

EUPHA statement related to the European Commission's stakeholders' targeted consultation on priorities for the EU4Health Annual Work Programme 2024

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EUPHA calls for an integrated assessment approach for setting EU health priorities: more attention for chronic diseases, elderly and young people, health inequalities, and civil society engagement is needed

The European Commission has launched a targeted stakeholders' consultation to seek input for the EU4Health Annual Work Programme 2024. For that purpose, a questionnaire was disseminated in which boxes can be ticked to indicate which of the existing strands, specific objectives and actions under the Programme one deems most important and some key words can be added in case one feels an important priority is currently not covered. Although we appreciate the opportunity for stakeholders to provide input and recognize the ease with which the results of such a questionnaire can be processed, we do not think that such an approach is appropriate. It will result in each lobby and advocacy group – understandably – giving the highest priority to their particular field of interest. To set priorities for European health action, however, we need an integrated assessment across sectors building on concepts and measures such as burden of disease, demographic developments, future scenario studies and societal needs.

The lack of such an integrated and forward-looking assessment shows for example from the actions that have been defined under the Programme specific objective Disease prevention & health promotion. While it is commendable that a broad scope towards healthy environments is applied, including healthy urban, work and school environments, a genuine wider determinants approach across sectors, taking into account important health determinants such as poverty, unemployment, and education, is lacking. Also, the strong focus on cancer seems unbalanced. Notwithstanding the fact that cancer is a major cause of burden of disease, there are other chronic conditions that also require our attention. Most notably cardiovascular disease and diabetes, the burden of which is expected to increase due to increasing numbers of people with obesity, and dementia, which will put massive pressure on our health and care systems due to our ageing populations. Not only dementia, but anticipating for and coping with the effects of ageing populations in general, including healthy ageing, moreover is strikingly missing among the priorities and related actions under the Programme. Next to a focus on the elderly, a focus on young people is also lacking. Protecting the health of the next generation should be an important goal of EU-level action, as should be ensuring that the next generation of (public) health professionals is well-equipped to deal with the complex challenges that influence population health.

The lack of an integrative approach also is illustrated by the way the EU4Health Programme is organized, with its siloed strands and objectives. This results in missed opportunities for crosslinks between various objectives/actions, such as between health literacy and digital health, and mental health and digital health. Another symptom of this vertical structure is that crosscutting themes are missing, most importantly addressing health inequalities. In fact, the term 'inequality' only occurs once among the objectives/actions. And while as an evidence-based organization we welcome the

focus on supporting evidence-based decision making in one of the Programme objectives, we would rather see this implemented as a cross-cutting theme, as the generation and use of solid evidence should be a key point of departure for all EU-funded actions in the field of health. Last but not least, we want to point out that the objectives and actions do not contain any mentioning of the role of and/or support for civil society. Since the start of the current Health Programme, there has been debate about the divergent position DG SANTE is taking with regards to making funding available for operating grants for NGOs compared to other DGs. For the past two years, after discussions between NGOs and the European Commission, such grants have been made available on an ad hoc basis in the EU4Health Annual Work Programmes. This was a positive development, and EUPHA, being one of the recipients of these operating grants, is very appreciative of the opportunity provided by the Commission through these funds to strengthen our activities and impact. However, due to the lack of acknowledgement of the role of civil society in the Health Programme, there is no certainty for 2024 and beyond. Operating grants are a valued mechanism in the EU health policymaking to ensure adequate funding for NGOs and enable their independent role in the health debate¹. Therefore, it would be of utmost importance to include operating grants in the 2024 work plan again, preferably not on a year-by-year basis, but with a longer term perspective.

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The European Public Health Association (EUPHA) is the umbrella organisation for public health associations and institutes in Europe. EUPHA has 83 members from 47 countries. Our network brings together over 39,000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

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¹ <u>Sustainable financing of European non-governmental organizations (NGOs) | European Journal of Public Health | Oxford</u> <u>Academic (oup.com)</u>