

FUNDING OF HEALTH PROMOTION AND CHRONIC DISEASE PREVENTION

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BACKGROUND

Given the links between COVID-19 risk factors and chronic illness, decision-makers should have renewed urgency to step up their actions in order to prevent the development of largely-preventable chronic conditions. At the same time, the physical distancing measures required to slow the spread of COVID-19 have had direct or indirect impacts on European citizens' stress levels, as they are exposed to economic uncertainty, have reduced opportunities to stay physically active, and may be in toxic home environments where they have less access to healthy foods, more exposure to violence or greater risk of substance abuse. Where will the funding for this response come from?

At present, important changes to the EU's multi-annual financial framework (MFF) have been proposed as a part of the response to the COVID-19 crisis. The health programme, in particular, may receive a much higher budget than in previous periods. This is an important opportunity for decision-makers to explore specific ways in which they can support funding of health promotion and prevention of chronic diseases, which are both affecting and affected by COVID-19.

OBJECTIVES

The primary focus of the policy dialogue was on understanding the ways in which revised European Union funding mechanisms may be structured and how they may be used towards prevention of chronic diseases and to support the broader health system during this crisis period and its aftermath. It also explored the specific capacity building needs decision-makers may have in accessing these funds. The main outcome of the policy dialogue was a list of steps for action for EU and national policy and decision-makers to increase equitable and sustainable funding and financing of health promotion and chronic disease prevention.

CONCLUSIONS AND MAIN ACTION POINTS

The discussion focused on how ministries of health and other organisations working on health normally access information about EU-level initiatives, opportunities and funding. It was widely agreed that the information from the source (e.g. European Commission) must be as clear as possible, which would facilitate the inter-ministerial as well as vertical communication within member states. It was also agreed that strong working relationships and communication channels between ministries (e.g., health, justice, finance, social affairs, environment) are also key to improving the flow of information about different, potentially-relevant funding opportunities.

Future actions in the field of funding and financing health promotion and chronic disease prevention should include further focus on capacity building of regional and local organisations to request financial assistance, absorb money and subsequently manage projects on the ground. Overall, it was found that smaller organisations on the ground are harder to reach by national fund managing authorities, therefore strengthening of national focal points (in health) and improving their cooperation across sectors was welcomed (e.g., bundling of projects).

It has also been concluded that empowering local organisations to participate in European initiatives has added value at regional level. When regional authorities are more pressured to

respond to immediate care needs, local units have more time to dedicate to health promotion and disease prevention.