vigilance through the development of important principles of good practice and standard evaluation tools.

The implementation and programme management improved, drawing on the recommendations of the evaluation of the 1st Public Health Programme and the mid-term (2010-2011) evaluation of the 2nd Health Programme. Even though the establishment of the CHAFEA (Consumer, Health, Food and Agriculture Executive Agency) database lead to an improvement of monitoring of the programme's actions, the evaluation points to weaknesses in the monitoring of results of the funded actions and their analysis, which limits the assessment of the overall

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<sup>1</sup> Coffey International Development and SQW, Cemka-Eval, and Economisti Associati, "Ex-post Evaluation of the Health Programme (2008-2013), July 2015.

<sup>2</sup> Respectively EUnetHTA, EUCERD, QUANDHIP Joint Actions; EUROHEART II and EFRETOS Projects

programme performance. The dissemination of action outputs varies, thus it is not systematically ensured that key stakeholders are reached, or that outputs can be taken up and transformed into results and tangible impacts. While synergies with the EU research programme have been shown, there is still room for improvement in particular in relation to other EU funding instruments such as the structural funds.