



## **Europe 2020 - Committee 2 Mandate**

*Unanimously adopted at the Committee plenary meeting on 12 May 2010 in Barcelona (Catalunya-E)*

### Background to the AER response to the Europe 2020 Strategy

The European Commission launched a consultation on the EU2020 strategy on 24 November 2009, with a deadline for submitting contributions of 15 January 2010.

AER Committee 1 (Economy and Regional Development) launched an internal consultation of AER members by email. The AER Secretariat compiled an AER response to the European Commission consultation based on the feedback received from member regions and past positions of the AER Committees on related issues.

The AER response (*Doc VII.2-for information-AER contribution to the consultation on EU2020*) was submitted to the European Commission in January. It has not been submitted for adoption to an AER decision-making body (i.e. Committees or AER Bureau).

Following the publication of the European Commission communication on the Europe 2020 Strategy (3 March 2010 – *Doc VII.1 – for information –EU2020*), the AER Committee 1 plenary, meeting in Alba-RO on 16 March 2010, adopted a mandate for the Committee 1 President and the Secretariat to develop and lobby for an AER position on this Communication, focusing on the following key points:

- Avoid mistakes of the Lisbon Strategy
- Create ownership
- Adopt a bottom-up approach and promote multi-level governance
- Align budgets with programmes
- Cohesion policy is an instrument but should not be subordinated to Europe 2020
- Agriculture is missing from the strategy and should be added

### **Proposed Mandate for Adoption**

The member regions of the AER Social Policy and Public Health Committee (2), meeting in Barcelona (Catalunya-E) at the occasion of the Committee 2 plenary on 12 May 2010

1. Mandate the Presidium of Committee 2 and the AER Secretariat to adopt a position on Europe 2020 that includes the following elements:
  - 1.1. Investment in public health policies, health care infrastructure and health services has a direct positive impact on regions' economic growth and contributes to making them attractive and competitive territories. Health inequalities within and between regions must be tackled.
  - 1.2. Ensuring the best conditions for public health must therefore also remain a priority under the EU's financial instruments, in particular the future Cohesion Policy.

- 1.3. E-health should remain a priority, as Europe needs to remain a global player in the development of ICTs and these tools can enhance the quality, safety and efficiency of care offered to citizens.
  - 1.4. The health sector has an important growth potential and will have increased demands for skilled workforce. Health must therefore remain a priority in Europe's employment and training policies.
  - 1.5. Social inclusion should remain at the heart of Europe's 2020 strategy. Europe must invest in rendering services accessible to all members of society and in providing all citizens with the necessary tools to fully participate in and contribute to society.
2. Mandate the Presidium of Committee 2 and the AER Secretariat to lobby for this position where this is opportune.
  3. Mandate the Presidium of Committee 2 and the AER Secretariat to include these elements in AER contributions and responses on the EU Budget Reform and the future Cohesion Policy post-2013.

*OG, Brussels, 6 May 2010*