Public consultation on EU funds in the area of investment, research & innovation, SMEs and single market

The European Added value of EU funds for public health

Contribution from the European Public Health Alliance

Our vision is an EU where all people are as healthy as possible throughout their lives. An EU that promotes well-being for all people of all ages, and where people can live, work and age in sustainable and healthy environments. An EU that supports timely access to affordable, good quality healthcare for all.

In light of this vision, we are calling for the inclusion of a separate health programme as part of an investing in people and European values cluster, as that would reflect the best the importance of health, as a value, for European citizens and would be a necessary pre-condition for the proper implementation of TFEU 168 that health should be included in all EU policies, including the MFF.

As the mid-term evaluation of the 3rd Health Programme revealed, the EU Health Programme has a strong EU added value. Therefore, we are calling for a significantly increased amount of the Health Programme – given that currently it is only about €449.4 million, representing less than 0.05% of the whole EU budget. That would make it possible for the EU to fulfil its lighthouse-role for EU health policy and EU collaboration on health: a stand-alone programme to enable and ensure the application of Health In All Policies (HIAP) throughout the financial programme, keeping health relevant aspects of other policy areas, especially, but not limited to the following instruments:

- **Research and Innovation:** e.g. Public health driven R&I priorities to address unmet needs
- **Strategic Infrastructure:** e.g. to explore the potential in Digital Health solutions
- **Single Market:** e.g. food safety, human, animal and plant health
- **Economic, Social and Territorial cohesion:** e.g. helping Member States to invest into health prevention
- **Agriculture and Fisheries:** e.g. Funding under the Common Agricultural Policy should be made conditional on the achievement of measurable health objectives, such as contributing to air quality (methane emissions reduction), increasing fruit and vegetables consumption and reducing antibiotics use.
- **Environment:** e.g. to tackle health relevant environmental challenges such as air pollution, dangerous chemicals and climate change

Following the publication of the White Paper of the Future of the European Union, the European Commission plans to make its proposal for the next, 7-year Multiannual Financial Framework in May 2018 with the aim of having an agreed budget before the European Parliament elections in 2019. While the European Commission discussed with high level policy-makers the different aspects of the future EU budget, little attention has been paid to role of EU health policy in the EU budget debate.

The United Kingdom is planning to leave the European Union in March 2019, leaving a hole in the EU budget. Instead of planning with a smaller budget, the Commission is committed to keep the current amount – which is around 1% compared to overall EU income and public spending –slightly increasing the amount to 1.1+% which will be covered by 50% from savings and 50% of ‘fresh money’ from Member States.
An effective EU Health Programme has the potential to generate significant returns to European society, including through savings in healthcare costs and improved productivity. The size of the 3rd Health Programme itself is not significant with its budget of €449.4 million representing less than 0.05% of the whole EU budget but EU level policies and initiatives can lead to significant savings: such as, according to the OECD, the loss to the EU economy of €115 billion per year, or 0.8% GDP as a result of the premature death of 550,000 people of working age across EU countries from chronic diseases.¹

**European added value and health**

The European nature of today’s main challenges cannot be denied: the burgeoning burden of non-communicable diseases, the obesity epidemic, infectious diseases and antimicrobial resistance are health threats with an intrinsic European dimension. No single country, no single government, can tackle these cross-border health challenges alone. At the same time, health promotion measures can deliver excellent returns on investment, calculated to achieve average rates of return of 1 to 14 *(BMJ, 2017)*

**Health as a core European value**

Pursuing EU Treaty objectives means ensuring that the budget specifically includes health dimensions. Article 3 TEU, the founding Treaty of the Union, points out that the pursuit of people’s well-being is one of the EU’s three core aims.

The promotion of a high level of human health is also enshrined in other EU Treaty provisions. Article 168(1) TFEU requires that ‘A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.’ This ‘mainstreaming’ obligation can also be found in Article 114(3) TFEU on the internal market, and has been further reinforced following the entry into force of the Lisbon Treaty, by Article 9 TFEU and Article 35 of the EU Charter of Fundamental Rights.

**Investing in the Future**

While there are many differences between big and small, rich and poor member states but the support for health is common: 70% of Europeans want the EU to do more for health, according to the most recent Eurobarometer survey.²

**EU institutional capacity is needed to implement Health in All Policies**

We have to be cautious as regards any further cuts in to the EU administration to ensure that the EU is in fact able to implement its policies. This is a core principle which can also be applied to the retention of a strong Directorate General for Health. Assigning health actions to other areas threatens the prospect that they will be considered less of a priority, compared to having a dedicated DG SANTE to ensure their implementation.

The examples of the EU Research Programme

EU research funding for complex research that cannot be done at national level, is strong value added initiative that should be continued and increased. An effective response to societal challenges with the Sustainable Development Goals as a guiding principle and earmarked sustainability funding should be strongly supported. This requires continued public health research to lead the way in providing evidence for the best health policies and practices. For this research to be effective, it must be ambitious: make use of big data, focus on prevention, collaborate across various sectors and countries, and emphasise long-term impact and sustainability. There is a need to focus on transferability and equity, e.g. how innovations from personalised medicine research can be included at affordable price in packages of care available to all citizens. Funding from the EU allows such ambitious projects.

Huge public investments have been, and are being made, by European taxpayers to finance science excellence and address key societal challenges with a robust EU Research Programme and budget. However, EU R&I programmes currently do not attach any upstream safeguards or conditions to ensure the accessibility, availability, affordability and quality of medical products that result from public investment.

The European Parliament and the Council of the EU have recently called for new approaches. In 2016, the European Parliament (EP) report on EU options for improving access to medicines³ and Council Conclusions on strengthening the balance in the pharmaceutical systems⁴ urged for the need to find alternative and sustainable models that guarantee better health outcomes for everyone.

The EU Research Programme is an important vehicle to implement those increasingly prominent political recommendations. By doing so, EU’s R&I funding policies would also align more closely with the commitments of its Member States in multilateral instruments to which the EU subscribes, such as WHO resolutions, or the UN High Level Political Declaration on AMR just to name a few.

While the EU portrays R&I policies as a vector for competitiveness and economic growth, FP9 represents an opportunity to implement needs-driven policies which increase the societal impact of biomedical R&I. This will be key to reinforce EU citizens’ confidence and show that investments into health R&I result in affordable products and more effective health systems.

Firm and binding requirements need to be put in place by the European Commission for the whole R&I process - from basic research onwards - to ensure that publicly funded biomedical R&I targets priority public health needs and results in health technologies that are suitable, affordable and available for target populations, including those in resource-poor settings.

The following key principles that should drive the next funding framework programme to enhance the quality and efficiency of EU biomedical R&I spending:

1. Increased EU investments in biomedical R&I
2. Public health driven R&I priorities to address unmet needs and lead to the development of products with added therapeutic value with high societal impact
3. Ensure public return on public investment and safeguard equitable access to publicly funded biomedical R&I
4. Increase transparency of governance, funds allocation and costs of research
5. Mandate open access publishing and open data, including of clinical trials


The way forward

To truly reflect the EU competence on health in the MFF, securing an increased budget for health collaboration in the next EU budget post 2020 is fundamentally important, considering health is a core value for European citizens; additional resources for the health programme are justified by the return on investment and economy of scales to date and by the benefits for European society as a whole.