

Investing in Health Equity through the EU Budget 2028–2034

From performance to people-centred impact

Contribution to the European Commission’s public consultation on EU’s next long-term budget (MFF), especially in reference to:

- the Proposal for a Regulation establishing the European Competitiveness Fund (ECF) for 2028–2034

Executive summary

EuroHealthNet recognises the European Commission’s intention to simplify EU financing and tackle gaps along the “investment journey” through a single-rulebook framework with four policy windows, including Health, Biotech, Agriculture and Bioeconomy, and a full EU financial toolbox – as outlined in its proposal for the European Competitiveness Fund (ECF). We propose anchoring the ECF in a well-being economy approach, using a Beyond-GDP performance spine so competitiveness is evidenced through prevention, resilience, inclusion and healthy life years—alongside productivity and innovation—rather than industrial outputs alone. These features could reduce fragmentation and improve delivery provided that concrete public-interest guardrails are embedded in the basic act and work programmes from the outset and maintained during implementation. We caution against the securitisation and marketisation of health, equity and well-being. Within a well-being economy approach, the Union should treat health as a public good and fundamental right - and as an essential condition for resilience and preparedness - while directing innovation and competitiveness towards demonstrable public value, access and equity. Health is not a commodity nor merely a security instrument.

Our support for the objectives of the ECF is therefore precautionary and conditional on the inclusion of the provisions detailed below. In brief, **we recommend to:**

- **Maintain EU4Health as a stand-alone programme and establish a formal ECF–EU4Health interface** (joint programming, aligned indicators, interoperable reporting) so industrial investments translate into prevention, preparedness and equitable-access outcomes across the Union. **Earmark at least 20% for health promotion and prevention**, including upstream action on the socioeconomic and environmental determinants of health.
- **Introduce a “Do-No-Harm-to-Health” requirement aligned with the horizontal principles under the Performance Regulation;** require equity-disaggregated performance reporting for headline outcomes (e.g. HLY, unmet need incl. mental health, avoidable hospitalisation, proximity to essential services).
- **In the Health/Biotech/Agriculture/Bioeconomy window, secure a visible, stable share for public-health goods** (prevention systems, data/registries, community mental health, inspection/enforcement capacity). Use grants by default where social returns exceed

private capture; deploy guarantees only where private appropriability is credible and justified in the work-programme fiches.

- **Strengthen governance, participation and integrity:** formal participation of public-health authorities and equity-representative civil society; conflict-of-interest safeguards for health-harming industries in advisory/committee processes and calls. Equalise participation conditions for public bodies and CSOs vis-à-vis for-profit consultancy-led consortia that often lack contextual expertise and societal reach.
- **Prioritise territorial cohesion by design** (lagging, rural/remote, deprived urban areas), with advisory and pipeline-origination that reaches smaller municipalities, CSOs, and public-health/health-promotion authorities in smaller regions and nations.
- **Operationalise the well-being-economy lens in ECF programming:** adopt distribution-sensitive ROI/“public-value” tests, well-being/health-equity budgeting, and outcome metrics that track prevention, resilience and inclusion—not only competitiveness.
- **Support absorption capacity in health authorities and civil society** through ring-fenced technical assistance, simplified procedures for small applicants, and multi-annual operating support where appropriate.
- **For ECF-funded health innovations, apply public-interest conditions on IP and access** (affordability, open science/data-sharing where feasible, transparency of public contributions) to ensure innovation serves public value and EU-wide equitable uptake.

These adjustments keep faith with the ECF’s architecture (single rulebook, policy windows, toolbox, integrated work programmes and synergies with other instruments) and will improve value for money, resilience and cohesion.

Introduction and overall stance

EuroHealthNet acknowledges the ECF proposal’s drive for simplification, financing and coordination to address sub-optimal support along the investment journey and a fragmented funding landscape. We note the intended links to Horizon Europe and the Connecting Europe Facility, to National and Regional Partnership Plans, and the plan to mobilise the full Union toolbox (grants, guarantees, equity, blending, procurement) with advisory support for projects and SMEs. These features **may improve delivery only if they are operationalised with explicit health-equity guardrails, robust performance reporting and transparent committee practice. Our position is therefore precautionary and conditional**, subject to the inclusion of:

- (i) **protection and promotion of population health and health equity as enabling conditions** for productivity, resilience and security within a well-being-economy approach;
- (ii) **a Do-No-Harm-to-Health screen;**
- (iii) **equity-disaggregated monitoring** under the Performance Regulation; and
- (iv) **a stand-alone EU4Health with a formal ECF interface, including a minimum 20% benchmark for health promotion and disease prevention.**

Governance choices (direct/indirect management, guarantees, delegated and implementing acts) must not dilute transparency, independence from health-harming interests, or the ability to measure people-centred results across territories. Participation conditions should **equalise access for public bodies and civil society** vis-à-vis for-profit consultancy-led consortia that may lack contextual expertise and societal reach.

Objectives, architecture and instruments

We recognise the rationale for a single-rulebook approach and four policy windows aligned to key priorities (Clean Transition; Digital; Health / Biotech / Agriculture / Bioeconomy; Resilience / Security / Defence / Space). To avoid unintended consequences, the Health/Biotech/Agriculture/Bioeconomy window should make **visible and measurable** its contribution to competitiveness via prevention, equity and preparedness outcomes - not only industrial outputs. Accordingly, each work programme should include a short “Well-being Competitiveness Annex” that (i) sets Beyond-GDP targets (e.g., healthy life years, mental well-being, life satisfaction, child well-being, proximity to essential services), (ii) shows their distribution across territories and social groups, and (iii) links them to budget tags and spending reviews.

Deploying grants, procurement, guarantees and equity through integrated work programmes is appropriate. For **public-health goods** (prevention systems, data/registries, community mental health, inspection/enforcement capacity), **grants should be the default**. Risk-sharing instruments should be used only where private appropriability is plausible, with the rationale disclosed in the work-programme fiches.

Keep EU4Health stand-alone (≥20% HPDP) and create a formal ECF–EU4Health interface

Consolidation risks subordinating prevention and preparedness to industrial objectives. Keep EU4Health as a separate programme with a binding minimum 20% allocation to health promotion and disease prevention (including upstream determinants). Establish a formal interface so ECF spending converts into population-health capacity, equitable access and workforce readiness. This should include: (a) joint annual programming and mutual ex-ante consultation on calls; (b) aligned indicators with equity-disaggregated, interoperable reporting; (c) additionality (no substitution of EU4Health by ECF); (d) ring-fenced ECF envelopes to co-invest in public-health goods and preparedness; and (e) a “Do-No-Harm-to-Health” consistency check across ECF work programmes.

Performance framework and indicators

The ECF will operate under the Performance Regulation (uniform horizontal principles, expenditure tracking, performance framework). We recommend:

- **Do-No-Harm-to-Health** (DNH-H) applied at programming, selection and ex-post checks (mirroring DNSH for climate), with documented justifications.
- **Equity-disaggregated reporting** for all headline outcomes by income/education, sex, age, disability, migrant status, and territory (region; urban/rural), using common definitions and interoperable reporting.
- **Well-being/Beyond-GDP alignment:** adopt a **Beyond-GDP indicator pack** for ECF (consistent with EU Quality of Life statistics) and require **well-being accounts** in annual reporting to link spend to prevention, resilience and inclusion outcomes.
- **Headline outcomes** (with indicative programme-level outputs):
 - Preventable and treatable mortality ↓ => Outputs: screening coverage, time-to-treatment, exposure reduction; fastest gains targeted to high-need areas.
 - Avoidable hospitalisations (ACSCs) ↓ for chronic & mental-health conditions => Outputs: primary/community-care access, multidisciplinary teams, digital triage; reduced ACSC rates.
 - Healthy life years (HLY) ↑ at birth and at 65 => Outputs: prevention and healthy-settings reach; disability-free life expectancy trend improves.
 - Unmet need (incl. mental health) & waits ↓ => Outputs: community MH teams/FTEs opened, tele-health points; shorter waits and lower unmet-need responses.
 - Child AROPE and household deprivation ↓ (in-work poverty; severe housing/energy cost over-burden; food/nutritional insecurity) => Outputs: Housing First/safe retrofits; income supports; sustained tenancies; early-years care and skills access.
 - PM2.5 exposure ↓ and access to green/blue space ↑ in deprived areas => Outputs: clean-air zones, urban greening; exposure and access gaps narrow.
 - Healthy-diet affordability ↑ and school-meal coverage meeting nutrition standards ↑ => Outputs: compliant public procurement; % meals meeting standards; affordability gains in low-income areas.
 - Risk factors ↓ (tobacco, alcohol, obesity/overweight, physical inactivity—adult and youth) => Outputs: enforcement actions, participation in cessation/PA programmes; measured behaviour change.
 - Marketing exposure of children/youth to HFSS, alcohol, tobacco/vapes ↓ => Outputs: monitoring/enforcement capacity; compliant audits; violations sanctioned; exposure/impressions reduced.
 - NEET (15–29) ↓ and youth employment ↑ => Outputs: apprenticeships/first jobs; 12-month retention and placements in target sectors.
 - Gender employment gap and unpaid-care gap ↓ => Outputs: ECEC/LTC capacity, flexible work, carer supports; affordability improves; gaps narrow.
 - Proximity to essential services ↑ (≤30–45 min to GP/MH, pharmacy, childcare, LTC, healthy grocery/market) => Outputs: multi-service hubs, demand-responsive transport, broadband; higher population share within threshold.
 - Mental well-being (WHO-5 or equivalent) ↑ => Outputs: reach of community MH supports; improved scores in high-need groups/areas.
 - Self-reported life satisfaction ↑ (EU-SILC) => Outputs: setting-based prevention/healthy environment gains in deprived/rural areas.

- Social isolation/loneliness ↓ (EU-SILC item) => Outputs: multi-service hubs, community connectors, social prescribing; isolation gap narrows.
- Child well-being composite ↑ (health, learning, safety proxies) => Outputs: ECEC/healthy-schools coverage, safe streets, nutritious school meals.
- **Partnership and integrity KPIs** (to evidence delivery of the model):
 - Participation: % projects with a public-health authority partner; % with a health-promotion agency; % with an equity-representative CSO as co-applicant; number of lived-experience contributors.
 - Territorial reach: % of funded projects from lagging regions/rural/remote; # municipalities <50k supported.
 - Responsiveness: % Equity and Participation Plan milestones met; % stakeholder recommendations adopted; participant satisfaction.
 - Integrity: % funded actors with published COI statements.

Governance, participation and integrity

We propose a three-tier participation and integrity architecture, aligned with the proposal's committee/platform approach and the Performance Regulation's horizontal principles.

Tier 1 — EU window-level Stakeholder Platforms

- **Platforms for each policy window** (incl. Health/Biotech/Agriculture/Bioeconomy) meet at least quarterly and publish minutes within 30 days.
- **Composition (≥50%)**: national and subnational public-health authorities (ministries/NPHIs/regional directorates), health-promotion agencies, statutory social/health insurers where relevant, and equity-representative CSOs (youth, disability, carers, rural, migrants), plus lived-experience experts. Include rotation/term limits to ensure diversity.
- **Mandate**: advise on annual work programmes, calls, selection criteria, indicators and mid-term reviews; **ensure additionality** (no substitution of EU4Health by ECF) and mutual ex-ante consultation between ECF and EU4Health. **Track benchmark spending on HPDP** (≥20% in EU4Health and relevant ECF health envelopes). Provide a public complaints/appeals channel on platform advice and transparency.

Tier 2 — Member-State/Regional Partnership Hubs

- Each Member State (and regions, where relevant) designates an **ECF Partnership Hub hosted by a competent authority** (e.g. MoH or regional directorate) to:
 - originate pipelines with municipalities, health-promotion agencies and CSOs;
 - run open project-development clinics and provide technical assistance for smaller actors, building technical and absorption capacity in public authorities and civil society for projects that deliver public value;
 - convene lived-experience panels early (problem definition) and late (design validation) in each investment cycle;

- publish annual outreach plans targeting rural/remote and deprived urban areas, and address equity considerations (gender, socioeconomic status, life-course).

Tier 3 — Project-level participation by design

- **Eligibility rule:** health-relevant projects include at least one public-health authority/health-promotion agency and one equity-representative CSO as partner (or formalised co-creation agreements).
- **Equity and Participation Plan (EPP):** mandatory (akin to a Gender Equality Plan) covering stakeholder map, co-creation milestones, accessibility (languages/disability), remuneration of lived-experience experts, and feedback loops.
- **Budget floors:** $\geq 1.5\%$ of the Union contribution reserved for participation (co-creation, translation, accessibility, lived-experience fees) and $\geq 3\%$ for technical assistance to smaller/local actors.
- **Transparency:** publish project fiches, partners, budgets and EPPs on the ECF portal.
- **Integrity and independence safeguards**
- **Uniform conflict-of-interest rules** for platform members, evaluators and beneficiaries, with published non-confidential COI summaries.
- **Eligibility/selection restrictions** (consistent with EU law) excluding entities primarily engaged in the manufacture/marketing of tobacco, alcohol, or HFSS/UPF products marketed to children from grants and advisory roles.
- **Balanced consortia:** ensure a reasonable balance between for-profit consultancy participants and public-interest actors (public bodies/CSOs/academia).
- **Whistle-blower and complaints mechanisms** to report COI breaches and undue influence, with time-bound resolution and publication of outcomes.

Territorial cohesion and skills and quality jobs

Territorial cohesion.

Persistent regional disparities and rural/remote barriers threaten competitiveness and equity. Allocate and advise to **where need and absorption are weakest:**

- Allocation & scoring: ring-fence envelopes for lagging NUTS-2/3 regions and rural/remote areas; add territorial-cohesion weights in selection scoring (e.g., +10–15 points for projects led by small municipalities/CSOs or serving deprived areas).
- Active pipeline-building: mandate proactive technical assistance to originate projects in underserved territories (rural multi-service hubs, demand-responsive transport, digital/broadband for access to care), with roving project clinics and template packages for small applicants.
- Small-actor access: simplified calls (lighter evidence, longer prep windows, lump-sum options) and micro-grants for feasibility/design.

Skills and quality jobs in health, social and care sector.

Tie competitiveness to a Union of Skills that delivers capacity across the life course and in underserved places:

- **Targeted pipelines:** early-years and school pathways, apprenticeships, re-/up-skilling for primary, community and prevention roles; rural recruitment/retention incentives and placements tied to underserved areas.
- **Quality-job standards:** social clauses in procurement (decent work, living wages where applicable, fair scheduling), psychosocial-risk prevention, continuous professional development, safe staffing and career ladders.
- **Bottleneck relief:** fund community mental-health teams, public-health inspection/enforcement capacity, and health-promotion agencies; support cross-border recognition where relevant to speed deployment.

Synergies and coordination

The proposal foresees integrated work programmes and links to Horizon Europe, the Innovation Fund, the Single Market Programme, CEF, and National/Regional Partnership Plans. Make this concrete via a short ECF–EU4Health Coordination Note annexed to each work programme that:

- **Maps complementarity:** which ECF infrastructures/technologies (e.g., data platforms, diagnostics, mobility, retrofits) pair with which EU4Health adoption capacities (workforce, standards, prevention systems).
- **Commits to additionality:** no substitution of EU4Health by ECF; mutual ex-ante consultation on calls and timelines.
- **Aligns indicators:** shared, equity-disaggregated metrics; interoperable reporting.
- **Beyond-GDP consistency:** ensure ECF/EU4Health share a common well-being indicator pack and publish a joint Well-being Scorecard per work programme.
- **Plans uptake:** ring-fenced readiness/operating support (training, guidance, commissioning) so capital investments translate into service access, prevention and preparedness.
- **Sets governance touchpoints:** joint annual programming session; single transparency page with project fiches and minutes.

Precautionary provisions (recap)

- **Do-No-Harm-to-Health (DNH-H):** apply at programming, selection and ex-post (audits), with documented justifications.
- **Equity-disaggregated performance:** mandate disaggregation by income/education, sex, age, disability, migrant status and territory (urban/rural; region) with annual publication for the headline outcomes.
- **EU4Health stand-alone ($\geq 20\%$ HPDP) with a formal ECF–EU4Health interface:** joint annual programming, mutual ex-ante consultation on calls, shared indicators/interoperable reporting, and additionality (no substitution of EU4Health by ECF).
- **Appropriate instruments for public goods:** grants by default for prevention systems, data/registries, inspection/enforcement and community mental health; use

guarantees/equity only where private appropriability is plausible and the rationale is disclosed in work-programme fiches.

- **Participation, integrity and transparency:** formal partnership with public-health authorities and equity-representative CSOs; uniform COI rules and eligibility restrictions for health-harming industries; publish platform minutes and project fiches/EPPs.
- **Crisis continuity and resilience:** when urgency/flexibility mechanisms are triggered, ring-fence prevention, community mental health and long-term care; publish mid-term revisions and DNH-H consistency checks.
- **Capacity and territorial cohesion:** ring-fenced technical assistance, simplified procedures and active pipeline-building for lagging regions, rural/remote areas, small municipalities and CSOs.
- **Well-being economy budgeting/metrics:** apply **distribution-sensitive ROI** and **well-being accounts** in programme fiches and spending reviews; report Beyond-GDP gains (HLY, mental well-being, life satisfaction, child well-being, proximity) alongside financial performance.

Practical investment menus (aligned with ECF architecture; indicative)

- **Prevention and health promotion (life-course, settings, services).**
 - Early years & schools (healthy procurement; mental-health literacy; active mobility; first-1,000-days supports); workplaces (healthy canteens; psychosocial-risk prevention; active commuting; smoke/alcohol policies); community mental health (youth/perinatal teams; crisis alternatives; peer support; waiting-time pathways); ageing well & primary/community care access (rural tele-health rooms; mobile clinics; community rehab; social prescribing).
 - Instruments: grants by default; advisory TA for small applicants.
 - Link to outcomes: ACSCs↓, HLY↑, unmet need↓, service proximity↑ (equity-disaggregated).
 - Beyond-GDP links: HLY↑, mental well-being↑, life satisfaction↑, social isolation↓.
- **Upstream socioeconomic and commercial determinants of health.**
 - Healthy public food procurement and SME reformulation; diet-affordability tools; short healthy supply chains; local licensing/enforcement to reduce harmful outlet density and marketing exposure to children; healthy homes and climate-resilient health facilities; clean-air zones; active-mobility corridors prioritising deprived/rural areas.
 - Instruments: grants/advisory where social returns dominate; blended finance where appropriate and DNH-H compliant.
 - Link to outcomes: risk factors↓ (tobacco, alcohol, obesity/inactivity), PM2.5↓, child AROPE↓, green/blue-space access↑.
- **Data, standards, inspection and preparedness (EU added value; “develop once/use everywhere”).**

- Equity-ready data/registries; marketing-exposure monitoring methods; health-equity impact-assessment toolkits; climate-resilience standards for health/care facilities; shared procurement templates; digital enablers interoperable with the performance framework.
- Instruments: grants for public goods; limited guarantees only where private appropriability is plausible and justified in fiches.
- Link to outcomes: faster reporting cycles, integrity/enforcement capacity↑, preparedness/resilience↑.
- **Territorial access and proximity to essential services.**
 - Demand-responsive transport; last-mile broadband; rural multi-service hubs (GP/mental health, pharmacy, ECEC/LTC, healthy grocery/market).
 - Instruments: grants and advisory role; micro-grants for design/feasibility in small municipalities.
 - Link to outcomes: proximity index↑ (health-nearness index), broadband take-up↑, GP/community-health-worker density↑—with gains in lagging/rural areas.
 - Beyond-GDP links: proximity index↑, life satisfaction↑ in rural/lagging regions.

All menus apply the Do-No-Harm-to-Health screen and report equity-disaggregated results; EU4Health–ECF coordination ensures capital investments translate into adoption capacity (workforce, standards, prevention systems).

Practical amendments

1. Recitals — Do-No-Harm to Health (new).

Add a recital stating that, in line with the Performance Regulation’s horizontal principles, ECF support must not directly or indirectly subsidise products, services or business models that expand exposure to major NCD risk factors—particularly among children and young people—and that work programmes shall include conflict-of-interest safeguards, transparency provisions and integrity rules. Recitals should also confirm that the ECF contributes to the Union’s Beyond-GDP agenda by reporting on well-being indicators (HLY, mental well-being, life satisfaction, child well-being, proximity) disaggregated by territory and social groups.

2. Article 3 — Objectives (amend).

Insert an explicit objective to improve population health, health equity and preparedness as enabling conditions for productivity, skills and security within a well-being-economy approach; require measurable prevention and equitable-access outcomes under the Health/Biotech/Agriculture/Bioeconomy window.

3. New Article X — Stakeholder participation and lived-experience engagement.

(a) Establish EU-level Stakeholder Platforms per window with specified composition and published minutes;

- (b) require Member-State/Regional ECF Partnership Hubs;
- (c) set participation-by-design eligibility (public-health authority/health-promotion agency and equity-representative CSO partner or formalised co-creation, including with youth);
- (d) require Equity and Participation Plans (EPPs) with budget floors;
- (e) track and publish participation indicators;
- (f) apply uniform COI rules and eligibility/selection restrictions for health-harming industries, consistent with EU law.

4. Article 15 — Work Programmes (amend).

Add hooks for: participation eligibility, EPP templates, COI requirements, budget floors for participation and technical assistance; require publication of platform minutes and a summary of stakeholder inputs used in drafting work programmes.

5. Performance and Monitoring (amend).

Mandate equity-disaggregated reporting (income/education, sex, age, disability, migrant status, territory) for the headline outcomes and participation KPIs in annual implementation reports and committee dashboards, with interoperable reporting.

6. EU4Health interface and additionality (new clause; cross-reference Article 3/15).

Maintain EU4Health as a stand-alone programme with a $\geq 20\%$ benchmark for health promotion & disease prevention; require a formal ECF–EU4Health interface (joint annual programming, mutual ex-ante consultation on calls/timelines, shared indicators) and additionality (no substitution of EU4Health by ECF).

7. Appropriate instruments for public goods (clarification in Article 15 fiches).

For prevention systems, data/registries, inspection/enforcement, community mental health, grants are the default; guarantees/equity used only where private appropriability is plausible, with justification disclosed in work-programme fiches.

8. Public-interest conditions on IP/access (new clause in Article 15 templates).

For health-relevant innovations financed by ECF, include access/affordability, data-sharing/open science where feasible, and transparency of public contributions to ensure EU-wide public value and equitable uptake.

Crisis cushion and continuity of people, prevention and resilience-centred services

When urgency/flexibility mechanisms are activated, **prioritise continuity of prevention, community mental health and long-term care**. Publish **mid-term revisions** together

with an accompanying **health-equity impact** statement. This safeguards capabilities and productive capacity - central to competitiveness - during and after shocks.

Conclusion

The ECF will **strengthen EU competitiveness when defined through a well-being economy lens and measured with Beyond-GDP indicators that capture prevention, resilience and inclusion** - alongside productivity and innovation. By keeping **EU4Health stand-alone** and linking it to the ECF via a formal interface, embedding **Do-No-Harm-to-Health, equity-sensitive indicators, and participation/integrity safeguards**, and ensuring a **visible prevention and public-health** share within the Health/Biotech/Agriculture/Bioeconomy window, the Union can unlock productivity, resilience and cohesion - delivering measurable gains in **healthy life years, reduced avoidable mortality, and narrower territorial gaps** across the Single Market.

About us:

EuroHealthNet is a partnership of public organisations, institutes, and authorities working on public health, disease prevention, promoting health and wellbeing, and reducing inequalities. We aim to tackle health inequalities within and between European States through action on the social determinants of health. For further information and further references go to www.eurohealthnet.eu