



(DRAFT)

Health in the Multiannual Financial Framework - MFF (EU budget 2021-2027)

EPHA POSITION on Health in the MFF

Summary - State of play and what is at stake for the European health community?

The European Commission has published the proposal for the long-term EU budget for 2021-2027.¹ Under this proposal, there are no plans for a stand-alone health programme, but relevant activities have been included into the health strand the European Social Fund Plus (ESF+),² for which € 413 million has been allocated. In comparison with the stand-alone Third Health Programme (2014-2020),³ the funding for health policies has been cut by 8% which represents less than 0,05% of the total EU budget in the new proposal.

In addition to the Health Strand in the ESF+, many programmes and chapters such as the European Regional Development Fund, Horizon Fund, EU Cohesion Policy, Digital Europe, InvestEU Fund, Connecting Europe Facility, Energy Aid Rescue, the Single Market programme and the Digital Single Market are relevant for health.⁴ However, there is no mechanism foreseen to ensure a coordinated, 'good governance for health' approach and there are no guarantees that health aspects will not be side-lined by other competing interests.

EPHA recommendations on how to strengthen 'Health' in the MFF:

1. **A robust, stand-alone 'health' chapter in the MFF (4th Health Programme) should be re-established and strengthened within the MFF proposal.** It is politically important to fight euroscepticism and send the message to Europeans that protection of their health is a core European value⁵ and should therefore be a priority of a value-based Union⁶. Ensuring their health requires EU leadership which respects EU treaty provisions on both health prevention and promotion (various EU competences in different policy fields) and national healthcare (national competence), as well as its international legally binding and political commitments.⁷ A health chapter in the MFF is both technically and legally feasible and easily can be done without compromising or delaying the MFF adoption procedure.
2. **The amount available for funding of Fourth Health Programme should be doubled to 826 million € to fit ambition and purpose.** Coordination and spending EU money effectively is crucial to maximise impacts for European citizens. Appropriate funding should be allocated for the Health Programme to ensure its role in mainstreaming health within the MFF and to support the various chapters and programmes relevant to health. The analysis of the Health programme⁸ highlighted both the EU added value of the funds spent and the problems linked to their inappropriate allocation. Moreover, compared to the previous Health programme 2014-2020, more priorities and activities will be needed for proper implementation, including the coordination and execution of the Health in all Policies' legal obligation. This would require appropriate and reasonable funding.

¹ EU Budget for the Future - http://ec.europa.eu/budget/mff/index_en.cfm

² Proposal for a Regulation Of The European Parliament And Of The Council on the European Social Fund Plus (ESF+) - https://ec.europa.eu/commission/sites/beta-political/files/budget-may2018-european-social-fund-plus-regulation_en.pdf

³ Third Health Programme (2014-2020) - https://ec.europa.eu/health/funding/programme_en

⁴ EPHA Background Briefing on Health in the Multi-Annual Financial Framework (MFF) (EU Budget 2021-2027)

⁵ Joint Statement on the Future of Health in the EU - <https://epha.org/joint-statement-europe-lets-do-more-for-health/>

⁶ 'Europe, let's do more for health!' campaign - https://docs.google.com/forms/d/e/1FAIpQLSc0cu4Eney8LtsogIHGbxDJ1VN_-iErZwjgm0TF3-WV0DDNw/viewform

⁷ SDG 3 Ensure healthy lives and promote well-being for all at all ages - <https://www.un.org/sustainabledevelopment/health/>

⁸ Open Public Consultation of the mid-term evaluation of the 3rd Health Programme 2014-2020 - https://ec.europa.eu/health/sites/health/files/programme/docs/midtermevaluation-3hp_opc-summary.pdf



3. Ensure a coordinated implementation of ‘Health in All Policies’ covering other health-relevant chapters, by setting up a coordination mechanism led by a strong Directorate for Health in All Policies (SANTÉ), following those principles:

- Use new health funding to support clearly identified priorities, in a coordinated way. This would require creating priority headlines under other budget lines relevant for health, producing guidance on the use of funds and build flexibility into the conditions of the macroeconomic governance framework.
- Boost complementarity and efficiency between health and non-health funding streams by ensuring a mechanism for coordinating and aligning health investments from different funding streams, in addition to technical support.
- Take advantage of the potential for integrated funding schemes to overcome some of the challenges in public health investments (e.g. mismatch between which sector is paying and which sector benefits from outcomes) through co-financing arrangements (e.g. between education and health, housing and health).
- Maximise potential for integrated funding to demonstrate increased Return on Investment (ROI) through measuring health outcomes for non-health sectoral financing, and vice versa.
- Adopt a cross-sectoral approach to impact monitoring in order to demonstrate what works in addressing wider determinants of poor health
- Maximise the potential for co-financing to help foster a settings-based approach to prevention (e.g. Schools-based, workplace-based). These are more equitable and efficient than individual health-care based approach to prevention
- Apply ex-ante conditionalities to non-health funding streams, to help address health challenges from a cross-sectoral perspective requiring specific conditions/amount to be spend on health or health prevention may be a precondition for further funding.
- Ensure that EU investments in the area of health achieve maximum impact, through systematic and coordinated monitoring and evaluation.
- Ensure standardisation for collection of project data collection and publication of evaluations in order to compare, collate and share findings from EU-funded projects

4. **Dedicated EU funds needed for concrete actions on Health Threats and especially for Antimicrobial Resistance (AMR) Action Plan implementation** - There is a clear EU added value and need to act together on cross-border health threats. AMR is a particularly important, urgent and complex example, which requires a multi-stakeholder, one-health approach to ensure that timely action is taken. EU funding can bring real added value to generate concrete, measurable outcomes both at national level and for Europe as a whole, while demonstrating leadership to the rest of the world.

5. **Dedicate a greater proportion of the 4th Health Programme to the support of health-related NGOs, ensuring a stable secretariat and activity funds so that they can organise themselves at European level.** The role of civil society is key to achieve societal well-being and they bring a unique added value by empowering people, which when this is missing, results in poor health⁹. Umbrella NGOs making intra-European connections contribute to the European project, making links among different European civil society organisations stronger by creating networks. These European platforms represent a unique European value which should be recognised in the EU budget, as growing civil society around Europe will contribute to a thriving civil society in the EU.

⁹ Greer, S., Wismar, M., Pastorino, G. and Kosinska, M. (2017) Civil society and health



How can the EU budget contribute to European people's health?

There are common Europe-wide, unprecedented health challenges where the EU can bring added value to complement national actions to support Member States to effectively address them. Sustainable Development is founded on good health; it is a necessary precondition, as well as an outcome. It reflects the EU and its Member States' commitments in the UN Universal Declaration of Human Rights¹⁰ and in the Constitution of the World Health Organisation: the "highest attainable standard of health" is most of all a universal human right; member states are duty bearers and patients/citizens are right holders.¹¹

Under current EU legislation, the EU has exclusive and shared competences in other, various policy areas regulating health determinants. The legally binding obligation known as 'Health in All Policies' could unlock significant benefits by preventing costly Non-Communicable Diseases (NCDs). The protection of high level of human health and well-being is fixed in the Treaties of the European Union.¹² Proper implementation of this obligation would need not only significant amounts of funding dedicated to health in the MFF but also required efficient coordination and monitoring for which the re-establishment of the Health Programme is key.

In addition to underpinning this horizontal competence, the EU has complementary competence on health systems. While fully respecting Member States' responsibility over maintaining their national healthcare systems, the EU budget has both a huge potential and responsibility for bringing the EU closer to its citizens and to reduce inequalities among countries, regions and groups, as inequalities are the basis of extremism and social conflict. In the healthcare-related aspects, the EU budget should promote and protect patients' freedom of choice as regards the healthcare they receive, ensuring a patient-centred approach. The recent Eurobarometer study consistently shows that EU citizens expect more EU action on health.¹³

Why is it necessary to re-establish the Health Programme?

Without a strengthened, stand-alone Health programme there is a risk that synergies will not be exploited and that there will be less efficient funding for health policies. The EU claims that the new structure will facilitate the new synergies between different EU financial instruments thus potentially strengthening health policies and providing additional funding. However, without coordination and legal guarantees there is no reassurance that there will be a "no-silo" approach.

The absence of a stand-alone health programme and its integration into the ESF+ is a first step to sidelining health, health promotion and prevention and subordinating it to other policies. Current health spending is very project based - i.e. funding of specific projects limits the potential for large scale transformation. In addition to this, it is very medicalised. The limited view of health as only comprising health systems is prevailing. For example, many of the projects currently funded focus on health services, whereas there is little focus on the determinants of health, such as tobacco, alcohol, unhealthy food and physical activity. In addition, there is an absolute absence of promotion and prevention of mental health and well-being in the current proposal. There is a high and real risk that this project-based health system approach continues in the ESF+.

There is a need for robust mechanisms to safeguard against the risk of health-specific funds being de-prioritised within larger funding streams. How to ensure continued financial commitment, management capacity, and technical support when funds are managed by non-health directorate also must be addressed.

Overall, the MFF proposals show a lack of policy coherence on health. Despite having health relevant funding in many MFF proposals,¹⁴ it is difficult to see how sustainability principles have been embedded. Furthermore, the MFF has silo-ed funding in terms of sustainability and health goals and the ESF+ is not foreseen as a main coordinating mechanism to address this.

¹⁰ UN Universal Declaration of Human Rights <http://www.un.org/en/universal-declaration-human-rights/>

¹¹ WHO Constitution - http://www.who.int/governance/eb/who_constitution_en.pdf

¹² Article 3 TEU states that "the Union's aim is to promote peace, its values and the well-being of its people." 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, 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.

¹³ Europeans and the Future of Europe (Spring 2018) -

<http://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/Survey/getSurveyDetail/instruments/STANDARD/surveyKy/2180>

¹⁴ EPHA Background Briefing on Health in the Multi-Annual Financial Framework (MFF) (EU Budget 2021-2027)

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