



The Action plan to implement the European Pillar of Social Rights

EuroHealthNet's consultation input, November 2020

Background and rationale

- **The European Pillar of Social Rights (EPSR)** was agreed in principle by EU States in 2017.
- **The 2019 Political Guidelines of the new European Commission (EC)** committed to an action plan to implement fully the EPSR.ⁱ
- **The Strategic Agenda for 2019-2024**, agreed by the European Council, calls for the implementation of the EPSR at EU and Member State level, with due regard for respective competences.ⁱⁱ
- **The Commission Communication “A Strong Social Europe for Just Transitions”** sets out an ambitious set of initiatives for the coming years.ⁱⁱⁱ

But since then the political, societal, health and economic context has changed dramatically with the **COVID-19 crisis**. Clearly, the EPSR will need to be strengthened to guide EC and Member States' work, as has been demonstrated in **the Joint Report by EuroHealthNet and the EU Joint Action for Health and Equity (JAHEE) on the 2020 European Semester** for economic, social and sustainable governance, in which the EPSR plays an important role.^{iv}

Our report, plus substantial other evidence, has shown the need for a stronger Action Plan to be implemented from 2021. **The current fragility of many social rights has been exposed by the pandemic of infectious and non-communicable diseases, in the context of persistent and growing social and health inequalities.** This includes EPSR's Principle 16: *“Everyone has the right to timely access to preventive and curative healthcare of good quality.”* That has clearly not been upheld in all EU Member States, although great efforts have been made. It has also been impacted by other social, economic and environmental determinants of health and wellbeing (SEEDS).

EuroHealthNet has been involved in promoting and developing the EPSR since its initiation. But the new paradigm requires new efforts to recover from the economic and social consequences of COVID-19 impacts, towards greener, fairer and more equitable societies, taking into account the opportunities and challenges of the digital transformation.

The Action Plan to implement the EPSR will be a vital vehicle to outline further policy initiatives that can support the implementation of its 20 principles. Since this framework will guide most EU initiatives in social fields for the coming decade - and towards the global UN Agenda 2030 and its Sustainable Development Goals - it is important to get them right. The Commission intends to present the Action Plan in early 2021 and to seek its endorsement at the highest political level at a dedicated Social Summit during the Portuguese Council Presidency in Spring 2021.

Therefore, EuroHealthNet is contributing these recommendations and evidence in the most relevant aspects from our perspective, guided by the questions posed in the public consultation.^v

1.i. Regarding the three areas of the Pillar (I. Equal opportunities and access to the labour market; II. Fair working conditions; and III. Social protection and inclusion) what are the main gaps seen in the implementation of the Pillar at EU and national level?

The November 2020 publication of the European Commission/OECD – *Health at a Glance: Europe 2020. State of Health in the EU Cycle*^{vi} on the state of health across Europe could not have been more clear and immediately relevant for the EPSR Action Plan:

*“The COVID-19 outbreak has spread in 2020 to become the most severe pandemic in the last one hundred years. The public health crisis has led to a major economic crisis, which **will have serious consequences on individual and societal well-being both now and in the future.**”*

COVID-19 has exposed latent health system fragilities that existed before the outbreak. Despite much talk of health spending being an investment rather than a cost, policy approaches had not changed significantly before the crisis. Health spending overwhelmingly goes on curative care, not prevention.

*The staggering **impact of COVID-19 on our society and economy has abruptly brought public health back to the top of the policy agenda. COVID-19 mortality has a clear social gradient, which is a bleak reminder of the importance of the social determinants of health.** The COVID-19 pandemic has highlighted the need to consider the resilience of health systems as an equally important dimension of health system performance alongside accessibility, quality of care and efficiency.”*

The gap between stated rights for everyone enshrined in the EPSR’s Principle 16 to “*affordable and timely **preventive and curative health care***” and how this right has been respected in practice has proven to be wide in most, if not all, EU Member States. That literally fatal gap has to be closed urgently and permanently to meet the objectives of the TFEU for wellbeing and cohesion for all – by levelling up equitably and prevention-oriented, while not cutting back curative or therapeutic health and care services, or rights which are included in other EPSR principles.

The average proportion of expenditures on disease prevention, health promotion and community care within health systems – averaging little more than 3% - is matched in its unsuitability and unsustainability by the comparative weak investments in the other related EPSR principles, which caused the *Health at a Glance* publication to notably refer to the “***bleak reminder of the Social Determinants of Health***”.^{vii}

This is not new learning or unpredicted: the 2008 Global Report of the (WHO) Commission on Social Determinants of Health^{viii} set out copious evidence, much from EU states and experts (including EuroHealthNet). It was followed by the commendable at the time but now outdated the 2009 EC’s Communication *Solidarity In Health: reducing health inequalities in the EU*^{ix}, and actions in subsequent EU Programmes including Joint Actions of Member States and stakeholders (again including EuroHealthNet); by EU Council Conclusions^x and further studies or initiatives at regional, national and international levels. The inclusion of EuroHealthNet in successive EU EaSI Programme Frameworks shows the EC recognises the crucial bridge between health and social determinants.

But too little has changed in policy and investment cycles at all levels in the years before the crisis, as the joint EC/OECD 2020 report bluntly states.

The crisis unleashed by COVID-19 provides an impetus to apply the wide body of knowledge on how to make health systems more sustainable, and - over the medium and long term - strengthen the health and well-being of people across the EU in the context of EU Recovery and Resilience plans. Applying this knowledge will also lead to the achievement of EU Political Objectives to 2024, the Multi-Annual Financial Framework 2021- 2027 and universal progress towards the UN Agenda 2030 and its Sustainable Development Goals (SDGs).

There is no excuse not to set out an EU Action Plan to implement the rights and principles of the EPSR for everyone, which will guide, lead, support and take effective action at all levels for social and health equity. In our responses below to Questions 1.ii (Actions), 2 (Roles) and 3 (Governance) in this paper we shall allude to what can and should be done at all those levels.

But it does need to be stated again that *all* those social determinants of health and equity and *all* the rights in the EPSR are interdependent and – if actions are applied correctly – form complementary and holistic parts of whole of society solutions.

Hence, for the purposes of this consultation response, we express that **the priority from our perspective is to address the clear and demonstrably dangerous gap between rights and realities exposed by COVID-19 in Principle 16.**

In doing so we also express solidarity with those partner organisations with whom we co-operate in the Framework context of the EU EaSI Programme 2018-2021, in making the case for a comprehensive Action Plan to strengthen rights and implementation across *the whole of the twenty domains of the EPSR*. We have explained it further in our newest publication *The European Pillar of Social Rights: a key vehicle to improving health for all. Factsheet*.^{xi}

1.ii. Which actions should the Action Plan foresee to support fair transitions to digital and green economies and secure an inclusive recovery? What would be your top 3 priorities?

A. Strengthening health systems in the EU through a stronger emphasis on health promotion and prevention via the EPSR and an EU Public Health Union:

Health systems should be designed to generate health, not just to treat disease. For this purpose, the definition of health set out at the inauguration of WHO remains valid: “*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*” The WHO Constitution states that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.^{xii} Sustainable modern health systems and health promotion and disease prevention need to be two sides of the same ‘Euro coin’. We recognise that a ‘right to health’ per se would not be implementable in this context. But the EPSR Principle 16 including **preventive** health care shows the direction needed.

Prevention means not only investing in health care services, but in the conditions that generate and maintain good health (a ‘salutogenic approach’ to health co-creation).^{xiii} This has been a fundamental outcome of learning from the COVID-19 pandemic – or rather, to adopt an emerging narrative – the syndemic.¹ Those who were already in vulnerable situations and that suffer from pre-existing health conditions are more severely impacted and more likely to die of the disease.^{xiv} Had more investments been made in efforts to ensure people didn’t become chronically unwell the first place, many of the lives lost due to the pandemic could have been avoided. **The current focus on health care fails to take into account the positive (preventative) influence that safeguarding social rights can have on health.**

Another key priority to ensure more sustainable and accessible health systems is to strengthen the health and social care workforce. During the past decade significant austerity measures in Member States affected investment and employment among this segment of the workforce.^{xv} Decision-makers will need to address these workforce development issues, put in place appropriate funding frameworks for health, care and social support workers as essential resources for delivering services equitably and ensuring the rights of service users. Actions must address workforce shortages, skills and training of workforces, especially for new and emerging wider public health and community professions. They must also focus on improving working conditions for those in these sectors. Digitisation will help to support progress and cost effectiveness, but people and skills, as the corona-virus pandemic has also highlighted, remain the most crucial assets – and their rights matter.

We commend the Opinion of the Expert Panel on Effective Ways of Investing in Health on *The Organisation of resilient health and social care following the COVID-19 pandemic*, to which EuroHealthNet submitted a contribution.^{xvi} We particularly note recommendations (*inter alia*) on persistent and emerging ‘vulnerabilities’; on resilience testing for health systems; investments for health workforces including skills; strengthening primary care, rehabilitation and mental health services, and various equitable and psycho-social measures.

This will require a review the European Core Health Indicators (ECHI) metrics^{xvii}, of the approaches used to analyse Health System performance, the Social Scoreboard’s indicators, in the context of the proposal for a European Health Union^{xviii}, which needs to incorporate the EPSR and particularly Principle 16. The plan to **extend the remit of the European Centre for Disease Control (ECDC) and the EU4Health Programme 2021-2027 offer important opportunities** to ensure better comparative information is shared publicly to support implementation of rights set out in Principle 16.

¹ A syndemic is the aggregation of two or more concurrent or sequential epidemics or disease clusters in a population with biological interactions, which exacerbate the prognosis and burden of disease. Syndemics develop under health disparity, caused by poverty, stress, or structural violence and are studied by epidemiologists and medical anthropologists concerned with public health, community health and the effects of social conditions on health.

Further measures can also include to:

- Promote implementation of universal health coverage (UHC) and systematically ensure equitable outcomes for all according to need. This includes promoting and inter-sectoral cooperation, including between national competent authorities, to improve the accessibility and affordability of health care and prevention.
- Implement minimum standard guidelines in access to health care and the underlying determinants of health to help countries assess what weaknesses in their systems/population needs the most urgent attention. Pay attention to preventative services in relation to mental health needs, dental care, vaccinations, and equitable access/coverage across the population, addressing risk factors of chronic and non-communicable diseases, including in workplace settings.
- Stronger recommendations from the EU level towards Member States in e.g., the European Semester process to strengthen their health systems through greater investments in health promotion, disease prevention, community health services and primary care. Such recommendations would also help to shift the emphasis in the European Semester from cost-saving to better performance in terms of health and well-being outcomes.
- Address workforce shortages including in the field of public health, skills and training of workforce for health and care via the EU Skills Agenda. Strengthen Europe's public health workforce through quality training, capacity building, good working conditions and mobility (via ESF+, ERDF and Erasmus+).
- Identify and encouraging the implementation and transfer of good practice to improve integration between health and social care, and to strengthen health and well-being in the workplace and educational settings, in order to increase the effectiveness of outcomes in these areas and across life-course (childhood, working lives and ageing). The outcomes of the EU Joint Action on Chronic Diseases (CHRODIS Plus) include substantial practice and policy sources, including on complex multimorbidity and on transferability and scalability of work across borders.^{xi}
- Ensure the new EU Framework on Occupational Health and Safety (OHS) addresses psycho-social risk factors and includes workplace regulations on health, disability and chronic conditions. We again draw attention to the outcomes of CHRODIS Plus, which includes a workplace health toolkit^{xx}, as well as work by the European Alliance for Mental Health: Employment and Work (including EuroHealthNet), which contributed to the EC consultation on the new EU Occupational Health and Safety Strategic Framework 2021-2027.^{xxi}
- Ensure access to primary prevention in cancers in the framework of the Europe's Beating Cancer Plan and the new EU Framework on OHS (carcinogens), and monitor inequalities in this area.

B. Prioritising health and social equity: towards an EU Equality Union:

The persistent, and in some cases widening levels of relative health inequalities within and between EU countries reflect that those in higher socio-economic groups benefit more from the right to *“the enjoyment of the highest attainable standard of health”*, as set out in WHO Constitution. COVID-19 has exacerbated and accentuated the social gradient in health, with poorer people, people living in deprived areas and ethnic minorities disproportionately affected. These inequities are not only unfair and unjust vis-à-vis those concerned, but they also undermine the health, well-being and performance of everyone in society, as higher levels of equity have been linked to a wide range of better outcomes for society as a whole.^{xxii}

There has long been discussion and worthy efforts at EU levels to reduce inequalities of which the EPSR is one. The way health inequalities – avoidable differences in health outcomes between population groups – are understood and addressed at the EU level has been worthy in principle but weak in practice. Ensuring people’s right to ‘access health care’ as established in the EPSR is however far from sufficient to ensure that people have equal opportunities for good health and well-being. The *Health at a Glance 2020* report highlights that this requires *“a strong focus on policies to tackle the social determinants of health, including inclusive social and economic policies and interventions beyond the health system that address the root causes of inequalities.”*^{xxiii} In the context of the Action Plan, as well as the post COVID-19 Recovery and Resilience investments, European Green Deal and the SDGs, we need to move on to outcomes-based approaches and implementation measures; together with an EU Public Health Union, we need a European Equality Union.

Efforts to reduce poverty are in this respect crucial. The outcome of the Europe2020 strategic process was that some aspects of poverty and inequality were addressed and even reduced, as set out in the EU Semester process reports. But the Europe2020 poverty target was not met – and should not be quietly forgotten.^{xxiv} Furthermore, with the already alarmingly high levels of child poverty, unemployment and in-work poverty increasing and exacerbated by the COVID-19, integrating implementation of the EPSR with poverty reduction needs to be a priority that is integral for the Action Plan. This can be linked to the universal targets of the UN 2030 Agenda as well as with other EC measures in recovery and transition packages.

Another crucial point is on the need for action to ensure that digital solutions are applied to improve the effectiveness and efficiency of health and social services and ensure that these work together in a coordinated way to address the specific needs of individuals. The emphasis must be on applying such technologies to increase the possibility and quality of inter-personal contact, not to replace it. New digital technologies must serve and empower people, rather than disempower them. We agree digitisation of health and social systems have great potential, but it should be a part of a comprehensive systems-wide approach. Without real understanding of the underlying structural determinants of health and equity, digital transformation of health and care risk to widen inequalities, rather than reduce them – as explained in EuroHealthNet’s Policy Precipis on *Digital health literacy: how new skills can help*^{xxv} and in its *Five Recommendations for European E-*

Health Priorities.^{xxvi} The ‘Healthy Overvecht’ initiative in Utrecht, the Netherlands, provides a good example of how technology can be applied to improve service, Health care professionals in this neighbourhood (e.g. general practitioners, physiotherapists, midwives, Youth Health Care Services, Municipal Public Health Services team, and district nurses) agreed to all use the same interview model (4D model) for their patients. The professionals and the patients explored what was going well in the domains of body, mind, social and relations/network, and where there were problems. Professionals then shared information and worked together on a more holistic care plan, with a ‘quadruple aim’: improving the perceived health of patients, the efficiency of care, the quality of care, and job satisfaction of the professionals involved.^{xxvii}

While all EPSR principles are crucial, we highlight the following areas and actions as being of particular importance to ensuring an EU Equality Union:

Area I:

Education, training and lifelong learning: There are still big differences in people’s access to and the quality of education that people receive across the EU. This impacts a large group of people’s capacities to understand and adapt to rapidly changing world, and to discern information and to act on it, which is becoming increasingly important for people to live well within, and contribute to functioning democratic societies. To increase equal opportunities, more actions are needed to improve the quality of public education, starting from very early years, particularly for those and in areas of most need. More opportunities must also be created for ‘lifelong learning’, which must be normalised, with investments in this area targeted at those most adversely affected by green and digital transitions. Action is also needed to integrate more physical and mental health related initiatives in all learning curricula, to enhance concentration and learning outcomes.

Gender Equality: While women live longer, they spend fewer of those years in good health and are more financially vulnerable than men. This is in part due to structural discrimination, social norms where women are primary carers, the undervaluation of caring professions that tend to be undertaken by women and pay and pension gaps. These factors in turn affect child health and development outcomes. Research and medical treatments tend to focus on male models, even though men and women are biologically different, which means they may be less appropriate for them. More gender sensitive research and care is needed.^{xxviii} Actions are also needed to address structural discrimination so that women have more influence on the factors that shape their lives, in ways more aligned to their values and experiences.

Area II:

Access to social protection: On average, 35% of the inequity in self-reported health between the most and least affluent 20% of adults within European countries is due to systematic differences in risk and exposure to income insecurity and the lack or inadequacy of social protection.^{xxix} The stress of living in poverty is devastating to health and well-being. Protective services like unemployment benefits that help people meet their basic needs and protect them against risk are

essential to enable people enjoy a wider spectrum of their social rights.^{xxx} Countries providing higher levels of social protection exhibit lower mortality rates and also have better employment rates.^{xxxixxxii} Action is therefore needed to ensure that people in Europe have a minimum living wage.

Area III:

Access to essential services: Too often, essential services like housing, long-term care, pensions and childcare are underfunded and difficult to access. In addition, while such essential services address interlinked needs, they are poorly connected, rendering them inaccessible to those who need them most and reflecting a poor use of available resources.^{xxxiii} More action is needed to design and implement people-centred approaches, that apply digital advancements to link services together to best address specific needs, including food, clean environments, adequate exercise and leisure opportunities.

As mentioned above, ensuring the right to access to affordable, equitable and high-quality services health care services is a vital, but not the only component of ensuring everyone can optimise their full health potential, and not just the wealthiest few. To achieve this action is needed across the determinants of health, across all Area III provisions like social protection, childcare, housing, pensions long-term care. Given the importance of establishing a sound foundation in an early-years of life for health and well-being across the life-course, it is particularly important to ensure actions are implemented here to ensure this.

Achieving an EU Equality Union that governments at the EU and (sub)national levels respect the principle of ‘proportional universalism’.^{xxxiv} This means implementing universal actions, at a scale and intensity that is proportionate to the level of disadvantage. Effective implementation of the upcoming EU Child Guarantee is therefore crucial to strengthen social rights across the EU. Implementation of the newly proposed EU Action Plan on Integration and Inclusion (2021-2027) and the EU Strategic Framework for Roma are also important tools, in this respect.

C. A clearer strategic vision for a sustainable Europe with the Pillar of Social Rights at its core:

The COVID-19 pandemic has highlighted the importance and centrality of health in our societies and exposed the dis-functionalities in society’s abilities to deliver this. Awareness is also growing that behind this acute crisis lies a more chronic crisis of environmental degradation that will unleash further social and economic disruption and devastation at an even greater scale that the syndemic has unleashed, with impacts that can be irreversible. European Green Deal Policies, the EU’s commitment to UN Agenda 2030 and the SDGs, and recognition of the need for more action to implement the EPSR all reflect a desire to address these existential challenges. Yet these policies remain disjointed, and it is unclear how they will work together and reinforce one another to

achieve the urgent change required in the relatively short time to protect people from further crisis and hardship and move towards societies better able to deliver health and well-being.

There is therefore a need for a more clearly articulated, overarching strategy at EU level to connect policy and planning initiatives and ensure they work together in a more holistic and effective way. This strategy could be informed by the ongoing work on the Economy of Well-being^{xxxv}, as well as Raworth's 'Doughnut economy' that provides a model of how to meet the needs of all people within the needs of the planet.^{xxxvi} The EPSR would lie at the heart of such a strategy, defining the social foundations as agreed at the EU-level. Indicators linked to the EPSR, rather than just economic performance indicators would be considered key gauges of whether the Union is achieving its true objective of promoting peace and its values, including respect for human dignity, democracy, equality, justice and solidarity, as well as the well-being of its people, as set out in the EU Treaty. These indicators would also be embedded in European Semester processes, in keeping with the notion that sound social foundations are needed for truly strong and resilient economies. Actions to ensure that policies and interventions are applied that strengthen rather than undermine these social rights, and contribute to keeping economic activities within ecological boundaries is the truest application 'Health in all Policies' as enshrined in the TFEU Article 168.^{xxxvii}

Putting the achievement of social rights more at the heart of the European Union's enterprise, investing in human resources and well-being as both the foundation and end-objective of economic growth can also make people across Europe more aware of the rights included in the EPSR. It can help increase civic ownership and engagement in efforts to uphold and strengthen the principles in the EPSR, which is currently lagging and much needed. Initiatives to increase awareness of Social Rights, and engagement in efforts to strengthen their implementation must take place at the local level, where funds are increasingly thin.

Ensuring such holistic approaches means aligning policy objectives and indicators more clearly and consistently across policy areas and initiatives and levels of governance and ensuring the comparability of data. The indicators established through e.g., the UN SDGs can provide a good foundation, since they already offer a medium-term set of objectives which is realistic for implementing a set of complex, interconnected and sometimes controversial aims. Meanwhile the interim EU staging posts - of the next European Parliament elections and appointment of the next Commission in 2024, plus the Multi-Annual Financial Framework 2021-2027, offer political opportunities to reflect and adapt beyond national prerogatives, election cycles and schedules.

Against this background we urge:

- Action towards the establishment of a broader overarching strategy to achieve more sustainable economies and societies, along the lines of the Economy of Well-being and of the Doughnut Economy Model, that positions the EPSR more centrally in relation to other EU policies and strategies and also aligns it better with these other strategies.
- Investment in new approaches that encourage and enable greater collaboration across sectors to achieve joint objectives. This includes more coherent synergies and dynamics across all EU programmes for the research and innovation – policy – practice – evaluation

cycle and fluid funding opportunities to emphasise the importance of collaboration across sectors.

- Application of EU funding opportunities to invest in the necessary reforms, innovation and transfer of effective practice in relation to accessible and cost-effective outcomes across the EPSR framework.
- Guidance for national implementers to ensure that impacts on health and health equity are explicitly analysed and addressed across actions, including those related to the enforcement of all the other EPSR's principles.
- Funding of research beyond bio-medical model of health: ensure investments in eco-psycho-social, holistic approach to health co-creation and investigates effective ways of improving health and reducing health inequalities.
- We reiterate the reminder of caution on the inevitable digital transitions as it is a joint priority with social and green transitions. While some will bring major advances in health, care and other rights in the EPSR, digitalisation alone or inappropriately implemented also brings great risks, including of increasing inequalities. A careful, holistic approach of risk assessment and horizon scanning is vital.

2. How can you and your members support the implementation of the European Pillar of Social Rights at national and EU level? How do you see your role in stimulating national debates and efforts to make the Pillar better known and implemented?

As a European Partnership for Health, Equity and Wellbeing, EuroHealthNet's mission is to promote health, prevent disease and reduce health inequities across the EU through action on the determinants of health. The WHO Europe's Health Equity Status Report sets out clearly how income security and social protection, and living conditions jointly generate 61% of the burden of health inequalities across the European Region.^{xxxviii} Access to and quality of health care accounts for 10%. As set out in a recent factsheet published by EuroHealthNet, these figures reflect how the EPSR is also a Pillar for Health. As such, its implementation is part of our core business, which includes ensuring that EuroHealthNet's 61 members, associate members and observers also recognise and support the implementation of the EPSR as a key tool to help achieve their objectives in the field of public health, health promotion and disease prevention.

Promoting health, reducing ill health and health inequities to a great extent involves breaking down barriers between sectors and establishing collaborations and networks to ensure that policies and interventions are applied in ways that maximise overall health and well-being. This includes building stronger bridges between the health and other sectors and actors responsible for implementing the principles of the EPSR, to ensure this is done as efficiently and effectively as possible to also maximise outcomes for health and well-being for all. We will continue to identify innovation and share information and best practice to achieve this from across Europe, including through our e-guide on innovative financing for promoting health services across sectors.^{xxxix}

We will also continue to bring together stakeholders from the public and civil society sectors to identify and gain consensus around priorities for action, as through the meeting that we recently organised around this consultation, to help achieve a more coordinated response. We will continue to explore the best approaches to implementation and build capacities to encourage and enable their application in the context of our exchange visits, events, webinars the projects that we coordinate, and the Joint Actions with Member States that we are involved in. We will also apply channels like our policy precis series and the EuroHealthNet magazine to communicate on and discuss innovative and/or evidenced based approaches to implement the principles of the EPSR and address this in our policy-related work.

Strategically, we will help implement the European Pillar of Social Rights in the following areas:

(1) Create supportive environments: A healthier, fairer future for people (and planet)

EuroHealthNet supports the crucial transition towards greater social sustainability and achieving the Green Deal as well as the EPSR by emphasising the strong links between the environment, health, and social equity. Environmental determinants of health – such as clean air and green space, but also active travel and healthy food environments – are critical to good health, and have unequal impacts.

Through our partnership within countries and regions, we provide expertise on health in Europe’s green future, and ensuring the transition is just and works for all. The European Pillar of Social Rights is a core element of that transition.

For example, we work on food systems and environments, looking at what we eat, how it is made, where it can be bought, and whether healthy food is available to all. The EU Child Guarantee will help us implementing this agenda and thereby supporting the EPSR.

(2) Develop personal skills: Enabling people to look after their health

Digital tools are increasingly being developed to enhance personal capacities of people to manage their own health and connect to the society around them. But not all digital health tools or wider digital platforms are suitable for all groups and some risk widening health inequalities instead of reducing them. Our *Policy Precipis on Digital Health Literacy* examines the issues and in the coming years we will take the digital agenda forward with our member agencies on the ground, as a member of the EC e-Health Stakeholders group as well as the EU Skills Agenda, and as a crucial element of the EPSR.

(3) Reorient health services: Strengthening health promotion and disease prevention as part of health system reforms

EuroHealthNet is demonstrating how to make transitions from spending on cures and treatments to investing in preventative approaches for better health and wellbeing.

The role of healthcare professionals in health promotion and disease prevention was covered in our conference hosted by the Spanish Ministry of Health, Consumer Affairs and Social Welfare.



Re-skilling and up-skilling health professionals will be further discussed in our 2020 conference on Skills for Health.

We will actively bring up the EPSR in debates on the reform of health services and on increasing equitable access to health care services (including mental health services), helping to ensure implementation of Principle 16.

(4) Build healthy public policy: Achieving an Economy of Well-being

EuroHealthNet has long argued for integrated policy making and implementation, whether labelled multi-sectoral, whole-of-government or 'Health in All Policies'. Building healthy public policies and working beyond the health sector on the root causes of poor and inequitable health is our core business.

This year we have analysed Europe's annual cycle of fiscal and social policy coordination (the European Semester) from a health equity perspective, and helped our partners shape the process. We have provided similar analysis of the EU's next long-term budget and presenting on this numerous times in member states.

The 'Economy of well-being' concept is gaining momentum and will be reinforcing the EPSR. This year we have contributed to its development in the public health sphere. In the future, we will take this concept, along with the Pillar and contribute to pandemic recovery.

(5) Strengthen community actions

The COVID-19 pandemic demonstrates that community actions for health are essential to alleviate the burden on hospitals and the health care sector. We organised a webinar for the Partnership about strengthening population mental health, resilient communities and digital tools.

Collecting and sharing the many promising practices from communities on how we improve health equity and wellbeing is our core- business. Showcasing inclusive approaches to achieving health equity, addressing socio-economic conditions and integrating the environment into local planning processes is key. Facilitating learning across countries, regions and municipalities is vital for Europe to "*Build back better*" and for creating ownership for the EPSR and for Europe overall.

Once we can travel, we will again organise County Exchange Visits to various locations across Europe to facilitate such crucial exchanges, and discuss community actions to promote psychosocial health and achieve EPSR objectives.

(6) Advocate, Enable and Mediate

EuroHealthNet addresses the political, economic, social, cultural, environmental, commercial and behavioural determinants of health and social equity and wellbeing, where and when possible.

Advocacy, enabling and mediating are our core competencies for doing that. This means mapping and working with various stakeholders from academia, policy-making and businesses as set out above. Proving evidence, framing and communicating messages, and enabling people to access

credible information for making healthy, social and sustainable choices and decisions. It includes facilitation of exchange and coordinated action by all concerned: by governments, by health and other social and economic sectors, by civil society, by local authorities and by the media.

(7) Communication and visibility

EuroHealthNet’s communications team amplifies the messages and expertise of the members of the partnership and will continue to communicate the EPSR and its Action Plan in the coming years.

EuroHealthNet’s Communication Network connects communication professionals in the Partnership to exchange expertise and resources, highlight interests and concerns, and to increase awareness of initiatives at European, national and regional levels. It meets three times per year. They also will have a crucial role in improving the visibility of the European Pillar of Social Rights to a health audience and to the wider public across Europe.

Our communication tools are for example:

- **Calls and Opportunities Alerts** contain exclusive information about opportunities for funding, training and capacity building to staff in partner agencies.
- Get the latest news on public health, determinants, and inequalities in the monthly **Health Highlights newsletter**.
- an **online magazine**, twice per year, featuring stories from the public health community.
- **EuroHealthNet.eu** hosts information about the partnership and its outputs.
- **Health-Inequalities.eu** provides data and specific information about health inequalities in each Member State, information about financing and European funding to tackle health inequalities, and databases of policies, projects, and publications.

3. How should the governance of the Pillar and its Action Plan be organised, in terms of monitoring, reporting, stakeholders’ engagement?

Strengthening the implementation of the principles in the Social Pillar can only be achieved through “whole of society” and “whole of government” actions. This, as set out above, requires a common vision of more socially and environmentally sustainable societies and economies and a clearer overarching strategy on how to achieve this, with the Social Pillar at its heart. Such a vision and strategy can be informed by Raworth’s model of a “Doughnut Economy” and the emerging conceptions of and approaches to ‘Economies of Well-being’.^{xi} Such an overarching vision, narrative and strategy is required to orientate the processes needed to bring together sectors and communities, horizontally and vertically, to strengthen the implementation of the EPSR. The WHO 2020 Policy Framework, supporting action across government and society for health and well-being provides guidance on how to orchestrate such collective action to achieve a common objective of improving health and well-being.^{xii}

A crucial factor in strengthening the implementation of the EPSR and its 20 Principles is that people are aware of these rights, feel encouraged and enabled to claim them. Only then can citizens and

residents hold their governments accountable for implementing them, spurring them into action to do so. In addition, it is people at the local level who have the knowledge and experience of the extent to which the rights are being implemented, and what is needed to improve this. In many EU Member States, the power to implement the EPSR has been decentralised from the national to the local level, and local community and civil society bodies have vital roles to play from co-creation to design, implementation and evaluation of policies, programmes and practices related to the principles in the EPSR. On the other hand, municipalities ability to fulfil these roles are limited, since they are underfinanced. The unequal capacities of the most relevant actors to engage effectively with the implementation of the EPSR need to be addressed.

Actions needed to strengthen the implementation of the EPSR must therefore derive from dialogue between citizens and residents and their public authorities. The ‘National Conversation’ that took place in Wales, which informed *Well-being of Future Generations (WFG) Act* in Wales that legislates for sustainable development can provide inspiration for what such local level dialogues could look like.^{xiii} Such conversations could for example be held, focusing on the European Pillar of Social Rights, at local, regional or national level within the framework of the upcoming Future of Europe Conference. The *Place Standard* tool^{xliii}, which provides a simple framework to structure conversation about place, can also provide inspiration on how to encourage people to consider their social rights, whether they are being respected and what further action is needed. This information can then be used to guide actions across sectors and levels of governance and sectors, to strengthen the implementation of the EPSR. Use of horizon scanning or foresight methodologies can also be used to inform such debates at all levels.

Ensuring the right performance indicators have been identified that best capture realities and can be measured across sectors and levels of governance is also very important, and these must be improved where necessary. The indicators must serve as a ‘common language’ that speak to everyone, providing a clear indication of where their country stands when it comes to respecting communally agreed social rights. The data collected must be comparable, so that countries can benchmark and measure performance against one another, as this has been identified as a powerful tool for action and change.^{xliiv}

A more systematic implementation of Health Inequalities Impact Assessment (HIIA) to relevant policies and initiatives at all levels of governance is also essential, to ensure that actions taken reduce rather than widen social inequities. HIIA have been recommended for decades and can be implemented in multiple ways, circumstances and environments, integrated or independent. They are indispensable to applying the principle of ‘proportional universalism’^{xliv}, and to ensuring a EU Equality Union.

Finally, it is clear that digital technologies will be crucial in capturing voices, making connections between levels of governance and sectors, and ensuring that different actors across systems reinforce, rather than undermine one-another’s work. Much is being made of opportunities at scale for ‘big data’. The rights of privacy and security of personal and health data are equally vital, but comparable, disaggregated data has to be a priority to inform and support an evidence based



EPSR Action Plan, the Green Deal and the proposed EU Health Union as well as a transparent European Equality Union with fair and equitable access to information.

For the implementation of the European Pillar of Social Rights, the Action Plan needs to be dynamic, holistic, forward thinking, agile and proactive. At the same time, the need for evidence, honesty, reliability, and robustness has never been clearer.

EuroHealthNet's partners are the foundation stones of public health in Europe. They comprise both history and experience; they work innovatively and multi-disciplinarily and are trustworthy partners preparing for the future. The European Pillar of Social Rights is a crucial vehicle to build such future.

By collaborating across borders to find solutions to common problems, and by making the links between research, policy, and public health practices, EuroHealthNet and its partnership will support the implementation of the European Pillar of Social Rights holistically, equitably and effectively.

About Us:

Building a healthier future for all by addressing the determinants of health and reducing inequalities

EuroHealthNet is the leading partnership for improving health, equity and wellbeing in Europe. It is a not-for profit association of organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities. EuroHealthNet's work focuses on policy, practice, and research. Its unique focus is on reducing health inequalities through action on the social determinants of health, integrating sustainable development goals, and contributing to the transformation of health systems.

www.EuroHealthNet.eu

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