



## ***EuroHealthNet's response to the consultation on the conclusions of the Fifth Report on Economic and Social Cohesion***

### **About EuroHealthNet**

EuroHealthNet ([www.eurohealthnet.eu](http://www.eurohealthnet.eu)) is a not for profit organisation networking public bodies working in the fields of health promotion, public health, disease prevention and health determinants – the factors behind good or ill health. We comprise of national and regional bodies working on policy, research and implementation approaches which contribute to improving health, wellbeing and equity between and within all the countries that are members of or associated with the European Union.

The EuroHealthNet looks forward to future proposals for the Cohesion policy Post 2013. Furthermore, EuroHealthNet will be happy to provide any further information about its activities on request.

### **Key Messages**

- 1. Health must remain a priority investment area for Structural Funds in the future Cohesion policy.** The EC, Member States and all relevant actors must ensure that public health, health promotion and disease prevention approaches, especially to tackle health inequalities<sup>1</sup>, are prioritized and mainstreamed throughout the Post 2013 Cohesion policy. This must be reflected in the aims, objectives and targets set out in the policy's functioning and operation including the proposed Common Strategic Framework and Member States Operational Programmes.
- 2. Cohesion Policy is designed to increase social and economic cohesion across the EU. To ensure that the policy achieves this end, Cohesion policy should be rooted on a rights-based approach based on the three overarching recommendations of the WHO Commission on the Social Determinants of Health** – i.e. Improve daily living and working conditions; Tackle the inequitable distribution of power, money and resources; Measure and understand the problems and impacts of action - using commonly agreed and comparable data and indicators with WHO, relevant UN agencies and OECD<sup>2</sup>. Cohesion funding instruments should also be spent in line with this approach.
- 3. Health is vital to the Cohesion policy's objectives and to a regions competitiveness and economic growth.** Good health is important to an individual's well-being, happiness and satisfaction; healthy people are also more economically productive. **There are therefore, strong**

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<sup>1</sup> Health inequalities are commonly understood as the systematic and avoidable differences in health outcomes between social groups such that poorer and/or more disadvantaged people are more likely to have illness and disabilities and shorter lives than those who are more affluent. Whitehead, M. The concepts and principles of equity and health. Copenhagen, WHO Regional Office for Europe, 1990.

<sup>2</sup> Closing the gap in a generation. Report of the World Health Organization Commission on Social Determinants of Health, Geneva, 2008.

**economic arguments for investing in health, and in the reduction of health inequalities, at population level.** Health inequalities have been estimated to cost the EU around €141 billion in 2004 or 1.4% of GDP<sup>3</sup>. This rises sharply to €1,000 billion or 9.5% of GDP when health is valued as a consumption good<sup>3</sup>. EuroHealthNet, through its DG SANCO co-funded project **DETERMINE** ([www.health-inequalities.eu](http://www.health-inequalities.eu)), has demonstrated that the **rationale for investment to tackle health inequalities** is based on two interlinked arguments: Targeted investment to address health inequalities by action on the social determinants of health is more cost-effective than paying later for the consequences of these inequalities; It follows then that addressing health inequalities is not only a matter of social justice but also contributes to economic sustainability<sup>4</sup>.

4. **Levels of health and of health inequalities not only affect social and economic well-being, they can also be regarded as measures of well-being.** In line with ‘beyond GDP’<sup>5</sup> arguments, indicators to assess health and health inequalities should therefore be mainstreamed as input and output measures to assess the effectiveness of Structural Fund spending. DG SANCO has commissioned the development of a tool that measures the impact of Structural Funds on socio-economic determinants of health. The tool incorporates interdependent indicators of outcomes and cost benefits that show health gains resulting from Structural Fund investments in economic growth, social cohesion and environmental. This tool should be assessed and incorporated into the next Cohesion Policy framework.
5. Increasing social and economic cohesion across the EU and addressing social, economic and environmental disparities requires a cross-sectoral and evidenced based approach, to ensure that actions aimed at e.g. generating economic growth do not inadvertently lead to higher levels of inequality. The health sector, which includes but extends beyond the health care sector<sup>6</sup>, is an important actor in this process. **Finding innovative ways to mainstream health priorities into non-health sector investments so as to positively impact on broader health determinants will be important in the future Cohesion policy.** Therefore, a focus on health and reducing health inequalities through this more wide-ranging approach can contribute to reduce regional disparities.
6. Other policy areas may require **Capacity Building to ensure more ‘holistic’ approaches** to achieving Cohesion Policy objectives, to raise awareness of the social determinants of health and to ensure that equity and health equity impact assessments are incorporated into their work. This could be achieved by supporting training on the social determinants of health for policy

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<sup>3</sup> Mackenbach JP, Meerding WJ, Kunst AE. Economic implications of socioeconomic inequalities in health in the European Union. Luxembourg: European Commission; 2007.

<sup>4</sup> Lavin, T. & Metcalfe, O. Economic arguments for addressing social determinants of health inequalities. DETERMINE Working Document No 4. Brussels: Institute of Public Health in Ireland, EuroHealthNet; 2009.

<sup>5</sup> European Commission Communication on “GDP and beyond: Measuring progress in a changing world” <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2009:0433:FIN:EN:PDF>

<sup>6</sup> A health system is an ensemble of all public and private organizations, institutions and resources mandated to improve, maintain and restore health. Health Systems encompass both personal and population services, as well as activities to influence the policies and action of other sectors to address the social, environmental and economic determinants of health. [Tallinn Charter: Health Systems for Health and Wealth](#)

actors, stakeholders and practitioners across different sectors and investing in raising public awareness to spread horizontal and vertical learning.

7. More funding from Cohesion policy should go directly to public health and health promotion initiatives that aim at improving health and reducing health inequalities, in order to reduce strains on health systems, in particular by reducing the prevalence of non-communicable diseases (e.g. obesity, diabetes, cardio-vascular disease, cancer). **Therefore the EC, in collaboration with Member States and national, regional and local Public Health institutes and authorities, should work together to develop and implement complementary public health prevention actions.** These actions should be driven by public health values.
8. Securing funding from Cohesion policy funding instruments is a complex and in many cases a specialized process. The health sector should invest more of its resources in capacity building to raise awareness and knowledge amongst health professionals of the importance of Cohesion policy investments to achieving their public health aims. Investments should also be made in providing training to health professionals on how to access these funds.
9. Local actors are most affected and likely to benefit from Cohesion policy spending. It is therefore very important that they develop a greater understanding of this policy and funding mechanisms and become more involved and engaged in spending plans and in broader social impacts (e.g. health equity). From a health perspective, it is important that local actors develop an understanding of health inequalities and can assess the impact of Cohesion spending on the health equity situation in their region, particularly in closing the gap between the higher and lower socio-economic groups.

#### Specific Questions

**Questions 4:** How could conditionalities, incentives and results-based management make cohesion policy more effective?

Receipts of Cohesion policy funding should not be conditional on the development of further policies which regions may not have the decision-making power to put in place. Each national and regional situation across the EU is different and blanket rules will result in some being disadvantaged over others. This could further increase disparities between regions including existing health inequalities. A level of adaptability is essential in order to allow Member States to design programmes that suit their social, economic and environmental situations.

EuroHealthNet supports the development and incorporation of additional indicators that could be used in future Cohesion policy, particularly indicators related to the beyond GDP debate, health and well-being. As part of this, a health equity indicator, linked to socio-economic data, should be further incorporated. In addition, EuroHealthNet encourages investment in other instruments which could strengthen the effectiveness of Cohesion policy, through particular investment in social innovation and networking actions.

**Question 5:** How could cohesion policy be made more results-oriented? Which priorities should be obligatory?

EuroHealthNet supports the strategic direction envisaged for improving results. All programmes must be clearly set out, with clear targets and deliverables and furthermore, outcomes must be evaluated on the basis of a defined list of indicators. In addition to this, improving health and actions to reduce health inequalities must be a key priority and should be clearly highlighted in the added value for proposed actions. Structural Funds investments have an instrumental value in achieving health gains through non-health sector as they contribute to the social and economic development of EU regions<sup>7</sup>. Bad health can hinder regional integration and competitiveness.

Central to this process, programmes must be developed and implemented across all levels of governance in Member States to train policy-makers and planners in the use of health equity impact assessments. In addition to this, to tackle health inequalities, to foster the EU overall goals of quality of life and well-being and to contribute to economic dimensions, new and innovative cross-sectoral approaches and actions are needed.

**Question 7:** How can the partnership principle and involvement of local and regional stakeholders, social partners and civil society be improved?

Involving local and regional actors in a constructive way in all stages of the process – from developing the Operational Programmes at national level, right through to the ground delivery of activities and projects – will be an important source of improvement. Evidence suggests that by placing personal/community wellbeing at the heart of policy formation, stakeholders are encouraged to be more innovative and effective<sup>8</sup>. The EU and its Member States should continue to invest in promoting, exchanging, and building on knowledge to support efforts to build a stronger basis for cross sectoral work, such as initiated by the [DETERMINE](#) partnership and others<sup>9</sup>. This involves exchanging information, building capacities, and greater engagement of the media and the public.

From a health perspective, the health sector usually lacks experience when it comes to pursuing operational funding that does not have a health label. Opportunities to systematically analyze weaknesses and further develop capacity in the health sector towards this end must be supported, particularly among local and regional health authorities and institutes. Part of this will involve developing pathways to ensure the health community and policy makers/decision makers in other sectors can exchange views in order to mainstream health equity into policy development.

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<sup>7</sup> Watson J (2009). Health and Structural Funds in 2007-2013: country and regional assessment. DG SANCO. (Source: [http://ec.europa.eu/health/health\\_structural\\_funds/docs/watson\\_report.pdf](http://ec.europa.eu/health/health_structural_funds/docs/watson_report.pdf) accessed 20 July 2010)

<sup>8</sup> The Power and Potential of Wellbeing Indicators: measuring young people's wellbeing in Nottingham. London

<sup>9</sup> DETERMINE Consortium. The story of DETERMINE: Mobilising Action for Health Equity in the EU. Brussels: EuroHealthNet; 2010



For further information and background documents referred to above, visit:

[www.equitychannel.net](http://www.equitychannel.net) | [www.health-inequalities.eu](http://www.health-inequalities.eu)

[www.eurohealthnet.eu](http://www.eurohealthnet.eu) | [www.health-gradient.eu](http://www.health-gradient.eu)