



Summary statement response to the EC Communication 2018/98 on a new modern MFF that delivers efficiently on post 2020 priorities

## Investing in health is investing in people.

The Next EU long-term budget must recognise that health and health equity constitute strong EU added value for Member States and people

### Background

EuroHealthNet has submitted three specific responses to the EU Public Consultation on the future EU revenue and expenditure priorities for 2021-27, known as the post 2020 [Multiannual Financial Framework \(MFF\)](#).

The EC has explained its thinking in a [Communication](#) (.pdf) published in February:

The three submitted questionnaire responses provide answers on EU funds in the area of:

- Health, Research & Innovation in the Single Market;
- Cohesion
- Values & mobility

### Key Points

The responses have been based on the following priority principle approaches, as consulted with the EuroHealthNet membership and endorsed by its Executive Board in February 2018.

- The EU programmes (inter alia) for Health, Research (Horizon 2020), Employment and Social Innovation (EaSI), plus Cohesion, Structural and Social Funds have provided significant added value for health and social equity, for work on the ground in Member States and sub-national communities as well as in inter-national exchanges, which cannot be replicated through other sources.

- We welcome the EC reiteration that *“pooling resources at European level can deliver results that spending at national level cannot.”* EuroHealthNet was established in liaison with the EC on that basis. For some smaller states, many regions and communities in our fields, capacities would never be sufficient to achieve greater health and social equity without EU added value. Sharing policy measures, exchange of good practices, knowledge, and capacity building of successful evidence-informed interventions would be hard to achieve without support from the EU. It also accounts for gathering comparative and transferable data, as well as aligning EU and Member States actions with work carried out by WHO Europe and OECD to shift models and perceptions in area of health promotion and disease prevention. It is existentially crucial for public health progress.
- We welcome the EC reiteration that *“EU spending creates public goods that benefit all. The benefits from stability, peace, common values ... do not show up in net balance calculations.”* We affirm those values and benefits beyond economic calculation. Evidence shows that socio-economic determinants that fall under the responsibility of non-health sector (i.e. employment, poverty, inequality, gender equity, ethnicity, education and income) are key factors impacting on health and wellbeing across the life course. The conditions in which people are born, grow, live, work and age, the daily lives of people in Europe benefit by adequate prioritisation and effective implementation of EU funds.
- The development and strengthening of EU programmes for health and social equity is essential to achieve the EU Treaty objectives, not least including wellbeing and cohesion, as well as more recently advanced social objectives which have been included within the European Pillar of Social Rights. The unique inclusion of a legal requirement for *“a high level of human health protection to be ensured in the definition and implementation of all EU policies and actions”* should be implemented - and enforced by the judiciary if neglected.
- EU Member States are committed to the universal UN Agenda 2030 provisions, objectives and targets. SDG 3 and other goals are not optional, but integral for the priorities and programmes of the EU in the MFF period. The UN has set global targets to reduce non-communicable disease burdens. Many of the underlying drivers of non-communicable diseases lie in sectors where the EU has clear competencies. The EU therefore has the obligation to contribute to achieving these UN targets by using all its levers, and powers, including regulation, legislation and funding programmes, not only sharing practices.
- It is right for the EU budget to anticipate *“the challenges of tomorrow*. Disease prevention and health promotion are more cost effective than cure and treatment. This includes the clear and growing public health role in ensuring food safety and healthy diets, fighting antimicrobial resistance, infectious disease outbreaks, climate change, environmental degradation and air pollution. The EU has a crucial role in addressing the transformative developments of multiple emerging and developing technologies on populations and societies across Europe. This will

include transformation of health systems, which offers massive opportunities and challenges, not least as they are among the largest employers in any state in the new world of work. It includes a role for social investments, including innovative financing and to support the implementation of the European Pillar of Social Rights. The next research and innovation framework programme should move away from a merely bio-medical model of health towards including a social model of health, where the social and environmental determinants of health become the main research focus requiring multi-disciplinary approaches.

- Given the persistence of considerable health inequalities between and within EU Member States, and acknowledging still untapped potential of cross-sector collaboration for health equity and relatively small public health budgets across the EU, EuroHealthNet recommends to integrate health and social equity into newly proposed expenditure programmes to strengthen the EU and its Member States, regions and local actors' coherent and coordinated action on reducing health gaps, meeting the needs on the ground and integrated into local contexts. We believe that the EU Semester process can be further improved to align better with health and social programmes and instruments, including use of good practice examples, but also looking to explore more legislative measures.

## Additional responses

There are also a number of political questions that are posed by the EC in Communication 2018/98 of 14 February. Time available for initial consultation has been limited and EuroHealthNet will consult further with members and stakeholders, who retain the right to submit differing national, regional or expert official positions, reflecting EU diversities and strengths.

Based on two decades of policy work and evidence building in relevant fields, EuroHealthNet contributes the following perspectives for consideration at this stage:

### On priorities:

Despite public opinion placing health as one of top priorities of concern for European citizens ([Eurobarometer, November 2017](#)) and more than 70% of the public wanting “*the EU to do more for health*” ([Eurobarometer, March 2017](#)), those concerns have barely been reflected in the Communication.

The European Parliament’s Budget Committee preparing the Parliament’s negotiating position makes a comparatively strong reference to the importance of health in the post-2020 budgets. The report “*calls for the next MFF to reflect the EU’s responsibility to implement the SDG on public health, health systems and environment-related health problems, and to support Member States in eliminating growing health inequalities*”. Furthermore, it considers that “*on the basis of the positive outcome of the ongoing actions in this field, the next MFF should include a robust next-generation health programme that addresses these issues on a cross-border basis*”. Moreover, it emphasises “*that good health is a prerequisite for achieving other goals set by the EU and that policies in such fields as agriculture, environment, employment, social issues or inclusion also have an impact on the health of Europeans*”, and it “*calls, therefore, for the*

*strengthening of health impact assessments and for cross-sectoral cooperation in the next MFF in this field". Add the reference from Dorota's mail*

EuroHealthNet supports that position.

EuroHealthNet reiterates that health promotion, public health and approaches to address social, economic and environmental determinants of health are innovative and have been developed significantly in the 21<sup>st</sup> century, with sustainable policy and practice pathways mapped through 2040 which require systematic funding post 2020.

They have been affirmed as valuable and as worthy of greater investments in EU Ministerial Conclusions, Joint EU Reports on Fiscal Sustainability of health systems, A Consensus of European Mayors, a WHO Global Declaration and the universal UN Agenda 2030 including SDGs. They offer solutions to common European challenges, not increased burdens.

EuroHealthNet also commends the #EU4Health collaboration of stakeholder organisations campaigning for better approaches to the vision and implementation of EU health related programmes, including via the MFF, and the relevant collective statements of the EU Health Policy Forum.

### On EU revenues:

The EU should collect revenues in ways that are consistent with its values of equality, justice, solidarity and the well-being of its people, and its broader strategic visions. This means that the system of revenues for EU should be fully transparent. It also means that the options set out in the Communication should be carefully tested for health, social, environmental and wellbeing impacts. In general, EuroHealthNet advocates better use of health impact assessments at all levels, including budget and programme planning.

EU-level regulations and reforms in relation to VAT, for example, must be carefully considered. VAT impacts consumption, a key factor in changing behaviours and sustainable development. However it is generally regressive in its implementation. Reforms to apply highest rates on goods which impact adversely on health and wellbeing would be welcome; conversely, increased rates which would adversely impact the wellbeing of children and people from disadvantaged communities would not.

### On expenditure frameworks:

Those programmes that comprise the bulk of EU expenditures, like the cohesion and common agricultural programme should also be fully in line with the EU's values and broad strategic visions to address "the challenges of tomorrow". Doing so would help to ensure that money is spent to promote the common good, in line with the EU objectives, and shift the greatest gain away from vested interests and powerful advocacy capacities with harmful societal impacts.

Ensuring that all EC expenditure programmes are based on such a common strategic vision would help to ensure that MFF process and upcoming EU policies on e.g. the digital single markets for health, food chain policy, agricultural priorities and the EU role in the universal achievement of Agenda 2030 and SDGs, are aligned and broadly reinforce one another.

Expenditure frameworks that is grouping or merging some EU programmes to improve cost-efficiency and effectiveness of EU level actions, should be always consider the health and social equity impact prior to cost-saving.

In addition, EuroHealthNet supports an approach of “proportionate universalism”. All people in the EU (including children and young people) need equitable opportunities for equitable outcomes, but those most in need should be most supported. EU programmes should therefore ensure that this principle is applied as a conditionality in relation to the use of all EU funding.

## Organisation of EC programme responsibilities

EuroHealthNet understands that the European Commission is considering two options for the positioning of health programming post 2020 in its “clustering” of responsibilities. One is broadly within Single Market lines; the other would be in the context of Investing in People.

EuroHealthNet recognises that the sustainability of health systems including digital transformation and technological assessments, the successful provision of research and development of pharmaceuticals and medical products, and consumer protection measures are relevant within the Single Market context. We would however be disappointed if EU health and social values are subjugated to marketization, and would consider this a lost opportunity for the EU to tangibly improve the lives of European citizens and contribute to more sustainable and resilient societies.

EuroHealthNet considers good health is an asset and value in itself, as well as a precursor to healthy societies in Europe. People are the greatest asset of the EU: health, wellbeing, social protection and cohesion are not burdens but values and rights. Therefore the approach of integrating health improvement around social investment, skills and literacy, cultures and justice and sustainability, is one advocated in the three EuroHealthNet submissions.

EuroHealthNet

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