Response by the AER “Social Policy & Public Health” Committee
to the Consultation of the European Commission
EUROPE’S SOCIAL REALITY

The Assembly of European Regions-AER (www.aer.eu) is the political organisation of Regions in Europe and their spokesperson at European and international level. Its vocation is to defend the Regions' interests in the political process and to develop interregional cooperation. The AER brings together 260 Regions from 33 European countries and 14 interregional organisations.

This response is based on the contributions of our member regions and takes into account the past positions and declarations adopted by the Committee:

- Common position of the AER Committees to the Commission’s White Paper on Services of General Interest (2004);
- AER Resolution regarding the European Commission Consultation on “Enabling good health for all: a reflection process for a new EU health strategy (2004);
- AER Position on the proposal for a Directive on services in the internal market (2005);
- AER response to the contents of the Green Paper “Confronting demographic change: a new solidarity between the generations (2005);
- AER Declaration on the Regions’ perspective on the future of the European Social Model” (2005);
- AER Response to the European Commission Communication “Implementing the Community Lisbon Programme: Social services of general interest in the EU” (2006);
- AER Declaration on “Equal opportunities for ethnic minorities: the regions’ role” (2007);
- AER Declaration of Timisoara on “Women and Migration” (2007).

The AER “Social Policy & Public Health” Committee welcomes the initiative of the European Commission to encourage a public debate in order to determine what is Europe's current social reality. We hope that the responses to this consultation will contribute to the further development of Europe’s social dimension and will successfully complement the Lisbon Strategy for sustainable economic growth.

The European Regions can make an important contribution in terms of dealing with the challenges and problems raised in the consultation, by entering into a permanent dialogue with the citizens, the local authorities, the private sector, care providers and the welfare sector, enabling them to develop a shared vision and to build ad exchange information and experience. Even if the regional level of government does not posses full competences to address these problems, they can contribute to the development of responses and strategies. There are numerous examples across Europe of regions that have taken an active interest in health and social issues and have become a facilitator for dialogue and coordination between national government, local authorities and the numerous stakeholders concerned.

Having analysed the different European Social Models in the context of current trends and developments, the regions agree that, although models are changing in almost all societies, the welfare state is nonetheless built upon a set of principles and values, common to all European regions:
a. Solidarity  
b. Social Justice  
c. Social and territorial Cohesion  
d. Equal access to employment, in particular for the young and the disabled  
e. Gender equality  
f. Equal access to health and social protection  
g. Universal access to education  
h. Universal access to health and social services  
i. Equal opportunities for everybody in society, in particular the elderly, the young, the disabled, the socially excluded and minority groups  
j. Universal access to, development of and implementation of knowledge in health and social services.

In order to best guarantee these principles and values, the principle of subsidiarity has to be applied and they have to be mainstreamed throughout the entire EU policy-making process.

The key priorities of the AER “Social Policy & Public Health” Committee with regard to the questions raised in the consultation are stated below. It is obvious that the different points cannot be handled separately; they are closely linked and often have an impact on each other:

**Health and Social Affairs**  
Developing the regions’ model of health and social care in the future is a key priority for our members. We need to analyse what will be the citizens’ needs and expectations in 20-30 years’ time, in order to develop a model that will then serve as the basis for adopting and implementing strategies regarding, for example:
- the organisation, financing and delivery of healthcare and social services;
- the e-health tools that can help deliver these services;
- the mid- and long-term responses to demographic change that are needed;
- restructuring health and social services delivery in order to find ways to informal/community care;
- possible prevention measures in health care and social affairs.

**Demographic Change**  
Demographic change should not be limited to the questions linked to the elderly, but should also focus on young people, family policies and equal opportunities for all.
- How can an increase in fertility rates be encouraged? At the same time, how can a balance between work and family life be ensured?
- How can we promote active ageing?
- How can the different levels of government contribute to finding innovative solutions (domotics, health telematics, etc.) for independent living?
- How can the economy contribute to a balanced social and territorial cohesion (e.g. clusters)?
- Good education possibilities are a guarantor for better health, easier access to employment, inclusion into the society, etc. How can lifelong learning best be provided to all citizens?

**E-health**  
Regional policies should support the development of new technologies and tools. This will not only contribute to the modernisation of health and social systems and improved quality and safety, but will also have a positive impact on the sustainable economic development of the
regions, by creating employment and expertise. In this context, we intend to further develop partnerships with the private sector and facilitate the contact between “supply and demand” for e-health tools.

With the increasing mobility of citizens within a region, country or beyond, these new tools have to be built upon common and interoperable standards. In particular in the case of regions sharing common boarders, patients move between the different territories and the regions often share healthcare equipment and services.

Gender Equality
Gender equality is closely linked to the response to demographic change, the future model of society and what is the perceived/expected role of women therein. We must continue to ensure that the gender perspective is taken into account in the formulation of the future model of health and social care delivery and on how to respond to demographic changes.

Migration
Migration is a reality that Europe must face up to. The AER member regions are convinced that a positive response is required, which will encourage integration and social acceptance and coherence. Immigration is likely to continue, and indeed increase, as the opportunities for employment and wealth creation within a thriving and sustainable EU prove attractive to communities outside the EU. This will be a real test for solidarity and social cohesion for EU countries, and leadership from the EU will be vital. Immigration will bring its own challenges, but would also offer skills and social capital, which would otherwise not be available to the EU.

Financing Europe’s social reality
In order for any policy to be successful, it must be granted the necessary financial means. A reflection on current trends and future challenges should lead not only to a revision of political priorities, but also of financial priorities. Responding to the challenges we have identified above means that we need to reconsider our financial priorities, evaluate how we spend public money and have the courage to make mid- to long-term investments. This also requires a change in mentalities: indeed the financial burden of health and social services is increasing. But this does not mean that health and social services are a burden. Investing in health and social cohesion may not have an obvious impact on Europe’s economy in the short term – yet it is the key to a sustainable Europe in the mid- and long-term.

Conclusion:

The Region’s experience shows that interregional partnerships and cooperation are an effective tool for developing initiatives and policies addressing inequalities of all kind (health and social), as they constitute a mechanism for exchanging know-how and experience and for making use of spare capacities.

They are best placed to take into account the diversity of their population and of their territories. To a certain extent they face the same problems and have to find adequate and sustainable solutions in collaboration with the other levels of government. They have to make sure that the
main issues are mainstreamed into other policy areas and this at all levels of government.

Europe’s success lies in building partnerships and encouraging cooperation. A permanent political dialogue between all levels and with all partners concerned will allow Europe to respond to citizens’ expectations.

Only by consolidating the principle of solidarity the wellbeing of the citizens and the societies in Europe can be ensured. The European Union can help this consolidation by applying the principle of subsidiarity wherever possible and by providing the financial instruments that ensure action wherever necessary at whatever level concerned.

Mainstreaming health and social concerns across all European policies is essential. Objectives are best achieved when synergies are created between different policies and actors.

We hope that the responses to the consultation will be translated a balanced and sustainable political solution to the challenges Europe faces today and that these solutions will contribute to the future wellbeing of all European citizens.