



EPHA's Comments to the Consultation on Cohesion Policy in Support of Growth and Jobs: Community Strategic Guidelines, 2007-2013

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The European Public Health Alliance (EPHA) represents over 115 non-governmental and other not-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>

Cohesion Policy is an important catalyst for bringing about change and growth in EU Member States, regions and cities lagging behind in economic development or facing structural readjustment. Regional aid in the form of structural and cohesion funds amounts to more than 40 billion Euros per year or approximately 35 % of the EU budget. It is therefore a powerful instrument to mobilise the resources necessary to assist regions to attract investment, create jobs and improve the economic performance. Cohesion policy can therefore be a key mechanism for the Lisbon Agenda of working towards the most dynamic, sustainable knowledge-based economy in the world.

EPHA welcomes this public consultation and opportunity to provide input. The Commission's Communication includes a chapter on 'Helping maintain a healthy labour force' as a response to demographic changes in Europe and the need to extend working life to meet this challenge. EPHA notes with satisfaction the emphasis on investment in health promotion and disease prevention to achieve this goal. Not only does this improve the health of individual workers and the capacity of society to deal with the changed profile of the European population but also as the Commission points out it has 'a direct effect on productivity and competitiveness'¹. Despite the huge potential gains from health promotion and prevention initiatives, only a small proportion of health budgets are allocated to this. According to the OECD, between 2 and 5 % of health spending is allocated to health promotion. The vast majority of health costs relate to the provision of healthcare services which accounts for 7-10 % of GDP in European countries. The cost of healthcare is also increasing well beyond inflation and a key driver of the higher healthcare budget is the price of pharmaceuticals. A significant and increasing burden of chronic diseases is also adding to the

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pressure on health systems. Fortunately, these are largely preventable through addressing the key socio-economic determinants of health by effective and proactive public health measures. Therefore the use of cohesion instruments needs to be targeted at improving health of the whole population rather than just the workforce and at implementing measures that will realise the greatest health gains, e.g; prevention and promotion actions.

In June 2004, OECD Health Ministers called on national governments to:

- a)** build upon current success in improving life expectancy and health status, by using the most cost-effective means to provide the highest quality of health care to their citizens;
- b)** attach priority to illness prevention and promotion of healthy lifestyles in the face of rising threats to health, such as obesity, tobacco, alcohol and drug abuse, mental disorders and traffic accidents;
- c)** reduce the lingering disparities in health and access to healthcare in OECD countries;²

This call to action from Ministers of Health provides clear guidance on the principles for investment in health that should be reflected in the EU's Cohesion Policies.

The Commission's document recognises that there are major health inequalities within countries and across the European region, both in terms of health status and of access to healthcare. The close relationships between poverty, exclusion and poor health have been highlighted by the World Health Organisation (WHO)³. The correlation between disadvantage and poor health can be clearly seen across Europe. Key factors that influence health are stress, early life, social exclusion, working conditions, unemployment, social support, addiction, healthy food and transport policy. Many of these issues lie within the responsibility of local or regional authorities and therefore the use of cohesion and structural fund instruments to address the major determinants of health will reduce health inequalities and improve population health.

EPHA welcomes the recommendation to call upon Member States to fill the gaps in health infrastructures. The importance of improving accessibility and quality of primary healthcare should be noted. For rural areas or less developed regions this may mean investment in health infrastructure and innovative solutions using new technologies such as telemedicine and e-health. However, it is important to note that there are significant digital divisions in Europe, with limited access to and use of technology in the most deprived areas. Therefore the effectiveness of technology tools must be assessed against the criteria of which groups actually use and benefit from the investments.

The Commission is correct in asserting that *'Good health care translates into greater participation*

² New release, OECD, May 2004

http://www.oecd.org/document/50/0,2340,en_2649_33929_31752498_1_1_1_1,00.html

³ "The social determinants of health: the solid facts", WHO 2003. <http://www.who.dk/document/e81384.pdf>



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*in the labour market, longer working life, higher productivity and lower health care and social costs.*⁴ The role of health professionals in contributing towards improved health systems should be recognised. Investment in education and training of health professionals will continue to raise standards. For rural and less developed areas emphasis should be made on attracting and retaining health care professionals and limiting 'brain-drain' towards more prosperous regions.

However, EPHA would like to point out that the greatest positive impact on economic growth and labour issues will come from public health initiatives rather than healthcare projects. Not only can promotion and prevention bring big savings compared to more costly interventions later in life, but it can also ensure a greater overall health standard and hence potentially more healthy working years of the generations to come. EPHA therefore encourages the Commission to take into consideration the use of Cohesion Policy to back public health initiatives. This will have a positive impact on growth and jobs and will therefore be fully in line with the Lisbon agenda.

EPHA notes with interest the Commission's recommendation in the Communication to call upon Member States to pay particular attention to prevention of health risks. Although the recommendation covers health information campaigns, transfer of knowledge and technology and securing the quality of the healthcare services, this is an opportunity to make an even stronger case for public health policy initiatives which can reduce health risks. For example, implementation of smoke-free policies reduces exposure to the hazards of tobacco smoke, effective alcohol policies can reduce alcohol related harm and initiatives to improve nutrition and increase physical activity produce dividends in terms of preventing obesity, diabetes and cardio-vascular diseases. Attention should also be paid to reducing the risk of accidents and injuries which are the leading cause of death for children in Europe. Prevention strategies can also be effective in reducing the incidence and impact of mental health and sexual health problems.

The Guidelines for Cohesion Policy, 2007-2013

The Guidelines for Cohesion Policy set out three key priorities that programmes receiving funding from Cohesion Policy sources should seek to target.

- improving the **attractiveness of Member States, regions and cities** by improving accessibility, ensuring adequate quality and level of services, and preserving their environmental potential;
- encouraging **innovation, entrepreneurship** and the growth of the **knowledge economy** by research and innovation capacities, including new information and communication technologies;
- creating **more and better jobs** by attracting more people into employment or entrepreneurial activity, improving adaptability of workers and enterprises and increasing investment in human capital.

As additional comments on these priorities it should be noted that quality public services and good

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environmental conditions are important assets for regions and cities that want to attract investment and the basic pre-requisites for populations in good health and therefore potential workers.

There is great potential for innovation and the knowledge economy in the public health sector rather than just in new health treatments and products. There is a need for greater understanding of the linkages between the physical and social environment, behaviour patterns and health status.

Ensuring that individuals can benefit from more and better jobs means assisting adaptability of workers including physical and mental health status. The links between poor health and individuals being unable to enter the workforce or leaving work need to be examined. Investing in public health as a means of investing in human capital will therefore be wholly in line with the growth and jobs agenda.

Good governance

On the issue of governance, it is clear that a programme aimed at supporting regional development should be based on the needs, priorities and aspirations of local communities. EPHA welcomes the emphasis in the Commission's Communication on the involvement of civil society in the development and implementation of public policies. The lack of involvement of social partners and NGOs was a critical weakness of earlier structural funds and further improvements are still needed. The recommendation to regional authorities that they develop sustainable development strategies by dialogue with key stakeholders needs to be strengthened with an explicit reference to involving NGOs and community groups in setting objectives and defining projects. The Commission document has a whole section about public-private partnerships (PPP) and indicates that EU money will be used where PPP projects meet the necessary criteria. A similar statement could be made about civil society partnerships and dialogue initiatives.

In response to two of the questions posed by the European Commission in the consultation, EPHA has the following comments:

• To what extent should cohesion policy support the growth and jobs agenda and the Lisbon process?

- The Lisbon process is an approach that balances economic development, social cohesion and environmental protection. Human health is an excellent indicator for Lisbon in the sense that economic decline, social exclusion and polluted environments have direct and measurable impacts on health status. Health improvements are achieved only when health risks from environment, social and economic factors are reduced. In some EU countries there are greater numbers of people registered as too ill to work than are officially unemployed. This is particularly true for older workers (50 and above). Therefore Cohesion Policy, which is designed to support regions whose development indicators that are below EU average, must focus on all aspects of



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Lisbon rather than just growth and jobs. There is little point in creating new job opportunities if large sections of the community are not healthy enough to enter or stay in the workforce.

• What new elements might be included in order to address this agenda?

- Build on the priority of health in Cohesion Policy through strengthening public health initiatives in addition to enhancing the healthcare systems and knowledge base of healthcare professionals. Investment in health promotion and prevention initiatives will deliver the medium to long term improvements in population health that will be needed to fulfil the economic potential and development of Europe' s regions. This means working with NGOs, community groups and a range of health and welfare professionals to develop appropriate and tailored health initiatives.