

# What are the European Union political parties planning for your health?

## A response to the European Union parties' manifestos

May 2, 2019

The signs are clear. All is not well with the health of the people of Europe. After decades of steady gains, life expectancy in some countries are stagnating or even going into reverse<sup>1</sup>. Too many deaths are from causes that are avoidable with effective prevention or care (in 2015, an estimated 570,000 avoidable deaths)<sup>2</sup>, and infectious diseases once controlled, such as measles, are resurgent<sup>3</sup>.

Even though growing numbers of Europe's citizens have lost faith in political institutions, they want Europe to do more to safeguard health. In a recent Eurobarometer: "70% of the European citizens want the EU to do more for health than they do now"<sup>4</sup>. As the citizens decide who they will vote for in the European Parliament elections between the 23<sup>rd</sup> and 26<sup>th</sup> of May 2019, we ask what the main political parties propose for our health in their election manifestos<sup>5</sup>.

#### Setting the scene

The European Union (EU) treaties place an obligation on the European institutions, to ensure that health is present in all EU policies and the EU has committed to improving the health of the population of Europe<sup>6</sup>. Since the Treaty of Lisbon<sup>7</sup>, great strides have been made in improving health of European citizens, for example the regulation of tobacco products. However, there is no room for complacency as these health gains are not equally distributed within our population<sup>8</sup> and in many areas – such as non-communicable diseases (NCDs), multimorbidity, and universal access to care – there is a considerable scope for the EU to make further progress. EUPHA wishes to emphasise that the EU undeniably is a key determinant to the health of its residents<sup>9</sup>. Yet the budget for the health strand in the European Solidarity Fund Plus (ESF+) programme is only 0.036%<sup>10</sup> of the total EU budget, contrary to e.g. the 0.163%<sup>11</sup> reserved for European Culture, where the EU has similar competencies. In the EU research and innovation cluster, public health is not prioritised.

#### The manifestos of the political parties

While some EU parties mention health more often than other parties, health is not a main priority. The frequency of the word (or words including) 'health' in the manifestos ranges from none (EDP and DiEM25) to 31 times (PPEU) with a mean of 8 mentions. However, 10 out of 11 parties include a number of issues directly or indirectly touching upon health, such as gender equality, education, occupational health, environment, and sustainable agriculture. Members of the European Parliament (MEPs) from the EPP, ALDE, and the EGP, who were interviewed or speakers at the All Policies for a Healthy Europe (AP4HE) manifesto launch, are keen to prioritise health at EU level. All parties seem to be looking beyond the narrow medical aspects of health to include issues such as air pollution. However, it is sometimes unclear whether they are fully aware of how other sectors impact on health. This was especially so for migration, a topic which all parties touch upon. There is only little mention of health promotion and disease prevention (PEL, EGP and PPEU). Similarly, mental health, a major burden of ill health, is barely mentioned (EGP, ECPM and Volt), and there is no attention to NCDs (except EPP who mention cancer), in a time where Europe is facing a rapidly growing burden of

NCDs. Little attention is given to specific health research and innovation or to digital health (except in the EPP manifesto); topics which are of major significance for the future of health in Europe.

Overall, EU political parties do not see health as a priority. Certain health topics are mentioned or goals are set here and there, but little can be found on reaching these goals. Some parties have set out proposals that are related to health, even if the linkages are not explicit, (e.g. EGP, PPEU and PES are more explicit on this than others) and they set out detailed plans in other sectors, such as the economy (PEL) and defence (EPP), but it is worrying that they have not given the same attention to health.

The parties that will dominate the European Parliament play a major role in setting the legislative agenda<sup>12</sup>, so prioritising health also depends on the composition of the parliament that will emerge. *Member States need to work together* as no single country is able to tackle health issues such as vector-borne diseases due to climate change<sup>13</sup> and mental health issues due to employment conditions<sup>14</sup>, on its own.

**EUPHA** urges members of the new European Parliament to mainstream health in political debates and place health higher on the EU agenda, including the agendas of EU political parties and groups. This is in line with the seven key asks by EU4Health<sup>15</sup> where EUPHA was a co-signatory. EUPHA is available to provide the evidence for this.

### Furthermore, EUPHA calls for:

- EU parties and groups to give *more attention to big health threats* in Europe such as NCDs, the obesity epidemic, antimicrobial resistance, vaccine confidence, tobacco, and mental health. The EU needs strong leadership, based on a *DG Health*.
- EU parties and groups to put more focus on *health promotion and disease prevention*. Prevention is always better than cure and prevention costs are lower than treatment costs. Every euro that is invested in health generates, on average, an economic return of 14 euros<sup>16</sup>.
- The EU to invest in health research and innovation. This is crucial in order to identify health gaps, to understand what is needed for creating strategies, and to set the agenda. Furthermore, the EU should foster knowledge translation to address the gap between the large volume of research data and the implementation of this evidence in policy and practice by key stakeholders.
- Mainstreaming health in all policies via an inter-sectoral horizontal approach, inter alia as proposed in the All Policies for a Healthy Europe campaign<sup>17</sup>. Just as Member States are not able to tackle health issues alone, neither can the health sector solve all health problems. Health is everywhere and Health Impact Assessment (HIA) can strengthen rational policy- and decision-making.
- Placing health higher on the EU agenda to reach the **Sustainable Development Goals** (SDGs), a cause the EU has committed to implement in both its internal and external policies.

These calls need to be implemented to establish a Europe attaining the highest possible level of health for all citizens. Health should be seen as an investment, as health and economic stability mutually reinforce each other. Health deserves and needs to be prioritised as it is a human right<sup>18</sup>. More collaboration and alliances, more attention to major health threats, more health promotion and disease prevention, and more research and innovation will all contribute to this. To stress again, European citizens demand the EU to do more for their health; prioritising health on the agenda is a way to bridge this gap between EU and the European citizens.

For background information on methods and results, please click here.

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The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20'000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

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<sup>&</sup>lt;sup>1</sup> Jasilionis, D. (2018). Reversals in life expectancy in high income countries?. British Medical Journal, 362:k3399

<sup>&</sup>lt;sup>2</sup> European Commission (2018). *Amenable and preventable deaths statistics*. Retrieved on 12-04-2019 from https://ec.europa.eu/eurostat/statistics-

explained/index.php?title=Amenable and preventable deaths statistics&oldid=392133#deaths from potentially avoidable causes

<sup>&</sup>lt;sup>3</sup> Plans-Rubió, P. (2017). Why does measles persist in Europe?. European Journal of Clinical Microbiology & Infectious Diseases, 36(10), 1899-1906.

<sup>&</sup>lt;sup>4</sup>European Parliament (2017). *Eurobarometer Health and Social Security*. Retrieved on 18 March 2019 from http://www.europarl.europa.eu/external/html/eurobarometer-

EMAIL\_CAMPAIGN\_2017\_05\_08&utm\_medium=email&utm\_term=0\_10959edeb5-6e69d6d588-189770033#health

<sup>&</sup>lt;sup>5</sup> Published 2019 manifestos: Party of the European Left (PEL), European Free Alliance (EFA), European Green Party (EGP), European Pirate Party, (PPEU), Party of European Socialists (PES), European Democratic Party (EDP), Alliance of Liberals and Democrats of Europe (ALDE), European People's Party (EPP), European Christian Political Movement (ECPM), Volt, Diem25

<sup>&</sup>lt;sup>6</sup>Treaty on European Union (1992). *Treaty on European Union*. Retrieved on 05-02-2019 from <a href="https://europa.eu/european-union/sites/europaeu/files/docs/body/treaty on european union en.pdf">https://europa.eu/european-union/sites/europaeu/files/docs/body/treaty on european union en.pdf</a>

<sup>&</sup>lt;sup>7</sup> European Parliament (2018). *Public Health*. Retrieved on 05-04-2019 from

http://www.europarl.europa.eu/factsheets/en/sheet/49/public-health

<sup>8</sup> Marmot, M., Allen, J., Bell, R., Bloomer, E., & Goldblatt, P. (2012). WHO European review of social determinants of health and the health divide. *The lancet*, 380(9846), 1011-1029.

<sup>&</sup>lt;sup>9</sup>Bekker, M. P., Greer, S. L., Azzopardi-Muscat, N., & McKee, M. (2018). Public health and politics: how political science can help us move forward. *European Journal of Public Health 38*(3), 1-2

<sup>10</sup> Total EU budget divided by EU budget for the health strand in ESF+ \* 100  $\,$ 

<sup>11</sup> Total EU budget divided by EU budget for European culture \* 100

Hix, S. (2002). Parliamentary behavior with two principals: Preferences, parties, and voting in the European Parliament. *American Journal of Political Science*, 46(3), 688-698.

<sup>&</sup>lt;sup>13</sup> Semenza, J. C., & Suk, J. E. (2017). Vector-borne diseases and climate change: a European perspective. *FEMS microbiology letters*, *365*(2), 1-9.

<sup>1-9. &</sup>lt;sup>14</sup> WHO (2010). *Mental health and well-being at the workplace – protection and inclusion in challenging times*. Retrieved on 1-04-2019 from http://www.euro.who.int/\_\_data/assets/pdf\_file/0018/124047/e94345.pdf

<sup>&</sup>lt;sup>15</sup> EU4Health (2018). *Joint Statement | Europe, Let's Do More for Health*. Retrieved on 18 March 2019 from https://epha.org/joint-statement-europe-lets-do-more-for-health/

<sup>&</sup>lt;sup>16</sup> Masters, R., Anwar, E., Collins, B., Cookson, R., & Capewell, S. (2017). Return on investment of public health interventions: a systematic review. *J Epidemiol Community Health*, 71(8), 827-834.

<sup>&</sup>lt;sup>17</sup> All Policies for a Healthy Europe (2019). *All Policies for a Healthy Europe Improving citizens's well-being*. Retrieved on 12-04-2019 from https://healthyeurope.eu/

<sup>&</sup>lt;sup>18</sup> World Health Organisation (2017). *Human rights and health*. Retrieved on 26 March 2019 from https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health