

Public health

The widening health gap, high levels of lifestyle-related diseases and an ageing population are some of the major health challenges in Europe.

Iceland, Liechtenstein and Norway strive to reduce health inequalities by promoting physical and mental health in the beneficiary countries, and improving access to, and quality of, healthcare services.

WHY FOCUS ON PUBLIC HEALTH?

Preventable health problems related to lifestyle factors such as nutrition, smoking, substance abuse and physical activity are increasing all over Europe. More than half the population in Europe is overweight or obese. Mental health disorders including depression are experienced by approximately one in ten EU citizens.

In 2013 the gap in life expectancy at birth between the EU countries was 11.8 years for males and 7.5 years for females. According to the European Commission, this is partially attributed to uneven access and quality of health care.

OECD figures show that health spending in the EU countries has decreased each year since 2009. This may affect public health, if not immediately, certainly in years to come.

The European population is also getting older and living longer. The proportion of people over 65 in Europe will increase from 17% in 2010 to almost 30% by 2060. This sets a new challenge for healthcare systems.

WHAT WILL WE ACHIEVE?

The public health programmes contribute to:

- > Strengthening capacity in the beneficiary countries to improve service delivery
- > Improving access to and quality of healthcare services

Particular attention is given to closing the health gap mainly among vulnerable groups including young people, pregnant women, elderly and the Roma population.

www.eeagrants.org
www.norwaygrants.org



HOW WILL WE ACHIEVE IT?

Support from Iceland, Liechtenstein and Norway is focused on:

- > Universal access to safe, high-quality, efficient healthcare services with particular attention to the needs of vulnerable groups.
- > Strengthen cooperation between social and healthcare services.
- > Effective public health policies to prevent non-communicable diseases (for ex. cancer and heart diseases).
- > Improve health surveillance and information systems, such as data registries to track and monitor population health.
- > Improve mental health services, such as development of strategies to enable community-based treatment of patients with mental disorders.
- > Awareness-raising campaigns for healthy lifestyles in the population generally and among young people in particular.

HOW DOES IT WORK?

Projects are selected based on open calls for proposals organised by the programme operator in each beneficiary country. Calls are published on the websites of the programme operators and on www.eeagrants.org. In some cases projects are already predefined.

BILATERAL COOPERATION

The evaluation of support to the health sector in the previous funding period (2004-2009) emphasised the importance of partnership and knowledge sharing.

Funding is available to support networking and foster project partnerships. Activities such as meeting participation, networking and sharing of technology and best practice may be funded by bilateral funds in each country.

The Norwegian Institute of Public Health is involved as donor programme partner in the Czech Republic, Estonia, Hungary, Portugal and Slovenia and the Norwegian Directorate of Health in Poland. These institutions play a strategic role in programme planning and implementation, and assist Norwegian entities who wish to get involved as project partners or through bilateral funds.

COUNTRY OVERVIEW: PUBLIC HEALTH


	Reduced inequalities between user groups	Prevent and reduce lifestyle diseases	Improve mental health	Prevent HIV/AIDS and tuberculosis	Improve access and quality of health services	National health registries and health information systems	Improve health governance	Partner	Grant amount (€ million)	
Bulgaria	●		●		●		●		13.4	■ ■
Cyprus*	●								1.2	■
Czech Republic			●		●			■	19.2	■
Estonia		●	●	●	●			■	8.9	■
Hungary**	●		●		●			■	16.6	■
Lithuania	●	●			●	●			6.0	■
Poland		● ●			●		●	■	18.0 58.0	■ ■ ■ ■
Portugal	●		●	●		●		■	10.0	■
Romania	●			●	●		●		22.6	■
Slovenia	●	●	●					■	10.2	■
Total									184.1	

■ Norwegian Institute of Public Health ■ EEA Grants
■ Norwegian Directorate of Health ■ Norway Grants


* In Cyprus there is no overall health programme, but two pre-defined projects in the field of health.
 ** Payments currently suspended in Hungary: bit.ly/1K41Ybl

ABOUT THE EEA AND NORWAY GRANTS


Iceland, Liechtenstein and Norway provide funding to:



reduce disparities in Europe



strengthen bilateral relations



€1.8 billion
in funding*

16
beneficiary countries

AREAS OF SUPPORT

- Environmental management
- Climate change
- Civil society
- Cultural heritage and diversity
- Human and social development
- Green industry innovation
- Justice and home affairs
- Research and scholarships
- Decent work and social dialogue

* EEA Grants €993.5 million (Norway 95.7%, Iceland 3.2%, Liechtenstein 1.1%) – Norway Grants €804.6 million, financed by Norway alone