



Law

Feedback from: European Public Health Alliance (EPHA)

Feedback reference

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Submitted by

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User type

Non-governmental organisation (NGO)

Organisation

European Public Health Alliance (EPHA)

Organisation size

Small (10 to 49 employees)

Country of origin

Belgium

Initiative

EU4Health programme 2021-2027 – interim evaluation ([/info/law/better-regulation/have-your-say/initiatives/14055-EU4Health-programme-2021-2027-interim-evaluation_en](https://info.law.better-regulation/have-your-say/initiatives/14055-EU4Health-programme-2021-2027-interim-evaluation_en))

The European Public Health Alliance (EPHA) is the leading European public health NGO, advocating for better health in Europe. With its 70 members from 18 EU countries, EPHA is active in all policy areas that affect health, including those impacting the social, environmental, political, and commercial determinants of health. EPHA ACKNOWLEDGES 1. The unprecedented amount of funding for health that is associated with the EU4Health Programme and its ambitions 2. Specific actions by the EC on health, including the EU Beating Cancer Plan (EBCP) and its focus on prevention, the Comprehensive Approach to Mental Health, and its commitment to strengthening EU collaboration through its European Health Union initiative 3. The reinstatement of Operating Grants, and Framework Partnership Agreements later in 2024, after persistent advocacy led by key EU health civil society organisations, including EPHA EPHA IS CONCERNED ABOUT 1. Health losing priority in Europe, while increasing investments are required to keep Europeans healthy, and Europe prosper, which is (also) reflected by the drastic reduction in EU4Health annual budget as of 2025. In its 2024 Manifesto (attached), EPHA underscores the urgent need for a more substantial, long-term health budget 2. The foreseen budget reduction, the 60% co-funding requirement for Operating Grants, and the lack of certainty and short duration of these grants pose significant challenges for public health NGOs, hindering NGOs' ability to effectively advocate for public interests, and creating power imbalance with the private sector 3. Inadequately applying the Better Regulation guidelines: - The time given for the Interim Evaluation (5 Dec-9 Jan) of a programme of this size is extremely limited, especially for member-based organisations like EPHA, which need to collate and synthesise members input - The timing is also regrettable, including the winter holidays and at a time when NGOs are preparing their Operating Grant proposals and finalising their end-of-year deliverables - The feedback character limit (4,000) for a comprehensive programme like this is too restrictive - The lack of detailed progress on the EU4Health Programmes performance indicators hinders the ability to provide detailed and meaningful feedback - Engagement with stakeholders, such as the EBCP Stakeholder Groups, which are inadequate for timely and meaningful participation THE EU4HEALTH PROGRAMME HAS MORE POTENTIAL The Programme, although ambitious, shows disparities between its promises (specific objectives) and delivery. Recognising the restrictive character limit mentioned above, a few selected examples are given: 1. The necessary transition to healthy sustainable food systems has received inadequate attention in terms of both policy development and resource allocation, yet they are crucial for long-term public health 2. There is a significant gap in the Programme's approach to NCDs, which is particularly evident in the execution of the EBCP. The plan has experienced delays in implementing its alcohol policy and lacks substantial progress in its commitment to a tobacco-free generation by 2040. Moreover, the approach to mental health lacks a structured and sustainable strategy, underscoring the need for more comprehensive action 3. The challenge of ensuring healthcare and medicine accessibility, affordability, and availability persists, indicating a need for more robust strategies and effective implementation in this critical area 4. The Programme has allocated limited financial support in key areas like AMR and One Health Stewardship 5. Addressing health inequities and the social determinants of health require a more focused effort, clear impact indicators, and a dedicated budget. This also includes a stronger focus on the most marginalised communities in society 6. Greater investments are needed to make health systems more efficient, resilient, and environmentally sustainable 7. Digital health literacy needs to be strengthened

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