



Open Letter to the Finnish Presidency

To Liisa Hyssälä
Minister of Health and Social Services of Finland

Brussels, 13 July 2006

Dear Ms Hyssala,

Re: Programme of Community Action in the field of Health for 2007-2013

In line with your political commitment to reach an agreement on the Public Health Programme during the Finnish Presidency¹, we would like to express the concerns that the revised version of the new Public Health Programme (2007-2013) raises in our constituency.

The European Public Health Alliance is an alliance of more than 100 non governmental and non for profit organizations working on public health in Europe. Many EPHA members and EPHA itself are directly involved in implementing the current Public Health Programme (2003 – 2008). In this regard, **we are calling the Presidency of the European Union to take a leadership role in acting on the funding schemes, increasing transparency in the management of the programme, and prioritising EU added-value.**

- **Difficult decisions will have to be made about what type of activities the EU can undertake to promote public health and protect citizens from health threats.**

Disappointingly and despite growing evidence that health is wealth, the modified proposal includes a drastic cut of the Community funding and therefore undermines considerably the content and efficacy of a much-needed Community action in the field of health. Following the disastrous Council meeting in December 2005, the allocation of 365.6 Million Euros under the the financial framework represents a reduction of more than 62% in respect of the initial proposal which was 969 Million for the Health aspects (*see the enclosed table for further information on the breakdown*).

Although the InterInstitutional Agreement has allocated an extra 500 Million Euros, the health programme is the most affected in Heading 3b, which is unacceptable with regard to the wide recognition that health is a key contributor to the EU core values and missions: attainment of the Lisbon goals, the solidarity principle and protection of human rights and human dignity.

¹Letter by the Minister of Health and Social Services, Liisa Hyssälä, to her colleagues (26/06/2006)
http://www.eu2006.fi/news_and_documents/other_documents/vko27/en_GB/1152436134015/_files/75526081613135928/default/hyssala_letter_en.pdf



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The reduced budget means that difficult decisions will have to be made about what type of activities the EU can undertake to promote public health and protect citizens from health threats.

The lack of appropriate funding has forced the European Commission to scale down its priorities. **In this respect, we welcome the European Commission will to strengthen collaboration with other EU policies.**

- **While we welcome the will to target health promotion, health inequalities and health determinants, we are concerned that the revised proposal does not equip the EU with the necessary funding schemes to address these issues and empower the broader public health community.**

The European Commission wants to implement the proposal via an increased number of tenders and therefore has reduced the co-financing ceilings. In our view, this contradicts the programme's stated objectives and the need for cost-effectiveness.

The Public Health Programme is meant to bring health closer to citizens. NGOs, particularly in new Member States are more likely to apply to project funding than tenders. A tendering procedure would inevitably reduce the numbers of beneficiaries (in particular in new Member States) and further alienate the EU public health policies from citizens, making EU funding only accessible to 'members of a closed door club'.

Equally, the proposal aims to address health inequalities (between and within Member States). Non-governmental organisations work closely with target groups that suffer from health inequalities. Adequately targeting health promotion and health inequalities implies empowering NGOs, as concluded by a UK presidency summit in November 2005: *"NGOs and public health associations – have a critical role in tackling health inequalities. Networks need to be strengthened at EU and national level, as well as links with government. NGOs and public health associations need to take a leadership role in partnerships to tackle health inequalities."*¹

A tendering procedure is also less cost-effective than a call for proposals. While a call for proposals can cover multiple objectives, actions and strands, a tender must focus on a particular deliverable, therefore increasing the administrative burden. Besides, a tender is 100% financed by the European Commission while the participation of Community funding towards projects is lower.

In addition, the proposed strategy seeks to ensure that health policies are shaped in close partnership with citizens, and stakeholders, and that their concerns are taken into account in policy making. It hereby complies with the EU will to bridge the gap between citizens and the EU.

Building on existing co-operation with the civil society, action foreseen under the selected option will strengthen existing mechanisms (e.g. the EU Health Forum) for consultation and dialogue with NGOs and professional organisations. It will also increase dissemination of information, promote consultation meetings and conferences, encourage the development of the health community in all

¹ UK presidency summit of the European Union - message from the Health Inequalities Summit – p.8
<http://www.dh.gov.uk/assetRoot/04/12/52/27/04125227.pdf>



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Member States and foster links between organisations. This was welcomed by the Extended Impact Assessment¹ in 2005. EPHA strongly supports the provision for core funding but calls for stringent criteria in order to avoid confusion and mis-spending of EU money. We therefore welcome the fact that the European Commission followed the European Parliament opinion to set up minimum criteria.

In terms of cost-efficiency, increasing the funding and ceilings for co-financing can be considered as a win-win situation: empowering citizens, building an active health community, delivering the objectives and involving a lower Community financial contribution.

- **We call on the Finnish Presidency to ensure that a policy of transparency is also included in the programme.** It is essential to increase transparency of the Programme in order to maximize the little funding available.

In terms of co-financing requirements for projects EPHA would strongly support full transparency about the co-financing ceilings and about the criteria for awarding the percentage of the grant. Currently it is the management committee - consisting of member states - that makes the decisions about which projects will be funded and the proportion of co-financing allocated.

But this is a secretive process, no minutes are ever published nor are the decisions ever justified to applicants. Since national agencies and institutions apply for funding this creates an imbalance among applicants because there is no clarity about how to qualify for a higher EU co-financing or why the EU contribution to a project budget might be reduced². With the current system, there is no way to link the percentage of EU funds to either the quality of the project proposal or the ability of the project partners to find co-financing.

In the interests of clarity and transparency as well as to provide a level playing field for all applicants, indications about co-financing criteria need to be set out in the legal instrument - the programme decision.

We look forward to the leadership of the Finnish Presidency and we are confident that you would thrive to increase transparency and balance in this new programme.

Lara Garrido Herrero - Secretary General

cc: Mr Markos Kyprianou, European Commissioner for Public Health and Consumer Protection
Mr Josep Borrell, president of the European Parliament

¹ http://ec.europa.eu/health/ph_overview/Documents/sec_2005_425_en.pdf

² See inception report of the independent external evaluation of the Public Health Programme (2003-2007):
http://ec.europa.eu/health/ph_programme/documents/evaluation/inter_evaluation_en.pdf



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Annex 1 - Indicative breakdown repartition of the Funding allocation in the Heading 3b

<i>Framework programmes (2007-2013)</i>	<i>Initial proposals from the European Commission (M Euros)</i>	<i>Revised legislative proposals (M Euros)</i>	<i>Reduction</i>
Public Health	969	365,6	62%
Consumer Protection	234	156,8	33%
Media	1,055	756,2	28%
Rapid response and preparedness instrument for major emergencies	173	133,8	23%
Citizen	235	215	9%
Youth	915	885	3%
Culture	408	400	2%