

## European Social Fund Plus (ESF+) – mid-term evaluation

*EuroHealthNet consultation input, February 2024*

EuroHealthNet welcomes the opportunity to provide input toward the mid-term evaluation of the European Social Fund Plus (ESF+). In our contribution, we will provide evidence on what works and what does not, feeding to the European Commission's assessment of the effectiveness, efficiency, relevance, coherence and EU added value of the ESF+.

### **General remarks on the ESF+ and its focus**

EuroHealthNet welcomes that the content of ESF+ is based on the European Pillar of Social Rights (EPSR) and contributes to supporting social and health rights in all EU Member States.

EuroHealthNet very much supports the decision that EU Member States with an average of EU child poverty higher than the EU average now have to allocate at least 5% of their ESF+ financial resources to tackle child poverty and that all EU Member States are called to allocate ESF+ financial resources to targeted actions to combat child poverty.

EuroHealthNet underscores the **effectiveness, efficiency, relevance, coherence and EU added value of the ESF+** by highlighting its benefits for public health by:

- **Addressing social determinants of health through integrated approaches and contributing to inclusive social policies across the EU:** by tackling underlying living and working conditions – the socioeconomic determinants of health, the ESF+ contributes to reducing health disparities and fostering equity in access to opportunities, education, social protection, housing, employment, and essential services;  
By recognising and addressing the broader context in which health is situated, the ESF+ has a more significant impact on wellbeing; one such an example is a comprehensive approach taken by the EU Child Guarantee, the EPSR Action Plan, and the initiatives it spearheaded;
- **Targeting health initiatives for vulnerable populations and communities with higher health and social needs:** the ESF+ allocates resources to targeted health initiatives that address the specific needs of people in situations of vulnerability and marginalised populations.

These initiatives often aim to improve specific health outcomes (life expectancy, burden of chronic diseases or disability), reduce health inequalities (by age, gender, income, ethnicity, geography), and enhance overall wellbeing, ensuring that resources are directed where they are most needed;

- **Building individual capacity and skills, and social capital:** through investments in education and training (basic and specialised), literacy, competences and skill development, the ESF+ enhances the capacity of individuals to lead healthier lives and access better employment opportunities.

By focusing on human and social capital development, the ESF+ contributes to both individual wellbeing and societal resilience;
- **Community empowerment:** the ESF+ supports community-based projects that empower individuals and communities to play an active role in their own health and wellbeing.

By fostering community engagement and enabling participatory spaces for policy and practice exchange, the ESF+ contributes to the development of locally-tailored solutions, promoting health and equity at the grassroots level;
- **Collaboration and partnership:** successful health promotion through the ESF+ often involves collaboration and partnership among various stakeholders, including governmental agencies, non-profit organisations, educational institutions, community groups and people with lived experience.

Coordinated efforts ensure that the ESF+-funded programmes are holistic, responsive to community needs, foster a sense of ownership, and benefit from diverse expertise;
- **Measurable impacts and evaluation:** by employing rigorous evaluation mechanisms to assess the impact of funded projects, the ESF+ ensures accountability for the impact of funded initiatives on health, equity, and overall wellbeing outcomes.

While the ESF+ plays a crucial role in reducing health inequalities and promoting health, equity and wellbeing, there are **challenges that need to be addressed**, such as:

- **Fragmentation and coordination:** since one of the greatest potentials of the ESF+ is to intersect with various sectors that span across the social determinants of health domain, ensuring seamless coordination and collaboration among these sectors is essential for addressing the multifaceted nature of inequalities in health.

Inconsistencies in approaches and policies may hinder the effectiveness of health promotion efforts; synergies could be ensured through a more socially-oriented European Semester process of economic policy coordination;
- **Monitoring and evaluation gaps:** adequate monitoring and evaluation mechanisms are key for assessing the impact of ESF+-funded interventions on health outcomes.

Challenges may arise in establishing robust evaluation frameworks that capture the complex and long-term nature of inequalities in health. For instance, a commonly used indicator of health outcomes such as life expectancy or unmet need for medical care do not fully capture a broader spectrum of health promotion, prevention, healthy lives or unmet need for health and social care, etc.

Poor or incomparable indicators can impede efforts to measure progress accurately and identify areas that require targeted interventions or where interventions are harmful to health, equity and wellbeing;

- **Administrative simplification needed:** further administrative simplification of applications and reporting in ESF+ are needed. Concretely, data and information gathered during the ‘continuous reporting’ in the EC Portal should, as much as possible, automatically be transferred to and used for the annual period reporting. While acknowledging the importance of reporting and evaluation, it would be more time-efficient if beneficiaries would only be asked to provide complementary information that is still missing.

While highlighting a certain administrative burden, EuroHealthNet would like to point out the excellent and rapid support provided by Commission staff, be it via the Communication centre or the project officer;

- **Resource allocation and flexibility in responding to emerging health, equity and wellbeing challenges:** limited – and under threat of potential cuts and/or redeployment – financial resources and inflexible funding structures may hinder the ability to adapt quickly to the dynamic nature of health inequalities.

For the long-term success of health promotion initiatives funded by the ESF+, it is pivotal to ensure that funds are allocated where they are most needed and that programmes can be adjusted in response to changing external conditions for health. While targeted and ‘downstream’ initiatives may be easier to fund and implement, considerations should be given to wider population-wide universal measures that promote health, equity and wellbeing with a greater scope and potential of return on investment;

- **Sufficient co-funding rates:** sufficient co-financing rates in ESF+ are key for not-for-profit implementing partners. EuroHealthNet highly valued the EC’s decision to temporarily and exceptionally increase the maximum co-financing rate of 80% to 90% in the ESF+ EaSI strand in a aftermath of the pandemic, thereby recognising the difficulties that organisations have been facing to generate matching funds since the beginning of the sanitary crisis.



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