

LESSONS FROM THE COVID-19 PANDEMIC: WHICH EU FUNDS CAN HELP?

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About EPHA

EPHA is a change agent – Europe's leading NGO alliance advocating for better health. We are a dynamic member-led organisation, made up of public health civil society, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe.



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Introduction

The COVID-19 pandemic was an unprecedented global shock which has exposed the flaws and fragility of our systems and societies. To date, COVID-19 has claimed the lives of over 4 million people worldwide and caused illness and suffering in countless more.¹ After over 18 months, the COVID-19 pandemic is still on-going, and the long shadow of the pandemic's impact is expected to be felt for many years to come.

With the end of the pandemic still uncertain, there is an urgent need to draw lessons from this enduring global disaster. Such learning *must* be incorporated into our recovery efforts if we are to ensure that history does not repeat itself. Many have started this process: analysing the evidence to understand what has happened during the pandemic and, importantly, *why*. In this report, we draw heavily on the work and recommendations of the World Health Organization's Pan-European Commission for Health and Sustainable Development,^{2,3} published in September 2021.

Whilst there are numerous possible lessons — both positive and negative — which can be taken from the COVID-19 crisis, in this report, we touch on just three. These three overlapping themes are broad in scope and relevant to many different future scenarios, reflecting the uncomfortable truth that the pandemic is far from the only global threat to human health. We make the case for taking a long-term view and for a holistic approach to investing in health — recognising its value to society and the wider economy — and highlight some of the relevant European Union (EU) funds available for such purposes. Whilst each theme is linked to three funds, there are many more financing instruments which may be relevant and most funds are applicable to more than one theme. Further information about harnessing EU funds relevant to health can be found in EPHA's **toolkit** for improving public health in Europe.

¹ <https://covid19.who.int/>

² [Pan-European-Commission-health-sustainable-development-eng.pdf \(who.int\)](#)

³ [WHO/Europe | European Programme of Work - Evidence Review. Drawing light from the pandemic: a new strategy for health and sustainable development. \(2021\)](#)

Theme One: Stronger Health Systems

Many health and social care systems worldwide were ill-prepared for the COVID-19 pandemic and, in too many cases, were already over-stretched and under-funded when the pandemic first struck. Even health systems that had been predicted to perform well during such a pandemic, fared badly in response to COVID-19.⁴

Numerous health system failures have been identified during the COVID-19 crisis, ranging from shortages of basic medical equipment, beds and staff, to a lack of leadership and governance.⁵ The pandemic frequently directed attention, and drained resources, away from other — often less visible — parts of the health and social care system, resulting in a significant burden of unmet need, which is likely to be felt for some time to come. In particular, the pandemic resulted in widespread disruption of essential health-related services: acute care for patients with COVID-19 mostly took priority over elective and non-urgent care and services for non-communicable diseases⁶; preventative services — such as childhood vaccinations and screening programmes — were frequently postponed⁷; critical mental health services were interrupted in most countries⁸; and many social care and long-term residential facilities were left poorly equipped and unable to protect their vulnerable populations.⁹ Moreover, evidence from the UK suggests that disruption to care has been disproportionately experienced by certain — already disadvantaged — groups within society, such as older adults and ethnic minority groups.¹⁰

The need for robust and resilient health and social care systems will only become *more urgent* as a result of our ageing populations. Such systems need to be better prepared and more flexible in the future; they require the capacity to respond to changing health needs and a range of shocks, so that continuity of care can be maintained during times of crisis. For this to be possible — as acknowledged by the European Commission¹¹ — increased and sustained investment is required across the entire health and social care system. In particular, investment will be necessary to improve the infrastructure in areas of the system which have been historically under-resourced: particularly mental health services, primary

4 Baum F, Freeman T, Musolino C, Abramovitz M, De Ceukelaire W, Flavel J et al. Explaining covid-19 performance: what factors might predict national responses? *BMJ* 2021; 372 :n91 doi:10.1136/bmj.n91

5 https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2020_82129230-en

6 <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>

7 <https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>

8 <https://www.who.int/publications/i/item/978924012455>

9 <https://apps.who.int/iris/handle/10665/336303>

10 Maddock J, Parsons S, Di Gessa G, et al.: Inequalities in healthcare disruptions during the Covid-19 pandemic: Evidence from 12 UK population-based longitudinal studies. *medRxiv*. 2021.

11 <https://ec.europa.eu/info/sites/default/files/communication150621.pdf>

care, public health and social care. A lack of investment in these — often more preventative — parts of the system should be recognised as a false economy and very likely to lead to an increased burden on acute health services in the longer-term. Investment will also be required to ensure that health and social care staff — the backbone of *any* health system — are adequately supported, appropriately trained and well-resourced.

More positively, the COVID-19 pandemic has demonstrated that health system adaptation and innovation is possible, even at extremely short notice. Many health systems rapidly developed novel alternative strategies to ensure that the provision of certain health services could continue during the early stages of the pandemic. In particular, the adoption of telemedicine and telehealth has facilitated continuity of care, which would otherwise not have been possible, especially within the community. However, as with all service changes, caution is necessary to ensure that the *quality* and *equity* of care is upheld. Changes to services should be patient-centred, evidence-based and accompanied by thorough monitoring and evaluation, especially to avoid the risk of inadvertently worsening pre-existing inequalities in healthcare access, experience and/or outcomes for vulnerable groups. Health care services must be restored and developed *inclusively*, mitigating against risks such as digital exclusion.

Relevant EU funds

EU4Health

Total budget: ~ €5.3 billion

EU4Health will provide funding to EU countries, health organisations and NGOs, as well as non-EU countries associated with the programme. Funding opportunities under the EU4Health Programme are published by the Health and Digital Executive Agency ([HaDEA](#)).

The 2021-2027 EU Health Programme is designed to support the COVID-19 crisis response and health system strengthening work and may be relevant to a wide-range of projects.

The main goals and objectives of the programme are stated as follows:

- **Improving and fostering health in the Union**
 - disease prevention & health promotion
 - international health initiatives & cooperation
- **Protecting people in the Union from serious cross-border health threats**
 - prevention, preparedness and response to cross-border health threats
 - complementing national stockpiling of essential crisis-relevant products
 - establishing a reserve of medical, healthcare & support staff

- **Improving medicinal products, medical devices and crisis-relevant products**
 - making medicinal products, medical devices and crisis-relevant products available and affordable
- **Strengthening health systems, their resilience and resource efficiency**
 - strengthening health data, digital tools & services, digital transformation of healthcare
 - improving access to healthcare
 - developing & implementing EU health legislation and evidence-based decision making
 - integrated work among national health systems

Horizon Europe

Total budget: €95.5 billion

Horizon Europe is the EU's main funding programme for research and innovation to support EU policies and to address global challenges.

The 2021-2027 Horizon Europe framework programme has a broad remit and includes five specific **EU mission areas** (each of which will comprise a range of relevant actions):

1. **Adaptation to climate change** (including societal transformation)
2. **Cancer**
3. **Climate-neutral & smart cities**
4. **Healthy oceans, seas, coastal & inland waters**
5. **Soil health & food**

Digital Europe Programme (DIGITAL)

Total budget: €7.5 billion

The DIGITAL EU funding programme aims to advance economic recovery and shape digital transformation in Europe by bringing digital technology to citizens, public administrations and businesses (particularly small and medium-sized enterprises). The Digital Europe Programme is intended to bridge the gap between research and deployment of digital technologies.

The DIGITAL funding programme will support projects related to five main areas:

- **Supercomputing**
- **Artificial intelligence**
- **Cybersecurity**
- **Advanced digital skills**
- Supporting the **widespread use of digital technologies** across the economy and society (including through European Digital Innovation Hubs)

Theme Two: Stronger Societies

The COVID-19 pandemic has exposed and amplified existing inequalities in health, disproportionately affecting those who were already disadvantaged. These often excluded and underserved groups were particularly vulnerable to infection with COVID-19, to severe disease and, subsequently, to death. They were also more likely to be negatively impacted by the policies and restrictions necessary to control the pandemic. They include individuals who very often had insecure jobs, worked in public-facing roles, lacked the resources for home-schooling, could not afford to self-isolate, and had pre-existing health conditions which made them less resilient against subsequent illness or adversity.

Health inequalities arise chiefly from *social inequalities*.¹² Consequently, strengthening health systems will be necessary, but not sufficient to improve health for all: we also need stronger societies. For this to be possible, we must additionally attend to the wider determinants of health which are the underlying causes of health disparities.

The wider determinants of health are the social, economic, cultural, political and environmental factors which impact on people's physical and mental wellbeing: they are the conditions in which people are born, develop, live, work and age and the inequities in power, resources and money which give rise to them.¹³ Access to suitable housing, nutritious food, high-quality education, secure employment and good working conditions — amongst others — are *vital* for health and wellbeing. However, many of these important determinants of health lie outside of the control of individuals and, instead, require policymakers to make these health-conferring living and working conditions a reality for the populations they serve, leaving *no one* behind. Such policies and programmes enable people to make healthier choices, for themselves and future generations, and are the safety nets that prevent people from falling through the cracks within our societies.

Stronger, healthier societies would, in turn, put less pressure on health and social care systems and would be better placed to withstand future threats to health. Moreover, action to reduce health inequalities would have wider benefits for the economy, as health inequalities in Europe are associated with significant economic costs.¹⁴

In order to understand the true nature and scale of inequalities within different societies, however, we must collect data on characteristics which are connected to health outcomes — often in complex ways — such as socioeconomic position, gender and ethnicity, amongst others. Only then can we make these unfair population differences visible and gain insight into how, and which, people are being unfairly disadvantaged. This information is necessary to inform inclusive social and economic policies which promote, rather than preclude, health and wellbeing for all.

¹² <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

¹³ [Review of social determinants and the health divide in the WHO European Region: final report \(instituteofhealthequity.org\)](#)

¹⁴ Mackenbach JP, Meerding WJ, Kunst AE. Economic costs of health inequalities in the European Union *Journal of Epidemiology & Community Health* 2011;65:412-419.

Relevant EU funds

European Social Fund Plus (ESF+)

Total budget: €99.3 billion

The 2021-2027 ESF+ is described as the EU's primary funding instrument for investing in people and aims to support fair and inclusive socio-economic recovery from the COVID-19 pandemic. It will finance the implementation of the principles from the European Pillar for Social Rights¹⁵.

The main areas and stated objectives of the ESF+ fund are as follows:

- **Social inclusion**
 - active inclusion
 - socio-economic integration of third-country nationals
 - socio-economic integration of marginalised communities, such as Roma people
 - equal access to quality services and modernising social protection systems
 - social integration of people at risk of poverty and social exclusion
 - addressing material deprivation
- **Education and skills:**
 - better education and training systems at all levels
 - equal access to quality education and training
 - upskilling, reskilling and lifelong learning for all
- **Employment:**
 - access to quality employment for all, including youth employment
 - modernising labour market institutions and services
 - gender-balanced labour market participation
 - adaptation of workers, enterprises and entrepreneurs to change

European Regional Development Fund (ERDF)

Total budget: €200.36 billion

The 2021-2027 ERDF aims to improve economic, social and territorial cohesion in the EU and is intended to redress the main regional imbalances across the EU.

The ERDF's stated funding priorities include making Europe and its regions:

- **More competitive and smarter**, through innovation and support to small and medium-sized businesses, as well as digitisation and digital connectivity;
- **Greener**, low-carbon and resilient;

¹⁵ https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en

- **More connected** by enhancing mobility;
- **More social**, supporting effective and inclusive employment, education, skills, social inclusion and equal access to healthcare, as well as enhancing the role of culture and sustainable tourism;
- **Closer to citizens**, supporting locally-led development and sustainable urban development across the EU.

Erasmus+

Total budget: €26.2 billion

Erasmus+ is the EU's primary programme to support education, training, youth and sport.

Priorities of the 2021-2027 Erasmus+ programme include:

- **Inclusion & diversity**
- **Digital transformation**
- **Participation in democratic life**
- **Environment & climate change**

Theme Three: A One Health Approach

The COVID-19 pandemic has highlighted the *interdependence* of human health and wellbeing with that of animal, plant and environmental health and, therefore, the need to consider and safeguard this interconnected system as a whole. Whilst the virus causing COVID-19 is thought to have originated in bats, it jumped the species barrier into humans and spread throughout the world as a result of *human activities*, such as habitat destruction, land conversion, international travel and trade. These actions, in turn, alter the environment and lead to damage, such as biodiversity loss and climate change — with further deleterious consequences for human and animal health. Biodiversity loss, for example, can lead to food and water insecurity which may contribute to social and political instability, triggering conflict and mass migration.¹⁶

In order to address health threats arising at the human-animal-environmental interface, the World Health Organization advocates taking a “One Health” approach. This is defined as “*an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.*”¹⁷

A One Health approach focuses on prevention and recognises the value, and need, for multi-disciplinary and cross-sector working to tackle complex threats to health. All too often we work in professional, organisational and sector-specific silos; however, threats to health often transcend these traditional societal structures and, therefore, so too must our approach to addressing them. There are numerous health

¹⁶ <https://ipbes.net/global-assessment>

¹⁷ <https://www.euro.who.int/en/health-topics/health-policy/one-health>

challenges which would benefit from such a holistic and integrated approach being taken: beyond zoonotic disease control, a One Health approach is particularly relevant to issues such as antimicrobial resistance, sustainable food systems, biodiversity loss and climate change. Each of these complex threats have interwoven implications for human, animal and environmental health, so must be tackled *collaboratively* or risk being responded to in a fragmentary way. Such threats necessitate coordinated and collaborative efforts at *all levels*, from local to global, to bring together experience, expertise and resources. Moreover, establishing partnerships now will lay the foundations for working together in future times of crisis.

The many benefits of collaboration, however, cannot be realised without effective communication. Failings in communication with the public, in particular, during the COVID-19 pandemic have enabled false information — and, at times, information intended to deceive — to spread, with tragic consequences. When it comes to health threats, effective risk communication is an essential component of prevention and should be people-centred, collaborative and community-led, in order to facilitate the building of trust and social cohesion.¹⁸ The need for a more coordinated and sophisticated approach to tackling misinformation and disinformation has also been identified by the European Commission as an early lesson from the COVID-19 pandemic.

Relevant EU funds

European Agricultural Fund for Rural Development (EAFRD)

Total Budget: €95.5 billion

The EAFRD is the so-called “second pillar” of the Common Agricultural Policy (CAP) aiming to strengthen the social, environmental and economic sustainability of rural areas. The EAFRD has six main priority areas:

- **Knowledge transfer and innovation** in agriculture, forestry and rural areas;
- **Viability and competitiveness** of all types of agriculture, and promoting innovative farm technologies and sustainable forest management;
- **Food chain organisation, animal welfare and risk management** in agriculture;
- **Resource efficiency** and supporting the shift toward a **low-carbon and climate resilient economy** in the agriculture, food and forestry sectors;
- **Restoring, preserving and enhancing ecosystems** related to agriculture and forestry;
- **Social inclusion, poverty reduction and economic development** in rural areas.

¹⁸ <https://www.who.int/publications/i/item/covid-19-global-risk-communication-and-community-engagement-strategy>

LIFE

Total budget: €5.4 billion

The LIFE programme is the EU's funding instrument dedicated specifically to the environment and climate action. The 2021-2027 LIFE programme will particularly address the following areas:

- Nature & biodiversity
- Circular economy & quality of life
- Climate change mitigation & adaptation
- Clean energy transition

Single Market Programme

Total budget: €4.2 billion

The 2021-2027 Single Market Programme brings together a number of activities in order to strengthen, and improve coordination within, the Single Market. The new programme aims to support, empower and protect consumers and small and medium-sized enterprises.

The objectives of the new Single Market Programme include:

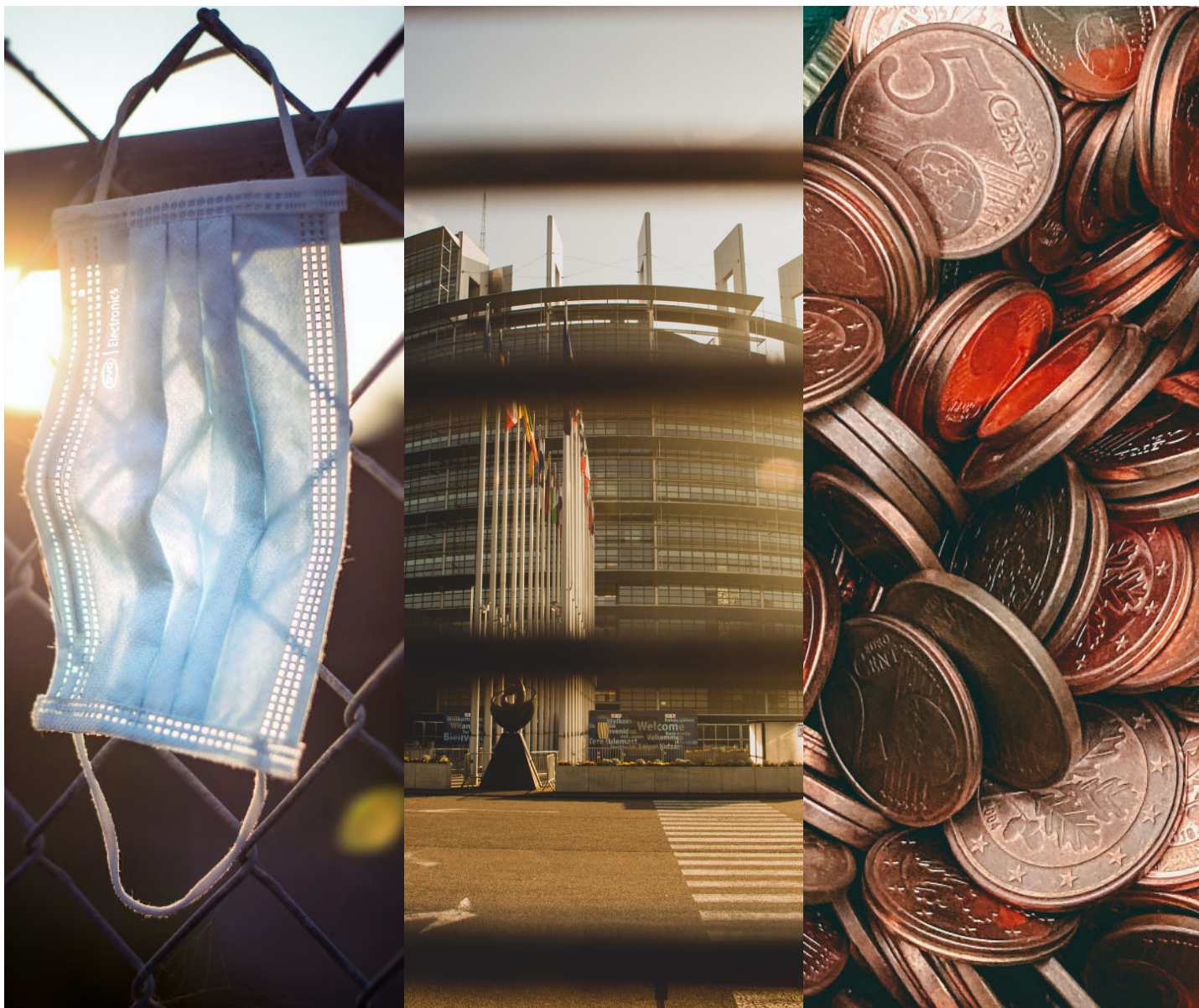
- **Food safety** maintenance (including the prevention and control of animal diseases and plant pests, improved animal welfare and sustainable food production and consumption);
- **Consumer protection**;
- Boosting the **competitiveness of businesses**;
- Improving the **compliance with rules** and **governance** of the Single Market;
- Producing and disseminating **high-quality statistics**;
- Developing **effective European standards**.

Conclusion

The themes and relevant EU funds highlighted in this report are far from an exhaustive list, though it is hoped that they may serve as a useful starting point. The lessons that can be drawn from the COVID-19 pandemic are not new: they have been known for some time yet remain, all too often, unheeded. We can no longer afford the heavy human and economic cost of complacency or inaction. This global disaster was *preventable*¹⁹ and must serve as a catalyst for fundamental change: returning to the status quo would be unconscionable.

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¹⁹ <https://theindependentpanel.org/mainreport/>



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