



Addressing health inequalities by using Structural Funds. A question of opportunities



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ABSTRACT

Making up a third of the EU budget, Structural and Investment Funds can provide important opportunities for investing in policies that tackle inequalities in health. This article looks back and forward at the 2007–2013 and 2014–2020 financial periods in an attempt to inform the development of health equity as a strand of policy intervention under regional development. It combines evidence from health projects funded through Structural Funds and a document analyses that locates interventions for health equity under the new regulations. The map of opportunities has changed considerably since the last programming period, creating more visibility for vulnerable groups, social determinants of health and health systems sustainability. As the current programming period is progressing, this paper contributes to maximizing this potential but also identifying challenges and implementation gaps for prospective health system engagement in pursuing health equity as part of Structural Funds projects. The austerity measures and their impact on public spending, building political support for investments as well as the difficulties around pursuing health gains as an objective of other policy areas are some of the challenges to overcome. European Structural and Investment Funds could be a window of opportunity that triggers engagement for health equity if sectors adopt a transformative approach and overcome barriers, cooperate for common goals and make better use of the availability of these resources.

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1. Introduction

Europe is diverse. Also the health status varies considerably between countries. Within the European Union there is a gap between “new” and “old” Member States, between

the north and south. At the same time, studies of health inequalities within countries highlight a larger divide on a subnational scale and in many cases a growing divide between regions [1,2]. The health status at national and regional level is correlated to the socio-economic status of the population, the relationship being much stronger for countries and regions with lower levels of GDP [3]. The consequences of the crisis and the austerity policies adopted by many EU countries increased the number of people living in poverty, affecting the health in the low socio economic groups, the vulnerable and excluded populations [4–7].

Health inequalities have become a concern for WHO Europe (“Health is Wealth”, Health 2020) and the EU.

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Especially in EU documents from 2008–2009 the socio-economic rationale to reduce health inequalities emerged as a more powerful argument of securing people's access to most fundamental rights. Health inequalities and its consequences have been addressed in official communications, reports and working papers in terms of potential economic loss, health care expenditure, labour supply or labour productivity [8,3,9].

The public health community has long recognised the need to address inequalities. Bridging the gap in health depends on health services but to a large extent to the determinants of economic success, social and political change and altered human behaviour [10–12]. Disparities in health status between places and people are influenced by the distribution of factors such as income, employment, environmental risks, living and working conditions, availability of food, access to education, access to ways of transportation, means of social participation [13–16]. However, and despite the discussions about “Health in all Policies” and “Whole-of-Government” approaches, the public health community rarely engages with those who drive these determinants [17].

This paper discusses the case of the European Structural and Investment Funds (ESIF) which can provide important opportunities for the public health community to address and invest in actions that tackle inequalities in health.

EU Structural Funds (ESF), specially the European Regional Development Fund (ERDF) and the European Social Fund (ESF) have evolved into a well-established feature of regional development and planning and are now within the framework of European Structural and Investment Funds (ESIF). Since late 1980s their main aim has been to reduce regional economic and social disparities and to promote sustainable development across Europe. While being one of the most tangible EU policies, with almost a third of the total EU budget to sustain it, ESIF open up financial possibilities for investing in social determinants of health and sustainable health systems. Taking into account the austerity measures and their impact on public spending, ESIF can be an important resource, for some Member States perhaps the only source of new investment, towards achieving health objectives, transforming services and contributing to regaining economic stability [18]. Moreover, the overarching goals of ESIF have been to reduce regional disparities in income, wealth and opportunities. Therefore, they could represent a space for the public health community to engage with policies impacting health like social, labour or environmental policies. If public health is to ensure access and equity in health it needs to work with other sectors to address the determinants of health and reduce health inequities [19].

At the EU level, Member States have explicitly been encouraged to make smarter use of these financial programmes [20,21]. During the 2007–2013 programming period, health was identified as a priority intervention area within the ERDF and ESF framework. However, absorption rates of Structural Funds for health have been reported rather low with the public health sector playing a marginal role in the implementation of the Cohesion Policy [22]. In 2010, the European Commission proposed a new path for development with clear objectives to be reached, a stronger

link with its funding programmes and stricter economic governance. Under this framework the new Structural and Investment Funds aimed to address the economic development challenges Europe had been confronting itself since the start of the financial/economic crisis while sustaining social cohesion. The policy spectrum includes a new broad set of interventions to achieve smarter, more sustainable and more inclusive growth. However, although health equity is strongly linked to these objectives, health as such was not highlighted as an independent investment priority anymore.

How to maximise ESIF potential to reduce health inequities? Can the experiences with utilization in the previous period provide better guidance to make use of their availability? Have the changes in regulatory framework created more opportunities or value for health equity investments or on the contrary more challenges? This article will address these questions by looking back and forward at the 2007–2013 and 2014–2020 financial periods and analysing the matrix of opportunities for investment in health equity.

Through this mapping exercise the article will bring a contribution to a theme that is not often investigated scholarly. Academic research has usually focused on health equity as a public health goal or on Structural Funds as an investment framework for economic development and cohesion, but rarely have the two fields been bridged [23]. Many projects were funded through the previous EU Health Programme 2008–2013 to provide tools, guidelines, support and capacity building to Member States on how to employ Structural Funds for health and health equity (euregio3, 2015) [24–27]. However, not many scientific publications emerged as a consequence.

Therefore, the article informs the development of health equity as a strand of policy intervention, regional planning and research. The findings are of direct practical relevance for policy-makers as well. One of the aims of the paper is to contribute towards more and better use of ESIF for investments in health in the future. One of the explanations for rather low absorption rates of Structural Funds is lack of know-how to make use of their availability in the context of improving health status. The present article will therefore address this predicament while further research will look into the capacities of the policy makers and the public health community to make use of these financial opportunities.

2. Materials and methods

This article draws on the outcomes of two European funded projects aiming to support regions in using Structural Funds for health and health equity: EUREGIO III (2009–2011) and HealthEquity2020 (2013–2015). The first represented an important source of information on policy implementation during the period of the Lisbon Strategy (2000–2010) and the crossover to the Europe 2020 Agenda. Specifically, it explored and assessed the use of Structural Funds for health in the 2007–2013 period. It systematically collected evidence from over 30 projects from across the EU27 funded through Structural Funds and ultimately developed 10 case examples meeting rigorous assessment

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