

Brussels, 9<sup>th</sup> November 2011  
PR-2011-21

## Mixed praise and concerns from EuroHealthNet for proposed new EU Health Programme 2014-20

**EuroHealthNet, the pan-European network for bodies responsible for health promotion and tackling health inequities in EU states and regions, has given a qualified welcome for the proposal adopted today by the European Commission for a new Health Programme in the context of the next EU budgetary period from 2014.**

The Health for Growth Programme, with a slightly increased budget of 446 million euro, aims to support and complement the work of Member States to achieve the following four objectives:

- Developing innovative and sustainable health systems;
- Increasing access to better and safer healthcare for citizens;
- Promoting health and preventing disease; and
- Protecting citizens from cross-border health threats.

It will replace the existing Public Health Action Programme after 2013, and will now be considered by the European Council and Parliament.

*EuroHealthNet Director Clive Needle commented:*

“I have three positive reactions and three concerns about the proposed new Health Programme. All are relevant to the recent statement by Margaret Chan, Director of the WHO, that *“Prevention is the heart of public health: but equity is its soul.”*”

1. EuroHealthNet **welcomes** the proposal for a new Health Programme. It was not guaranteed in the period beyond 2013, as there have been justifiable criticisms of some aspects of effectiveness, and improvements are needed. Great credit is therefore due to officials in DG SANCO who worked hard to convince Commissioners, and listened to bodies such as the EU Health Policy Forum, which should play a stronger role in future planning.
2. We **welcome** the health promotion and disease prevention components. The EU health programme must act primarily for the real needs of people, not processes and providers. It is essential the programme (and others operated by the EC) addresses population and personal health needs in a fast changing world, especially the non-communicable disease threats such as tobacco, alcohol and obesity. Improving health literacy for all must be a priority as part of this.
3. A focus on fewer priorities – doing less but better – **makes sense** given regrettably scarce resources, both in terms of funding and capacities to act within states. Attention should be given to better training and transfer of knowledge, not just about technologies or new ideas but also proven, evidence based approaches to close implementation gaps.

However, in addition to promoting the **benefits** of EU programming, during the co-decision process EuroHealthNet will also work to strengthen the proposal by informing ministers and parliamentarians of **concerns** regarding:

1. Actions to address inequalities within and between states are implicit but nowhere near sufficiently explicit. As this proposal is adopted the day after a Presidency Conference in Poznan, Poland on “Solidarity in health – closing the gaps between states” it is not good enough that tackling such inequities are not in the headlines of the announcement. We will work with the Commission to make stronger progress on levelling up the unfair gradient in health status and outcomes which persists across the EU.
2. Sustainability of health systems is an important priority, but it is not just about economic growth, cutting local services or introducing unaffordable new technologies. Reorientation of systems towards prevention and promotion instead of care and cure offers the real sustainable future. We will provide economic, social and other evidence to demonstrate the benefits of addressing the wellbeing objective of the EU in article 3 of the Treaty.
3. The programme should be a programme for health of the public – not simply recycling money contributed from states back to national governments. Joint Actions are important in engaging states in EU action, but risk working in “silos” – such as mental health, cancers and health inequalities being discussed separately without integrated measures. Regions, institutes, and civil society bodies acting in EU networks have been shown by evaluations to be cost effective users of programme funds as part of the strategy of seeking health in all EU policies as required by the Treaty. Their work should be more prominent.

Answers to questions about the EC proposal is [here](#)

**For more information, contact Ms. Ariane Moret**

**EuroHealthNet**

**Communications Coordinator**

**E-mail: [a.moret@eurohealthnet.eu](mailto:a.moret@eurohealthnet.eu)**

**Tel.: + 32-2-235-03-28**

**Fax: + 32-2-235-03-39**

*EuroHealthNet is a not-for-profit network of regional and national agencies responsible and accountable for health promotion, public health and disease prevention in Europe. Its aim is to improve the health of European citizens by striving for a healthier Europe with greater health equity between and within countries. EuroHealthNet does that by supporting projects and policy development together with its members and the EU institutions; by exchanging information and by communication in and beyond its network.*