

## ECDA recommendations on the European Social Fund Plus (ESF +) proposal

August 2018

The European Commission has proposed to join the financial resources for social affairs and health actions under a unique programme - the European Social Fund Plus (ESF +). The European Chronic Disease Alliance (ECDA) has taken note of the objective to enshrine “investing in people” in this programme to deliver on the European Pillar of Social Rights and respond to the call from European citizens for a more social Europe. However, the ECDA has serious concerns on the unintended consequences of this approach. Below, we set out important points for consideration by Members of the European Parliament during the negotiations on the proposal.

### Headline message - The imperative for a strengthened focus on health

ECDA has taken note of the rationale behind the merging of social, employment and health funds under a single programme, i.e. primarily to achieve better synergies between programmes. However, we are concerned that the proposed restructuring may decrease visibility on the EU added-value to health in the EU; a value which was outlined in the mid-term evaluation of the EU Health Programme. We support strengthening synergies between programmes, but not through a grouping or merging of them, which can lead to less focus on - and hence less funding for - policies covered by programmes that are merged.

We also note a reduced budget allocated to health in the ESF+ proposal, in comparison to the current EU Health Programme (€ 413 million, whereas the current EU Health programme has a budget of € 449.4 million). While being conscious of the impact of Brexit on the overall budget of the EU and the consequent need to cut on expenditure in certain areas, we believe that strengthening the EU-added value in health is incompatible with lowering the funding dedicated to health action. Fulfilling citizens’ expectations for more European-level decision-making in dealing with health and social security issues<sup>1</sup> requires increased budgetary resources - not fewer.

### Key points

- ***Scale up action and investment in health and chronic diseases:*** The EU needs a public health strategy including a structured framework on chronic diseases. The budget dedicated to health action must be enlarged significantly to allow proper implementation of the strategy and respond effectively to the chronic disease challenge, described as being of epidemic proportions in the 2011 UN Declaration on the Prevention and Control of Non-communicable Diseases<sup>2</sup>. This is vital to reduce the high prevalence of chronic diseases in Europe, the related premature mortality and the impact of the diseases on the EU economy and society. So far, the EU Health programme has received minimal funding which might have hindered achieving its full potential.

**A public health strategy with a strong focus on chronic diseases sustained by an increased budget will help the EU meet its international commitments, notably the Sustainable Development Goals (SDGs) including SDG 3 “to ensure healthy lives and promote well-being for all at all ages” and its target 4 on chronic diseases.** Progress on this single target can determine the success of other SDGs related to economic growth, innovation, reducing inequalities, climate action, as shown by the *Lancet* Taskforce on NCDs and economics<sup>3</sup>.

- ***Ensure policy coherence:*** Article 168.1 of the TFEU requires that the EU ensures a high-level of human health protection in the definition and implementation of all its policies and activities. We recommend that the health budget includes funding allocated to systematically assessing the impact of EU health policies and of EU legislation/policies on health to identify if they have negative impacts on population health (“Health

<sup>1</sup> Special Eurobarometer 467. September - October 2017 “Future of Europe – Social issues” Report

<sup>2</sup> [http://www.who.int/nmh/events/un\\_ncd\\_summit2011/political\\_declaration\\_en.pdf?ua=1](http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf?ua=1)

<sup>3</sup> [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30667-6.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30667-6.pdf)

Impact Assessment”)<sup>4</sup>. This would operationalise article 168.1 of the TFEU. Because health is an indicator for the success of many SDGs and is interlinked with other SDG targets, **health interests should prevail when assessing the added-value of EU action and the impact of policy-making** in other sectors.

Finally, improving the links between the EU health budget and the European Semester should be sought and the ECDA therefore supports provisions of the proposal strengthening alignment with the Country Specific Recommendations.

- ***Support EU action in health with a “health in all funding” approach:*** The many health challenges are entwined with progress on other priorities such as improving air quality, ensuring sustainable food production and consumption systems, or the efficiency of the internal single market of the EU. Therefore, the EU funds for environment and climate action (i.e. LIFE programme), agriculture (i.e. Common Agricultural Policy), transport (i.e. Connecting Europe Facility) and research (Horizon Europe) as well as the Erasmus + Programme, the Digital Europe Programme and the Cohesion Fund, among others, should support the EU budget dedicated to public health action. The **“health-in-all-policies” approach can only be sustainable if action is funded through multiple, cross-sectoral funding**. Instead of seeing major diseases as a challenge to the health sector only, the “health-in-all-policies” principle highlights the fact that the risk factors of major diseases are modified by measures that are often managed by other sectors, actors and Governments in society – hence funds dedicated to these sectors should contribute to creating healthier European societies.
- ***Focus on prevention and health system strengthening for chronic diseases:*** The high rates of preventable mortality from chronic diseases in the EU can be addressed by effective health promotion and preventive action on the major risk factors, including unhealthy diets with high intakes of salt, sugar and fats; exposure to indoor and outdoor air pollution; alcohol and tobacco consumption. The **budget of the health strand should allocate sufficient resources to disease prevention, to respond to these key factors that influence health and the onset of chronic diseases**; and support the uptake of good practices including efforts by unbiased civil society organisations.
- ***Sustain meaningful participation of citizens and civil society:*** The **funds shall support meaningful involvement of the civil society in particular patient organisations and medical societies**, to ensure a balanced representation of interests and participation in achieving public policy goals. European health and civil society organisations can contribute tremendously to the development and implementation of policies, programmes and projects that support a healthy EU population<sup>5</sup>. Therefore the EU should ensure funding streams to such organisations to enable them to enrich EU health policy; participate in fora and expert discussions informing policy-making in health and related areas; and counterbalance the representations made by economic operators during legislative processes.<sup>6</sup>
- ***Guarantee sustainability of funding:*** **Funding should allow continuity with projects funded through the past EU Health Programmes** in order to ensure that results can be examined, distributed, and good practices scaled-up across Europe.

With the above in mind and considering the timeframe for the negotiations on the next EU Multi-annual Financial Framework (MFF) (2021-2027) including the ESF + proposal, the ECDA would like to propose the following language amendments to the text.

<sup>4</sup> For more information, please read the European Heart Network (EHN) [paper](#) on CVD and chronic diseases, part of the EHN response to the MFF consultation

<sup>5</sup> European Heart Network [paper](#) on CVD and chronic diseases

<sup>6</sup> European Heart Network [paper](#) on CVD and chronic diseases

## Supportive facts and figures - Chronic diseases

### Prevalence

- The prevalence of chronic diseases and disabling conditions has been growing in the EU and the wider European region over the past decades<sup>7</sup>.
- One third of the European population aged 15 and over<sup>8</sup>, and 23.5% of the working age population in the EU lives with a chronic disease<sup>9</sup>.
- The co-occurrence of two or more chronic conditions (multimorbidity) has become increasingly common in Europe<sup>10</sup>.
- Two out of three people at retirement age have at least two chronic conditions<sup>11</sup>.

### Mortality

- Globally, Europe has the highest burden of chronic diseases, which are responsible for 86% of all deaths<sup>12</sup> and a major cause of morbidity and disability estimated in disability-adjusted life-years (DALYs).
- 550 000 people of working age die from four major chronic diseases (CVD, cancers, respiratory diseases and diabetes) in the EU every year<sup>13</sup>.

### Socio-economic impact

- The premature death of more than 550 000 people of working age annually across the EU represents a loss of around 3.4 million potential productive life years<sup>14</sup> and costs the EU economy euros 115 billion a year. This corresponds to 0.8% of the GDP in the EU<sup>15</sup>.
- 70-80% of healthcare costs are spent on chronic diseases in Europe<sup>16</sup>.
- Direct costs of healthcare to treat people with chronic diseases amount to €700 billion in the EU<sup>17</sup>.
- Productivity losses are estimated at €54 billion per year for cardiovascular diseases alone<sup>18</sup>.
- The employment rate of people who have one or more chronic condition, and particularly people aged 50-59, is much lower than for those who do not suffer from any disease<sup>19</sup>.
- Prolonged sickness leave of one month or more is frequent among employed persons with circulatory problems, including heart disease or attack (29%) as well as stress, depression or anxiety (25%) and musculoskeletal problems (25%)<sup>20</sup>.
- On average only 3% of total health expenditure (for all age groups) in OECD countries including EU Member States goes towards population wide public prevention while 97% of health expenses are presently spent on treatment<sup>21</sup>.

<sup>7</sup> Eurostat, 2010; Busse et al., 2010

<sup>8</sup> OECD/EU (2016), Health at a Glance: Europe 2016 – State of Health in the EU Cycle, OECD Publishing, Paris.

<http://dx.doi.org/10.1787/9789264265592-en>

<sup>9</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5923823/>

<sup>10</sup> Boyd & Fortin, 2010; Uijen & van der Lisdonk, 2008

<sup>11</sup> Europeans of retirement age: chronic diseases and economic activity. RIVM. December 2012

[http://ec.europa.eu/health/sites/health/files/major\\_chronic\\_diseases/docs/rivm\\_report\\_retirement\\_en.pdf](http://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/rivm_report_retirement_en.pdf)

<sup>12</sup> WHO high level Consultation. 2011 <http://www.euro.who.int/en/media-centre/events/events/2010/11/regional-high-levelconsultation-on-noncommunicable-diseases>

<sup>13</sup> Busse R, Blümel M, Scheller-Kreinsen D, Zentner A. Tackling chronic disease in Europe - Strategies, interventions and challenges. World Health Organization 2010, on behalf of the European Observatory on Health Systems and Policies. [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/96632/E93736.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/96632/E93736.pdf)

<sup>14</sup> OECD/EU (2016), Health at a Glance: Europe 2016 - State of Health in the EU Cycle, OECD Publishing, Paris. DOI:10.1787/9789264265592-en

<sup>15</sup> Idem source 6

<sup>16</sup> Economist Intelligence Unit, 2012

<sup>17</sup> Idem source 7

<sup>18</sup> Wilkins E, Wilson L, Wickramasinghe K, Bhatnagar P, Leal J, Luengo-Fernandez R, Burns R, Rayner M, Townsend N (2017). European Cardiovascular Disease Statistics 2017. European Heart Network, Brussels

<sup>19</sup> Idem source 6

<sup>20</sup> [https://www.path-ways.eu/wp-content/uploads/pathways\\_report\\_identify.pdf](https://www.path-ways.eu/wp-content/uploads/pathways_report_identify.pdf)

<sup>21</sup> Together for Health: A Strategic Approach for the EU 2008-2013, White paper, European Commission, COM(2007) 630 final