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# EU level Policy Dialogue Report

Funding of health promotion and  
chronic disease prevention

Date: 26 June 2020

Time: 10h00 – 12h00

Location: Online

Number of Policy Dialogue participants: 12 (including  
the moderator and rapporteurs – in total 16 people)

Alison Maassen and Lina Papartyte, EuroHealthNet

Work Package 4

Report Finalised: 16 October 2020

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# CHRODIS PLUS EU Level Policy Dialogue on Funding of Health Promotion and Prevention of Chronic Diseases

## Objectives

The EU level policy dialogue on funding of health promotion and prevention of chronic diseases aimed to raise awareness and capacity to increase access to funding of health promotion and chronic disease prevention, including the use of European Union funding instruments.

The primary focus of the policy dialogue was on understanding the ways in which revised European Union funding mechanisms 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 national and/or local stakeholders may have in accessing these funds. The main outcome of the policy dialogue was a set of recommendations 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.

## Members and roles

**Organiser:** Alison Maassen and Lina Papartyte, EuroHealthNet

**Moderators:** Caroline Costongs and Alison Maassen, EuroHealthNet

**Introducing CHRODIS PLUS:** Imaz Iglesia, Iñaki, Institute for Health “Carlos III”, Spain

**Rapporteur:** Lina Papartyte, EuroHealthNet

**Participants:**

Aejmelaesus, Riitta, Budget Counselor, Ministry of Finance, Finland

Androutsou, Lorena, Directorate-General for Economic and Financial Affairs, European Commission

de Blas, Ana, Budget for health promotion and disease prevention management, Madrid Local Authority of Health, Spain

Goran, Petra, Policy Analyst, Inclusive growth, Directorate-General for Regional and Urban Policy, European Commission

Jaruševičienė, Lina, Vice Minister, Ministry of Health, Lithuania

Kallayova, Daniela, Senior Expert of Public Health, Ministry of Health, Slovakia

Laurinavičienė, Edita, Head of Department on EU Funds, Ministry of Health, Lithuania

Majewska, Małgorzata, Head of Unit EU Support Coordination and Programming, Department of Investment, Ministry of Health, Poland

Munisteri, Filippo, Team Leader, Social Investment, Directorate-General for Economic and Financial Affairs, European Commission

Ooijen, Bart, Head of Section, Youth, sport, research and innovation in healthcare and welfare, Permanent Representation to the EU, Netherlands

Ratkienė, Gitana, Adviser, Department of Personal Health, Ministry of Health, Lithuania

Waligora, Jaroslaw, Policy Officer, Directorate-General for Health and Food Safety, European Commission

## Minutes of the Policy Dialogue

Caroline Costongs, EuroHealthNet, welcomed the participants and explained the purpose of the meeting. Subsequently, Iñaki Imaz Iglesia, Instituto de Salud Carlos III, introduced JA CHRODIS PLUS to the policy dialogue participants highlighting that this meeting is an important milestone in the project which concerns the sustainability of project results. Before giving the floor to the European Commission representatives who presented the latest about the EU4Health Programme and the larger Multiannual Financial Framework, Alison Maassen, EuroHealthNet, set the scene to understand the pre-COVID-19 health promotion financing gap in countries across the EU. Following the interventions by representatives from DG ECFIN, DG SANTE and DG REGIO, the floor was open for discussion to the policy dialogue participants.

### Setting the scene to understand the pre-COVID-19 health promotion financing gap in countries across the EU, Alison Maassen, EuroHealthNet

Public health and health promoting services have been chronically underfunded for many years. Only 3% of national health budgets being spent on prevention, in contrast to around 60% of budgets being spent on curative and rehabilitative care services. In light of the COVID-19 pandemic, this is simply not enough. Research demonstrates the negative impacts and sharply increased risk of underlying health conditions on COVID-19 morbidity and mortality rates. Many of these underlying conditions are chronic diseases which are largely preventable.

These largely preventable diseases are closely tied to socio-economic status, education, housing, employment, and environments. Yet investment in social infrastructure such as housing, education and health remains 20% lower than before the 2008 financial crisis. Prior to the start of the current crisis, estimates suggested that the EU investment gap in social infrastructure was 150 billion euros per year. All while we know that the demands for public services have been steadily rising due to ageing societies and an increase in non-communicable diseases. Certainly COVID-19 will only exacerbate these gaps, with the risk of dramatically widening health inequalities across European societies.

In this context the group of representatives from the EU and Member States discussed ways to increase funding and investment in health promotion and prevention of chronic diseases. While this is first and foremost a responsibility of national and regional governments – who must set priorities and dedicate adequate public budgets, we also acknowledge that public budgets are limited. Therefore, the EU funding instruments offer a key opportunity to offset shortcomings in national budgets and to fill some of the social infrastructure investment gap.

Some possible solutions:

- Build individual capacities and awareness of funding and financing opportunities. This not only improves our own work but helps to also sensitize colleagues, policymakers and other stakeholders. What kind of funding is out there, how does it work, and how can it be accessed?
- Take a ‘health in all policies’ approach and be prepared to work with other sectors. Some examples of this include addressing underlying causes of ill health through the use of social funds, or using joint budgeting across ministries at the national or regional level to finance work addressing common objectives.
- Think more broadly about the tools at our disposal (locally and at the European level) which include alternative funding and financing mechanisms (e.g. Social Outcome Contracts).
- Overcome identified existing barriers to access of the EU funds for health promotion, which may include eligibility requirements and complex application procedures.
- Continue to emphasize that health promotion and disease prevention are an investment and not a cost. They can not only help to save 1.2 million lives per year in Europe, but also slow the growth of health expenditures in curative health care services and long-term care. For instance, a recent systematic review found that for every €7 spent on health promotion and disease prevention, €14 were returned to the economy.

## What do we know about current revisions to the European Union funding tools?

*Overview: Filippo Munisteri, Team Leader, Social Investment, Directorate-General for Economic and Financial Affairs, European Commission*

Figures were provided to understand the context of the new financial instruments. For instance, thanks to the COVID-19 crisis, the Commission projects a macroeconomic recession at the EU level resulting in a – 7,5% reduction of GDP, and unemployment hitting around 9%. Overall, government funds are decreasing and state deficits will be around 8%. From 25 to 50 percent of European companies are already experiencing liquidity problems. The situation is much worse than what we have experienced in 2008.

Two main recovery investment initiatives were described. These are currently being prepared by the European Commission together with the European Council and the European Parliament:

### 1. Solvency Support Instrument

This new instrument will provide equity-type support to viable companies of all sizes (incl. SMEs) from all economic sectors to address solvency concerns. This instrument will be demand-driven and available to all Member States, with a focus on companies in Member States particularly hit by COVID-19 which are less able to intervene through national state aid. Relevant to the health sector, there are two types of recipients: a)

companies operating in pharmaceutical sector linked to vaccines but also in support of life science R&D, and b) health infrastructure.

*Note: At the European Council meeting in July 2020, EU Heads of State or Government decided not to take up the idea of the solvency support instrument. Both the European Parliament and Commission President, Ursula von der Leyen, have expressed regret at this. At the time of this report's finalisation, the European Parliament continued examining this proposal, and the co-rapporteurs have published a draft report in which they propose to widen the scope of eligible companies and ensure fair geographical distribution.*

## 2. InvestEU

InvestEU is the EU's proposed flagship investment programme to help grow the European economy.

The proposed programme has 5 windows:

- I. Sustainable infrastructure
- II. SMEs
- III. Research, Innovation and Digitalisation
- IV. Social Investment and Skills
- V. Strategic European Investment

*Note: There have been a number of changes to the programme since its initial proposal. The current status of InvestEU negotiations are further described below.*

*EU4Health Programme: Jaroslaw Waligora, Policy Officer, Directorate-General for Health and Food Safety, European Commission*

In the new recovery package, health is a standalone programme called "EU4Health". The new programme will be the first of its kind in the history of the EU in terms of scope and budget, offering 10.4 billion euros for: a) protecting people from serious cross-border health threats and improving crisis management capacity b) supporting innovation, ensuring availability and affordability of relevant medical devices and products, c) strengthening health systems and health care workforce, including investing in public health.

The programme was sparked as a response to the need for more coordination between Member States and improved capacity at the EU level to fight the COVID-19 crisis. The pandemic exposed the need for more investment in health systems to improve resilience and readiness to respond to new challenges. The new programme should make it possible to create a reserve of health care staff and experts, training of health professionals.

The third pillar of EU4Health, strengthening health systems and the health care workforce, suggests improving the accessibility and efficiency of health system, reducing health inequalities, and tackling non-communicable diseases such as cancer. Cancer, in particular, is one of the political priorities of the European Commission, and the Beating Cancer Plan is under development. This plan will have synergies with the Cancer Mission under the Horizon Europe research programme.

The new programme will also place emphasis on exchange of good practices in health promotion and disease prevention. There is a will to improve and strengthen the European Reference Network for rare diseases, and explore possibilities to expand the model to other areas of work.

New challenges will arise trying to coordinate between the new health programme and other programmes.

*Note: As of the finalisation of this report, the total budget figures for EU4Health remain under discussion. In July, the European Council proposed to reduce the budget to €1.7 billion, coming from the Multiannual Financial Framework (MFF).*

*Cohesion Funds and the Corona Response Investment Initiative: Petra Goran, Policy Analyst, Inclusive growth, Directorate-General for Regional and Urban Policy*

Ms Goran provided an overview of some of the relevant activities and funds being managed by DG REGIO. The Corona Response Investment Initiative (CRII) was designed and deployed to allow Member States to re-allocate funds which have not been spent in the current programming period and to direct them into the COVID-19 crisis repair and response. Out of 27 Member States, 22 have decided to re-allocate funds to date, most of them directed towards health and care.

The new package proposes changes to the Cohesion Policy for both for the current and the upcoming programming periods (2021-2027). Cohesion Policy sees an increased budget by 5 billion euros for this year, 42 billion euros for 2021 and 10 billion for 2022, on top of funds which have already been used in the Cohesion Policy in 2014-2020. This is to help Member States manage the COVID-19 crisis but also to recover and plan for the future. A lot of the funds are directed to help the economy but also focus on building resilience of health systems

The programming period 2021-2027 has five priority areas. The fourth priority area is the implementation of European Pillar of Social Rights. This area gives a possibility to invest in health (the European Commission promotes investment in primary care and prevention), but also work on poverty reduction, increasing access to services for vulnerable groups, employment and education.

In the next programming period, territorial dimension will remain important (with remote areas in focus). However, transfer of resources between European Regional Development Fund, European Social Fund and Cohesion Fund will be possible which will allow Member States to react to any needs.

*InvestEU and its social window: Lorena Androutsou Directorate-General for Economic and Financial Affairs, European Commission*

*(Information as of October 2020)*

InvestEU overall endowment was cut to around €9 billion and reflows and that this will allow for an EU guarantee more than 20 bn EUR. As far as the windows are concerned, there is no split agreed between the co-legislators yet.

There are several health areas under discussion with the policy DGs.

InvestEU is based on three pillars:

1. The InvestEU Fund: Mobilising public and private investment using an EU budget guarantee
2. The InvestEU Advisory Hub: Providing technical advice on investment projects needing financing.
3. The InvestEU Portal: An easily accessible database that matches projects with potential investors worldwide.

Currently the European Investment Project Portal (EIPP) which will be transformed to the InvestEU portal has 1043 published projects (seeking investment), out of which 213 projects are health related, 93 of them have a seal of excellence (SoE) and 11 are linked to COVID-19. The link to the EIPP was also provided: <https://ec.europa.eu/eipp/desktop/en/index.html>.

### Roundtable discussion

Following a brief break, participants were encouraged to respond to the following questions during a roundtable discussion. These questions were designed to help participants think about 'normal' and current procedures and processes for learning about and accessing EU funding mechanisms.

- *How do you normally access information about EU-level initiatives, opportunities and funding?*
- *What information about EU funds or funding health promotion activities would be good to have but you have (until now) not been able to find?*
- *Do you see opportunities for increased collaboration between health and other social sectors (e.g., to take a 'health in all policies' approach)?*
- *Understanding that the current MFF and EU Funding Instruments are still under discussions, what would you hope to see in their revised structure to make them more accessible for funding health promotion and chronic disease prevention?*

The following themes emerged in the discussion:

National vs. local level:

- Information about EU initiatives rarely arrives to the municipal level. Local level public organisations tend not to have the capacity nor structural mechanisms to monitor funding opportunities, let alone to engage with other local actors for bundling projects for investment. Local organisations would enjoy receiving micro-credit for small-scale activities. They are usually advised to bundle projects across sectors, however, there is limited capacity for outreach. The inclusion of national promotional banks in the equation of financing health will make it easier for more local initiatives to get advice and receive funding for their activities.
- Local level units/organisations often have more opportunities to focus on direct health promotion and disease prevention activities than regional or national organisations, which means that funding the local level offers unique potential for improving health promotion and disease prevention.
- Ministries of Health, after receiving information about allocated funding from their national EU funds managing authorities, usually have difficulties reaching smaller organisations on the ground. It would be important to create a strong link between the different governmental levels. This link could also take form of an umbrella organisation that smaller units could rely on when looking for funding.
- Without intermediary parties' involvement, Ministries of Health find it difficult to manage local projects. To facilitate their work, they would need support from an intermediary actor.



- There are possibilities to scale up existing projects on the ground to implement in wider capacity. There are limits to this support, but regions and/or municipalities are planning projects and associated budgets, therefore, tend to have some reserves.
- It is extremely important to build community-level capacity to have ownership of the end product/service of the programme. To maximise the sustainability of the programmes funded, municipal programmes and ideas have to be taken over by the community.

#### Ministries of Health vs other actors

- Ministries of finance work with financial instruments. Those primary discussions and priority settings rarely reach ministries of health.
- Ministries of health are usually informed about and work on EU Health Programme, ESF and Horizon2020, yet all other programmes and funds are not necessarily within immediate reach to them. Some are managed by other actors such as ministries of justice or ministries of social affairs with whom ministries of health may have limited contacts.
- There is a lot of demand for clear and targeted information on funding programmes from the source (e.g., the European Commission), which would facilitate the inter-ministerial communication at national level. It could also help improve information sharing to other institutions at national, regional and/or local levels.
- European financial instruments (e.g., InvestEU) are demand- and market-driven. This is also considered a barrier in the health and social sector, where many actors and institutions primarily have experience with grants, not loans.
- Now that health is a bigger priority on national and EU agendas, it is important to do further priority-setting within the field of health between national, regional and EU stakeholders. MS actors should first have discussions amongst and within their organisations to ensure their priorities are well-aligned.
- The Shared Management approach (e.g. to Cohesion Funds) can be used to help increase collaboration between various ministries who may benefit from funds.

#### Building capacity of health actors

- Being informed about existing funding opportunities is not enough. Prospective beneficiaries must have the knowledge and capacity to learn of eligible opportunities for funding, to apply for funding, and then to absorb the funds and successfully manage associated projects.
- Even though there are many funding possibilities out there, it is widely agreed that navigating this information is complicated. The European Commission acknowledges this complexity and as a



response, DG SANTE is planning to launch a Joint Action that would help pool all information related to funding opportunities for health. The aim is also to increase the role and capacity of the national focal points (in health) and improve their cooperation across sectors.

## Recommendations

On the basis of the discussion, participants prepared some initial recommendations during the meeting. These included the following:

1. Information from the source (e.g., the Commission) about funding and financing opportunities needs to be clear and targeted.
  - Clear information from the source would facilitate the inter-ministerial communication at national level. It could also help improve information sharing to other institutions at national, regional and/or local levels.
2. As the crisis has clearly demonstrated, health has important impacts across all sectors, which requires greater inter-sectoral collaboration.
  - Strengthening the role and capacities of national focal points (in health) and improving their cooperation across sectors is needed.
  - Improving information flow across ministries (or even developing dedicated ministries to manage funds) will help to improve communication on synergies and joint opportunities for funding.
3. Prospective beneficiaries must have the knowledge and capacity to learn of eligible opportunities for funding, to apply for funding, and then to absorb the funds and successfully manage associated projects. Building this capacity and awareness amongst beneficiaries at all levels of government should be one of the main priorities for future actions in the field.
  - Small organisations (e.g., municipal level) should still dedicate capacity/time to monitoring opportunities for funding and/or bundling projects for investment.
  - Other intermediary actors (e.g. between national and regional levels) could also be further utilised to improve the flow of information and opportunities between all levels of governance.
4. There is a need to build a more proactive attitude towards new types of financing and approaching potential investors.
  - Improving the clarity and flow of information about funding and financing opportunities to all actors would help build familiarity and a more positive approach to investment in health promotion and disease prevention.
  - Health actors should also learn how to effectively advocate for the benefits (social, financial and otherwise) of health promotion and disease prevention activities.
5. Health is an increasing priority at all levels which brings new opportunities but also a need for more communication and coordination across all sectors and all levels.
  - Priority-setting in health is more important than ever and Member States should take an active part in the design and allocation of EU4Health funds.

- Care should be taken to ensure that the new funding can be effectively absorbed by health actors at all levels of governance (e.g., through simplified application and settlement procedures).

## Annex

### Agenda

10.00	Welcome, introducing the aims of the policy dialogue, Caroline Costongs, EuroHealthNet
10.05	Introducing JA CHRODIS Plus, Iñaki Imaz Iglesia, Instituto de Salud Carlos III
10.10	Setting the scene to understand the pre-COVID-19 health promotion financing gap in countries across the EU (and its impact on health budgets and chronic disease burdens until now), Alison Maassen and Lina Papartyte, EuroHealthNet
10.15	Icebreaker and tour de table: Participants are asked to briefly introduce themselves and their current work on health promotion and chronic disease prevention, and funding (accounting for the current impacts of COVID-19 on their activities)
10.25	<p>What do we know about current revisions to the European Union funding tools? How might we be able to harness them for health promotion and prevention of chronic diseases? <i>(Each session will be followed by a brief Q&amp;A)</i></p> <ul style="list-style-type: none"> <li>- <i>Overview: Filippo Munisteri, Team Leader, Social Investment, Directorate-General for Economic and Financial Affairs, European Commission</i></li> <li>- <i>EU4Health Programme: Marianne Takki, Policy Coordinator, Directorate-General for Health and Food Safety, European Commission</i></li> <li>- <i>Cohesion Funds and the Corona Response Investment Initiative: Petra Goran, Policy Analyst, Inclusive growth, Directorate-General for Regional and Urban Policy</i></li> <li>- <i>InvestEU and its social window: Lorena Androutsou Directorate-General for Economic and Financial Affairs, European Commission</i></li> </ul>
10.55	Break
11.05	<p>Roundtable discussion and co-writing conclusions</p> <p>Analysing the way both national and European Union funds were used for health promotion and chronic disease prevention in the recent past, and how this can improve following the COVID-19 crisis.</p> <p>Questions include:</p> <ol style="list-style-type: none"> <li>i. How do you normally access information about EU-level initiatives, opportunities and funding? What information about EU funds or funding health promotion activities would be good to have but you have (until now) not been able to find?</li> <li>ii. Do you see opportunities for increased collaboration between health and other social sectors (e.g., to take a ‘health in all policies’ approach)? What</li> </ol>

	<p>information do you need about the other sectors in order to work together to access EU funds? What would make it attractive for you to potentially work with them?</p> <p>iii. Understanding that the current MFF and EU Funding Instruments are still under discussions, what would you hope to see in their revised structure to make them more accessible for funding health promotion and chronic disease prevention?</p> <p>Co-writing concrete steps and recommendations – for policy, regulation and practice – to increase national and EU funding for health promotion and chronic disease prevention activities.</p>
11.55	Conclusions and next steps
12.00	End of meeting