# EU JOINT ACTIONS 2.0: **A BOOSTER FOR HEALTH IN THE EU?**

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**Summary:** Since 2008, the Joint Action (JA) mechanism in the EU Health Programme has been promoting collaboration among Member States. This article assesses whether it is well-equipped to strengthen European collaboration in the post-COVID world and suggest ways in which the Commission can further improve this instrument. They can have a significant impact on health policies in the EU, yet challenges remain related to sustainability, administrative burden, and co-financing structure. In order to contribute to the EU Health Union, we believe they need to become more politically driven, outcome-focused, and contribute to a comprehensive long-term vision regarding the role of health in the EU.

***Keywords:*** *Joint Action, EU Health Programme, Collaboration, EU4Health, EU financing*

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## Introduction

European Union (EU) Member States share similar national challenges to enhance public health and strengthen health systems performance including strengthening crisis preparedness, the health workforce, and digital health, and tackling non-communicable diseases among many others. Member States could gain significant benefits by identifying those challenges that could be addressed better by joining forces and developing collaboration to tackle these challenges together.

Throughout the years, the Commission and Member States have already developed various instruments to facilitate collaboration in health policy. One of these was the creation of the Joint Action (JA) mechanism in 2008 [1] within the EU Health Programme (**see Box 1**).

This article will first discuss JAs as a funding mechanism by explaining how the policy priorities are identified, and their goals and expectations established. Next, the benefits and challenges of JAs are analysed. In preparation, group discussions were held with representatives from selected Member States (National Focal Points or EU4Health Steering Group Members), with representatives from Belgian institutions active in one or several JAs, as well as an interview with experts at HaDEA (Health and Digital Executive Agency). The article concludes with proposals for more effective EU engagement.

The authors would like to emphasise that while the analysis is not exhaustive, it is based on their long-standing experience with the JA mechanism. The objective of this article is to put the issues on the table to start a constructive discussion between the Commission and the Member States

**Box 1:** What is a Joint Action?

A 2013 publication by DG SANTE[2] defines the Joint Actions (JAs) as follow: "JAs are designed to stimulate governments, academic and other non-profit organisations to join forces at the EU level in order to tackle problems shared by many EU Member States. They should involve partner organisations from many different Member States, and jointly develop the most appropriate solutions that can be put into practice directly at national level".

A JA usually lasts three years and receives an earmarked budget, co-funded by the Commission. Countries, which may include EU Member States and currently Norway, Iceland, Ukraine and Republic of Moldova, typically provide financial contributions by allocating staff time to the project. Participation in the projects is voluntary, and they are awarded by the Commission on a non-competitive basis. This instrument has been put in place to support the implementation of EU policies.

JAs are highly specific in that they are supposed to address the greatest health policy needs from EU Member States and the Commission. The direct involvement of Member States' competent authorities should ensure political commitment and the financial resources needed for the long-term sustainability and impact of the actions. Further, JAs should have high European added value with wide geographical implementation that justifies them in both technical and political terms.

on how to improve this valuable instrument for the future EU Health Programme (and the next Multiannual Financial Framework) in both the short- and long-run.

## How are the policy priorities for Join Actions identified?

The JA priorities are decided by a comprehensive appraisal of public health needs in Europe. The topics are identified by the European Commission based on stakeholders' input in targeted consultation and after discussing with the Member States within the EU4Health Steering Group and the EU4Health Programme Committee.

JAs can have different objectives, such as addressing pressing issues like mental health, health workforce and crisis preparedness, collaborating on joint projects such as Health Technology Assessments (HTA), or providing support in policy preparation (European Health Data Space) and implementation (EU Beating Cancer Plan).

They have an impressive track record* for bringing Member States together around common objectives. The COVID-19 pandemic drastically increased the need for collaboration on public health in Europe. Concurrently, the EU Health Programme's budget was increased by almost 12 times, from €449 million in the 2014–20 programme[3] to €5.3 billion in the current 2021–27 Multiannual Financial Framework.[4,5] As a result, the Commission can now provide more budget for each JA. Previously, a typical JA was co-funded for €2–3 million. In 2022, the Commission proposed a JA on non-communicable diseases and cancer with a maximum co-funding contribution of €75 million[6] and in 2023, the maximum co-funding for one JA reached €90 million.[7]

## What are the goals and expectations of Joint Actions?

This increased budget presents significant opportunities, but it also comes with high expectations, notably from the Member States. The objective is to have a tangible impact at the national level that benefits European citizens. This impact at national level is important as public money is involved, and should be used appropriately and efficiently.

However, is the JA mechanism up to this job? The next part of this article will assess whether the JA mechanism is well-equipped to strengthen European collaboration in the post-COVID world and suggest ways in which the EU can adapt this instrument to meet these new challenges.

## The technical nature of the mechanism

JAs are inherently voluntary, and hence they can only have an impact if there is a high level of political leadership and clear objectives that drive the initiative. The choice of a JA topic is political, linked to the objectives identified in EU4Health. The Commission initiates them with a clear societal objective in mind. The priorities in the annual work programmes are of a political nature, whereas the implementation of the JA focuses more on technical aspects. There is a risk of gaps between political and technical levels. It is therefore important to keep the health administrations informed and ensure political support in all stages of the JA process.

### *Before the beginning of the Joint Action (preparatory phase)*

*Scope of the Joint Action/Preparation of the annual Work Programme* – Once a JA topic is determined and published in the Annual Work Programme, the administrative preparation starts. It's worth noting that the application preparation falls under the responsibility of participating Member States, while the objective and scope of the JAs are only defined at a very general level. The way the information is provided is often not conducive to convince policymakers to invest in this collaboration, and neither does it help in determining who should be involved.

*Application process* – It falls under the consortium of participating Member States to set up the concrete design of a JA (work package content, etc). However, according to the National Focal Points, the Member States, comprising the leader and participating countries, typically also only have three to four months to prepare their application. This limited timeframe is deemed insufficient for setting up the JA appropriately, often resulting in a compromised quality of the proposal.

* For instance, during the 3rd Health Programme, there were 33 countries participating in JAs (each country was involved on average in 10 different JAs).

We believe that JAs would benefit from more comprehensive preparations (even before the Member States have to make decision about their participation) leading to proposals that can persuade ministers and high-level policymakers to become active in this European collaboration, including providing the necessary co-funding and resources.

### *During the Joint Action*

*Budget* – We already indicated that the EU4Health budget has been significantly increased in response to the pandemic†. As a result, each JA – in general – now receives a higher budget. While this may positively influence the impact of these actions, this also puts a greater financial burden on Member States to provide the necessary co-funding. Currently, Member States are required to co-fund either 20% or 40% of the total budget, depending on certain criteria. However, doing this several times may stretch the budget of the ministry of health/competent authority and its affiliated entities.

*Administration* – Preparing and participating in JAs involves a lot of administrative work for the beneficiaries. Although the authors recognise that this is necessary for transparency and accountability, it has become a significant burden. The detailed time sheets were frequently mentioned as an example. It seems that Member States often choose not to participate in JAs because of the administrative burden involved. An administrative system that emphasises both transparency (project progress, etc.) and cost-effectiveness/efficiency would be beneficial in this matter.

Furthermore, the quantity of JAs significantly affects the administrative workload. Managing the participation of the health administration within the Member States for an increasing number of JAs with increased budgets for many of them makes a significant difference, not only for smaller countries.

Lastly, we have seen that it has become more difficult to find an authority which is willing to act as the coordinator in the large JAs. Given that a larger budget is at stake, which means more activities during the JA, the role of coordinator is becoming increasingly difficult for some Member States. This function should be made more attractive with greater support provided by HADEA.

### *After the end of the Joint Action*

*Sustainability* – After three years, the project comes to a conclusion. At this point, much expertise has been accumulated, and the outcomes are disseminated through reports, websites and conferences.

Unfortunately, there is not always a systematic sustainable future for the outcomes of this collaboration. Without a sustainable long-term platform for these initiatives (not all actions request however a follow-up), the substantial investments made by the Commission and Member States in these fields often disappear.

Europe has, however, shown that there are alternative ways to approach this challenge. For instance, the European Centre for Disease Prevention and Control (ECDC) was created through a collaboration of various European networks and projects that aimed to address communicable diseases. Additionally, the HTA regulation was developed through multiple JAs and was established as a legal framework for Europe. What's more, the HTA JAs brought together numerous Member States and key European stakeholders, enabling wider dissemination to the target audience.

## Proposals for more effective EU engagement

JAs already have a significant impact on health policies in the EU. However, if we want them to contribute also to the development and strengthening of the EU Health Union in the future, we believe they need to become **more politically driven** (as public money is involved), **outcome-focused, and contribute to a comprehensive long-term vision regarding the role of health in the EU**. The upcoming section will suggest structural changes to the JA mechanism that align with this perspective. Please note that these suggestions are interconnected and should be read in their entirety.

### *1. Create political ownership, clear objectives, impact assessment process, and monitoring for each Joint Action*

Member States who opt to participate in a JA receive significant financial support from the Union in return, thanks to the increased budget in the EU Health Programme. At the same time, they commit to contribute for a three-to-four-year period to the joint work and to provide co-financing. The significant amount of funding as well as the effort and workload spent in JAs demands a sustainable impact and clear objectives with a stronger political commitment.

Although Member States are involved in the development of the annual work programmes as described above, the subjects and goals of JAs are designed by the Commission according to its political agenda and do not necessarily mirror Member States' political preferences. We feel that closer involvement of Member States in the decision making and topic setting for the annual work programme could encourage stronger political support from the health ministries for the JAs and drive to make active changes in national policies.

It is important to question what has been accomplished by the JAs, especially when compared to their ambitious political goals. A regular reporting on this within the EU4Health Steering Group could be a first step in this direction.

HaDEA and the Commission will initiate a mid-term evaluation of the EU Health Programmes. This should include an analysis of gaps and could be an opportunity for all the Member States to reflect with the Commission around the results of these projects.

† For the entire 3rd Health Programme (2014–2020), the total budget dedicated to JAs was €90 million. Since EU4Health, we saw a great difference in the budget per year dedicated to JAs: 2021 (€78 million), 2022 (€290 million) and 2023 (€303 million).

### *2. Invest in the preparatory phase*

Many challenges with the set-up of a JA originate in the preparatory phase. To address these challenges, it is essential to improve and better support this preparatory phase. By doing so, Member States can prepare a project proposal with great care and diligence, which will attract high levels of political attention.

Funding the preparatory phase to help the Member States building the JAs would be essential even if the payment would be retroactively given after the signing of the grant agreement.

Thorough preparation within national institutions (ministries and other entities) is also essential to create ownership and interest inside the ministry with all the responsible divisions and divisional leads. This could facilitate the process at national level (determining national objectives for participation in the JA, determining the resources to be put in place, having discussion with policy makers and at the political level to convince them, having discussion with national stakeholders even though they will not be part of the JA, etc). It could contribute to a more streamlined process and better implementation at national level.

### *3. Simplifying administration*

To improve JAs, reducing the administrative burden is crucial. This can be done by shifting the accountability and evaluation framework towards focusing on the achievement of predefined objectives instead of monitoring the inputs.

More technical and co-coordinative support could be given by HaDEA (or an external body) to the coordinators and participants of the JAs. It could also take over coordination tasks and thus reduce the burden of the coordinators and harmonise the administrative framework of the different JAs.

### *4. Budget*

It is crucial to restructure the budget framework to establish a more efficient and viable system. First, the current co-financing structure has reached its limitations due to the budget increase in the EU Health Programme. Member States are facing constraints in their involvement in JAs as they are often unable to provide the required resources. Transitioning towards up to 100% EU-funded JA mechanism (for the next Multiannual Financial Framework) would allow Member States interested in participating to do so. However, despite this change in funding, it is important that EU Member States retain ownership and responsibility for the progress, results and impact of the JA at EU and national level.

Second, another way to streamline the process would be to implement a new payment mechanism (for example a lump sum). This system of lump sum payments (which are already in place for certain Horizon Europe projects (see Funding & tenders)[8] involves creating a grant agreement that outlines the specific ways in which the grant must be spent, and what progress ought to be expected as a result. The beneficiary submits a report at the end of an agreed period where they give an overview of their spending and their outputs, and as long as this is according to the grant agreement, the lump sum is paid in full.

Working with a reduced administrative mechanism (for example a lump sum) and putting the focus on the achieved outputs instead of the process could be beneficial for the Member States. This approach provides greater flexibility for the beneficiaries while focusing on achieving the set outputs. This would also alleviate the administrative burden.

**Box 2:** Summary of proposals for more effective EU engagement

- More political ownership through closer involvement of the Member States in decision making and topic setting. More engagement to achieve tangible results at EU or national level.
- Clear process for impact assessment of the Joint Actions
- Deepen and extend the preparatory phase (also at national level) and to fund it
- Simplify administrative tasks (e.g. more administrative support, use of another budget mechanism like a lump sum)
- Up to 100% financing from the EU.

## References

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