



EPHA revised position paper on the Public Health Programme 2008-2013

The European Public Health Alliance (EPHA) represents over 100 non-governmental and other non for profit organisations working in support of health 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>

A decision made by the heads of government and state to cut the EU budget has led to the budget allocated to public health being reduced by 62%. **Weakened finances 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 health community very much regrets such a short sighted decrease in funds, but we still believe that EU resources can be spent in a cost effective way if we identify those issues where the EU can bring added value to the work of the Member States.

- **We welcome the health determinant approach but we call for a more consistent and inclusive legal basis.**

EPHA welcomes the greater importance given to health promotion in the revised programme.

We praise the European Commission for having strengthened the collaboration with other EU policies, notably Social, Regional, Environmental, Research and Internal Market.

We particularly welcome that health inequalities, gender, ageing and children's health have been identified as cross-cutting themes for all strands.

However, while the aims set out in the preamble are worthy and encouraging, there are not sufficiently matched with the specific provisions of the programme. We urge the insertion of clear references to the seven risk factors in the Annexes of the Programme. Obesity and diabetes are missing. The main disease burden causes also need a specific mention: we call for the inclusion of cancer, respiratory diseases, HIV/AIDS and allergies in the Annexes. Although those conditions are mentioned in the recitals 5 and 6, they need to be mentioned in the appropriate annexes to receive the funding schemes they require.

The focus on health threats needs to be clarified. There is a risk of overlap and confusion between the objectives of the first strand, those of the European Centre for Disease Prevention and Control (ECDC) and the role of projects funded under FP7. This means that, at the current stage, there is an imbalance of the budget spent on protection of health threats, compared to tackling health determinants.



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- **We regret that the revised proposal does not equip the EU with the necessary funding schemes to empower the broader public health community and deliver the stated objectives.**

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 %. Experience from the current 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.

EPHA regrets that the regulations on project **co-financing** will prevent a number of organisations (essentially those with accountable but restricted finances) from participating in the Programme. These co-financing stipulations will generate problems regarding the participation of the new member states, accession states and candidate countries. This will reduce the quality of project proposals.

The revised programme proposes to deliver activities via an increased number of **tenders**, instead of projects. In our view, this contradicts the programme's stated objectives and the need for cost-effectiveness. Tenders are an inefficient way of allocating EU financing because there is no co-financing requirement and fee rates are at commercial levels. Each tender has to be launched and administered individually, which is inefficient compared to a call for projects which results in multiple contracts. 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'.

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.

In addition, the proposal in the programme for '*monitoring and evaluation*' of projects is quantitative and process oriented (focussing primarily on the number of meetings, number of projects, number of participating countries, number of new measures, number of reports, etc.). This cannot be achieved with a tendering procedure or without empowering project applicants.

We would urge fewer, more rigorously evaluated core award projects of higher proportioned funding, with 80% as the norm.



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

Maximising resources for health promotion and the reduction of health inequalities will require solid, well functioning NGO networks that can work with the EU institutions. Most NGO networks are small, efficient and deliver real added value. Reducing the proposed ceilings of **EU core-funding for NGOs** is short-sighted because it will weaken the public health community and deliver very few cost savings.

Core funding is awarded on yearly basis, through an open and transparent competitive process.

We therefore call on the European Council and the European Parliament to reinstate the budget line on core funding and increase the maximum ceiling to 95%.

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

Health NGOs call 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.

- **Better regulation and transparency in the management of the programme**

Transparency in the operation of the programme is important, both in terms of the criteria for awarding funding and the decisions taken by the Management Committee. Currently the Management Committee has representatives from the Member States, whose agencies and bodies regularly apply for funding. Complete openness about decision-making will minimise conflicts of interest.