



## Feedback from:

EuroHealthNet

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### Submitted by

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EuroHealthNet

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Belgium

### Initiative

[Multiannual Financial Framework: Erasmus Programme 2021-2027](#)

EuroHealthNet welcomes the proposed Erasmus Programme, particularly its objective “to support the educational, professional and personal development of people in education, training, youth and sports ... thereby contributing to sustainable growth, jobs, and social cohesion” (Proposal, Art. 3). The Erasmus Programme can play a valuable role in reducing unfair and unjust health inequalities by reducing social and economic exclusion and encourage physical activity measures. Social inclusion is especially addressed in the proposal's plan to “...improve outreach to learners with fewer opportunities” (Proposal, p. 2).

It is well-documented that the individual and societal costs of exclusion, particularly for younger people are high. Young people who are not in employment, education nor training, ‘Young NEETs’ are unable to fully contribute to society, and this puts the ‘social fabric’ and long term-economic growth in question.[ ] In light of Europe’s ageing population, a lack of young people in the labour

market and the associated social exclusion is a concern.[ ] Youth unemployment and inactivity is not only an issue of national expenditure, but also of public health. People who are NEETs are at risk of marginalisation, exclusion, and lower wellbeing.[ ] Unemployed people experience lower psychological well-being than employed people. They suffer more from anxiety, depression, psychosomatic symptoms, lower self-esteem, and poorer life satisfaction.[ ] Unemployed people make significantly more visits to their physicians, take more medication, and spend more days in bed sick compared to those who are employed.[ ] Digital transformation of societies and economies offers new opportunities, but also new risks. These should be better emphasised in the proposal.

EuroHealthNet welcomes the opportunity the Erasmus Programme can play to support people in vulnerable situations, to reduce social exclusion and thereby health inequalities. However, consider the following:

- ▶ **Caution of abuse of vulnerable people:** One of the three specific objectives is to “promote learning mobility of individuals” which refers to “study, training, non-formal and informal learning” (Proposal, Art 2). “Informal learning” is defined as “learning resulting from daily activities and experiences which is not organised or structured in terms of objectives, time or learning support. It may be unintentional from their learner’s perspective” (Proposal, Art 2). The clear purpose must be measurable vocational development which can benefit the learner and trainer, not abuse of people, especially younger NEETs, through low quality and unpaid work, or poor work/life balances. This is important in health and social care systems.
- ▶ **Find the balance between quality and quantity:** “The goal is to triple the number of participants while at the same time introducing qualitative measures and incentives that would allow to improve outreach to learners with fewer opportunities.” (Proposal, p. 2). While the goal is welcome, it could dilute impacts. The aim should be proportionate universalism: access for all but smart targeting for the least advantaged. The risk diversification level of boosting the Erasmus Programme is very low. This is critical as socio-economic and health equity is best addressed through a lifecycle approach, not one single stage in life. In the coming transformative period, whole life adaptation and reskilling opportunities will be essential.
- ▶ **Recognise the life cycle approach:** While the Programme could better address concerns connected to health inequalities and social exclusion, it should enhance, not reduce other effective programmes building on the EaSI and Health Programmes in ESF+. The proposal to more than double the size of Erasmus+ is imbalanced; it disproportionately favours the Erasmus Programme’s capacity e.g. the EaSI Programme also addresses similar goals to reduce social exclusion through employment and skills-development.

Sources attached

**Feedback from: EuroHealthNet**

(100.5 KB - PDF)

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