



REFLECTION PAPER

HEALTH, WELLBEING, AND THE ECONOMY

2022 DECEMBER



Co-funded by the
Health Programme of
the European Union

The European Public Health Alliance has received funding under an operating grant from the European Union's EU4Health Programme (2021-2027). The content of this document represents the views of the authors only and is their sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Transparency Register Number: 18941013532-08

SUMMARY

This paper reviews key documents and reports at the intersection of health, health systems and the economy to identify potential areas where EPHA could contribute to these debates in line with its mission to further improve public health for all. The paper finds agreement among policymakers and experts about health and wellbeing being intrinsic values, as well as contributors to the economy and to economic growth. We also find support for the need to (wisely) invest in health and health systems. However, further work, including by stakeholders and civil society, is needed to continuously stress the importance of health and wellbeing for the economy. Of particular importance is the need to insist on the high returns that investments on health systems and the health workforce have, especially as part of the post-COVID 19 recovery process to strengthen health systems.

The paper further examines the ‘wellbeing approach’ and finds that while there may be additional value from the use of broader metrics moving away from per capita gross domestic product (GDP), many challenges remain with the operationalisation of alternative metrics. In addition, the potential implications of applying a ‘wellbeing approach’ for investments in health systems are not clearly understood. We conclude by identifying a few potential activities that can guide EPHA’s work during 2023:

- Further analysis of (1) shortages and skills of the healthcare workforce and (2) the need to strengthen health systems and the economy by taking a broader evidence-informed approach to health and wellbeing into consideration.
- Identify gaps and areas where civil society could provide further support to monitor progress and ensure accountability of work on SDGs and the economy of wellbeing, considering the European Pillar of Social Rights.
- Provide feedback on related EU initiatives and legal processes, such as budget policy and initiatives related to the health workforce.
- Map and connect to existing initiatives by like-minded organisations and national, EU and international policymakers to further enrich this work stream (including the [EU4Health CSA](#)).
- Support the work of the WHO European Office for Investment for Health and Development in Venice, Italy, including via the High-level Regional Forum on Health in the Well-being Economy (March 2023).
- Advocate for funding to be made available for NGOs to focus on these areas.

INTRODUCTION

To support EPHA's **2021-2025 Strategy**, this paper aims to explore European policies at the intersection of health and health systems and the economy, with emphasis on investments in health systems and post-COVID recovery. The purpose of the paper is to review existing concepts, principles, and trends as well as past EPHA work to guide the identification of promising entry points for health advocacy in this area.

Even before the pandemic, there was increasing consensus around the fact that health is of crucial importance to the economy and that investments in health and health systems offer high returns for society. Despite this, austerity measures following the economic and financial crises led to decreased health investments in many countries. The COVID-19 pandemic put public health and health systems at centre stage and revealed the devastating effects that reduced investments in health systems may have. It also highlighted the unequal distribution of these negative impacts among the affected populations.

While health systems across the EU and the world have been drained throughout the pandemic, lessons to build back better, more effective, and resilient are also being compiled. Nonetheless, the war in Ukraine and the subsequent energy crisis are threatening to push health and health investments again at the back of the policy agenda and to give space to narratives that describe health spending as costs rather than investments and health investments as a hindrance to economic growth.

EPHA's work on health and health systems and the economy aims at enabling a broad and inclusive discussion on these topics, including how to rebuild better, more effective, resilient, and sustainable health systems after the COVID-19 pandemic in close cooperation with civil society, citizens, and the most vulnerable and underrepresented groups. Advocacy themes include the need for sustained investments in health and health systems, supporting and reaffirming the commonly agreed but seldom implemented notion that health is both a "value in itself" as well as a precondition for economic prosperity.

Against this background, this paper aims to (1) inform EPHA, its members and partners about the main opportunities for engagement in European policy processes on these topics; (2) identify potential partnerships to amplify the voices of civil society organisations, while avoiding duplications, and (3) guide future EPHA work in 2023 and beyond. The paper also identifies potential synergies with EPHA's work on other areas (i.e., policy clusters), including politics and health, health equity, healthcare delivery, digital health, and global public health, which are the focus of EPHA's current Strategy.



EXISTING THEORIES, INITIATIVES, AND TRENDS

To develop a framework for EPHA's work on this area, we first review some of the key findings in previous reports and academic work. The intersection of health and health systems and the economy have been extensively studied and addressed by academic experts, international organisations such as the WHO or the Organisation for Economic Co-operation and Development (OECD), the EU, and many Member States. The following sections present a rapid review of a few selected points related to EPHA's past advocacy on this area, particularly on health and wellbeing, health investments and investments in health systems, and the economy of wellbeing.

HEALTH, WELLBEING, AND THE ECONOMY

HEALTH AND WELLBEING

The United Nations 2030 Agenda for Sustainable Development recognised health as a fundamental value and a prerequisite for sustainable development, and indeed sets out the goal to “ensure healthy lives and promote wellbeing for all at all ages”. Wellbeing is often referred to as an equivalent to happiness or social welfare, and it is measured through the collection of (subjective) information from citizens on their happiness, life satisfaction or other equivalent indicators.

While it is widely accepted that health and wellbeing are values in themselves, there is increasing agreement that they should also be recognised as contributors to the economy and as preconditions for economic prosperity¹. The 2018 revision of the Tallinn Charter for Health Systems Health and Wealth states that:

*“Beyond its intrinsic value, improved health contributes to social well-being through its impact on economic development, competitiveness and productivity. High-performing health systems contribute to economic development and health”.*²

INVESTING IN HEALTH AND WELLBEING IN THE EU AND THE WHO EUROPE REGION

The 2013 European Commission document ‘Investing in health’³ recommended smarter (although not necessarily higher) investments in health systems, and on people's health with an emphasis on health promotion and on health coverage to address inequalities and social exclusion. It followed the 2013 Annual Growth Survey which recognised the healthcare sector as a major contributor to prepare a job-rich recovery and as crucial for promoting social inclusion and tackling poverty. While recognising the need for more efficiency and cost-effectiveness to ensure the sustainability of health systems, the document also clearly highlighted health expenditures as “growth-friendly” and health investments as investments in “human capital”.

With a sizeable proportion of the EU budget being allocated to the European Structural and Investment funds, the EU Commission has tracked the proportion that was devoted to broad health investments finding that over EUR 8 billion were invested in health as a key determinant of overall socioeconomic well-being during the 2014-2020 period and that of these, around EUR 1.6 billion were allocated to investments in health systems. This also represented a major shift from earlier trends focusing on health infrastructure investments (e.g., hospital-based care).⁴ Such shift is aligned with

1 Boyce, T., & Brown, C. (2019). Economic and social impacts and benefits of health systems. *Economic and social impacts and benefits of health systems*. Available at: <https://apps.who.int/iris/bitstream/handle/10665/329683/9789289053952-eng.pdf>

2 Health systems for prosperity and solidarity: leave no one behind. Tallinn, Estonia, 13–14 June 2018. High-level meeting. Copenhagen: WHO Regional Office for Europe; 2018.

3 European Commission, SWD(2013) 43 final, Staff Working Document, Investing in Health, ‘Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014 – 2020’, available at: <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A52013SC0043>

4 https://eurohealthnet.eu/wp-content/uploads/documents/2019/19_Projects_ESIFFundsForHealth_FinalReport.pdf

the socio-economic determinants of health movement (positing that a variety of determinants influence population health)⁵ and the Health in All Policies approach, focusing the attention on these broader topics and their implications for health.

ECONOMY OF WELLBEING

According to the 2019 Council Conclusions, the economy of wellbeing is:

“a policy orientation and governance approach which aims to put people and their wellbeing at the centre of policy and decision-making. While people’s wellbeing is a value in itself, the Economy of Wellbeing underlines the mutually reinforcing nature of wellbeing and economic growth. Taking wellbeing into account in all policies is vitally important to the Union’s economic growth, productivity, long-term fiscal sustainability and societal stability.”⁶

The 2019 Finnish Council Conclusions were crucial in supporting the development of an Economy of Wellbeing and its particular relevance for health and social policies. More detailed elements are presented in Table 1.

Abstracts from the Finnish Presidency Council Conclusions (2019)

“The Economy of Wellbeing is based on a sound and sustainable economic policy. It highlights the importance of investing in effective, efficient, and equitable policy measures and structures ensuring access for all to public services including health and social services, long-term care, the promotion of health and preventive measures, social protection as well as education, training, and life-long learning. It emphasises employment, active labour market policies and occupational health and safety as well as decent working conditions as measures to guarantee wellbeing at work. It stands for equal opportunities, gender equality and social inclusion”.

Table 1. Finnish Presidency Council Conclusions

The OECD has also provided a definition, as an economy that:

- 1. expands the opportunities available to people for upward social mobility and for improving their lives along the dimensions that matter most to them;*
- 2. ensures that these opportunities translate into wellbeing outcomes for all segments of the population, including those at the bottom of the distribution;*
- 3. reduces inequalities; and*
- 4. fosters environmental and social sustainability.”⁷*

5 Marmot, M., Friel, S., Bell, R., Houweling, T. A., & Taylor, S. (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. The lancet*, 372(9650), 1661-1669.

6 Council of the European Union (2019). *Council conclusions on the Economy of Wellbeing.* <https://data.consilium.europa.eu/doc/document/ST-13432-2019-INIT/en/pdf>

7 OECD (2019). *The Economy of Well-being - Creating opportunities for people’s well-being and economic growth.* SDD WORKING PAPER No. 102. [https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=SDD/DOC\(2019\)2&docLanguage=En](https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=SDD/DOC(2019)2&docLanguage=En)



The OECD sees wellbeing as a compass for policy development.⁸ The implementation of this policy at the European level requires breaking silos and adopting a cross-sectoral approach in line with the Health in All Policies approach. Furthermore, the approach requires a re-prioritisation of investment, considering the effects of wellbeing on the economy to preserve the virtuous circle enshrined in the economy of wellbeing principle. It also adopts an integrated policy approach to address inequalities as a priority, and supports the involvement of all stakeholders in the development of this economy.⁹

As such, the economy of wellbeing seems to be in line with the need to highlight the value of health and wellbeing as prerequisites to economic growth.

WELLBEING IN THE POST-PANDEMIC WORLD

As the COVID-19 pandemic exacerbated existing inequalities, post-COVID work has emphasised the need to address inequalities and ensure no one is left behind.¹⁰ In addition to emphasising wellbeing, experts have also advised that humans and human rights should be put at the core of economic policy, investing in health and social protection, and promoting meaningful civic participation.

Placing wellbeing at the core of policies is also helpful to address current unsustainable policies and practices as well as their costs on the planet, individuals, and communities. Given this, the WHO has also stressed that public health investments should lead to a more inclusive and sustainable economy, by enabling health and security (e.g., increasing life expectancy and improving quality of life); bringing more equity (e.g., reducing the health gap, creating political stability); and triggering innovation and economic effects. Policies that provide strong social return on investments, for instance addressing economic and environmental determinants of health, leaving no child behind, ensuring early and youth education, or addressing NCDs, are essential for this.¹¹

TOWARDS NEW INDICATORS: FROM GDP TO WELLBEING

As mentioned above, the definition of wellbeing, and the wellbeing economy emphasises the subjective assessment by individuals of their own life satisfaction and is in line with trends moving away from narrow(er) prosperity metrics such as per capita gross domestic product (GDP), traditionally used in economic debates:

“In practice, a common approach has been to assess an individual’s wellbeing through survey questions about their life satisfaction using simple self-assessment questions such as, “How satisfied are you with your life nowadays?” This question forms the basis for many wellbeing measurement initiatives.”¹²

In recognition of the difficulties to measure life satisfaction, different frameworks have been developed to include more objective factors into the wellbeing equation. These include the development index, which refers to health, education and income, and the better life initiative by the OECD, which includes housing, income, jobs, work-life balance, and life satisfaction.

The European Commission has developed a **Beyond GDP initiative**, providing insights and examples of new indicators. This has also been recognised at the national level, for instance by France in 2008, where a dedicated commission stressed that metrics should shift away “from measuring economic production to measuring people’s wellbeing.”¹³ Furthermore, going beyond growth indicators could also help developing indicators that reflect the experiences of all the society, not only those experiencing economic growth. Considering unpaid work, measuring time use and time spent in leisure activities improving our wellbeing, or developing elements regarding healthcare could be examples of indicators beyond GDP.¹⁴

8 OECD (2019). *The Economy of Well-being - Creating opportunities for people’s well-being and economic growth*. SDD WORKING PAPER No. 102.

[https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=SDD/DOC\(2019\)2&docLanguage=En](https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=SDD/DOC(2019)2&docLanguage=En)

9 OECD (2019). *The Economy of Well-being - Creating opportunities for people’s well-being and economic growth*. SDD WORKING PAPER No. 102.

[https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=SDD/DOC\(2019\)2&docLanguage=En](https://www.oecd.org/officialdocuments/publicdisplaydocumentpdf/?cote=SDD/DOC(2019)2&docLanguage=En)

10 Marmot, M., Allen, J., Goldblatt, P., Herd, E., & Morrison, J. (2021). *Build Back Fairer*. London: Institute of Health Equity <https://www.health.org.uk/sites/default/files/upload/publications/2020/Build-back-fairer-the-COVID-19-Marmot-review.pdf> (accessed on 16 March 2022).

11 WHO (2017). *Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020*.

<https://apps.who.int/iris/handle/10665/326301>

12 Cylus J, Smith P C. (2020). Op. cit.

13 Aitken, A. (2019). *Measuring Welfare Beyond GDP*. <https://journals.sagepub.com/doi/full/10.1177/002795011924900110>

14 Aitken, A. (2019). *Measuring Welfare Beyond GDP*. <https://journals.sagepub.com/doi/full/10.1177/002795011924900110>

Moving beyond GDP as a key indicator will also support the development and implementation of the United Nations' Sustainable Development Goals. Indeed, to fully be able to implement the SDGs altogether and bring more coherence, it is important to go beyond GDP and consider equity, environment, and other social indicators. Without this change, it will be difficult to reach environmental and social goals.¹⁵

The Council conclusions on the economy of wellbeing have also recommended moving beyond GDP, stressing that this indicator “alone does not provide a comprehensive picture of people’s wellbeing”. The conclusions call for better use of existing measuring instruments, and use them to develop ways of measuring wellbeing and its economy.¹⁶ For instance, the IMF mentioned the example of the Human Development Index (HDI), that focuses on a capabilities approach to wellbeing, explaining that “the HDI transforms several dimensions of wellbeing into a single yearly index to rate a country’s performance”.¹⁷

While the purpose of these new metrics could be to guide public spending so that it can better contribute to people’s wellbeing rather than to GDP, alternative ways of measuring the economy of wellbeing are still in progress and require additional investments and efforts, posing potential challenges to the operationalisation of the concept.¹⁸ For instance, the use of life-satisfaction metrics for certain services, such as safe water are not likely to be “a strong predictor of reported wellbeing in a high-income country where there is virtually no variation across the population in access to clean water, and respondents may take its existence for granted”; nonetheless, this should not be used as a basis for decreasing the importance or level of spending in safe water.¹⁹ As a result, countries using wellbeing to guide their policies, have given limited importance to wellbeing as a measure to guide public investments (i.e., keeping this at around 4% of total public expenditure for New Zealand).²⁰

Other potential concerns with the Economy of Wellbeing relate to potentially over-emphasising individual behaviour as a driver of change, which could limit the recognition of broader socio-economic and commercial determinants of health in health outcomes and wellbeing.

A variety of conceptual, ethical as well as practical implications of applying a wellbeing approach have led some experts to conclude that while interest is growing in wellbeing as an economic and societal objective, it is not clear what the effects of this would be for health and health systems. This is because even though health makes an important contribution to wellbeing (in most of its measures), there is no guarantee that greater focus on wellbeing will lead to more and sustained investments in health.²¹

On one hand, different existing measures contribute to proving that investments in health systems are “well spent” as they make a major contribution to people’s health, and that health is a crucial prerequisite for educational attainment, labour market participation, and productivity. On the other hand, the wellbeing economy could also lead to lower investments in health systems, given that health systems are not the only mechanism that can improve health and as work on the socio-economic determinants of health has shown the importance of education, housing, nutrition, employment, and the environment, among other areas. As a variety of other broader policies contribute to wellbeing, whether some health-related aspects of wellbeing are better addressed within or outside of health systems remains an open question.

IS INVESTING IN HEALTH SYSTEMS A GOOD IDEA FOR THE ECONOMY?

As defined by the WHO, health systems encompass activities to promote, restore or maintain health. These include both traditional public health activities as well as health promotion services. Along with many determinants, health systems are a key contributor to population health and one that can be directly shaped

15 Coscieme, L.; Mortensen, L. F.; Anderson, S.; Ward, J.; Donohue, I.; Sutton, P. C.. (2019). Going beyond Gross Domestic Product as an indicator to bring coherence to the Sustainable Development Goals, in *Journal of Cleaner Production*.

<https://www.sciencedirect.com/science/article/pii/S0959652619341022>

16 Council of the European Union (2019). Council conclusions on the Economy of Wellbeing.

<https://data.consilium.europa.eu/doc/document/ST-13432-2019-INIT/en/pdf>

17 IMF (2021). *Finance and Development*, December 2021 issue. <https://www.imf.org/en/Publications/fandd/issues/2021/12>

18 Cylus J, Smith P C. (2020). Op. cit.

19 Ibid.

20 Anderson, M., & Mossialos, E. (2019). Beyond gross domestic product for New Zealand’s wellbeing budget. *The Lancet Public Health*, 4(7), e320-e321.

21 Cylus J, Smith P C. (2020). Op. cit.

by policymakers.²² While the positive effects of health systems on population health have been accepted and widely recognised, the broader benefits of health systems for the economy (both its direct benefits as a major employer and indirect effects through its impact on population health) have not.

This is beginning to change. Among others, the 2016 ILO/WHO/OECD Commission on Health Employment and Economic Growth showed that health employment is a key pathway to economic growth, and the 2001 WHO Commission on Macroeconomics and Health argued that better health outcomes can spur economic growth. In 2017, a WHO Europe report compiled and reviewed evidence showing how public health investments support a “*peaceful, secure, inclusive, resilient and sustainable economy, society and planet*”²³, and a subsequent WHO publication concluded that health systems play a central role in the stability of national and regional economies, in job creation and purchasing power of goods and services.²⁴

Nonetheless, the 2018 revision of the Tallinn Charter for Health Systems Health and Wealth reiterated the need to “*intensify efforts to bring health and finance decision-makers together around shared goals by taking note of public finance objectives and correspondingly demonstrating the economic and social returns of investing in health systems*”. On top of this, conflicting agendas and constrained budgets often threaten sustained investments in health and wellbeing and in health systems.

These open debates show the need for civil society to work along with other stakeholders and policymakers to provide further evidence and arguments supporting the narratives of health and wellbeing as “*intrinsic values*” and of health spending as a crucial investment rather than a cost.²⁵

HEALTH SYSTEMS AND THE POST-COVID ECONOMY

In the post-pandemic recovery, it is essential to build health systems that are resilient, robust and can face upcoming crises, whether it be pandemics, climate-related challenges, or any other event challenging the functioning of our societies and health facilities. Existing EU funds, such as EU4Health programme, could support health systems to prepare them for potential future health threats and crises, and the Digital Europe Programme, as well as Horizon Europe offer additional opportunities to support the resilience of health systems and address global challenges.²⁶

The European Health Observatory stressed that there were four stages in shock response for health systems to be resilient:

- “*Stage 1: Preparedness, which is related to how vulnerable a system is to various disturbances;*
- *Stage 2: Shock onset and alert, where the focus is on timely identification of the onset and type of the shock;*
- *Stage 3: Shock impact and management, when the system absorbs the shock and, where necessary, adapts and transforms to ensure that health system goals are still achieved;*
- *Stage 4: Recovery and learning, which is when there is a return to some kind of normality but there may still be changes as a legacy of the shock.”²⁷*

For health systems to contribute positively to the economy, and to people’s wellbeing, they need to be strengthened, made resilient and robust following the pandemic, to potentially face future issues. To achieve this, the Observatory recommends several strategies, including the following:

-
- 22 Cylus, J., Permanand, G., Smith, P. C., & World Health Organization. (2018). Making the economic case for investing in health systems: what is the evidence that health systems advance economic and fiscal objectives?
- 23 Dyakova M, Hamelmann C, Bellis MA, Besnier E, Grey CNB, Ashton K et al. Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020. Copenhagen: WHO Regional Office for Europe; 2017 (Health Evidence Network (HEN) synthesis report 51).
- 24 WHO (2019). Economic and social impacts and benefits of health systems. Available at: <https://apps.who.int/iris/bitstream/handle/10665/329683/9789289053952-eng.pdf>
- 25 <https://www.oecd.org/coronavirus/policy-responses/investing-in-health-systems-to-protect-society-and-boost-the-economy-priority-investments-and-order-of-magnitude-cost-estimates-abridged-version-94ba313a/>
- 26 EPHA (2021). Lessons from the COVID-19 pandemic: which EU funds can help? Available at: <https://epha.org/wp-content/uploads/2021/10/epha-health-systems-finance-vk.pdf>
- 27 European Observatory on Health Systems and Policies (2020). Strengthening health systems resilience: key concepts and strategies. <https://eurohealthobservatory.who.int/publications/i/strengthening-health-system-resilience-key-concepts-and-strategies>

1. *“Effective and participatory leadership with a strong vision and communication;*
2. *Coordination of activities across government and key stakeholders;*
3. *Organizational learning culture that is responsive to crises;*
4. *Effective information systems and flows;*
5. *Comprehensive health coverage;*
6. *Appropriate level and distribution of human and physical resources;*
7. *Ability to increase capacity to cope with a sudden surge in demand;*
8. *Motivated and well-supported workforce (...).²⁸*

The need to enhance participatory governance in health systems has also been emphasised as the involvement of key stakeholders and a stronger civil dialogue are crucial to incorporate people’s needs and views in policymaking processes.²⁹ This is a crucial element where civil society, including EPHA, its members and partners, could also play an important role.

HEALTH WORKFORCE CONSIDERATIONS

The health workforce is a central piece of health investments and a topic that needs to be brought forward further on the EU political agenda. The healthcare force is the single largest contributor to European employment, accounting today for about 18.6 million workers or around 8.5% of employment.³⁰ It is also a sector facing major challenges that were intensified during the COVID-19 pandemic, including workforce shortages. For instance, in France, there are currently fewer doctors than ten years ago, leaving 6 million people (including 600 000 with chronic illnesses) without access to a regular GP. As a result,

adequate access to health services is not available for 30% of the population.³¹ Furthermore, in France (as in a few other member states), these shortages are visible geographically, with some regions and rural areas deprived of a consistent number of available doctors (i.e., medical deserts).

The European Commission has stressed recently that the EU health workforce was facing several challenges, in addition to shortages (nearly one million health workers) and geographical inequalities, such as lack of specific training, changing technologies and care demands, as well as lack of workforce planning. Further complicating shortages (or leading to them) some countries are also facing a brain drain of healthcare workforce moving to countries with better living and working conditions.³²

In 2010, the WHO adopted in 2010 a Global Code of Practice on the International Recruitment of Health Personnel, seeking to *“strengthen the understanding and ethical management of international health personnel recruitment through improved data, information and international cooperation”*³³. Additionally, the WHO has called for more recruitment and means of retaining health workers.³⁴

Furthermore, the European Economic and Social Committee (EESC) has published an opinion with recommendations, such as updating the Action Plan for the Health and Care Workforce to push for an integrated health workforce planning and skills adaptation of health and long-term care workforce. The EESC also stressed the key role civil society could play in this planning process, recommended incentives for health professionals to move to geographic areas with high shortages, and advised the EU Commission to recommend minimum ratios of resources per population unit in terms of health coverage and emergencies, while respecting the right to mobility.³⁵

28 European Observatory on Health Systems and Policies (2020). Strengthening health systems resilience: key concepts and strategies. <https://eurohealthobservatory.who.int/publications/i/strengthening-health-system-resilience-key-concepts-and-strategies>

29 European Observatory on Health Systems and Policies (2022). Health system resilience post-COVID: Moving towards more European cooperation. Available at: [https://eurohealthobservatory.who.int/publications/i/health-system-resilience-post-covid-moving-towards-more-european-cooperation-\(eurohealth\)](https://eurohealthobservatory.who.int/publications/i/health-system-resilience-post-covid-moving-towards-more-european-cooperation-(eurohealth))

30 Wismar, M., Maier, C. B., Sagan, A., & Glinos, I. A. (2018). Developments in Europe’s Health workforce: Addressing the conundrums. *Eurohealth*, 24(2), 38-42.

31 The Guardian (2022). ‘A ticking time bomb’: healthcare under threat across western Europe. <https://www.theguardian.com/society/2022/dec/14/a-ticking-time-bomb-healthcare-under-threat-across-western-europe>

32 European Commission. Health-EU newsletter 250 – Focus. https://health.ec.europa.eu/other-pages/basic-page/health-eu-newsletter-250-focus_en

33 WHO (2021). WHO Global Code of Practice: National Reporting Instrument 2021. <https://www.who.int/publications/m/item/nri-2021>

34 Social Europe (2022). Health and social care: staff shortages critical. <https://www.socialeurope.eu/health-and-social-care-staff-shortages-critical>

35 EESC (2022). Opinion of the European Economic and Social Committee on Health Workforce and Care Strategy for the future of Europe. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022IE1513>



PAST EPHA ADVOCACY WORK

A selected number of recent EPHA activities at the intersection of health and health systems and the economy are presented below:

- **On strengthening health systems:** EPHA has been developing work on health systems, particularly as regards the impacts of COVID-19. For instance, EPHA developed a paper on the **lessons learned from the COVID-19 pandemic: EU funds and health system strengthening**, and on **how to improve the health system**, commented on the current context of multi-crises, stressing the need to act **for health systems**, and developed work on **access to healthcare for all**.
- **On economic and fiscal policy coordination at EU level and how these should enable investments in health and health determinants:** EPHA developed recommendations focusing on **making the European Semester more social policy focused**.
- **On the impacts of the economic/financial crisis and health investments:** EPHA has developed advocacy on how investments on health and access to universal healthcare are crucial for the economy and provide a good social return on investment through a report on **access to healthcare and the economic crisis in Europe** and an article on **using economics to overcome policy incoherence**.
- **On budget and funding:** EPHA has recently published an article on the need for an ambitious budget to be dedicated to EU health policies to achieve its health objectives and **had commented** on the negative impacts of budget cuts in EU4Health programme.
- **On the intersection between trade and health:** EPHA commented on negotiations of the TTIP, Brexit, commented on negotiations of the Transatlantic Trade and Investment Partnership (TTIP), Brexit, Mercosur and the EU-Canada Comprehensive Economic and Trade Agreement (CETA), and led a campaign on EU international trade policy aiming at protecting and promoting public health, ensuring policy coherence between trade and public health and guaranteeing policy and regulatory space for governments and the EU in that regard. As part of this, EPHA published a **joint statement** on how the CETA was an unhealthy deal, bringing lessons to be learnt for future trade policy developments. Finally, EPHA has published an article on **COVID-19, trade and investment and public health**.
- **On wellbeing:** EPHA took part in a session at the European Health Forum Gastein 2022, discussing the **economy of wellbeing**.

SPACE FOR ADVOCACY AND WORK OPPORTUNITIES FOR EPHA

This section concludes by connecting existing work by experts and institutions in health, health systems and the economy, with previous EPHA's work and current priorities as outlined in its current Strategy 2021-2025. The aim is to identify a few potential areas of advocacy for EPHA. These preliminary findings will guide further work by EPHA and its members during 2023 under its recently launched *Health Systems and Economy* policy cluster.

As stressed in a recent paper developed by the European Health Observatory paper, "*the economy of wellbeing rests upon a significant shift in the relation between people, community, ecology, society, and decision makers*", meaning as well that civil society should be given a place at the table, and that the development of co-creation policy-making processes should reply on a bottom-up approach, with civil society, NGOs and social representatives.³⁶

Against this background, EPHA's planned work for 2023 and beyond may include some of the following activities:

- Continue to explore the issues outlined in this paper, jointly with its members and partners, in, particular via the development of papers or reports on (1) shortages and skills of the healthcare workforce, (2) strengthening health systems and the economy by taking a broader and evidence-informed approach to health and wellbeing into consideration.
- Commission a reflection paper to an external expert to guide further work on this broad area.

- Develop further advocacy on SDGs and the economy of wellbeing, taking into account the European Pillar of Social Rights, by identifying gaps and areas where civil society could provide further support in terms of monitoring progress and ensuring accountability.
- Provide feedback on related EU initiatives and legal processes, such as budget policy, (e.g., during the mid-term review of the EU Multiannual Financial Framework), as well as within similar initiatives related to the health workforce.
- Continue to map and connect to existing initiatives such as WeAll³⁷ and with other networks of like-minded organisations and national, EU and international policymakers to further enrich this work stream. This will be supported by EPHA's role as host of several other Alliances with not-for-profit organisations, such as the **EU4Health CSA**.
- As part of its partnership with the WHO European Office for Investment for Health and Development in Venice, Italy, EPHA will contribute to the High-level Regional Forum on Health in the Well-being Economy, in March 2023.
- Continue to advocate for supportive funding to be made available for NGOs to focus on these areas.

36 European Observatory on Health Systems and Policies (2022). Bottom up to the rescue! How NGOs, social movements, and local action are essential tools for a new social contract towards a wellbeing economy. <https://apps.who.int/iris/handle/10665/352270>

37 WeAll (2022). Bold, vital and entirely possible – 2040 Strategy. <https://weall.org/wp-content/uploads/WEAll-Strategy-April-2022.pdf>



EUROPEAN PUBLIC HEALTH ALLIANCE (EPHA)

Rue de Trèves 49-51 • 1040 Brussels (BELGIUM) • +32 (0) 2 230 30 56

<https://epha.org/> • epha@epha.org