

## **Non-paper from Austria, Belgium, Estonia, France, Greece, Ireland, Latvia, Lithuania, Luxembourg, Poland, Portugal, Slovenia and Spain calling for the reinstatement of operating grants under EU4Health**

Austria, Belgium, Estonia, France, Greece, Ireland, Latvia, Lithuania, Luxembourg, Poland, Portugal, Slovenia and Spain wish to express their concern regarding the absence of a provision for operating grants for non-governmental organisations (NGOs) under the EU4Health 2025 Work Programme. Austria, Belgium, Estonia, France, Greece, Ireland, Latvia, Lithuania, Luxembourg, Poland, Portugal, Slovenia and Spain also wish to raise considerations as regards the governance and preparation of the EU4Health annual Work Programmes and the modalities for Member States' involvement, in line with the programme's committee procedures.

### **Working methods and involvement of Member States**

As Member States contributing to the financing and implementation of EU4Health, Austria, Belgium, Estonia, France, Greece, Ireland, Latvia, Lithuania, Luxembourg, Poland, Portugal, Slovenia and Spain consider it essential that Member States be associated at an early stage and through a structured consultation process to the preparation of the annual Work Programmes.

In the context of the 2025 Work Programme, the timetable and consultation arrangements did not allow Member States to provide input in a sufficiently timely and meaningful manner: following a prolonged period with limited visibility on the drafting timeline, a draft was shared with Member States with approximately two weeks to provide comments. Despite the concerns expressed by a significant number of Member States regarding the discontinuation of operating grants for NGOs, the approach was maintained by the Commission. During the Programme Committee, several Member States expressed dissatisfaction with these working methods and with the discontinuation of operating grants, and some voted against the Work Programme.

This situation raises concerns regarding the transparency of the preparation process, the possibility to anticipate key policy choices and trade-offs, and the clarity of funding allocations within the programme. Austria, Belgium, Estonia, France, Greece, Ireland, Latvia, Lithuania, Luxembourg, Poland, Portugal, Slovenia and Spain are concerned that similar difficulties could arise in the context of the 2026 Work Programme as the planning and sequencing of Steering Group discussions have not consistently enabled sufficiently early and predictable Member States' input.

### **Reinstating structural funding for health NGOs**

Moreover, operating grants constitute an important instrument to ensure, at Union level, structured, independent and sustainable participation of public health NGOs and patient/user organisations in the shaping and implementation of health policies. These organisations contribute to the public interest and play a valuable role in strengthening the policy objectives of the European Health Union. Structural funding is justified in particular for the following reasons:

- Operating grants support meaningful stakeholder participation, enabling structured and continuous involvement of patients/users and public health actors in consultations, working groups and technical exchanges, thereby strengthening the quality, legitimacy and uptake of European policies.

- Operating grants are complementary to action grants (project-based funding), as they underpin ongoing operational capacity (expertise, representation, coordination and facilitation of networks, dissemination and support for implementation in Member States).
- Their amount remains limited compared to the overall programme budget (around EUR 9 million per year; EUR 23.8 million committed over 2022–2024), while demand has increased (22 applications in 2022, 64 in 2024).
- They are consistent with the objective of multiannual stability, notably in view of the Framework Partnership Agreements concluded in 2023/2024 and the usefulness highlighted in the EU4Health interim evaluation.
- Finally, structural public funding helps safeguard independence by reducing reliance on private funding and mitigating risks related to conflicts of interest.

The discontinuation of operating grants may also entail immediate and structural consequences:

- Loss of continuity (teams, expertise, capacity to contribute) that is not conducive to multiannual policy processes.
- Potential widening of inequalities in representation, to the benefit of organisations that are already highly resourced.
- Weaker national and local relays for dissemination and uptake of EU health policies, with increased exposure to misinformation.
- A reputational risk for the EU, by fuelling the perception of reduced dialogue with the civil society.

As a result, Austria, Belgium, Estonia, France, Greece, Ireland, Latvia, Lithuania, Luxembourg, Poland, Portugal, Slovenia and Spain ask the European Commission:

- To strengthen, as from the preparation of the 2026 Work Programme, the involvement of Member States (shared timetable, early consultations, adequate timelines for feedback, transparency on trade-offs).
- To reintroduce, as from 2026, within the EU4Health Work Programme, structural funding (operating grants) for health NGOs, distinct from action grants, ensuring continuity for public-interest missions.