

Joint statement on the use of the next European and structural investment funds for strategic investments in health and social services

EUREGHA (European Regional and Local Health Authorities) and EuroHealthNet (The European Partnership of national public health institutes, regional health authorities and related organisations), recognise the pivotal role of cohesion policy as one of the main European investment policies to achieve the EU treaty objective of economic, social, and territorial cohesion.

In the expiring programming period 2014-2020, the *European Social Fund (ESF)* and the *European Regional Development Fund (ERDF)* covered substantial health investments; it aimed to improve access to services, develop specialised health infrastructure and capacities to reduce health inequalities, and to boost health and care reforms. With a total of around €9 billion, it demonstrated the substantial contribution of cohesion policy in supporting social and economic convergence across Europe while promoting the health and wellbeing of its citizens. The potential of health and social investments in health and care innovation, public health and reducing health inequalities, however, still demand for significant improvement.

Therefore, in the next programming period 2021-2027, Member States and Regions should aim to allocate improved resources to match needs. This can be achieved through the *European Structural and Investments (ESI)* funds to ensure, among others, effective investments in health promotion and disease prevention, health care, eHealth and health-enabling services and infrastructures (including Social, economic, cultural and environmental). Moreover, the COVID-19 pandemic is showing the need to step up investments to reinforce health and care system preparedness, responsiveness, and resilience, while ensuring cross-border cooperation across Europe. Solidarity, sustainability, and equity are key to overcome this crisis and its devastating socio-economic consequences. EU Cohesion policy and programmes can contribute with concrete solutions: but significant reforms are needed.

Regions and cities are close to citizens and well placed to understand their health and social needs, challenges, and potential workable solutions. Investments in health and social innovation, public health and social infrastructures must go hand in hand with investments in human capital, skills, and literacy. This integration is best made at levels closest to needs of beneficiaries.

It is therefore of paramount importance to implement holistic regional health strategies built around:

- **New governance:** When defining health and care policies at regional levels there should be willingness to overcome silo approaches between health, social, economic, cultural and environmental policies, ensuring the development of more integrated solutions and budgets. This is particularly important in drafting regional operational programmes and ‘smart specialisation’ strategies. To this end Regional Managing Authorities (often regional economic departments) and Health Authorities should improve dialogue and conceive investments that are able to meet citizens unmet health and social needs. A stronger dialogue between departments, policymakers and administrators with relevant responsibilities will potentially improve synergies and alignment of investments among ESI Funds and other relevant EU programmes, such as the new *EU Resilience and Recovery Facility (RRF)*, plus *EU4Health*, *Horizon Europe*, *InvestEU*, Digital and Green Transition funds.
- **Partnerships:** For a regional health strategy to be successful, it is important to involve all the relevant territorial stakeholders in structured dialogues, to define unmet needs and how to address them. Patient and public organisations, health, social, and wider public health workforces including

educators and trainers, business, and civil society organisations all play a vital role in the health ecosystem and should be included from the outset to delivery, monitoring, and evaluation. When defining the *Operational Programmes*, it is crucial to consult, share and communicate aims, objectives and priorities in order to engage effective implementation among all potential partners throughout the delivery and investment chains.

- **Better coordination:** Cohesion policy should sustain broader institutional reforms within the European Semester process, guided by approaches for a Europe-wide Economy of Wellbeing, the imminent Action Plan for implementation of the European Pillar of Social Rights, and UN Agenda 2030 for Sustainable Development. It is crucial to ensure strong multilevel institutional cooperation to align the *ESI Funds Operational Programmes (OPs)* and projects for long-term planning policies. *Strategic Foresight* activities and the urgent innovations and resources of the *Recovery and Resilience Facility (RRF)* can help steer and implement evidence-based policy making. The Semester cycle should better involve regional, and municipal, and health authorities, so that its recommendations and outcomes become more relevant and coherent with place-based needs and solutions. Fostering an environment of cooperation with local and regional health stakeholders across the EU would help to tackle persistent structural inequalities and build cohesion.
- **A Strategic use of Smart Specialisation Strategies (S3):** S3 represent an important instrument for coordinating different policies and funds at the regional level and should be further leveraged at European level through *Smart Specialisation Platforms (SSP)*. The SSP on industrial modernisation include medical technology and personalised medicine as thematic areas. It is strongly recommended though to initiate a new dedicated SSP on Innovative Health and Care Systems Reform. This should work on process innovation and capability of systems to absorb innovative solutions and work with new partnerships across sectors. This Platform could serve as a catalyst to improve the dialogue between relevant policy makers, providers which are often at regional and municipal levels, wider public health workforces and partners (as advocated and defined above). In this context, use of the *Interregional Innovation Investment Initiative* should be flexible and accessible, to accelerate marketisation and implementation for pan-European value chains.
- **Improving European interregional cooperation across borders and barriers:** As a potential *European Health Union* is being suggested, better strategic use of programmes such as INTERREG can play a part in national border regions throughout Europe. Cross-border health and care improvements can benefit patients by enabling equitable access to health services and infrastructures in other Member States, including diagnosis and clinical trials, based on the principle of “*easiest, closest, best and fastest*” access. Border regions are naturally at the forefront of this cooperation process, using funds as ERDF. Therefore, to sustain successful initiatives and develop innovations in the COVID-19 recovery contexts, health and care need higher priority in the new ESI programming. Exchanging knowledge and scaling up practices through *INTERREG* will contribute to reinforcing preparedness and response facilities across borders, which has become a major factor during the pandemic crisis.

Relevant investments should be allocated in the following areas:

- **Health promotion and disease prevention:** ESI Funds have made an important contribution to health promotion and disease prevention, supporting programmes that target population level changes, ageing issues, and workplace health and safety. A key factor is multi-sectoral collaboration, essential for interventions addressing social, economic and environmental determinants of health and wellbeing and equity. Clearly now in the pandemic recovery context, health promotion and disease prevention should be included at all levels of policymaking, to overcome silos and link health interventions cohesively across sectors. This will share knowledge and experiences, offer economies of scale and capacity-building, and support public institutions, economic operators and civil society to implement deliverables effectively. Addressing complex risk factors, behavioural shifts and inequalities behind rising non-communicable, chronic, and infectious diseases, requires validated health promotion and disease prevention interventions to be complemented by government policies and programmes in other areas, for example fiscal or consumption measures. Therefore, the effective use of EU funds across sectors, regions and communities for health promotion and prevention is both strategic and practical.
- **Health equity:** Demographic and technological changes are increasing pressures on health systems and citizens across the EU. Member State budgets may struggle to adequately cover rising unmet health needs, but universal access to healthcare is a key prerequisite to reduce health inequalities. Human and financial resources are similarly vital to enable access for all to high-quality education, employment and social protection, to prevent disadvantages and promote wellbeing. By increasing or complementing national budgets, cohesion policy and associated EU funds can contribute greatly to improve access to health and social services, enhance quality of life, and improve socioeconomic circumstances of people in both newly defined and existing ‘vulnerable groups’. Such funds are therefore a key tool in tackling health and inequalities. A ‘*whole of government and whole of society*’ approach across public and private sectors is needed, at all levels from local to international, to achieve truly cohesive, equitable and universal provision of established rights and services and use of relevant funds.
- **Investing in human capital:** Investment in people (services, networks, skills, learning, awareness) is crucial for health and social sectors. It is a vital companion for (usually more high-profile) infrastructure projects. In fact, modern health policy thinking advocates a sustainable transition, away from hospital- and institution-based care towards cost-effective prevention and promotion via primary and community methods, which will reduce unsustainable costs of infrastructure expenditures. The *European Social Fund*, managed at regional levels and working in cooperation with other relevant programmes such as *Erasmus+*, can play a major role in upskilling and reskilling health and care workforce, in particular digital skills. These include people training and working in those wider sectors which deliver prevention and promotion to achieve meaningful health and social care system transformation. They also bring cohesive societal benefits through improved literacy, life-long learning, employability, work-life balances, social inclusion and active ageing.
- **Social and green infrastructures:** While some large-scale infrastructure investment remains necessary to address regional development needs and demographic changes, it is important that

it includes the need for a just transition and green infrastructures, including throughout health and care provision. Links between access to health services, social and environmental policies should be strengthened at all levels. Planning and supporting health and social investments within the broader scope of objectives related to social inclusion and sustainability should reinforce the fact that social inclusion and poverty can be strongly impacted by people's ability to access quality health and care services or facilities. These include housing, safe spaces, transport, and mobility programmes.

- **Health care system transformation:** ESI Funds should be allocated to “ensure the transition towards more sustainable, resilient, innovative and high-quality people-centred health and care system” as stated in the European Partnership under Horizon Europe “*Transforming health and care systems*”. Synergies between *Horizon Europe*, *EU4Health*, *ERDF* and *ESF+* are key to ensure cooperation among all relevant stakeholders and accelerate innovation. This shift to a Value-Based Approach, investing in outcomes measurement, collecting data, and improving interoperability among different data systems, will contribute to achieving EU wide objectives of a sustainable and social Recovery, political and *Multiannual Financial Framework* Objectives, and the *UN Agenda (SDG) 2030* targets.

EUREGHA and EuroHealthNet continue to monitor, advise and engage with ongoing EU Institutional negotiations about the next EU long-term budget, and urge the negotiating partners to take into account the recommendations above in implementing programmes and policies. The need to ensure a strong focus on health equity and wellbeing for all have never been more important. This is the time to strengthen investments to reinforce health and care system preparedness, responsiveness, and resilience, through ensuring cross-border and inter-regional cooperation across Europe. Our organisations, members and partners can through this contribute to realising Europe's ambition for a healthy, fair and sustainable recovery. We have the knowledge and the will to help to achieve these common objectives.

About us:

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities. Our Mission is to improve and sustain health between and within European States through action on the social determinants of health, and to tackle health inequalities.

European Regional and Local Health Authorities (EUREGHA) is a Brussels-based network of 17 Regions coming from 10 Countries in Europe. EUREGHA's mission is to bring regional and local health authorities together as a means to improve health policy in Europe. By doing so, EUREGHA also establishes and promotes collaboration between its members, the institutions of the European Union and with pan European health networks and organisations working with public health and health care.