



EuroHealthNet Position: on the proposal by the European Commission to establish a potential European Pillar of Social Rights (EPSR).

Purpose

EuroHealthNet is a not for profit partnership of organisations, agencies and statutory bodies working to contribute to a healthier Europe by promoting health and social equity sustainably between and within European countries. We work particularly in European Union (EU) contexts, including via EU Programmes such as the EaSI Programme for Employment & Social Innovationⁱ, the Horizon 2020 Framework Programme for Research & Innovationⁱⁱ, and the EU Health Programmeⁱⁱⁱ.

This Position is the overall view of EuroHealthNet, regarding the announcement in 2016 that the European Commission is considering establishment of a “*European Pillar of Social Rights (EPSR)*”.^{iv} The Position has been adopted by the EuroHealthNet Executive Board.

It is published for the attention of EU Institutions, other international organisations and a wide range of relevant stakeholders at international, national and sub national levels, to help inform them of the relevance and importance of health, equity and wellbeing in this potential development, and to raise awareness for all interested citizens and bodies on the opportunities and challenges this initiative presents.

In addition to this overall Position, EuroHealthNet will also submit and publish its specific evidence based Response related to health and social equity to the online EC Public Consultation^v in advance of the deadline in December 2016.

Furthermore, EuroHealthNet is engaged in dialogues as part of wider public consultation in Member States and at international levels, for example via the EU Public Health Policy Forum and Platform.

Subsequently, EuroHealthNet will contribute to public and EU Institutional debates on the anticipated “proposal” and “related initiatives” announced by the EC in its 2017 Work Programme.^{vi}

Summary and Main points

- EuroHealthNet sets out its main principles and priorities for concrete steps towards a potential EPSR and conditionally welcomes the initiative so far.
- The conditions include a guarantee to not weaken the current social “*Acquis Communautaire*” including EU Fundamental Rights, especially Article 35 for health.^{vii}
- There is need for updated definitions, new measures and greater attention for EU Treaty objectives and obligations on rights and measures to improve wellbeing, social cohesion and sustainability, equity and public health throughout all EU policies.
- Subsidiarity must be respected according to the provisions of the TEU and TFEU.
- All EU Member States must be included, not only Eurozone countries, to avoid increasing inequalities and divergences between and within states and communities.
- The needs and rights of sub national entities such as regions, municipalities and cities should be better addressed.
- Civil society should be better included in co-creative design and implementation of rights based approaches, including through wider definitions of social partners.
- Existing implementation gaps should first be addressed through a transparent review process of existing measures, not only within the REFIT process.
- However, there is scope for improving EU rights and measures to address societal trends and achieve fair upward convergence, in the context of EU priorities including (but not only) sustainable Economic and Monetary Union.
- Global social, economic, cultural, demographic, technological and environmental trends require EPSR and EU 2020 alignment with UN Agenda 2030 objectives, and universal Sustainable Development Goals and targets.
- Better, more integrated, disaggregated and comparative information based on independent research, especially on wellbeing, is needed to underpin good decision making within the EPSR.
- EuroHealthNet analysis of learning from annual surveys, programmes and recommendations shows the need for a more inclusive, sustainable and effective approach to the EU Semester processes by the EC and in Member States.
- A Social Sustainability Directive is proposed, to empower Member States and communities for **progress on wellbeing, social investments and tackling inequalities with EU support;**

- We urge the appointment of an EC Vice President to take responsibility for the Social Pillar, and for all EU Institutions to consider effective scrutiny and support structures.
- Based on our leading position of knowledge on health and social equity, we make specific recommendations to address and improve the social factors (the social, economic and environmental determinants) of physical and mental health and wellbeing, towards what must be a priority ESPR aim of improved outcomes based on proportional universalism.
- The priority aspects for health in the EPSR should include:
 - Improving health and wellbeing for all and reducing health inequalities
 - Improving leadership and participatory governance
- This should be achieved by
 - Investing in health and social equity through a life-course approach and empower citizens,
 - Tackling social factors as causes of Europe’s major disease burdens of diseases;
 - Strengthening people-centred health, care and wellbeing systems and public health capacities
 - Creating supportive environments and resilient communities.

Full details, supporting evidence and information are at www.eurohealthnet.eu

1 Principles and priorities

1.1 EuroHealthNet is the leading European Partnership for Health, Equity and Wellbeing linking national public health institutes, regional health authorities and other organisations across the EU. Our main purpose is to address the root causes for health inequality stemming from adverse socio-economic conditions and multiple disadvantages, the “*social determinants of health*”.

EuroHealthNet welcomes the European Commission (EC) view that the time has come to review and improve the existing body of laws affecting EU social policies and practices. Many of those rights and responsibilities were largely established before major global financial crises. Their economic and social consequences from 2007 to date caused significant revisions of strategies and governance across institutions, governments, societies and communities, from international to local levels. They have caused or exacerbated great harm for many people – who should be the critical concern and be put at the centre of aims and objectives, before institutions. **The European Pillar of Social Rights (EPSR) is a potential welcome development that may lead to improved health equity and wellbeing for people, if the following principles, priorities and recommendations set out below are taken on board.**

1.2 The outline proposal is a reasoned approach, stemming from the EU Institutional position of the “Five Presidents”^{viii} and the renewed political direction of the Commission from 2015. In particular the aim, to set standards around a so-called “Social Triple A”^{ix} to match developments in economic and financial governance in the Eurozone, offers possibility of progress. **EuroHealthNet welcomes the vital commitment that this will not weaken existing measures.**

1.3 The questions we feel are crucial in reaching our position are:

- *To what extent will such a top-down approach be appropriate?*
- *To what extent is it based on demands and needs from people outside EU institutions?*
- *Are measures available and proportionate for effective outcomes?*

Our response, having consulted our members, partners and stakeholders, is positive. **EuroHealthNet contends that a “Nutcracker” approach is needed to tackle complex societal problems, as set out, for example, in the reports of the global^x and European^{xi} Recommendations on Social Determinants of Health.** That approach comprises bottom up demand and innovation from communities and citizens, matched with supportive infrastructures, governance and regulatory frameworks from governments and the EU. Both are essential. Without better concrete legislative measures and implementation, the EU role is and will be insufficient in social fields, including health protection and improvement for all. Sharing knowledge is a valid EU role via its research frameworks and various programmes, but that alone is not enough.

Therefore we can answer those above three questions positively:

- *An initiative at this time from the EU, with its globally unique inter-national perspective on common needs following the universal commitments to UN Agenda 2030 and Sustainable Development Goals, is valid;*
- *There is significant demand from representative bodies, civil society and citizens for better support from all levels of governance to help meet 21st century social needs and improve social cohesion, equity and wellbeing;*
- *The existing EU acquis should first be better implemented, but there are proportionate measures available, which could be introduced to rectify omissions and achieve better outcomes without compromising subsidiarity.*

1.4 The development of an updated social acquis represents an opportunity to correct omissions and better address social and economic determinants of health and inequalities. **Despite some promising or effective actions towards increased life expectancies and reduced child mortalities, social and health inequalities persist and grow within and between the Member states of the European Union.** ^{xii} That is a significant factor in variable or unsatisfactory economic, social and health performance and sustainability. As EC Commissioner Thyssen rightly stated “Growing social and economic divergences both between and within our Member

States... are bad news for the EU as a whole".^{xiii} States continue to seek joint actions towards solutions; the EP and Councils have called for actions; there is evidence of demand.

EuroHealthNet therefore welcomes the important Joint Opinion of the Employment Committee (EMCO) and the Social Protection Committee (SPC) ^{xiv} of Member States, presented to Social Ministers and Permanent Representatives in the EPSCO Council of 13 October. **In particular EuroHealthNet notes and urges attention:**

- *“Investment in human capital has been inadequate to the scale of the challenge we are facing and should be increased;*
- *Some Member States are already experiencing a risk of a generational gap, leading to future generations left with limited perspectives, losses in human capital, growth potential, and well-being;*
- *The EU is confronted with long-term social challenges related to ageing and increasingly diverse populations, increasing inequalities, climate change, global migration and refugee flows, the impact of digitalisation and new technologies (including the global value chains) on working lives, changing working and societal patterns. Some of these challenges may also present opportunities;*
- *As a matter of common interest, the EU and its Member States’ ambition should be to achieve upward convergence in terms of employment and social outcomes, while respecting national competences, and to strengthen and adapt our welfare states to the economic and social challenges of the 21st century;*
- *It is also necessary to look for an answer to the question: how is it possible that, despite having the best developed social system in the world, unemployment, inequalities and poverty are so high and persistent in the EU? The discussion on the Pillar of Social Rights should therefore address this;*
- *The Pillar should also take into account the EU’s Europe 2020 strategy, notably the targets in the area of education, poverty reduction, social inclusion, and employment, and could reference the social objectives that form part of the United Nations Sustainable Development Goals;*
- *EMCO and SPC are strongly of the opinion that the European Pillar of Social Rights should build on and improve existing instruments;*
- *Both Committees have suggested a number of areas which they think merit greater visibility within the Pillar. These include gender equality, adequate systems of social assistance, non-discrimination, active ageing, labour market mobility, the effects of digitalisation and automation, the integration of people from a migrant background, new risks in occupational health and safety, and the need to ensure a deeper and fairer Internal Market. Moreover, there is a need to better focus on the principles governing social security as well as on the joint objectives of adequacy and financial sustainability of pensions, health and long-term care;*
- *The Committees suggest that more attention could and should be given to emerging future*

challenges;

- Therefore, a first step towards delivering on a Pillar of social rights would be to explore where possible gaps and bottlenecks may be;
- The policy design in certain areas of labour market, social protection, competitiveness and taxation policy cannot be done in isolation for the euro area only. Therefore, the Pillar should certainly seek the active participation of all Member States.”

1.5 EuroHealthNet also expresses concern that the stated priority focus for social and economic convergence between states within the Eurozone, plus voluntary engagement beyond, risks widening *inequities* – unfair and avoidable inequalities – between states and regions. It therefore recommends the Commission to prioritise improving implementation of instruments that will encourage sustainable development and wellbeing while tackling inequalities between and within all states, based on the principles of proportionate universalism. It would be a major mistake, for example, to risk downward pressures on social standards, quality performance or minimum requirements in states and regions that currently perform above average in the 2016 EU Social Progress Index.^{xv}

1.6 For two decades whole of society, whole of government solutions to tackle health inequities have been identified and designed, but only partly implemented. That includes the WHO Europe *Health 2020*^{xvi} strategy approved by all EU Member State Governments, and the Report of the Commission on Social Determinants of Health (CSDH), approved by all EU states at the World Health Assembly.^{xvii} These have been followed by specific European and state processes and recommendations, for example in Sweden^{xviii}, Slovenia^{xix} and the UK^{xx}. **The EU continues to enact some useful work arising from its 2010 Communication,^{xxi} but has not acted systematically across the social and economic acquis. To the contrary, it can be argued that some EU measures have adversely impacted on health inequalities in certain states or generally.**^{xxii,xxiii,xxiv}

1.7 Now the UN Agenda 2030 universal Sustainable Development Goals (SDGs),^{xxv} targets and indicators have been set. That is an important development which demands responses from all EU States. In most cases specific national commitments are not yet clear. The EU response so far has been an EC task group in progress, informed by a far-reaching analysis *The Falkenberg Report*^{xxvi} “*Sustainability Now!*” It states that “*On the social and labour front, European trends show that pre-crisis levels of wellbeing are not in reach, as detailed in the most recent Commission’s assessment of the social landscape.*” It quotes the OECD report “*Why less inequality benefits all*”^{xxvii} and points out the trend even before the financial crisis: “*as much as 40% of the population at the lower end of the distribution has benefited little from economic growth in many countries. When such a large group in the population gains so little from economic growth, the social fabric frays and trust in institutions is weakened*”.

1.8 The evidence is clear. **Solutions have been established in the above mentioned initiatives for short, medium and long term actions, across social gradients and across public, private and third sectors.**

What is lacking is political and institutional will and leadership to apply them. The EPSR initiative is the chance for the EU to show that global leadership and demonstrate how social sustainability benefits people throughout their lives.

However, EuroHealthNet would be greatly disappointed if the scope and purpose of an EPSR became limited and reduced to matters only concerning employment, jobs and growth. That could mean cyclical responses, rather than sustainable structural and systematic progress of the types encompassed within the global SDGs and targets^{xxviii}. In the 21st century it is neither wise nor possible to separate work and community, as the nature of work and societies have changed irrevocably. The rapid pace of technological, demographic and cultural changes requires integrated societal anticipation (through more systematic use of EU wide *Foresight* approaches^{xxix}, for example) and response measures across sectors. It is crucial to act holistically throughout the life course for all people to avoid widening inequalities.

EuroHealthNet therefore recommends that an EPSR is aligned with global commitments and targets to, at least, achieve UN Agenda 2030 objectives.

1.9 To do so effectively, an EPSR offers an opportunity to clarify and take forward implementation of TEU title 1 Article 3.1 that:

“The EU shall promote peace, its values and the wellbeing of its peoples’^{xxx} as its objective.

This is a fundamental commitment. Wellbeing has not been sufficiently well-defined or implemented since the adoption of the Lisbon Treaty: it does not only concern the general economic or security status of Member States, but human development for all based on a range of indicators. **It is time to adopt a world-leading approach to integrated wellbeing measures. EuroHealthNet reminds that the definition of health in the WHO Constitution accepted by all Member States is: *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*^{xxxi}**

EuroHealthNet therefore recommends that prioritising wellbeing is a prime EPSR purpose.

1.10 In that same context, it is also time to further address the implementation of Article 3.3:

It shall work for the sustainable development of Europe based on balanced economic growth and price stability, a highly competitive social market economy, aiming at full employment and social progress, and a high level of protection and improvement of the quality of the environment. It shall promote scientific and technological advance. It shall combat social exclusion and discrimination, and shall promote social justice and protection, equality between women and men, solidarity between generations and protection of the rights of the child.

And also to address and implement Title II Article 8:

In all its activities, the Union shall aim to eliminate inequalities, and to promote equality, between

men and women.

EuroHealthNet therefore recommends that achieving equality objectives and building equity across all EU policies is a further EPSR priority.

1.11 In particular, EuroHealthNet particularly welcomes the opportunity to better implement:

- TFEU Article 8: *In all its activities, the Union shall aim to eliminate inequalities, and to promote equality, between men and women.*
- TFEU Article 9: *In defining and implementing its policies and activities, the Union shall take into account requirements linked to the promotion of a high level of employment, the guarantee of adequate social protection, the fight against social exclusion, and a high level of education, training and protection of human health*

EuroHealthNet takes this opportunity to remind of TFEU Article 168:

*“A high level of human health protection shall be ensured in the definition and implementation of **all** Union policies and activities. Union action, which shall complement national policies, shall be directed towards improving public health, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health.*

And also Article 35^{xxxii} of the EU Charter of Fundamental Rights:

Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

Therefore it is without doubt (and possibly subject to legal challenge if omitted) that improving health, and obviating risks concerning physical and mental health, should be fundamentally included and integrated within any measures towards a potential EPSR.

EuroHealthNet therefore recommends that all EU institutions and stakeholders fully recognise and apply those health commitments.

2 Solutions and possible measures

2.1 The basis for application of measures within the EU Social Investment Package (SIP) remains valid, but not fully implemented. Despite the current EC mission prioritisation of health systems performance, **EuroHealthNet recalls that there are four elements of SIP specifically concerning investing in health^{xxxiii}, in addition to integrated aspects of social inclusion.**

1. *Investing in sustainable health systems combines innovative reforms aimed at improving cost efficiency and reconciling fiscal consolidation targets with the continued provision of sufficient*

levels of public services.

- II. Investing in people's health as human capital helps improve the health of the population in general and reinforces employability, thus making active employment policies more effective, helping to secure adequate livelihoods and contributing to growth.*
- III. Investing in reducing health inequalities contributes to social cohesion and breaks the vicious spiral of poor health contributing to, and resulting from, poverty and exclusion.*
- IV. Investing in health through adequate support from EU funds.*

EuroHealthNet recommends that the EU institutions use the opportunity of the EPSR process to assess to what extent a “Triple A Rating” currently applies in all the four aspects and, where lacking, to improve processes to achieve them and take forward the overall SIP approach at all levels.

To that end, EuroHealthNet notes the Joint Report on Health and Long Term Care Systems and Fiscal Sustainability^{xxxiv} and inter alia recommends attention to the inclusion of the following:

- Life expectancy has risen in all EU Member States. The path of future health expenditure will depend on whether increases in life expectancy will be spent in good health or not. The differences in health spending (between States) point at public health policies as a cost-effective tool to achieve efficiency gains.*
- Public policy often suffers from low funding and weak governance. This suggests there is further scope to increase the efforts in the field of public health, especially under current and future projections of increasing pressures on national budgets.*
- Governance should be improved, including strengthening the cooperation between fiscal and health policy authorities;*
- Health policy reforms should be assessed and evaluated ex-ante and ex-post in a systematic and formalised manner based on evidence;*
- Health care systems should move away from the traditional hospital centric model, by giving a stronger role to primary care... and by fostering health promotion and disease prevention, and make the full use of the possibilities of digitalisation.*
- Ways of cross country cooperation, including appropriate regulatory mechanisms at EU level, could help to address issues of availability and accessibility of medicinal products in Eu countries and should be explored and enhanced;*
- The regulatory framework should be adjusted to support and strengthen efficiency incentives... along with increased transparency and accountability;*
- The generation and use of health systems data should be fostered;*
- Strengthen policies for health promotion and rehabilitation enabling individuals to stay healthy for longer, potentially bringing also financial savings;*
- Establish a coherent governance framework of responsibilities for the provision of services aiming at integrating medical and social services..;*
- Workforce planning and tools should be used to actively manage the health workforce;*
- Ensure coordination and continuity such as through a single point of access to information.*

EuroHealthNet recommends that, in addition to the considerations being given to this Report by the ECFIN Council and the Eurogroup of Finance Ministers, it is taken forward via the EPSR process to ensure that the EU is playing its full and proper role within the acquis, and if not to bring forward appropriate proposals.

2.2 EuroHealthNet notes and welcomes the draft (Rodrigues) EP Report (2016/2095(INI)). We strongly support, inter alia, Recommendation 2:

“Highlights that the EPSR should equip European citizens with stronger means to keep control of their lives and make markets work for wellbeing and sustainable development.”

The evidence is strong from the Commission on the Social Determinants of Health (CSDH)^{xxxv}, and from our own EU co-funded research such as DRIVERS and GRADIENT^{xxxvi}, that individual control and engagement, at work and in communities as part of social capital is fundamental, including for mental wellbeing. The balance of the current EU paradigm should be sustainably shifted to ensure markets and systems work for people as well as vice versa, for which the evidence based recommendations of the CSDH should be implemented.

2.3 EuroHealthNet reminds of TEU Article 4.2:

The Union shall respect the equality of Member States before the Treaties as well as their national identities, inherent in their fundamental structures, political and constitutional, inclusive of regional and local self-government.

One of the CSDH (*ibid*) headline recommendations towards equality concerns *“Improve the conditions in which people are born, grow, live, work and age.”* Much effective action takes place at sub national levels, with support from rather than imposition of national and international frameworks, strategies and policies. Many of the essential services related to the EPSR are conducted by municipalities and regions.

EuroHealthNet calls for stronger involvement for sub-national, regional and local bodies in development and implementation of social, wellbeing and employment policies, including but not only the EU Semester process and the EU Open Method of Coordination (OMC).

2.4 EuroHealthNet stresses and welcomes partnerships with civil society organisations and bodies, particularly those with whom we work valuably in partnership in the context of the EU EaSI Programme and other EU programmes. The EPSR can only succeed on a basis of a *“whole of society”* not only a *“whole of government”* approach. The call to action for all stakeholders from the WHO Europe Report improving social determinants of health is: *“We can all do something, do more, or do better”*.

The EPSR offers an opportunity to consider how to improve stakeholder engagement in key processes, including but not exclusively the EU Semester and EU OMC.

- **EuroHealthNet recommends that changing patterns and definitions of work means that the roles, scope and nature of currently identified “social partners” could be improved to**

ensure new and improved engagements and social dialogues.

- For example in the field of public health, substantial work is being undertaken in some states^{xxxvii} and by the WHO^{xxxviii} on how wider definitions of public health workforces now apply. At least that should include formal and informal carers, voluntary organisations, researchers and self-employed providers in legal, digital and technical support contexts. It could arguably also include all those bodies and organisations whose work impacts upon health and wellbeing, for example in creative, environmental or educational sectors. An EPSR should account for those shifts.
- Improved access to and participation by sub-national bodies and civil society for advisory and decision making bodies of the EU Institutions, notably the Council and Commission, should be considered.
- Similarly, the effectiveness and accessibility of EU Institutions and Comitology should be considered as part of EPSR thinking to determine if 21st century needs are being met appropriately in advisory, scrutiny and regulatory processes.

2.5 As part of the drive towards upward convergence and a useful reference framework for states and actors, the tools and processes of the EU Semester should be better integrated to significantly improve the inclusion of social objectives. That should include a wider range of health and social factors within the AGS, not only based on access to systems but also outcome measures.

EuroHealthNet expresses the concerns of its membership that benchmarking and recommendations at EU level need to be sensitive to subsidiarity considerations regarding the rights and responsibilities of States for organisation and delivery of health, care, social protection, employment and other systems. However that does not negate proportional progress at EU levels to support those national responsibilities and encourage levelling up.

EuroHealthNet and its expert members are engaged in processes for improved indicators which will underpin cross sectoral analysis, including for wellbeing.^{xxxix} In that respect in particular, **EuroHealthNet urges the EC to bring forward the replacement of primarily GDP based economic criteria with social and other indicators, not least in the context of the Agenda 2030 SDGs.** That should be based on approaches arising from, inter alia, the Commission on Measuring Economic Performance and Social Progress, which stated that *“The time is ripe for our measurement system to shift emphasis from measuring economic production to measuring people’s well-being. And measures of well-being should be put in a context of sustainability”*^{xl}. The growing support for a systematic approach based on wellbeing and social progress from global economic operators such as Deloitte ^{xli} is testimony to demand from wide ranging sources.

Comparable data between communities and sub national geographical entities is frequently difficult to obtain for key social indicators. EuroHealthNet recommends improvements at all levels of the rights of access and use of disaggregated data to help tackle inequities within as well as between states, and to help move forward the process of *“measuring the invisible”* which is vital to tackle complex societal

needs and address inequalities.

While understanding that it is claimed that “*what gets measured gets done*”, EuroHealthNet has reservations about multiple targets at EU levels in addition to those already established within Member State and Agenda 2030 processes, and calls for greater alignment. Clear accountability and access to means of redress should be a crucial factor in any EPSR if rights are to be meaningful. The failure to achieve either the Lisbon targets or the EU2020 target on poverty reduction – a major factor in societal disillusion with institutions and challenge to wellbeing of people and communities in many states - demonstrates the need for change.

Similarly, EU 2020 targets of increasing life expectancy neither adequately demonstrate efficacy of specific social progress, nor address the far more crucial issues concerning quality of life, disability free life years or healthy life years for EU citizens. *However*, it could be a more effective stimulus to identify “milestones” rather than complex targets (we suggest “*Progress points*” in European terms) on a sustainable time-frame, by which progress, development or problems can be measured and addressed fairly and openly. **EuroHealthNet recommends the incorporation in an EPSR of established “Healthy Life Years” (HLY) indicators and progress measures.**

2.6 EuroHealthNet urges that effective integration of independent research and evidence bases is realised in the EPSR, with the Open Source approach to information a key element in building integrity, transparency and avoiding conflicts of interest. Social research should be more policy and action oriented towards implementation. However most states cannot commit sufficient resources to establish longitudinal studies of social developments on communities or individuals, for example the long term health impacts of flexible employment trends, shift or night working; or on mental health impacts at key life stages. That is a valid role that the EU should take up.

EuroHealthNet expresses concerns that EU “health” research is increasingly seen as biomedical, while wellbeing and demographic change elements are less prioritised and not well linked with social and economic strands. Social and environmental factors are at least as important as genetic and medical determinants of physical and mental wellbeing. They deserve at least as much attention.

2.7 The time is also right for the design and better use of Impact Assessments in policy development to be strengthened in the context of an EPSR. Integrated impact assessment, for example towards integrated strategic impact assessments encompassing all sustainable development components, including well-being, should become required at all levels.

2.8 The time has come in the context of an EPSR to establish clear responsibilities for taking forward TEU and TFEU objectives. EuroHealthNet notes the current responsibilities of the European Commission, in particular the enhanced roles of the Vice Presidents. To balance responsibilities for economic and regulatory revision, EuroHealthNet calls on the EC to appoint a Vice President with overall responsibility for Social Pillar implementation, and all EU Institutions to improve

integrated scrutiny and attention to social and health impacts and opportunities.

We further look forward to the recommendations of the EC Task group on the UN Agenda 2030 and SDGs, in which we call for full integration of EPSR planning. While there are good examples of joint working between programmes, the switch between encompassing 2020 objectives and political priorities of the EC has meant gaps in integrated work, for example across the life course. **EuroHealthNet calls for EPSR planning to fully address how integrated EU programmes - for example the interface between social, economic and market measures with environmental, health, justice and education sectors towards achieving the objectives of the Social Investment Package - can be improved towards achieving the rights established and foreseen in the acquis.**

2.9 Tangible measures are needed if an EPSR is to have any meaning and relevance in delivering Treaty objectives beyond a statement of rights which remain unfulfilled. EuroHealthNet calls for improved legislative and programme measures concerning, inter alia, tackling poverty and ensuring fair working conditions. We note the introduction and implementation of the *EU "6 Pack" and "2 Pack"*^{xlii} of economic, financial and fiscal measures in the context of the global crisis since 2007, plus the need to strengthen the EU Stability and Growth Pact,^{xliii} plus the introduction of the EU Semester processes and metrics, which include EU and Member State responsibilities.^{xliv}

If an EPSR is to be meaningful, that must mean equivalent tangible measures, while respecting TEU competences and the rights of Member States, sub national bodies and communities with devolved powers. It is clear that the fabric of social cohesion is under threat; inequalities of many types persist or increase; wellbeing has not progressed for most EU citizens in this century. In a similar way that the Growth & Stability Pact has been taken forward by sets of measures with impact, now is the time for social measures of comparable potential help for States, communities and individuals. **EuroHealthNet believes that there can be "No Europe without a Social Europe".**

EuroHealthNet considers that this can be effectively expressed by incorporating approaches to social sustainability within an EPSR. Social sustainability is defined^{xlv} within economic spheres as *"The ability of a community to develop processes and structures which not only meet the needs of its current members but also support the ability of future generations to maintain a healthy community."* That seems particularly appropriate for a growing community such as the Eurozone in the context of ensuring future economic stability, growth, security and human development.

Furthermore, wider definitions of social sustainability align well with Agenda 2030, EU 2020 and the political priorities of the EC^{xlvi} concerning systems, environments and infrastructures: *"a process for creating sustainable, successful places that promote wellbeing, by understanding what people need from the places they live and work. Social sustainability combines design of the physical realm with design of the social world – infrastructure to support social and cultural life, social amenities, systems for citizen engagement and space for people and places to evolve."*

(Nobel Laureate) Amartya Sen identifies the dimensions as^{xlvii}:

- **Equity** - the community provides equitable opportunities and outcomes for all its members, particularly the poorest and most vulnerable members of the community
- **Diversity** - the community promotes and encourages diversity
- **Interconnected/Social cohesions** - the community provides processes, systems and structures that promote connectedness within and outside the community at formal, informal and institutional level
- **Quality of life** - the community ensures that basic needs are met and fosters a good quality of life for all members at the individual, group and community level (e.g. health, housing, education, employment, safety)
- **Democracy and governance** - the community provides democratic processes and open and accountable governance structures.
- **Maturity** - the individual accept the responsibility of consistent growth and improvement through broader social attributes (e.g. communication styles, behavioural patterns, indirect education and philosophical explorations)

EuroHealthNet is aware particularly of initiatives in Sweden, for example the *Commission for a Socially Sustainable Malmö*^{xlviii} which have brought forward encouraging plans, now being taken up by national and regional authorities as a contribution towards tackling social determinants of health and social inequities in addition to contributing towards Sweden meeting its sustainable development goals. EuroHealthNet members have found learning about these initiatives of great potential value, as reported in 2015 in our work within the EU EaSI programme and within the EU Joint Action “equity Action”.^{xlix}

Aware of the Eurobarometer *Aggregate Report on Wellbeing in 2030*,¹ EuroHealthNet suggests that this approach can help effectively meet citizen demand and social needs across EU states. This can be incorporated throughout the rights based approaches of an EPSR, but also needs a specific focus.

EuroHealthNet therefore calls for an EU “Social Sustainability” Directive. This would specifically integrate, give focus to and take forward the provisions of the TEU articles referred to above, but place their implementation and metrics in a 21st century context to help deliver universal UN and specific EU commitments on the ground in Member States, regions and communities.

The key elements of such a Directive would be to:

- Set out more clearly 21st century definitions of what individual and collective rights EU citizens can expect in implementation of existing stated TEU and TFEU objectives and provisions relating to social cohesion and sustainability, equalities and wellbeing;
- Clarify the respective responsibilities of EU Institutions, Member State and sub national governments, with full respect to diversities and relevant legal competences;
- Identify gaps and bottlenecks in legislation, policy and practice; provide common objectives to achieve the UN Agenda 2030 objectives and commitments; identify ways to support Member States in achieving goals;

- *Apply appropriate evidence and metrics;*
- *Take forward where appropriate the measures identified in the EU Social Investment Package;*
- *Support and stimulate effective integration of governance, funding and practices of public systems including at EU levels; help build appropriate governance and interfaces with private and third sectors;*
- *Stimulate capacity building and innovation measures to empower Member States to level up quality and performance standards based on proportional universalism;*
- *Introduce meaningful monitoring, evaluation and review measures at key progress points.*
- *An initial progress review period to 2030.*

2.10 EuroHealthNet and its members stand ready to play our part in further defining specific actions to improve health and equity, to contribute to the other 19 suggested EPSR domains in the Public Consultation, and to contribute specific evidence and recommendations for an EPSR.

However, public health needs resources for its responsibilities, to underpin extensive rights as set out in TEU Article 168. The proportion of national (public) health system budgets allocated to health promotion averages equivalent to +/- 3% average^{li}. EU funding is marginal through a small Health Programme, which must be deemed inadequate to apply Article 168 “health in all EU policies” approaches; neither can its resources effectively support an EPSR as currently formulated.

Therefore EuroHealthNet calls for significant shifts in overall EU Multiannual Financial Framework and programme priorities from 2020 onwards, away from support for health harming products, practices and activities. That should be switched to improved support for sustainable, social development and wellbeing investments, including priority funding of measures to tackle health and social inequalities.

3. Specific Health Recommendations for an EPSR

EuroHealthNet recommends better alignment with the approaches of WHO Europe agreed by EU Member States, for example the Health 2020 strategy and associated Action Plans. This should recognise and adapt to the specific needs of citizens in EU Member States while acting in the global context of UN Agenda 2030. **In particular, EuroHealthNet urges an EPSR to include rights based approaches to:**

- **Invest in wellbeing through a life-course approach:** supporting good health and its social determinants throughout the life-course leads to increased healthy life expectancy as well as enhanced well-being, all of which can yield important economic, societal and individual benefits.
- **Healthy and active ageing, which starts at birth, is a policy priority** as well as a major research priority. Healthy older people can continue to contribute actively to society: healthy life years indicators should be applied and adequacy and financial sustainability of pensions ensured.

- **Empower citizens**, for example through building health and social literacy. A right for all citizens to access factual information about their individual and societal wellbeing should be established. Adults with control over their lives have greater capacity for economic and social participation and for living healthier lives;
- Implement proven effective approaches to promote health and **prevent disease by tackling social factors**, such as the inequalities and inequitable social gradients that are prime causes of Europe's major noncommunicable disease burdens, and tackle social factors of communicable diseases. This includes improvements in rights at work and in communities to ensure best possible health and safety protections against new and emerging risk factors.
- **Address gender inequalities** and across social gradients including proportionate universalism for social protection rights and measures; act for rights and to prevent discrimination against diverse people and communities the integration of people from a migrant background;
- EuroHealthNet supports progress towards **universal basic incomes** at levels for sustainable healthy lives for all, and fairer working conditions including clear, enforceable contractual rights for all types of employment and rights for support towards balanced labour market mobility to meet societal and individual needs fairly. EuroHealthNet strongly supports the full implementation of EU working time legislation, including for health and care systems, as one of the most important measures in the Acquis Communautaire for citizen wellbeing.
- **Prioritise early child development:** children with a good start in life, from maternity onwards, learn better and have more productive lives. Therefore rights and standards for parents and families are crucial, including employment and societal rights. EuroHealthNet supports strengthening EU parental leave and work-life balance legislation;
- **Strengthen people-centred health, care and wellbeing systems and public health capacities.** Improving the delivery of public health and health care services is not only about treatment. Generating key health system inputs such as human resources is vital when such systems are among the largest employers in the EU. Recognise the importance of public health and care systems as employers and social partners, community leaders, innovators and factors to help tackle poverty and social exclusion.
- **Enhancing sustainable funding and governance** must be key focus areas of an EPSR. Strengthening effective systems for better health outcomes, including through measures recommended within the Joint Report on Health & Long Term Care systems (*see 2.1 above*) is already on EU agendas. Harnessing new approaches and innovations for better health and health equity requires careful assessments and integrated approaches.
- **Create supportive environments and resilient communities.** People's opportunities for a healthy life are closely linked to the conditions in which they are born, grow, work and age. Resilient and empowered communities respond proactively to new or adverse situations,

prepare for economic, social and environmental change and cope better with crisis and hardship.

- Communities that remain disadvantaged and disempowered have disproportionately poor outcomes, in terms of both health and other social determinants. **A systematic assessment of the health effects of a rapidly changing environment is essential**, especially in the areas of technologies, the effects of digitalisation and automation, work, energy production and urbanization, and must be followed by action to ensure and the need to ensure a fairer EU Internal Market and positive benefits to health.

Disclaimer

This Position has been adopted by the Executive Board in November 2016 as a Partnership opinion, following extensive internal consultation including at our General Council, which mandated the Board to respond accordingly. EuroHealthNet member and partner agencies in EU Member States reserve the right to vary their individual opinions and may also submit other responses to the EC Consultation; indeed we encourage a diverse range of responses based on a variety of informed perspectives and hope this will contribute to an EU wide outcome with broad support.

Brussels, 15 November 2016

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Annexes

Annex 1: Definitions

- **Aquis Communautaire**

The Acquis Communautaire is the accumulated body of European Union (EU) law and obligations from 1958 to the present day. It comprises all the EU's treaties and laws (directives, regulations and decisions), declarations and resolutions, international agreements and judgments of the Court of Justice.

- **EMU**

EMU is the successor to the European Monetary System (EMS), the combination of European Union member states into a cohesive economic system, most notably represented with the adoption of the euro as the national currency of participating members.

- **EPSCO**

The EPSCO Council (of State Ministers) works to increase employment levels and improve living and working conditions, ensuring a high level of human health and consumer protection in the EU.

- **Fundamental Rights**

The Charter of Fundamental Rights of the EU brings together in a single document the fundamental rights protected in the EU. The Charter contains rights and freedoms under six titles: Dignity, Freedoms, Equality, Solidarity, Citizens' Rights, and Justice. Proclaimed in 2000, the Charter has become legally binding on the EU with the entry into force of the Treaty of Lisbon, in December 2009.

- **Health Promotion**

Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions.

- **Healthy Life Years**

The Healthy Life Years indicator (HLY) is a European structural indicator computed by Eurostat. It is one of the summary measures of population health, known as health expectancies, composite measures of health that combine mortality and morbidity data to represent overall population health on a single indicator.

- **Proportionate Universalism**

To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is called proportionate universalism.

- **REFIT**

REFIT is the European Commission's Regulatory Fitness and Performance programme. Action is taken to make EU law simpler and to reduce regulatory costs, thus contributing to a clear, stable and predictable regulatory framework supporting growth and jobs.

- **Semester**

The EU has set up a yearly cycle of economic policy coordination called the European Semester. Each year, the Commission undertakes a detailed analysis of EU Member States' plans of budgetary, macroeconomic and structural reforms and provides them with country-specific recommendations for the next 12-18 months. These recommendations also contribute to the objectives of the EU's long-term strategy for jobs and growth, the **EU 2020 strategy**, which is implemented and monitored in the context of the European Semester.

- **Social determinants of health and inequities**

The social determinants of health are the conditions in which people are born, grow, live, work and age. Social determinants of health are mostly responsible for **health inequities** - the unfair and avoidable differences in health status seen within and between countries.

- **Social investment**

Social investment is about investing in people. It means policies designed to strengthen people's skills and capacities and support them to participate fully in employment and social life. Key policy areas include education, quality childcare, health and care, training, job-search assistance and rehabilitation.

- **Social sustainability**

Social sustainability is a process for creating sustainable, successful places that promote wellbeing, by understanding what people need from the places they live and work. Social sustainability combines design of the physical realm with design of the social world – infrastructure to support social and cultural life, social amenities, systems for citizen engagement and space for people and places to evolve.

- **Subsidiarity**

In areas in which the European Union does not have exclusive competence, the principle of subsidiarity, laid down in the Treaty on European Union, defines the circumstances in which it is preferable for action to be taken by the Union, rather than the Member States.

- **TEU**

The Treaties of the European Union are a set of international treaties between the European Union (EU) member states which sets out the EU's constitutional basis. They establish the various EU institutions together with their remit, procedures and objectives.

- **TFEU**

The Treaty on the Functioning of the European Union came into force on December 1, 2009 following the ratification of the Treaty of Lisbon, which made amendments to the Treaty on European Union and the Treaty establishing the European Community (TEC). The TFEU is an amended and renamed version of the TEC.

Annex 1: EuroHealthNet - a Health Promotion Partnership



EuroHealthNet is a not for profit partnership of organisations, agencies and statutory bodies working to contribute to a healthier Europe by promoting health, health equity and wellbeing between and within European countries. We achieve this by supporting members' work in EU and associated states through policy and project development, networking and communications. Over the 20 years of existence we have built up a wide and extensive portfolio of international collaborations. Our main focus is the European Union and its member states and associates (e.g. Norway). We have also worked extensively with the WHO European Region and actors within that broader region.

EuroHealthNet is currently a Partnership of nearly 50 organisations and institutes from 26 countries, also drawing in partners from other sectors and academia to foster knowledge-based practice and policy, whole-of-society approaches, and strengthened advocacy.

Annex 2: United Nations Agenda 2030

When the Heads of States met at the United Nations in September 2015 and agreed on Agenda 2030, public health and health promotion were recognized and put in the context of the new global agenda. There are 17 Sustainable Development Goals (SDGs). Number 3 specifically concerns health: “Ensure healthy lives and promote well-being for all at all ages”. But at least twelve of the other goals address the wider determinants of health.



Health therefore has a firm place in the UN 2030 Agenda for sustainable development as a goal, determinant and indicator. The holistic and integrated nature of the SDGs as well as its population, intersectoral and life-course perspectives provide new legitimacy for addressing the root causes and wider determinants of healthⁱⁱ.

As the Goals are universal, they can also boost whole-of-society efforts in all countries of the European region and systematically tackle political, social, environmental, economic and cultural determinants of health and health inequityⁱⁱ.

Annex 3: Model of the social determinants of health and equity



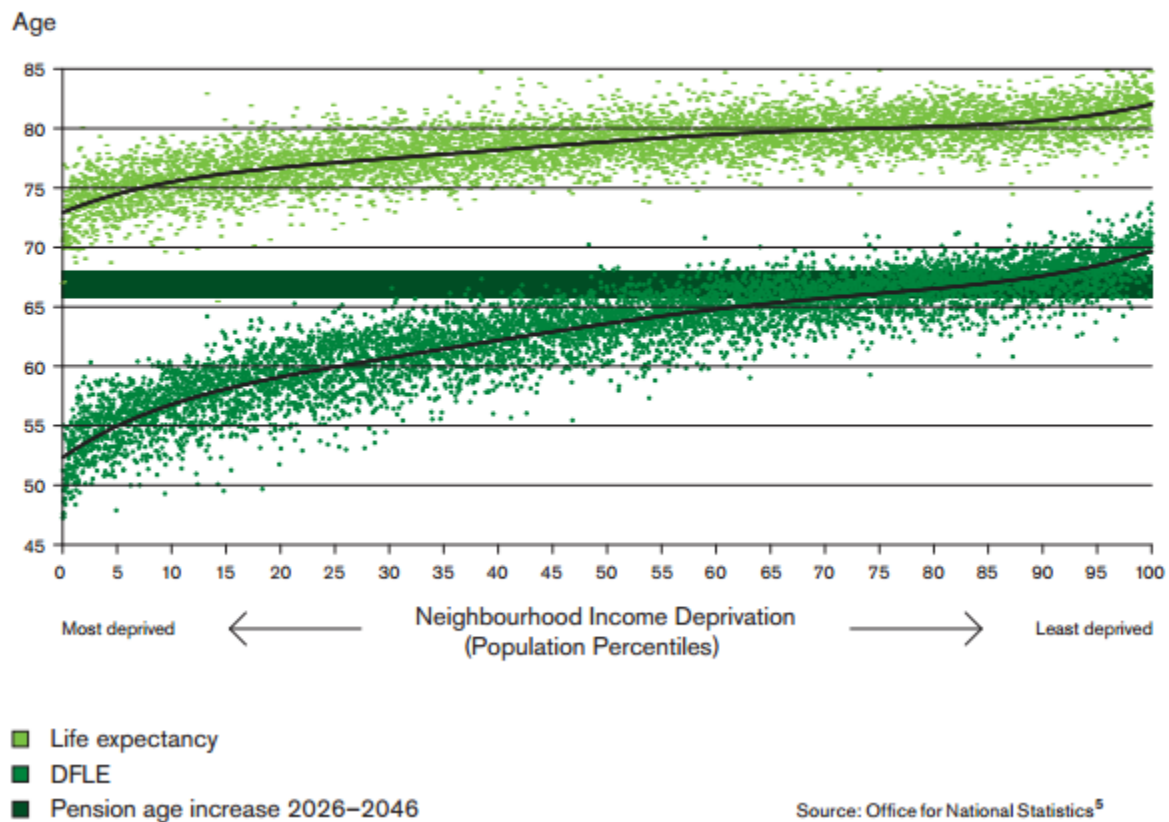
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Annex 4: the disability free life years gap

Graph to show example of gradients in socio-economic deprivation by neighborhoods and health inequalities gaps, indicating why measures are needed to tackle social determinants of health to build social sustainability

(with thanks to IHE England)

Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



Annex 5

Model of social sustainability

