

# Investing in health with the European Structural and Investment Funds

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## European Structural and Investment Funds (ESIF) 2014-2020

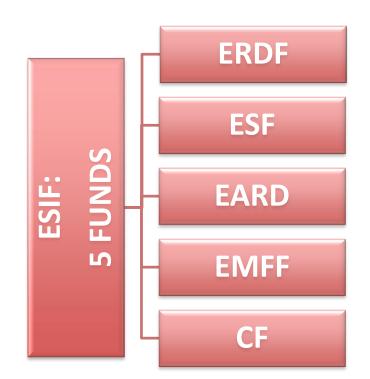
- Overall missions of the ESI Funds are defined clearly in the Treaty (Articles 174, 176, 164)
- > Policy reforms for 2014-2020 derive from Europe 2020 strategy
- For cohesion policy the reform has resulted in the establishment of two key goals for Cohesion Policy:
  - **Investment for growth and jobs,** a goal common to all three categories of regions: less-developed, transition and more-developed (supported by the ESF, ERDF and CF)
  - European territorial cooperation (supported by the ERDF)



Legislative framework:

## **ESIF:**

- REGULATION 1303/2013 laying down common provisions (CPR Regulation)
- REGULATION 1301/2013 on the ERDF
- REGULATION 1304/2013 on the ESF



### **ETC Goal:**

REGULATION 1299/2013 on the ETC Goal

http://ec.europa.eu/regional\_policy/en/information/legislation/guidance/

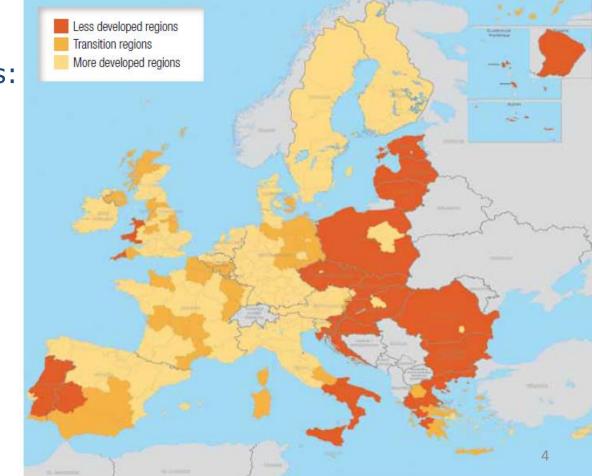


## Cohesion Policy Budget 2014-2020: 351,8 bln EUR

The biggest beneficiaries:

### 1. Poland: 77,57 bln €

Italy: 32,82 bln €
 Spain: 28,5 bln €
 Romania: 22,99 bln €
 Czech Rep.: 21,98 bln €
 Hungary: 21,90 bln €
 Portugal: 21,46 bln €
 Germany: 19,23 bln €
 France: 15,85 bln €
 Greece: 15,52 bln €





# https://cohesiondata.ec.europa.eu/





# ESIF 2014-2020 - new approach

- Integrated approach: Common Strategic Framework across the 5 different funds, concentration on common thematic priorities
- Close alignment with Europe 2020 goals and the European Semester process
- Ex ante conditionalities (intervention logic, alignment with needs assessment and strategic approach)
- Better focus on results (better indicators, reporting, monitoring and evaluation)



# **ESIF** Thematic Objectives





## Possible ESIF support for **Health workforce (1)**

## **TO 8**

- To support workforce planning in the sector including performing an inventory of all health staff to plan any necessary re-allocation and guide public investments in education and training
- To support measures to enhance the attractiveness of the health professions in rural and remote areas to improve access to healthcare and territorial cohesion within a Member State, by means of, for example, financial compensation, housing or travel support or via a career mandatory phase or promotion opportunities.
- To support measures to encourage, train and offer young people work experience in the wide range of healthcare occupations [see also TO 10].
- To support measures for good working conditions, career advancement of the health workforce, including as a main 'retention' strategy in the profession/country and to attract knowledge and skills locally.



## Possible ESIF support for **Health workforce (2)**

- To support the training and adaptation of the health workforce, and encourage continuous professional development and life-long learning, to match future demanded skills and services, including:
- Optimise overall management human resources and improve/adapt staff mix;
- Implement human resources management and training strategies for a <u>continuous</u> <u>professional development of the health workforce</u> and build up human capital, improving responsiveness to patients' needs and quality of health care service.
- As part of the transition from hospital-based to more community-based care, support reorientation of specialist to general practitioners, to strengthen healthcare in primary care settings;
- Increase pool of primary care human resources from education and training programmes [also under TO 10];
- Increase role of health staff other than doctors in service delivery (e.g. nurses).



## Possible ESIF support for **Health workforce (3)**

# **TO 9**

- Support access to good healthcare and information in those regions where services are underdeveloped or for those disadvantaged groups that have an accessibility deficit, based on a mapping exercise to select target areas and/or groups, for example:
- By means of <u>improvements in organization of care</u> related to opening hours, medical staff shifts, management of waiting lists, General Practitioners' quotas of patients, choice of providers
- Ensuring territorial access (availability of health services and workforce)



## Possible ESIF support for **Health workforce (4)**

### **TO 10**

### Health professionals' education and lifelong training

- Increase pool of primary care practitioners through, for example, promoting the option at university education level or specific training programmes [also under TO 8]
- Develop protocols on and include/reinforce in professional education and (lifelong) training programmes, for health professionals and other healthcare workers (as relevant):
- Multidisciplinary aspects of patient safety;
- Specificities in relation to alcohol, tobacco, nutrition and physical activity and related risk factors, and on how to provide treatment to combat addictions;
- Specificities in relation to old age and ageing (e.g. comprehensive case management, multimorbidity, polypharmacy);
- Specificities in HIV/AIDS, cancer, neurodegenerative diseases such as Alzheimer's disease, mental disorders, and other major and chronic diseases;
- E-health and ICT skills needed for the healthcare sector.



European Commission

### More information:

# **Commission guide**

# on health investments through ESIF

Available at: <u>http://ec.europa.eu/health/health\_structural\_funds/docs/</u> <u>esif\_guide\_en.pdf</u>





## "Effective use of European Structural and Investment Funds for health investments in the programming period 2014-2020"

### http://www.esifforhealth.eu/Index.htm



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"Effective use of ESIF for health investments in the programming period 2014-2020" – project outputs

- Guide for effective investments in health under ESIF
- Technical toolkit
- Dissemination 1 'Roll-out' to MS
- Dissemination 2 Website
- Mapping Report on the use of ESIF in health





### Effective use of European Structural and Investment Funds (ESIF) for health investments in the programming period 2014-2020

The project (October 2013 - April 2015) was focused on providing assistance to relevant authorities in EU Member States in preparation of the programming period 2014-2020 of European Structural and Investment Funds (ESIF) and promoting effective implementation of ESIF actions in the health sector. It was conducted by EV under a tender action managed by Consumers, Health and Food Executive Agency (CHAFEA) on behalf of the Directorate General for Health and Food Safety (DG SANTE). Project outputs are predominantly designed for representatives of Ministries of Health, Managing Authorities of ESIF co-funded operational programmes and other entities active in the field of health.

### Project objectives

- To support the Member States and their efforts to tap into the potential of ESIF 2014-2020 for health investments and to manag ESIF support for health in a better and more effective way.
- To promote an effective implementation of actions in the health sector which will have a major positive impact on the wider population's access to quality and sustainable health care in EU Member States.
- To build knowledge of the use of ESIF for health in the new programming period 2014-2020

#### **Project outputs**

#### 1. Mapping Report on the planned use of ESIF in health in 2014-2020

The Mapping, based on the adopted programming documents, provides an overview of actions that Member States envisage for support from ESIF in the health sector in 2014 - 2020. It also summarises health investments from Structural Funds in 2007–2013 programming period.

#### 2. Guide for effective investments in health under ESIF

The Guide (including examples of successful cases) takes into account the new regulatory 2014-2020 framework and the particular situation of the Member states, and gives recommendations on practices that lead to an efficient set-up of actions in the area of health co-financed by ESIF.

#### 3. Technical toolkit

The Toolkit consists of managerial and technical tools. Both of them offer technical advice on how to achieve sustainable and effective investments in health under ESIF.

#### 4. Dissemination 1 - 'Roll-out' to Member States

The Roll-out has provided one day workshops and multi-lateral meetings in 12 Member States led by an expert team. It was focused on practical assistance to implement actions under ESIF with the help of the Guide and the Toolkit. On the top of that two regional workshops were organized to exchange experience and share information among participants.

#### 5. Dissemination 2 - Online platform (website)

The website contains the Mapping report, the Guide and the Toolkit to support the Roll-out phase and provides information to relevant authorities in all Member States and to the general public as well.



Detailed information available at www.esifforhealth.eu



# Mapping Report

## What information you will find:

- Overall assessment summary of the mapping results
- Main health-related areas of investment (direct and indirect) per MS and OP, for programming periods 2007-13 and 2014-20
- ESIF health-related specific objectives in all MS
- Source of funding (the list of all OPs)
- Financial allocations as regards some types of health-related investments (4 categories of intervention)
- Contact data for relevant national/regional Authorities



## **Overview of the Mapping results**

### Scope of investments 2007-2013:

### Scope of investments 2014-2020:

- Health infrastructure
- Health promotion and disease prevention
- Education of medical staff
- E-health
- Medical R&D
- Public administration and health services
- Workplace health & safety
- Health tourism

- Deinstitutionalisation and community-based care
- Active and Healthy Ageing
- Improving access & quality of health care services
- Health promotion and disease prevention
- Education of medical staff
- E-health
- Medical R&D
- Public administration and health services
- Workplace health & safety
- Health tourism
- Risk prevention and disaster preparedness



### BELGIUM

GDP of Belgium amounts to €376b. Belgian GDP per capita (in PPS) represents 120% of the EU28 average. Health sector spending amounts to ca. 10.8% of the country's GDP. Healthy life expectancy of males / females reaches 77.8 /83.1 years which represents 102.2% / 101.1% of the EU28 average.\*

### Programming period 2014-2020

The regions of Flanders and Brussels are both categorized as 'more developed regions.' In Wallonia, only the Wallonia Brabant region is categorized as 'more developed'; other Wallonia regions fall within 'transition regions' (Hainaut, Namur, Liège, and Luxembourg).

,	- 01-		
OP scheme:	0/0 national OPs	7 / 7 regional OPs"	
Role of MoH in ESIF implementation:	In Belgium, the health agenda is a com Ministry is not directly involved in the i	petency of the Ministry of Social Affairs, Public Health & Environment. The implementation of ESIF in 2014-2020.	the start
Financial allocations which include health:	0€		West- Visanderen
Scope of investments:	Although no direct allocation to health implemented in the following areas:	n priorities has been identified, some health-relevant projects could be	Visame-Braderen Visame-Braderet Limburg
	Medical R&D <sup>[1,2]</sup>		Brussels Hhlt, Gew.
	<ul> <li>equipment, medication administ equipment, pharmaceutical resea</li> <li>Support of innovative care initi awareness, detection and interve</li> <li>Promotion of connecting the pharmaceutical industry with pa</li> </ul>	cal areas (biomarkers, diagnostics in vitro and in vivo, innovative tools and rration systems, innovative therapies, IT applied to human health, medical arch, and organizational innovations) iatives which focus on all aspects of elderly care, including prevention, ention health system with the system of clinical trials and the innovative rticular focus on areas such as neurodegenerative and infectious diseases, liagnostics, and other medical technologies (such as nanotechnology)	Endert Welter Farmal Loops Namar
		e groups <sup>[4,5,6,7]</sup> y of people with health issues, e.g. disabled people mmunities such as Roma, with programmes focusing on employment,	
	Healthy workforce <sup>[4]</sup>		
	<ul> <li>Measures aimed at a healthy work</li> </ul>	rkplace and retaining the elderly workforce in the labour market	
	Education and training of medical staf	f <sup>[4,7]</sup>	Less developed regions
	response to the structural shifts	kers, provision of information regarding employment opportunities as a in the labour market. Health care is one of the areas of focus in terms of ands for human resources in the sector	Transition regions More developed regions
	E-health [3]		
	<ul> <li>Investments in innovation in heat</li> </ul>	Ith (including e-health)	
Source of funding:	[5] ESF Operational Programme Wallonie-	s 2014-2020 (source: ERDF) )20 of the Brussels-Capital Region rman Speaking Community of Belgium (source: ESF) ·Bruxelles 2020.eu (source: ESF and YEI) :0 of the Brussels-Capital Region : "Investment for growth and jobs" (source: ESF and YE	EI)
	For more detailed information about the heat	th-relevant OP, please, see the following page.	

<sup>\*</sup> Sources of information (respectively): Eurostat Statistics Dataset, The Economist Data, unless otherwise indicated, refers to the year ending 31 December 2012. Life expectancy by gender at birth reflects the year 2012.

<sup>\*\*</sup> Number of OPs that include health vs. total number of OPs adopted for 2014-2020 programming period.



### [1] ERDF Operational Programme Wallonia - 2020.eu

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Innovation 2020	novation 2020 ERDF n/a		n/a***	Enhancing research and innovation (R&I) infrastructure and capacities to develop R&I excellence, and promoting centres of competence, in particular those of European interest	<ul> <li>2.1a.1 Strengthening R&amp;D capacities of research organizations in areas useful to SMEs*</li> <li>*Medical R&amp;D concentrated in BIOWIN – the Health Cluster of Wallonia, which is a potential fund beneficiary</li> <li>The cluster federates all the Walloon stakeholders (companies, research centres and universities) involved in innovative R&amp;D projects and/or training for the development of new products and services</li> </ul>
Managing Authority			Contacts		
The Walloon Government				http://gouvernement.wallonie.be/	
Rue Mazy, 25-27, 5100 Namur Kingdom of Belgium				+32 (0)81.331.211	

### [2] ERDF Operational Programme Flanders 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective		
1. Promote research, technological development and innovation	ERDF	n/a	n/a**** <sup>2</sup>	Enhancing research and innovation (R&I) infrastructure and capacities to develop R&I excellence, and promoting centres of competence, in particular those of European interest	1.1a.1 Promoting cooperation in regards to R&D activities in order to maximize their value		
Managing Authority			Contacts				
Enterprise Flanders				http://www.sozialministerium.at//cms/siteEN/			
Ellipse Building, King Albert II 35, box 12, 1030 Brussels Kingdom of Belgium				economie.europa@vlaanderen.be; werner.vandenstockt@agentschapondernemen.be +32 02 553 38 63			

<sup>\*\*\*</sup> Although the priority axis of respected OP refers to some health related investments, financial allocation for health related investments could not have been unambiguously assessed.



## Examples of actions identified within the "Mapping exercise" (1)

(BE) Education and training of medical staff: Training and re-training of workers, provision of information regarding employment opportunities as a response to the structural shifts in the labour market. Health care is one of the areas of focus in terms of preparing for the long term demands for human resources in the sector.

(BG) Training and professional development of human resources engaged in the health sector;



## Examples of actions identified within the "Mapping exercise" (2)

- (HR) Support of occupational health and safety of health professionals by providing training and necessary equipment for their protection at work
- (HU) Education and training of medical staff: Education and training programmes aimed at providing the health sector with qualified professionals including primary and specialized care workers, family doctors and physicians; Promoting medicine as the field of study among students, also in the form of scholarships



# Examples of projects identified within the "Mapping exercise" (3)

- (MT) Education and training of medical staff: Providing training and professional development of health and care professionals and workers; Expansion of the medical, surgery and health care sciences faculty at the University Campus
- (LV) Development of planning, including access to health services and infrastructures, patient flow planning, health promotion planning, health care level selection criteria and guidelines for clinical health care



## Examples of projects identified within the "Mapping exercise" (4)

(RO) Support of increased technical capacity of staff involved in the implementation of priority health programs at national and local level (e.g. physicians, nurses, and other relevant personnel) by providing programs training, participation in exchanges / exchanges of good practices, including transnational cooperation activities



## "*Categories of intervention*" identified as relevant for health

- > 053 Health Infrastructure
- **081** ICT solutions addressing the healthy active ageing challenge and eHealth services and applications (including e-care and ambient assisted living)
- 112 Enhancing access to affordable, sustainable and highquality services, including health care and social services of general interest
- 107 Active and healthy ageing



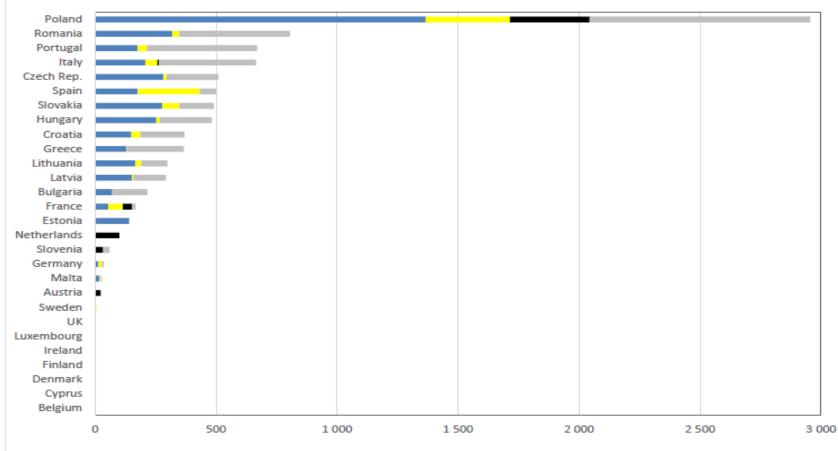
## <sup>29</sup> Table 1: Overview of four ESIF health-related allocations in each of the EU 28 Member States

Member State	Health infrastructure (cat.053)	E-health (cat.081)	Total ERDF	Active and healthy Ageing (cat. 107)	Access to healthcare (cat. 112)	Total ESF	Total of health- related allocations	Total country ESIF allocation	Share of health-related allocations in the total ESIF allocation
Austria	€-	€-	€-	€ 23 700 000	€-	€ 23 700 000	€ 23 700 000	€ 1 235 000 000	1.92%
Belgium	€-	€-	€-	€-	€-	€-	€-	€ 2 280 000 000	0%
Bulgaria	€ 71 057 716	€-	€ 71 057 716	€-	€ 145 414 251	€ 145 414 251	€ 216 471 967	€ 7 600 000 000	2.85%
Croatia	€ 150 000 000	€ 38 486 057	€ 188 486 057	€-	€ 180 000 000	€ 180 000 000	€ 368 486 057	€ 8 600 000 000	4.28%
Cyprus	€-	€-	€-	€-	€-	€-	€-	€ 735 600 000	0%
Czech Republic	€ 283 518 885	€ 13 209 914	€ 296 728 799	€-	€ 213 506 743	€ 213 506 743	€ 510 235 542	€ 22 000 000 000	2.32%
Denmark	€-	€-	€-	€-	€-	€-	€-	€ 553 000 000	0%
Estonia	€ 140 841 755	€-	€ 140 841 755	€-	€-	€-	€ 140 841 755	€ 3 590 000 000	3.92%
Finland	€-	€-	€-	€-	€-	€-	€-	€ 1 470 000 000	0%
France	€ 55 444 417	€ 60 534 620	€ 115 979 037	€ 37 795 071	€ 13 721 780	€ 51 516 851	€ 167 495 888	€ 15 900 000 000	1.05%
Germany	€ 14 302 500	€ 14 302 500	€ 28 605 000	€-	€ 6 444 399	€ 6 444 399	€ 35 049 399	€ 19 200 000 000	0.18%
Greece	€ 129 141 524	€ 2 595 601	€ 131 737 125	€-	€ 235 719 322	€ 235 719 322	€ 367 456 447	€ 15 350 000 000	2.39%
Hungary	€ 252 966 731	€ 14 549 815	€ 267 516 546	€-	€ 215 210 267	€ 215 210 267	€ 482 726 813	€ 21 900 000 000	2.20%
Ireland	€-	€-	€-	€-	€-	€-	€-	€ 1 190 000 000	0%
Italy	€ 208 686 057	€ 49 302 282	€ 257 988 339	€ 6 920 159	€ 400 003 280	€ 406 923 439	€ 664 911 778	€ 32 200 000 000	2.06%
Latvia	€ 152 136 253	€7000000	€ 159 136 253	€-	€ 133 119 918	€ 133 119 918	€ 292 256 171	€ 4 510 000 000	6.48%
Lithuania	€ 167 889 782	€ 24 012 860	€ 191 902 642	€-	€ 106 904 236	€ 106 904 236	€ 298 806 878	€ 6 820 000 000	4.38%
Luxembourg	€-	€-	€-	€-	€-	€-	€-	€ 59 700 000	0%
Malta	€ 19 200 000	€ 4 299 328	€ 23 499 328	€-	€ 4 000 000	€ 4 000 000	€ 27 499 328	€ 729 000 000	3.77%
Netherlands	€-	€-	€-	€ 101 000 000	€-	€ 101 000 000	€ 101 000 000	€ 1 400 000 000	7.21%
Poland	€ 1 366 477 348	€ 348 612 169	€ 1 715 089 517	€ 329 017 128	€ 910 084 361	€ 1 239 101 489	€ 2 954 191 006	€ 77 600 000 000	3.81%
Portugal	€ 177 528 642	€ 38 087 204	€ 215 615 846	€-	€ 454 942 713	€ 454 942 713	€ 670 558 559	€ 21 600 000 000	3.10%
Romania	€ 319 148 936	€ 30 000 000	€ 349 148 936	€-	€ 457 100 000	€ 457 100 000	€ 806 248 936	€ 23 000 000 000	3.51%
Slovakia	€ 278 000 000	€ 70 000 598	€ 348 000 598	€-	€ 142 484 990	€ 142 484 990	€ 490 485 588	€ 14 000 000 000	3.50%
Slovenia	€-	€-	€-	€ 34 480 625	€ 25 047 323	€ 59 527 948	€ 59 527 948	€ 3 070 000 000	1.94%
Spain	€ 176 589 366	€ 257 058 622	€ 433 647 988	€-	€ 67 011 854	€ 67 011 854	€ 500 659 842	€ 28 600 000 000	1.75%
Sweden	€-	€ 6 847 340	€ 6 847 340	€-	€-	€-	€ 6 847 340	€ 2 100 000 000	0.33%
United Kingdom	€-	€-	€-	€-	€-	€-	€-	€ 11 800 000 000	0%
Total EU28	€ 3 962 929 912	€ 978 898 910	€ 4 941 828 822	€ 532 912 983	€ 3 710 715 437	€ 4 243 628 420	€ 9 185 457 242	€ 349 092 300 000	2,63%
Average EU28	€ 141 533 211	€ 34 960 675	€ 176 493 887	€ 19 032 607	€ 132 525 551	€ 151 558 158	€ 328 052 044	€ 12 467 582 143	2,63%



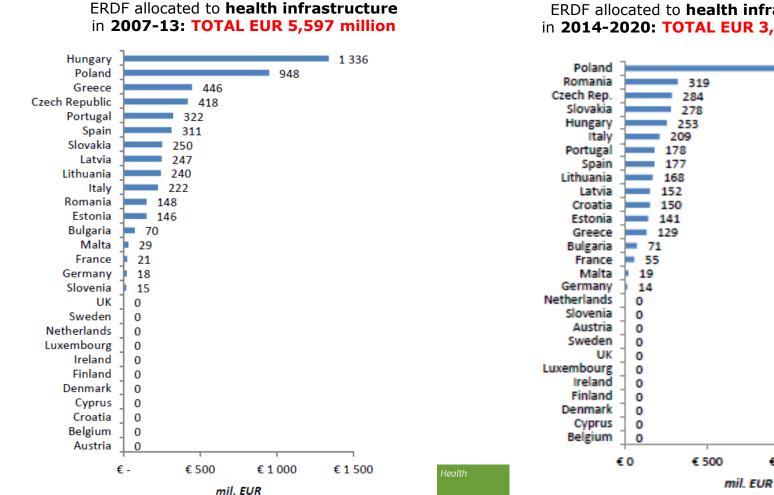
### Financial allocations 2014-2020 which contain health investments

### **TOTAL EUR 9,185 million\*** (4 cat.of int.)





### **Overview of the Mapping results: health infrastructure (ERDF)**



ERDF allocated to health infrastructure in 2014-2020: TOTAL EUR 3,962 million

1 366

€ 1 000

€1500



## Overview of the Mapping results: enhancing access to healthcare (ESF)

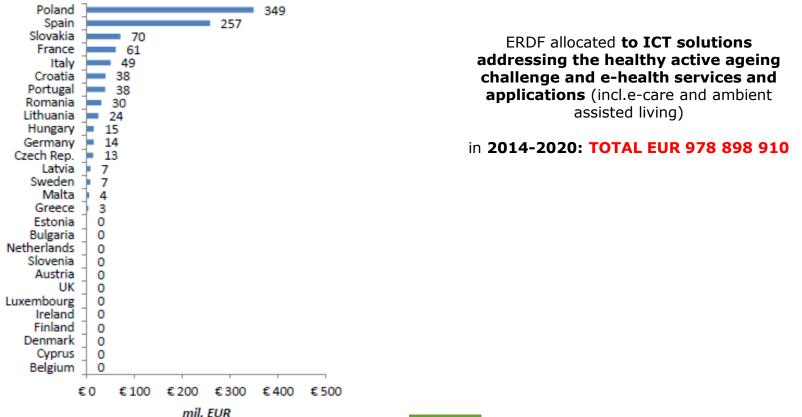
Poland	]					910		
Romania				457				ESF a
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Greece	-	23						
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Bulgaria		145						in <b>2014</b>
Slovakia		143						
Latvia		133						
Lithuania		107						
Spain	6							
Slovenia	25							
France	14							
Germany	6							
Malta	4							
UK Sweden	0							
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Denmark	0							
Cyprus	0							
Belgium	0							
Austria	0	1			1			
€	0 €	200 \$	€ 400	€ 600	€ 800	€1000		
mil. EUR								
							Health	

ESF allocated to Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest

in 2014-2020: TOTAL EUR 3,710 million



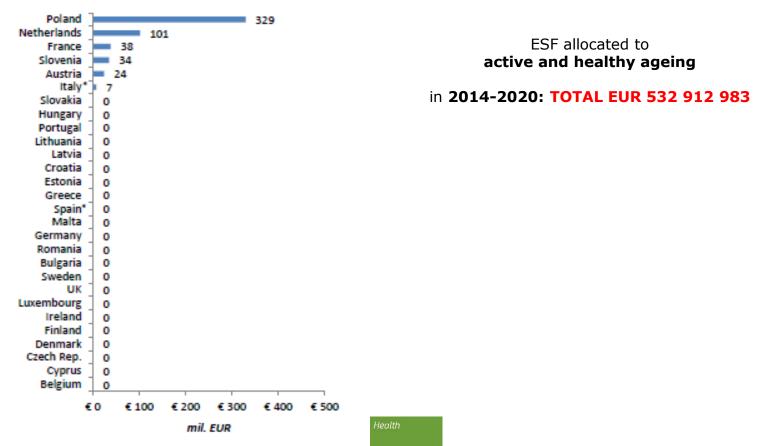
## Overview of the Mapping results: E-health



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## Overview of the Mapping results: active and healthy ageing (ESF)





# **Conclusions on Mapping**

- Health is a relevant issue both for ERDF and ESF (though no health-OP)
- While all MS invest in health through ESIF, such investments prevail in the "new" Member States
- Less investment in health infrastructure in 2014-2020 as compared to 2007-13, but more focus on community-based care, access to care, active and healthy ageing.
- Overall combined investment 2014-2020 in health infrastructure, eHealth, access to health and social services, AHA: more than ~9 billion EUR
- Figures for investment in other areas that include investment in health (health R&I, health SMEs, health workforce training, institutional capacity building for health authorities, etc.) cannot be given at this stage (for later evaluations)



# **Next steps in DG SANTE**

DG SANTE (B1) tender project from the Health Programme (WP 2015):

ESIF support in the area of health: building knowledge and capacities for monitoring and implementation, supporting innovation and effectiveness

Published in December 2015
 Now under evaluation process

http://ec.europa.eu/chafea/health/tender-06-2015 en.html

Health



### **ESIF** support in the area of health: building knowledge and capacities for monitoring and implementation, supporting innovation and effectiveness

### "Thematic blocks":

- 1. Improving access to healthcare (with emphasis on primary and preventive care, especially for vulnerable groups);
- **2.** Support to reform processes towards effective and resilient health systems:
  - 2a) Deinstitutionalisation measures for people with disabilities, mental health problems, older people and children deprived of parental care;
  - 2b) transition from hospital to community-based care i.e. primary/integrated care;
  - 2c) investments in healthcare facilities efficiency and sustainability, in particular in hospitals.
- **3. Uptake of e-health**/digital solutions, in particular related to the Digital Single Market and the interoperability of these solutions within and across Member States;
- **4.** Research and innovation in health and lifesciences.
- 5. Active and healthy ageing, healthy workforce, health promotion and disease prevention;
- **6.** Health workforce (including i.a. training, lifelong learning, workforce planning, retention).



## **More information**

DG SANTE: http://ec.europa.eu/health/health\_structural\_funds/policy/index\_en.htm

Mapping: http://esifforhealth.eu/pdf/Mapping Report Final.pdf

**DG REGIO:** <u>http://ec.europa.eu/regional\_policy/en/policy/what/investment-policy</u>

https://cohesiondata.ec.europa.eu

DG EMPL: http://ec.europa.eu/esf/

Contact: <u>SANTE-CONSULT-D1@ec.europa.eu</u>