

MEMO - Meeting with Commissioner Kyriakides' Cabinet regarding operating grants for civil society organisations within the EU4Health Programme

An EU4Health Programme without operating grants: issue and impact

Effective policies that really impact on health can only be developed by the constant challenging of ideas, values, and perspectives, and by the essential involvement of Civil Society Organisations (CSOs) representing both patients and citizens. They provide essential input into EU policy making, thanks to their expertise, independence, and flexibility. **This democratic process has now been challenged by the abandonment of the Operating Grants (OGs) for the health sector.**

Throughout previous EU Health Programmes, the European Commission has enabled CSOs to play this essential role, facilitating their continuity and sustainability through Operating Grants (OGs). Civil society continuously supported DG SANTE in times of hardship, when the future of health at an EU level was threatened, through strong campaigning led by the [EU4Health Civil Society Alliance](#). It is therefore no surprise that the co-legislators included OGs as a funding instrument in the EU4Health Regulations.

What came as a surprise, and a late one, is the decision of DG SANTE not to include OGs in the 2021 EU4Health Work Programme (WP), choosing instead action grants, procurement and prizes to deliver on its objectives. **This decision will have devastating consequences for European health NGOs and European health in general, particularly during the pandemic.** Such concerns have been raised by civil society and co-legislators alike, a number of whom have recently made their views clear, both at [European Parliament](#) and Member States level.

The recipients of OGs were not consulted nor given advanced notice of the changes regarding funding mechanisms until the decision had already been made. Our organisations were not given advance sight of the Work Programme 2021, which would have provided the opportunity to identify and discuss the gaps, as well as our concerns about the approach taken.

The action grants currently foreseen in the WP 2021 are limited in scope, narrowly pre-defining not only the objectives, but often the ways of achieving them, overall very prescriptive. They focus on a limited number of time-bound actions, responding to current challenges as identified by the Commission.

Useful as this may be to achieve very concrete results, this drastically limits the flexibility and the maneuvering space of the CSOs, and their capacity to provide a meaningful input to both policy discussion and implementation. The action grant approach differs from the previous structural support to civil society to such an extent that it cannot be considered as a plausible alternative.

By abandoning the operating grants, the Commission is denying support to CSOs in achieving their mission and objectives in the way that reflects their national membership and the real-life perspective of patients and citizens. Moreover, it is denying people their voice in EU policy making and losing the decades of expertise that civil society has built up in the field of public health. Pushing civil society to seek other sources of funding, seriously undermines its independence and democratic legitimacy in the EU's policy process.

Diverging approaches within the European Commission: impact vs. discrimination?

The abrupt reversal of the approach by DG SANTE and HADEA is fundamentally at odds with decisions taken by other DGs in the European Commission, leaving health civil society in a disadvantaged position.

In policy areas such as environment, social and civil rights, equality, disability and citizens' participation, the European Commission will continue and indeed strengthen support for CSOs through OGs, in some cases, this support is strengthened significantly to allow civil society to overcome difficulties imposed by the pandemic to "build back better". The rationale for this wider European Commission approach is easy to comprehend. **However, the rationale behind the decision of DG SANTE remains non-transparent, as our requests for evidence still remain unanswered.**

According to other DGs, operating grants are fundamental to contribute to the permanent, usual and regular transnational CSOs activities at EU level with measurable increase in impact in the respective policy areas but also to analytical activities, training and capacity building activities, mutual learning and exchange of good practices, awareness raising, information and dissemination activities with EU added value. This highlights the recognition by other DGs of CSOs role as key partners of the European Commission, yet **SANTE's policy leaves health NGOs stranded, unsupported and discriminated against.**

Risks of a restrictive approach to funding for CSOs

Working in partnership with CSOs provides the European Commission with stronger legitimacy in its development of policies and legislation that more accurately reflects the needs of patients and citizens. This is achieved through our extensive networks of members and stakeholders throughout the European Union, which provide us with information and policy insights essential to the EU policy process - with OGs allowing us to maintain these networks, and to collate this essential evidence base for the Commission's work.

Short-sighted cuts to our budgets will not only be detrimental to our organisations, but also to the Commission, which so often actively seeks out our involvement. Without the stability of funding afforded by OGs, our organisations will simply not have the capacity to contribute in the same way. Health will suffer, citizens' voices will be lost, and neither #EU4Health, nor #EU4Citizens objectives will be achieved fully.

