



EPHA's position on the new Health and Consumer Programme

The European Public Health Alliance (EPHA) represents over 115 non-governmental and other not-for-profit organisations working in support of a greater priority for health issues in Europe. EPHA aims to promote and protect the health interests of all people living in Europe and to strengthen the dialogue between the EU institutions, citizens and NGOs in support of healthy public policies. <http://www.eph.org>

The European Public Health Alliance (EPHA) welcomes the Commission proposal for a Health and Consumer Programme for the period 2007-2013.

- **We welcome the joint programme however we call for two clearly separated policy areas.**

Health and consumer issues have previously been dealt with in separate programmes. The Concerns have been raised about whether the potential benefits of a joint programme outweigh the dangers of 'consumerisation' of health policy and a loss of identity and visibility for consumer protection. The health community would like to be reassured that the joint programme will not reduce health policy to discussions about consumers of health care rather than an approach which looks at equity and overall population health. We would like assurance that there will be mechanisms in place to identify when there are joint issues for both areas to be addressed and when it is appropriate that health issues and consumer issues will be identified and addressed separately. Finally, in the context of Lisbon we reiterate the importance of improving and maintaining the closest possible liaison with other relevant programmes and policies, notably Social, Regional, Environmental, Research and Internal Market competencies.

- **We welcome the increased proposed budget but we call for more.**

Regarding the proposed total allocation for the programme, we welcome the increase to EUR 1,203 million for the period 2007-2013, but we consider this to be an absolute minimum. To put it in perspective, if the EU wanted to allocate 1 EUR per person per year, that would need a total allocation of over EUR 3,000 million. However, it is highly likely that the proposed budget for the programme will be reduced as part of the wider debate on the overall EU budget for this period. Therefore the health NGOs call for a strong commitment of the European Parliament and in the Council so the budget for health and consumer issues is not reduced below the currently proposed allocation.

- **We welcome the ambitious text but we call for a more coherent and inclusive legal basis.**

Certain features of the current public health programme do not appear in the new proposal such as



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activity-impairing disability, gender and age considerations, personal data and confidentiality, personal and biological factors, environmental agents and adverse effects like radiation and noise, antibiotic resistance and genetic determinants and genetic screening. EPHA would like to see these issues continue to be included in the new Health and Consumer Programme.

Other issues need to be developed further and need greater emphasis: obesity, HIV/AIDS, child and adolescent health, inequalities, ageing, and environmental issues with an impact on health, including bio-monitoring and injuries. These issues are mentioned in the introduction to the proposed programme, but EPHA would like to see them in the legal text.

The draft legal text also ignores several important elements of health. A number of different target groups have not been mentioned as well as the gender aspects of health. In addressing health inequalities the proposal needs to reach marginalised communities that experience the poorest health and are the least integrated into health policy and service provision, such as migrants, homeless, Roma communities, sex workers and prisoners. The programme also misses the opportunity to address the enlargement challenges and specific conditions experiences by new Member States. Other issues which are not mentioned anywhere in the programme are dental health, visual health and EU citizens' growing use of complementary and alternative medicine (CAM).

- **We welcome the interest of the Commission on health promotion but we raise concerns about the emphasis on information campaigns.**

The health organizations are also concerned with the significant allocation for health information and knowledge (154 million Euros) including information campaigns targeted at young people. Although lack of information is linked to poor health, information alone does not guarantee behaviour change or improvements in health. Public information campaigns on reducing the use of alcohol, tobacco or healthy eating have to compete with a much greater volume of sophisticated commercial communication that is designed to encourage consumption. Traditionally it is PR and advertising agencies that win EU contracts to run information campaigns rather than civil society networks that are closer to the target audience. Before scarce resources are allocated to high profile information campaigns there should be a rigorous evaluation about the real impact on health behaviour of such activities.

- **We welcome the introduction of core funding for European health organisations but we call for clear guidelines and transparent decisions on how this funding will be allocated.**

The Commission's stated aim is to increase the participation of civil society. Not only are NGOs and other stakeholders to be involved more in policy-making and consultations but the Commission also proposes to provide core funding so that health and consumer interests can be effectively represented at EU level. This is a critical point that should be supported. The health NGO sector is comparatively weak and fragmented compared to the environment, development, social and cultural NGO networks all of which have benefited from support for operational costs of pan-European networks. The proliferation of consultation opportunities and stakeholder processes without an associated investment in the capacity of civil society creates a distortion in policy-making. NGO



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networks that are representative, transparent and accountable and that have sustainable operational funding are an asset for all EU institutions in policy-making.

It is unclear from the Commission's proposal how much money would be allocated to this core funding of NGO networks. The budget line entitled "*Increase civil society and stakeholder participation in policy-making*" which has an allocation of EUR 20 million seems the obvious source of funding. Over the seven years of the programme, this amounts to 2.85 million Euros available every year. Under the current Consumer programme budget lines three consumer organisations receive core funding of up to 2.6 million Euros per year. This raises the question about what proportion of money could be available for health organisations. In response to questions from EPHA, the Commission has stated that this is not the only area of the budget where core funding will be available. As an example the proposed new "Citizens for Europe" programme will support 20 networks every year from a budget of 2.5 million Euros including a significant number of small grants of 50-100 000 Euros per year.

In terms of the co-financing conditions for projects, the Commission proposes to maintain a standard 60 % maximum rate of co-financing except for cases of 'exceptional utility' where Commission funding may reach 80 %. However, the criteria for 'exceptional utility' are not explained which means that it may be based on a subjective judgment. Experience from the Public Health Programme indicates that the relatively low co-financing levels are a significant barrier to participation by NGOs. Many EU budget lines targeted at civil society organisations allow a maximum of 80 % funding as the general rule.

Funding for prevention activities carried out by NGOs is vitally important, the earlier prevention strategies are implemented in a high risk setting, the bigger the window of opportunity and the lower the costs. Cleverly targeted prevention is a win/win situation for the individual, the business community and society at large. Prevention, targeted at a high risk, fits perfectly with the Lisbon Strategy.

Finally, the Commission intends to spend more money on large and visible projects rather than numerous small ones. Although this adds to economies of scale for the Commission because they spend fewer resources managing a small number of projects, it is a disadvantage for NGOs which usually have neither the capacity nor resources to develop large scale projects. It also passes the administrative burden of coordinating consortia of many partners to the project applicants.

The Commission proposal for a new Health and Consumer Programme is ambitious. The health community welcomes the programme and encourages the Parliament and the Council to improve the legal text and to raise the budget so the desired objectives can be attained.