



## Feedback from:

EuroHealthNet

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### Submitted by

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Other

### Organisation

EuroHealthNet

### Organisation size

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### Country of origin

Denmark

### Initiative

[Legislative proposals for ERDF/CF, ETC \(Interreg\) and ECBC](#)

EuroHealthNet welcomes the proposal for the European Regional Development Fund (ERDF) and the Cohesion Fund (CF) to continue investments in reducing regional disparities and underdevelopment across Europe, respecting the principles of the European Pillar of Social Rights (EPSR).

Latest Eurostat evidence: “regional GDP per capita ranges from 29 to 611% of EU average” is unacceptable, also resonating in large implications for health and well-being. New ERDF/CF can benefit less developed regions, marginalised communities and disadvantaged groups by focusing on contributing to a more social and healthier, greener and interconnected Europe by promoting social inclusion, combating poverty and inequality. Applying a health fairness, sustainability and preventative approach in doing so is critical. To this end, the proposals must consider the following points:

► Proposal to put only 35% of ERDF and 15% of CF to objectives of a more inclusive, connected and sustainable Europe falls short of the EU's ambition of addressing regional and local needs, and the development's gaps, including in health and well-being: The objectives of the Funds must be pursued in sustainable and integrated ways, implementing the EPSR, and through community-led local development initiatives. Significant differences in health outcomes due to regional and local factors are best addressed closest to where people live (e.g. decentralised air pollution measures, access to quality preventative health services or safe/clean multimodal mobility). As a result, in many regions the ERDF/CF are a critical tool to 'close the health gap' by direct co-investments in community-based primary health, care and research facilities, strategic workforce, active transport infrastructure or sustainable local food supply.

► Promote horizontal principle on eliminating inequalities and non-discrimination, gender equality, accessibility for persons with disabilities through CSR and all Funds specific regulations: The principle should guide the preparation and implementation of the programmes. The ERDF/CF such as the proposed European Urban Infrastructure should not support actions that contribute to any form of segregation, including in health and social services; cross-sector collaboration should be promoted to ensure maximum level of coherence and good governance.

► "Beyond-GDP approach" to the funds' allocation and possibility to combine funds: Extending criteria for the allocation of the funds beyond GDP per capita model will better capture local demographic and deprivation needs. To this end, the proposed performance, output and result indicators should be reviewed, respecting the EPSR's principles, supported with the Social Scoreboard and the ECHI indicators.

► Regions must have a say in the Semester: Regions must be involved throughout the Semester process with clearly defined national-regional responsibilities and independence. The extent to how best reap benefits of linking the Funds with implementation of the Semester's recommendations would need further debate as health equity, multi-level authorities' and civil society's capacity to meaningfully engage in these processes are still poor or non-existent.

► Cohesion Policy should further support locally-led development strategies and empower local authorities in the management of the funds.: This should be extended to providing support and building capacity of the civil society, public health professionals and local authorities to monitor and systematically incorporate health and social equity in the design and implementation, collaboration and advocacy around the Funds.

► Align the ERDF and the CF budgetary allocations with wider disinvestment approach to the tobacco and fossil fuels industries, and the global Agenda 2030 for Sustainable Development: Any subsidies to health-harmful initiatives within the EU would be against other EU and international commitments, health strategies and public health targets.

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