

Health deserves more, not less spending!

EPF-EPHA Joint Statement on the EC's proposal for a Multi-annual Financial Framework post-2020

Brussels, 02 May 2018

The European Patients' Forum (EPF) and the European Health Alliance (EPHA) are pleased to see that the Commission is planning for continued investment in health. This acknowledges the unprecedented common challenges in this area that no single country can tackle alone.

We welcome the fact that health is placed under the “Investing in People, Social cohesion & Values” heading. This ambitious wording paves the way for synergies between investments in health and in the social sector, youth unemployment, migrants' health, integration of people with chronic diseases in work, and the achievement of the Sustainable Development Goals and European Pillar of Social Rights, to which the European Union and the member states committed. It is also a strong signal that the European Union can now tackle commercial determinants of health, such as tobacco, alcohol and unhealthy diets, without suffering from internal conflicts of interests.

EPF's work on equal treatment and non-discrimination in employment and education, working with young patients, as well as the 2017 Roadmap on Universal Health Coverage, EPHA's work on investing in prevention policies and reducing health inequalities by working with marginalised groups and particularly Roma are examples of how we have helped to break the silos over recent years.

Any *de facto* funding decrease is unacceptable

However, we note with concern that the ESF+ instrument is being asked to do much more, with the inclusion of health, but with diminished resources. Health is hit with significant cuts in the MFF proposal. Good health for all, health inequalities and cross-border health threats, fighting youth employment, fostering the inclusion of people with chronic diseases, people with disabilities, minorities, migrants and other groups vulnerable to social exclusion **will cost more than €1'174 million over 7 years**, a figure that is far less than just the sum of the current health programme (€449.4 m) and the European Programme for Employment and Social innovation (€919.5 m). Any *de facto* decrease is unacceptable and disproportionate, given the seriousness of the state of the Health of the Union: 550,000 people of working age die from chronic diseases in the EU every year and the majority of cases are preventable. This causes a largely avoidable loss to the EU economy of €115 billion per year, corresponding to 0.8% of GDP.¹

Health merits more investment, not less

A forward-looking EU budget should invest in people and in their futures. Public surveys consistently show that health is people's primary concerns and seen as the primary prerequisite for wellbeing and economic security. **The budget allocated to health should be significantly increased** to be commensurate with the magnitude of the challenges that we have to take up in these areas – not least epidemic levels of largely preventable chronic diseases, the threat of antimicrobial resistance and increasing health inequalities- in light of the State of Health in the EU report, recently released by the European Commission.

¹ Europe paying a heavy price for chronic diseases, finds new OECD-EC report, OECD.

We call on the European Commission to present a budget that reflects and builds on the investment to date across these areas, with justifiable increases where evidence has demonstrated a return on investment. **Every euro invested in public health gives an average return of 14 euros to the economy.**² Every additional average year of life expectancy is worth a boost to GDP of up to 4%.³

We need health leadership!

Moreover, we renew our call for visible, autonomous leadership in health, embodied by a Vice-President of the Commission for Health. The responsibility for health protection and reducing health gaps between and within member states, as well as for the European Medicines Agency (EMA), the European Food Safety Agency, the European Chemicals Agency and the European Centre for Disease Prevention and Control must be led by a Vice-President free of conflicting priorities, who puts health first. The Commission must commit to independence, coherence, and continuity of good governance in a 'health-driven' and not a market-driven environment. Health is not a good like any other, it is a right.

Coherence and health gains across the board

Finally, we call for **all policies and instruments within the new Multi-annual Financial Framework to explicitly contribute to enhancing human health prevention and protection.**

Whilst we welcome significant investments in health research under the new 'Horizon Europe' framework programme, we strongly warn against the proposed merging of parts of Horizon 2020 Pillar II (Industrial Leadership) with Pillar III (Societal Challenges). Dedicated and ambitious funding, together with a corresponding strategy and vision, need to feature prominently to deliver on international commitments such as the SDGs. Societal challenges, including health threats and inequalities, need to be addressed in an independent pillar for global societal challenges, while at the same time being mainstreamed through all other parts of the future programme, facilitating necessary cross-pillar collaboration and synergies. Adequate safeguards and conditionalities need to be in place to ensure that the allocation of public funds responds to public needs, delivers affordable and accessible R&I solutions to improve people's lives and well-being.

The Cohesion policy should also contribute to improving health status of the European citizens. This should be translated in the legal basis of the cohesion programme. For example, the health status of the population should be examined and taken into account when determining the funding regions receive. Additionally, a share of the investments under cohesion policy should be targeted at reducing health inequalities.

The health of patients and citizens is central to society. We hope that the heading "Investing in people, social cohesion and Values" does not become empty rhetoric. Rather, it must be a constant reminder to put the values we all promote on behalf of European citizens: inclusion, solidarity, equity of access, and people's empowerment at the core of our future Europe.

² Masters R, Anwar E, Collins B, et al., Return on investment of public health interventions: a systematic review, J Epidemiol Community Health.

³ Diseases and development: Does life expectancy increase income growth?, CEPR's Policy Portal, . Bloom E.D., Canning D., Population Health and Economic Growth.



Notes to editors:

The European Patients' Forum (EPF) was founded in 2003 to ensure that the patients' community drives policies and programmes that affect patients' lives to bring changes empowering them to be equal citizens in the EU. EPF reflects the voice of an estimated 150 million patients affected by various chronic diseases throughout Europe. www.eu-patient.eu

The European Public Health Alliance (EPHA) is a change agent – Europe's leading NGO advocating for better health. We are a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe. EPHA is a member of, among others, the Social Platform, the Health and Environment Alliance (HEAL), and the Better Regulation Watchdog. <http://www.epha.org/>