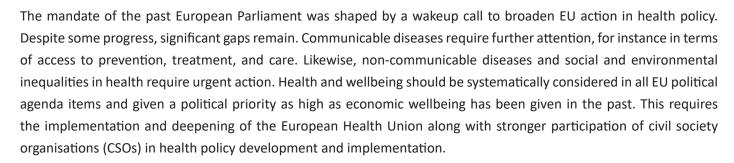


EU ELECTIONS 2024 MANIFESTO

10 PRIORITIES TO SECURE HEALTH ON THE EU POLITICAL AGENDA



Ahead of the 2024 European Parliamentary elections, the EU4Health Civil Society Alliance, gathering more than 30 health civil society organisations, calls for health to become a priority on the European Union political agenda. To reach that objective, the EU4Health Civil Society Alliance is bringing forward 10 key priorities to be considered in the European elections.

STRENGTHENING EU POLICYMAKING IN PUBLIC HEALTH

- 1. The EU should scale up action to promote public, physical and mental health, prevention, and equity by establishing a dedicated Vice-President in the European Commission and providing health with a space and legislative powers in the European Parliament. The Vice-President should have a clear mandate on health, universal health coverage, and links with social rights. Health should also be represented at the European Parliament, reflecting the need for increased transparency, better coordination of responses to public health issues, a sharper focus on health policy, and enhanced collaboration with health professionals. Therefore, the subcommittee on public health (SANT) should be made permanent and be supported by increased cooperation between institutions and stakeholders. As highlighted by the COVID-19 pandemic, health should also be included in EU strategic foresight activities.
- 2. Health promotion and prevention should have a budget allocated at the EU level and be reflected in investments and economic discourse. These should match citizens' expectations, as two thirds of Europeans want to see more action on health and wellbeing. Guaranteeing that no one will be left behind through adequate investment should be a key EU priority. An ambitious EU budget, and dedicated funding opportunities, are needed to equip the EU and its Member States to better prevent and address future crises and challenges (i.e., pandemics) while improving the resilience of Europe's health systems, supporting health-enabling communities, improving access to care and medicines, and building synergies with wellbeing economies.

- 3. Through the adoption of a Civil Society Strategy, the EU should develop mechanisms for stronger co-creation of policies, programmes and services, that allow for real empowerment of people and communities, including patient engagement. This requires an inclusive governance framework with direct, clear and meaningful participation of civil society as well as giving its representatives a real seat at the table and providing mechanisms for meaningful contribution beyond tick-box exercises. These principles should be implemented in the Better Regulation agenda and would allow the design of policies along with people with lived experience and CSOs.
- 4. The EU should support and enable civil society space at the EU level and increase the participation of CSOs in policymaking across health and other sectors by ensuring dedicated funding mechanisms. We ask for the continuation of multi-annual financial support to CSOs in a transparent manner across all DGs of the European Commission. Sustainable financing mechanisms for CSOs are needed to ensure that people's voices are heard in policymaking, and that populations affected by a particular policy are engaged in its design, implementation and evaluation. CSOs need to be supported to continue their central role in health promotion and prevention policies and activities, e.g., through operating grants. This would also guarantee certainty and stability for CSOs and relieve them from seeking other sources of funding, therefore preserving their independence.

STRONGER POLICIES FOR BETTER PUBLIC HEALTH

- 5. The EU must urgently address the dire challenge of non-communicable diseases (NCDs) through a coherent framework for prevention and action. NCDs are a major cause of premature mortality rates and present a growing burden for which the EU needs to scale up action at all levels of governance, and prevention to address underlying determinants. The EU must also ensure the continuity of policies launched in the previous term (such as Europe's Beating Cancer Plan) through effective implementation, monitoring and review, on a long-term basis. We call for actions aiming at supporting Member States in adopting national measures on NCDs, promoting prevention and awareness raising, in collaboration with patient communities. Finally, the ECDC mandate should be expanded to include NCDs.
- 6. EU action should focus on addressing and eliminating health inequalities, eradicating discrimination, and promoting equal access to health and care. Particularly, equity should be promoted, irrespective of socio-economic background, age, gender, geographical location, race, ethnicity, disability, and disease. Policies should pay specific attention to people living in vulnerable situations. Affordable, available, and accessible prevention tools, care, and treatments should be effectively ensured to all.
- 7. EU policies improving care for patients and strengthening healthcare systems should promote holistic, person-centred and integrative health care. This includes policies developed with patients, supporting research and innovation, promoting integration and continuity of care to build resilience while making and keeping people healthy. Measures should tackle healthcare workforce challenges, such as shortages, and support upskilling with green and digital skills. The adoption of new tools and technologies should improve disease management, public health promotion and prevention, and should be applied to the needs of people with quality, safety and equity considerations. Data collection and analysis should respect privacy and be used in a non-discriminatory manner.

BREAKING POLICY SILOS

- 8. The EU should establish a true European Health Union in areas where EU action brings clear added value, such as: cross-border health threats; antimicrobial resistance; workforce shortages; tackling inequity in health and discrimination; efficiently tackling health risk factors in areas of tobacco, physical inactivity, diet and alcohol and, where necessary, strengthening solidarity among Member States. Relevant treaty changes should be considered to give the EU competence to act in this and other key health policy areas and a stronger strategic leadership in public health must be granted to the EU to act as an agent of positive change and drive stronger collective action towards a true European Health Union.
- 9. The EU must develop overarching actions fostering health-enabling environments. Indeed, the quality of environments has a strong impact on health, and as shown by polycrises including climate change and pandemics this issue is becoming more and more pressing. The EU should tackle, through a dedicated framework, modifiable risk factors and the environmental, social, commercial, fiscal, and cultural determinants of health. In that regard, it is essential to consider the economy of wellbeing, which places people and the planet at the centre of building healthy, fairer and more prosperous societies. We also recommend adopting an integrated and holistic approach to health, using systems-thinking to address polycrises and stepping up comprehensive actions on health, environment, climate change and social rights.
- 10. The EU should ensure that all policies consider impacts on mental health, physical health, and wellbeing. Mental and physical health should be systematically considered through an integrative approach in all EU policy developments, such as in finance, education, economy and agriculture. In particular, impact assessments for health and health equity must be implemented, by initiating and facilitating action in non-health public policy areas.

SIGNATORIES

- 1. The European Public Health Alliance (EPHA)
- 2. European Patients' Forum (EPF)
- 3. Alzheimer Europe
- 4. Association of European Cancer Leagues (ECL)
- 5. Association of European Coeliac Societies (AOECS)
- 6. EUROCAM
- 7. EuroHealthNet
- 8. Eurordis-Rare Diseases Europe
- 9. European AIDS Treatment Group (EATG)
- 10. European Alcohol Policy Alliance (Eurocare)
- 11. European Central Council of Homeopaths (ECCH)
- 12. European Cancer Patient Coalition (ECPC)
- 13. European Chronic Disease Alliance (ECDA)
- 14. European Federation of Allergy and Airways Diseases Patients' Association (EFA)
- 15. European Federation of Neurological Associations (EFNA)
- 16. European Health Management Association (EHMA)

- 17. European Heart Network (EHN)
- 18. European Kidney Health Alliance (EKHA)
- 19. European Liver Patients' Association (ELPA)
- 20. European Network for Smoking and Tobacco Prevention (ENSP)
- 21. European Public Health Association (EUPHA)
- 22. European Respiratory Society (ERS)
- 23. Health Action International (HAI)
- 24. International Diabetes Federation (IDF-Europe)
- 25. International Sport and Culture Association (ISCA)
- 26. International Federation of Anthroposophical Medical Associations (IVAA)
- 27. Mental Health Europe (MHE)
- Psychedelic Access and Research European Alliance (PAREA)
- 29. Smoke-Free Partnership (SFP)
- 30. TB Europe Coalition (TBEC)
- 31. Wemos































































CONTACT

Clémentine Richer

Policy Officer • European Public Health Alliance clementine.richer@epha.org

Flavia Topan

Communications Manager • European Patients' Forum flavia.topan@eu-patient.eu



The EU4Health Civil Society Alliance brings together organisations that share the vision of a Europe where all people are as healthy as they can be throughout their lives. COVID-19 has shown EU action on health is more urgently needed than ever Europe cannot wait for the next pandemic for more EU action on health. The time to invest in a healthy future is now.

