



## Feedback from:

EuroHealthNet

### Feedback reference

F13360

### Submitted on

25 July 2018

### Submitted by

Cathrine Hernández FESTERSEN

### User type

Other

### Organisation

EuroHealthNet

### Organisation size

Small (10 to 49 employees)

### Transparency register number

[48562122691-12](#)

### Country of origin

Belgium

### Initiative

[Common provisions on the ERDF, the ESF+, the CF, the EAFRD, the EMFF and AMIF, ISF and IBM](#)

EuroHealthNet notes the Common Provisions Regulation (CPR) related to the ERDF, the ESF+ and the CF. We welcome aims to simplify, assure predictability and flexibility for funds' beneficiaries. This CPR will not be applicable to the ESF+ EaSI and Health strands, as they are to be regulated through a mix of other Funds-specific mechanisms.

EuroHealthNet believes that rules and guidelines outlined in the CPR can benefit the programmes' design and delivery, through better focus on health and social equity and preventative approaches advancement. This success rests on important aspects that should be implemented:

- ▶ Promote horizontal principles on eliminating inequalities and non-discrimination, promoting gender equality, accessibility for persons with disabilities in all CPR MFF regulations. Use funds to advance, not undermine all human rights: the principle should guide the preparation and implementation of the programmes. The Funds should not support actions that contribute to any form of segregation, including in health and social services.
  
- ▶ More ambitious objectives of the Funds committed to reducing inequalities and advancing social inclusion: the objectives of the Funds should be pursued in the framework of sustainable and integrated development, implementing the European Pillar of Social Rights, including through regional, local and community-led local development initiatives. This would ensure equal representation of socio-economic interests, networks and innovation in local contexts. A smarter Europe benefits from social and health research and innovation for health equity and preventative approaches. A greener Europe invests in anti-pollution measures of sound health and social impact. A more connected Europe transitions to smart public and active transport infrastructures. A more social Europe should invest in people and communities they live in, social and health infrastructure that improves health equity and prevents diseases. This should be extended to providing support and building capacity of civil society and sub national authorities working with marginalised communities and in the field of health inequalities.
  
- ▶ Strong emphasis on shared management and partnership: the principle of partnership builds on the multi-level governance approach and offers space for the involvement of civil society and social partners, regional, local, urban and public authorities promoting health equity and social inclusion. Diverging from increasing national co-financing, multi-stakeholder and cross-sector participation offers better sustainability and ownership prospects.
  
- ▶ enabling conditions and national co-financing: from a public health perspective it will be essential for EU MS implementing interventions prioritised under the ERDF, the ESF+ and the CF to be integrated and aligned with national strategic policy frameworks for social inclusion and poverty reduction, and strategic policy frameworks for health, where health equity, preventative and inter-sectoral approaches are central. Investment in and capacity building to strengthen enabling policy and good governance conditions should be ensured. Negative effects of financial, and economic crises on EU MS public spending in areas vital to social and economic determinants of health are still felt by many. Economic recovery has not yet benefited all socio-economic groups and regions. Therefore, the CPR returning co-financing rates to previous levels with a 70% cap for less developed regions is inadequate. It risks reversing essential investment levels in underdeveloped areas, excluding public bodies and organisations not able to meet the co-financing contribution from applying for the Funds.

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