



# **INVESTMENTS IN HEALTH**

## **POLICY GUIDE FOR THE EUROPEAN STRUCTURAL AND INVESTMENT FUNDS (ESIF) 2014 - 2020**

**MARCH 2014**





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# RELEVANT PROVISIONS IN THE LEGISLATION

Regulation	Article
<b>Common Provisions Regulation (CPR) (1303/2013)</b>	Art. 15.2. (a)(iii): integrated approach in the Partnership Agreement Art. 96. 4. (a): integrated approach in the operational programme Common Strategic Framework (Annex I): 6.5.
<b>ESF Regulation (1304/2013)</b>	Art. 3. 1 b) (iv) “Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest”
<b>ERDF Regulation (1301/2013)</b>	Art. 1. (d) Scope of support: investments in social and health infrastructure Art. 5. Investment priorities: Art. 5.9 a) “Investing in health and social infrastructure which contributes to national, regional and local development, reducing inequalities in terms of health status, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community-based services” Art. 5.9 b) “Support for physical, economic and social regeneration of deprived communities in urban and rural areas”

# INTRODUCTION

The Guide provides policy guidance for key priority areas of investment in health, pointing at suggested lines of intervention. It is intended as a tool to inform recommendations to Member States on health investments under structural funds.

The health sector is one of the most important in public spending (accounting for almost 15% of all government expenditure in the EU). It also accounts for 8% of the total European workforce and for 10 % of the EU's GDP. The sector is vital to ensure the health and wellbeing of EU populations and it is at the core of the EU's high level of social protection.

Health matters have gained prominence in the last years in the framework of debates on public spending and adequate levels of social protection during the economic crisis. Nevertheless, the pressures to reform national health systems were building up well before the economic crisis took hold. Pressures are connected to an ageing population, the burden from chronic diseases, the cost of new technologies, and an overall increasing demand for healthcare.

In February 2013, the Commission adopted the SWD "Investing in health" (as part of the Social Investment Package, SIP) which presents health as a value in itself and as a "growth-friendly" investment. It recommends investing in three key areas: health systems sustainability, people's health as a human capital, and reducing health inequalities (see Box 1). The SWD also recommends "adequate support from EU funds" to health. In April 2012, the Communication "Towards a job rich recovery" ('Employment Package') proposed to mobilise EU funds to boost jobs in three key economic sectors, including healthcare, in order to promote economic growth in the EU.

In order to achieve greater coherence and impact of EU action, Cohesion Policy 2014-2020 will closely align with Europe 2020 objectives, economic and other relevant policies of the Member States and the Union<sup>1</sup>, the Annual Growth Survey and the European Semester Country-Specific Recommendations (CSRs). Health and in particular healthcare systems reforms have been increasingly addressed in the European Semesters' recommendations to Member States (11 CSRs in 2013, see Box 2). Investments under structural funds are to support CSRs implementation. The funds are also to support the European Innovation Partnerships (EIP) such as the one on Active and Healthy Ageing (see Box 3).

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1. See Regulation on common provisions, Annex I on Common Strategic Framework elements related to the coherence and consistency with the economic policies of Member States and the Union.

## Box 1

## SWD INVESTING IN HEALTH, ACCOMPANYING THE COMMUNICATION "TOWARDS SOCIAL INVESTMENT FOR GROWTH AND COHESION"

(February 2013, SWD (2013) 43 final) [42]

Investing in health helps the EU rise to the challenges identified in its Health Strategy [Dec 2007] which have been compounded by the economic crisis: an ageing population, an increase in chronic diseases, a greater demand for healthcare and the high cost of technological progress. Health is a value in itself. It is also a precondition for economic prosperity. People's health influences economic outcomes in terms of productivity, labour supply, human capital and public spending. Health expenditure is recognised as growth-friendly expenditure.

1. **Investing in sustainable health systems** combines innovative reforms aimed at improving cost-efficiency and reconciling fiscal consolidation targets with the continued provision of sufficient levels of public services.
2. **Investing in peoples' health as human capital** helps improve the health of the population in general and reinforces employability, thus making active employment policies more effective, helping to secure adequate livelihoods and contributing to growth.
3. **Investing in reducing health inequalities** contributes to social cohesion and breaks the vicious spiral of poor health contributing to, and resulting from, poverty and exclusion.

SWD Investing in Health recommended the **use of structural funds** in health for:

- Investing in health infrastructure that fosters a transformational change in the health system, in particular reinforcing the shift from a hospital-centred model to community-based care and integrated services;
- Improving access to affordable, sustainable and high-quality healthcare with a view to reducing health inequalities between regions, and giving disadvantaged groups and marginalised communities better access to healthcare;
- Supporting the adaptation, up-skilling and life-long learning of the health workforce;
- Fostering active, healthy aging to promote employability and employment and enable people to stay active for longer.

## Box 2 HEALTH IN THE EUROPEAN SEMESTER 2013

The 2013 **Annual Growth Survey (AGS)** states that “the modernisation of social protection systems should be pursued to ensure their effectiveness, adequacy and sustainability. (...) Also in the context of the demographic challenges and the pressure on age-related expenditure, reforms of healthcare systems should be undertaken to ensure cost-effectiveness and sustainability, assessing the performance of these systems against the twin aim of a more efficient use of public resources and access to high quality healthcare.”

### **2013 AGS priorities with references to health:**

- Pursuing differentiated, growth-friendly fiscal consolidation
- Promoting growth and competitiveness for today and tomorrow
- Tackling unemployment and the social consequences of the crisis
- Modernising public administration

### **Thematic Summary on health and health systems (updated May 2013):**

- The health (and social) sector has seen a large rise in employment over the last few years and represents a potential for high-skilled and flexible employment
- Health expenditure makes up a large and growing share of GDP
- The need to increase efficiency and cost-effectiveness of health care systems

### **2013 MS SWDs thematic areas with references to health:**

- Employment
- R&D
- Poverty Reduction/Social Inclusion (more references in 2013 than in 2012)
- Budgetary reform
- Public Administration Reform
- Liberalisation of health professions

Many Member States have also enshrined health systems reform in their **NRPs**.

## Health in Country-Specific Recommendations (CSRs) in the 2013 European Semester (Council recommendations, 9 July 2013)\*

AT	Effectively implement the recent reforms of the health care system to make sure that the expected cost efficiency gains materialise.
BG	Ensure effective access to healthcare and improve the pricing of healthcare services by linking hospitals' financing to outcomes and developing out-patient care.
CZ	Take measures to significantly improve cost-effectiveness of healthcare expenditure, in particular for hospital care.
DE	Pursue a growth-friendly fiscal policy through additional efforts to enhance the cost-effectiveness of public spending on healthcare.
ES	Increase the cost-effectiveness of the health-care sector, while maintaining accessibility for vulnerable groups, for example by reducing hospital pharmaceutical spending, strengthening coordination across types of care and improving incentives for an efficient use of resources.
FI	Ensure effective implementation of the on-going administrative reforms concerning the municipal structure, in order to deliver productivity gains and cost savings in the provision of public services, including social and healthcare services.
FR	Increase the cost-effectiveness of healthcare expenditure, including in the areas of pharmaceutical spending.
MT	Pursue health-care reforms to increase the cost-effectiveness of the sector, in particular by strengthening public primary care provision.
PL	Increase the cost-effectiveness and efficiency of spending in the healthcare sector.
RO	Pursue health sector reforms to increase its efficiency, quality and accessibility, in particular for disadvantaged people and remote and isolated communities. Reduce the excessive use of hospital care including by strengthening outpatient care.
SK	Increase the cost-effectiveness of the health-care sector.

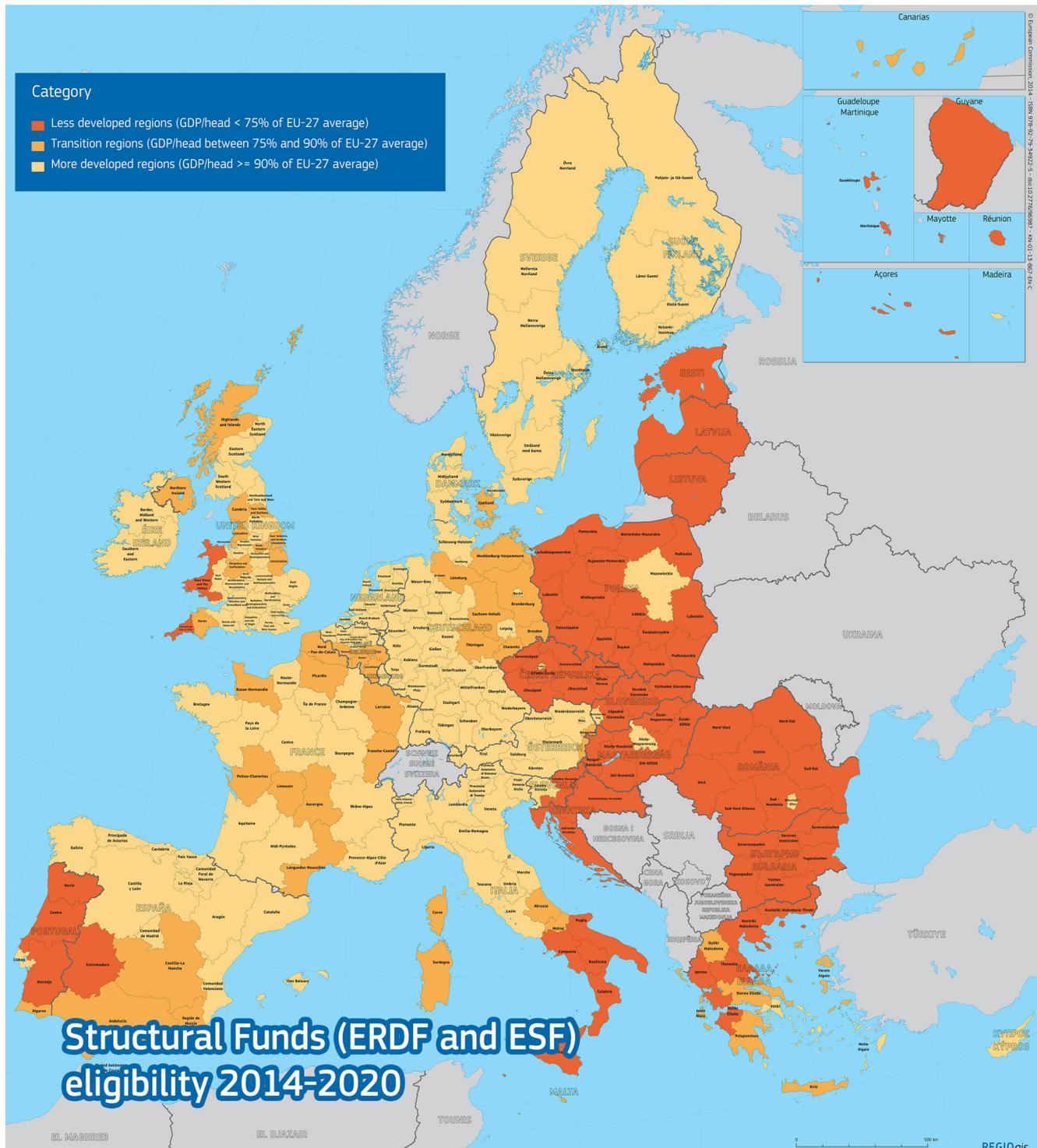
\*Additional CSRs were issued in relation to ageing and prevention, independent living, long-term care and/or rehabilitation for AT, BE, DE, FI, LU, NL and SI.

**Box 3**  
**THE EUROPEAN INNOVATION PARTNERSHIP (EIP) ON ACTIVE AND HEALTHY AGEING**

The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) aims to tackle the challenge of an ageing population. It sets a target of increasing the healthy lifespan of EU citizens by 2 years by 2020, and aims to pursue a triple win for Europe by improving health and quality of life of older people, improving the sustainability and efficiency of care systems and creating growth and market opportunities for businesses. The Partnership brings together public and private stakeholders to accelerate the deployment of health care and age-related innovations. In February 2012, the Commission adopted the Communication “Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing”. With a view to addressing the existing barriers and difficulties in speeding up and deploying health innovation, the Commission commits to offer technical support, facilitate the set-up of relevant framework conditions and align its funding instruments with the EIP on AHA priorities.

The EIP on AHA is a distinctive opportunity to help deliver on the policy objectives of the Europe 2020 flagships: the Innovation Union, Digital Agenda for Europe, New Skills for New Jobs and the European Platform against Poverty and Social Exclusion.

# HEALTH INVESTMENTS IN ESIF 2014-2020



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Health investments under ESIF 2014-2020 should support Member States in achieving EU goals in the health area. ESIF funding can contribute strategically to health goals and health actions can contribute to ESIF objectives aiming at boosting competitiveness and growth and improving quality of life, while ensuring social and territorial cohesion.

The support that ESIF 2014-2020 can bring to health investments derives from the following elements:

- The policy framework established by Europe 2020, the AGS and the CSRs (see Box 2);
- EU health policy and legislation relevant to ESIF 2014-2020 goals, as presented in this Guide, with 2013 COM SWD on Investing in Health setting the overall strategy (see Box 1);
- The Investment Priorities of ESF and ERDF regulations and the Thematic Objectives of the ESI Funds and Common Strategic Framework in the Common Provisions Regulations and in particular their health-related provisions;
- Key actions for the ESF and the ERDF as identified in the 2012 Staff Working Document on the Common Strategic Framework;
- The ex-ante conditionality on health, which requires the establishment of a strategic policy, budget and monitoring framework for health investments;
- The country-specific Commission Position Papers (CPPs) which provide the scope of health investments, and related critical issues, for the 2014-2020 programming period.

## Ex-ante conditionality for health investments

The 2014-2020 ESIF regulatory framework sets out requirements for compliance with an ex-ante conditionality in relation to health, which is the linkage between the policy strategy and the investments to be financed.

Health investments in ESIF 2014-2020 must be justified within a coherent policy strategy, based on a needs assessment, and should also demonstrate cost-effectiveness. Ex-ante conditionality 10.3 requires the existence of a strategic policy, budget and monitoring framework in health; as well as the mapping out of current infrastructure and needs for infrastructure investments (see Box 4). In compliance with this ex-ante conditionality, while health investments can be foreseen under several TOs, all proposed interventions should be underpinned by a common logic or at least integrated in a common strategic framework. Ultimately, the common strategic approach mandated by the ex-ante conditionality should help to prioritise investments in the different health areas and to reinforce thematic concentration.

Further reference can be found in the Guidance on Ex-Ante Conditionalities<sup>2</sup> and in the SANCO/EMPL guidance note on the ex-ante conditionality in health.

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2. Guidance on Ex Ante Conditionalities for the European Structural and Investment Funds (ESI), DG Regional and Urban Policy.

## Box 4 EX ANTE CONDITIONALITY IN HEALTH 10.3

### **The existence of a national or regional strategic policy framework for health within the limits of Article 168 TFEU\* ensuring economic sustainability.**

- A national or regional strategic policy framework for health is in place that contains:
  - coordinated measures to improve access to health services;
  - measures to stimulate efficiency in the health sector through deployment of service delivery models and infrastructure;
  - a monitoring and review system.
- A Member State or region has adopted a framework outlining available budgetary resources on an indicative basis and a cost-effective concentration of resources on prioritised needs for health care.

The relevant Commission ex-ante conditionality guidance note (Part II) defines the strategic policy framework as a document (or set of complementary documents setting out priorities for health care delivery and public health, at national or regional level, which set out a limited number of coherent priorities established on the basis of evidence and a timeframe for their implementation and which may include a monitoring mechanism (Art. 2 CPR). It should also include mapping of the necessary infrastructure with a view to assuring its long-term optimisation and sustainability, which is defined and approved by the competent national or regional authorities. This strategy should form the framework for co-financed investments. Considerations such as demographic and territorial factors should be taken into account.

#### **\*Treaty on the Functioning of the European Union Art. 168**

“A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities”; “Union action [is to] complement national policies [and be] directed towards improving public health”; “the Union shall encourage cooperation between the Member States [...] and, if necessary, lend support to their action”; “Union action shall respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care. The responsibilities of the Member States shall include the management of health services and medical care and the allocation of the resources assigned to them.”

Three other ex-ante conditionalities include health-related aspects:

1. Ex-ante conditionality 8.4 on active and healthy ageing (see specific guidance note) requires inter alia to engage with the relevant stakeholders in the design and follow up of policies with a view to retaining elderly workers on the labour market and promote their employment, and to have measures in place to promote active ageing;
2. Ex-ante conditionality 9.2 on Roma inclusion (see specific guidance note) requires that a national Roma inclusion strategy is in place that sets achievable national goals for Roma integration addressing the EU Roma integration goals including in relation to healthcare;
3. Ex-ante conditionality 2.1 on digital growth (see specific guidance note) requires that a strategic policy framework for digital growth is in place that covers, inter alia, e-health.

## Integrated funding

An important principle of ESIF 2014-2020 is integrated funding and programming. This serves not just to provide improved coordination, but also to achieve integrated development. In the health sector, integrated funding can help ensure the more effective interlinking of actions to address problems. For example, activities comprising equipment purchase, disease prevention programmes, screening examinations, training for medical staff, etc. could be combined. Indeed, it is unlikely that systemic change and improvement in the way services are delivered can be achieved within the confines of a single fund.

## Guiding principles for the prioritisation of investments

The 2013 Annual Growth Survey (AGS) recommended that Member States undertake reforms of their health systems to ensure their “cost-effectiveness and sustainability, assessing the performance of these systems against the twin aim of a more efficient use of public resources and access to high quality healthcare”.

Following that, eleven Member States received from the Council a Country-Specific-Recommendation (CSR) in July 2013 in relation to healthcare systems and their sustainability (see Box 2). These CSRs ask for structural reforms and measures to improve the cost-effectiveness and efficiency of expenditure (in particular of hospital care), while maintaining (or improving) access to, and quality of, health services. As emphasised by the AGS, this call is relevant for all EU Member States healthcare systems.

In line with these objectives, the core ESIF principles of social and territorial cohesion, and the 2013 SWD “Investing in health”<sup>3</sup> as part of the Social Investment Package, health investments under these funds should concentrate on the following **goals**.

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3. SWD(2013) 43 final of 20-2-2013.

- **The cost-effectiveness and sustainability of health systems** mostly through their adaptation and reform;
- **The access to health services** with particular attention to inequalities between geographical areas and between social groups

With a view to achieve these two goals, the funds should support Member States' actions in health systems<sup>4</sup>, including public health, and in priority cover:

- Improving strategic planning and governance and coherence of the health systems, including capacity building for policy and services development;
- Addressing the implications of demographic change and ageing in health systems, and in particular supporting active and healthy ageing (see below section 'demographic change');
- Addressing health inequalities between geographical areas and between social groups, in particular by ensuring access to healthcare and information;
- Rethinking healthcare provision; health system reform in line with the 2010 Commission/EPC report (see Box 5), including:
  - Achieving "more with less" linking investment to outcomes and performance;
  - Strengthening coordination -and integration as relevant- across types and levels of care, using the adequate level of care;
  - Moderating the use of hospital care in favour of primary and out-patient care, operating a transition from institutional- to community-based services;
  - Supporting investments in health infrastructure and in new technologies (e-health) if they contribute to increased cost-efficiency and better access to care;
  - Supporting health workforce planning and the training and adaptation of the workforce.

Concrete actions to illustrate these areas of activity are presented in the section 'ESIF Thematic Objectives'.

## Demographic change

Addressing the implications of demographic change and ageing in health systems and in particular supporting active and healthy aging, including through health promotion and prevention, and innovation and research in health and healthcare products and services is a key challenge.

Section 5.5 of the Common Strategic Framework (CSF, Annex I to the CPR), addressing

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4. Health systems are the processes and infrastructures (legal, physical, financial and human resources) to deliver health care, prevent disease and improve health status. Health systems include not only health care but also public health measures. Healthcare means health services provided by health professionals to patients to assess, maintain or restore their state of health, including the prescription, dispensation and provision of medicinal products and medical devices." Health technology means a medicinal product, a medical device or medical and surgical procedures as well as measures for disease prevention, diagnosis or treatment used in healthcare" (Directive 2011/24/EU on Patients' Rights in cross-border healthcare, March 2011).[34]

**Box 5**  
**EPC JOINT REPORT ON HEALTH SYSTEMS**  
(December 2010, Occasional Papers 74) [43]

**Main challenges ahead to contain costs and make the health systems more efficient:**

1. Sustainable financing basis to the sector, a good pooling of funds and a resource allocation that is not detrimental to more vulnerable regions;
2. Adjusting existing cost-sharing systems to ensure that they encourage a cost-effective use of care;
3. A balanced mix of different staff skills and preparing for potential staff needs due to ageing;
4. Improving and better distribute primary health care services and reducing the unnecessary use of specialist and hospital care;
5. Increasing hospital efficiency;
6. Cost-effective use of medicines while allowing for innovation in the health sector;
7. Improving the general governance (coherence of decision-making and management) of the system;
8. Improving data collection and information channels and using available information to support performance improvement;
9. Using health technology assessment more systematically to help decision-making processes;
10. Improvement in life-styles and access to more effective health promotion and disease prevention.

demographic change, highlights health as one of the relevant issues in addressing demographic change. It in particular specifies that investments in health infrastructures shall serve the goal of a long and healthy working life for all of the Union's citizens and that in order to address challenges in the regions most affected by demographic change Member States shall in particular identify measures to promote cost-effective provision of health care and long-term care including investment in e-health, e-care and infrastructure.

## Country-specific prioritisation

Beyond the above guiding principles for prioritisation offered for all Member States, which area or type of interventions to favour is a matter of balance and completeness of the situation in the concerned Member State, in addition to timing and budget considerations.

Prioritisation should be made within the framework of the bilateral dialogue with the Member States and in line with national planning and budgets for overall health investments. Therefore, this Guide cannot provide country-specific advice on favoured funding areas.

Prioritisation of investments must be on the basis of a needs assessment on the ground (including demographic data, and if possible stratification of population and epidemiological analysis), within the frame of the Commission Position Paper, but also taking into account other criteria such as the thematic concentration principle, Member States' administrative capacities, ability to meet ex-ante conditionality criteria, and last but not least yearly CSRs received by the Member State.

# ESIF THEMATIC OBJECTIVES

This Guide's structure mirrors the Common Provisions Regulation's structure of eleven Thematic Objectives (TOs), presenting (in boxes) the key actions for the ESIF recommended by the Commission in its SWD on elements for a Common Strategic Framework<sup>5</sup>. According to the ERDF and ESF Regulations, investments in health can be supported under seven of the eleven TOs; five TOs (2, 3, 8, 9 and 11) explicitly include health interventions as key priorities for ESF and ERDF (where the objective is not directly relevant for health (TOs 4-7) the TO is content-empty and has been presented in 'grey').

The Guide then presents selected goals and interventions from the health policy areas which are relevant and eligible for the ESIF thematic goals. The Guide "matches" (presenting side by side) ESIF priorities with EU health policy 'line to take', organized in key areas, as set in actual EU policy texts. The Guide summarises –for the purpose of use in the context of ESIF 2014–2020 implementation– policy recommendations given to Member States in currently valid EU texts –legislation and softer instruments as Council Recommendations and Council Conclusions<sup>6</sup>.

## How to use this Guide

The Guide is not meant to be read from A-to-Z. The list of interventions is not intended to be followed exhaustively.

The Guide should be used as a consultation document for specific areas (the index and presentation in clear headings and short bullet points helps to easily browse the document). Once an area is demonstrated of interest to a Member State, the Guide offers a reference on what the current issues for the given area are and what is recommended by EU policy texts.

Many of the points presented refer to objectives (e.g. "improve appraisal of services"); where possible, objectives are illustrated by concrete measures (e.g. "using Health Technology Assessment (HTA)").

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5. Common Provisions Regulations and the 2012 COM SWD on Common Strategic Framework SWD(2012) 61 final.

6. All instruments have been systematically screened and listed in the annex to this Guide. The sources of the policy recommendations are referenced throughout the text with hyperlinks to the annex. Wording of the original texts has been respected as much as possible. However, for the sake of space efficiency and clarity for the users, texts have been merged and abridged and some wording has been simplified. Nonetheless, the ideas and spirit of the original texts have been preserved.

Some suggested interventions are relevant for more than one TO (a note in this regard has been added where possible but not in an exhaustive manner). Ultimately, whether a particular intervention is funded under one or another TO (or Operational Programme) will depend on the Member State's architecture of thematic priorities within the Partnership Agreement agreed with the Commission; budget availability and organization may also play a role.

It is also important to consider the linkages between the different health interventions in view of the possibility or convenience to plan integrated funding. Member States are also to be encouraged to establish links with other thematic area objectives, such as low carbon economy, transport, education, housing, employment and safety at work, in order to achieve health gains from non-direct health investments (Health in all Policies (HIAP) principle).

# 1. STRENGTHENING RESEARCH, TECHNOLOGICAL DEVELOPMENT AND INNOVATION

## > Health Objectives

Health is not explicitly covered in this thematic objective. However, under this goal, interventions to be financed in the area of health should contribute to Member States' actions in innovation in health, health products and services in those cases where health is one of the areas on which innovation efforts are concentrated in the national or regional smart specialisation strategies of Member States.

### Innovation in health

- Support research in development of new detection methods and treatments for HIV/AIDS, cancer, neurodegenerative diseases such as Alzheimer's disease, and other dementia, mental disorders as well as other major and chronic diseases, as well as of pandemic influenza vaccination, and research in the ageing process (and tailored solutions for the elderly).
- Support collaborative research in rare diseases, in particular in the framework of the International Rare Diseases Research Consortium (IRDIRC).
- Support research and related IT infrastructures, including to support health information systems.

Sources: [6],[4],[11],[28],[40].

## 2. ENHANCING ACCESS TO USE, QUALITY OF INFORMATION AND COMMUNICATION TECHNOLOGIES

### 2012 COM SWD ON COMMON STRATEGIC FRAMEWORK Key actions for the ERDF

- E-health technologies/services (including electronic health care records)

The ESF can indirectly contribute to the above objective through its own investment priorities (under TO 8-11).

### > Health Objectives

Under this goal, interventions to be financed in the area of health should contribute to Member States' actions towards EU policy goals in e-health.

### E-health

- Set-up e-health solutions which are compatible with EU standards, ensuring (cross-border) interoperability of IT systems.
- Support the use of uniform electronic health care information system, electronic prescription system (medicines, referrals etc.), patient electronic medical records, telemedicine and telecare.
- Create legal basis for e-health (including quality standards/certification for applications and data management, data protection).
- Improve IT tools for coordination of response to health threats and for health information systems for EU-level reporting.
- Support the development of new ICT based solutions and services to address the needs of an ageing population and empower users to use them to remain active and independent for longer.

Sources: [2],[16],[34], [40],[41],[42],[43],[44].

## 3. ENHANCING THE COMPETITIVENESS OF SMEs

### 2012 COM SWD ON COMMON STRATEGIC FRAMEWORK

#### Key actions for the ERDF

- the development of SMEs [for] innovative services reflecting new societal demands or products and services linked to ageing population, care and health [...]

### > Health Objectives

Under this goal, interventions to be financed in the area of health should contribute to SMEs' competitiveness in health services and products, including social innovation in the area of active and healthy ageing (in line with the European Innovation Partnership on Active and Healthy Ageing [41]).

### SMEs and health

- Promote awareness among SMEs on “white sector” business opportunities and know-how.
- Support SMEs' businesses addressing the needs of old people, or ‘age-friendly’ businesses (e.g. providing personalised care, assisting in functional physical or cognitive decline, improving old people's health literacy), including senior start-ups and entrepreneurship.
- Encourage private and public enterprises to play a larger role in public-private partnerships in ‘age-friendly’ areas.

Sources: [41].

**4. SUPPORTING THE SHIFT TOWARDS A LOW-CARBON ECONOMY IN ALL SECTORS**

(REFERENCE TO “ESTABLISHING OR MAINTAINING HEALTHY GRASSLAND”)

**5. PROMOTING CLIMATE CHANGE ADAPTATION AND RISK PREVENTION AND MANAGEMENT**

(REFERENCE TO “PROTECTING HUMAN HEALTH”)

**6. PROTECTING THE ENVIRONMENT AND PROMOTING RESOURCE EFFICIENCY**

(REFERENCE TO “POTENTIAL HEALTH RISKS OF CONTAMINATED SITES”)

**7. PROMOTING SUSTAINABLE TRANSPORT AND REMOVING BOTTLENECKS IN KEY NETWORK**

**8. PROMOTING EMPLOYMENT AND SUPPORTING LABOUR MOBILITY**

**2012 COM SWD ON COMMON STRATEGIC FRAMEWORK**  
**Key actions for the ERDF**

Access to employment for job-seekers and inactive people, including local employment initiatives and support for labour mobility:

- anticipation and counselling on long-term employment opportunities created by structural shifts in the labour market, such as the shift to a low-carbon and resource-efficient economy and the care and health sectors.

**Sustainable integration of young people not in employment, education or training (NEET) into the labour market:**

- self-employment and entrepreneurship for young people in all sectors, with particular emphasis on emerging sectors in a low-carbon economy and the care and health sectors;

**Self-employment, entrepreneurship and business creation:**

- support in particular for unemployed, disadvantaged and inactive people, to start and develop businesses in all sectors, including care and health, work integration, green jobs and community development. Such support comprises skills development, including ICT, entrepreneurial and management skills, mentoring and coaching and the provision of inclusive business development and financial services for business starters.

**Adaptation of workers, enterprises and entrepreneurs to change:**

- designing and implementing innovative, more productive and greener ways of work organisation, including health and safety at work.

**Active and healthy ageing:**

- prolonging healthier working lives through the development and implementation of measures to promote healthy lifestyles and tackle health risk factors such as physical inactivity, smoking, harmful patterns of alcohol consumption.

## **Key actions for the ERDF**

**Self-employment, entrepreneurship and business creation:**

- development of business incubators and investment support for self-employment and business creation, in particular in areas offering new sources of growth, such as the green economy, sustainable tourism (including the silver economy) and health and social services

**General implementation principles**

Actions supported by the ESF under this thematic objective should aim for sustainable integration within employment while facilitating occupational and geographical mobility, and taking due account of the ongoing structural changes such as the shift to a low carbon economy and the increasing importance of the care and health sectors.

## **> Health Objectives**

Under this goal, interventions to be financed in the area of health should contribute to Member States' actions towards EU policy goals in relation to the health workforce, to promote active and healthy ageing, to promote people's health as human capital, and to ensure health and safety at the workplace.

## Health workforce

- 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 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 continuous professional development of the health workforce 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).
- 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.

Sources: [3],[26],[43].

## Active and healthy ageing

In support of activities of the European Innovation Partnership on Active and Healthy Ageing [41] (which is part of the Innovation Union Flagship of Europe 2020, see Box 3):

- Promote age-friendly environments to enable older workers to remain at work for longer, and healthier, and utilise the advantages of the elderly workforce.

- Strengthen prevention, screening and early diagnosis, including of functional decline, both physical and cognitive, and support measures for the active ageing and independent living.

Sources: [41].

## Health and human capital

- Support comprehensive national strategies or action plans to promote health throughout people's lifespan and increase awareness on major lifestyle-related health determinants, addressing in particular priority groups such as children, young people, and people in low socio-economic groups.
- Improve people's exercise and nutrition patterns, and reduce use/harm of tobacco and alcohol consumption.
- Strengthen and support primary and secondary prevention to reduce the development and onset of major preventable chronic diseases, including cardiovascular diseases, diabetes or respiratory diseases.
- Engage community and consumer organizations, schools, stakeholders, industry actors<sup>7</sup>, media (incl. targeted campaigns), and health professionals at primary care, sport and healthcare facilities<sup>8</sup> to address relevant risk factors (e.g. tobacco consumption) in an effort for healthier lifestyles.

Sources: [6],[17],[18],[23],[33],[34],[37].

## Health at the workplace

- Support programmes to ensure/improve health and safety at workplace.
- Support actions by employers and employees to promote a healthy environment and mental well-being at work.
- Support the recruitment and return to work of people with a (chronic or rare) disease, disability or mental health disorder, for example through development of public programmes providing tax reductions for these groups' wages or organizing professional training stages for these groups at no or reduced cost for the employer.
- Tackle health determinants of occupational/environmental causes (e.g. indoor -including smoke-free- and outdoor air quality, exposure to polluted, carcinogenic and toxic substances) which are linked to diseases including cancer.

Sources: [1],[41].

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7. Industry actors exclude actors from the tobacco industry, with whom cooperation is not advised.

8. Sport and healthcare facilities can be involved in prevention activities but ESIF should not invest into those facilities when sustained by or devoted to private business activities.

## 9. PROMOTING SOCIAL INCLUSION AND COMBATING POVERTY

### 2012 COM SWD ON COMMON STRATEGIC FRAMEWORK

#### Key actions for the ESF

**Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest:**

- enhanced access to affordable, sustainable and high-quality healthcare with a view to reducing health inequalities, supporting health prevention and promoting e-health, including through targeted actions focused on particularly vulnerable groups [see also TO 2]
- targeted early-childhood education and care services, including integrated approaches combining childcare, education, health and parental support, with a particular focus on the prevention of children's placement in institutional care;
- support for the transition from institutional care to community-based care services for children without parental care, people with disabilities, the elderly, and people with mental disorders, with a focus on integration between health and social services.

#### **Active inclusion:**

- integrated pathways combining various forms of employability measures such as individualised support, counselling, guidance, access to general and vocational education and training, as well as access to services, notably health and social services, child care, and internet services;
- modernisation of social protection systems, including the design and implementation of reforms to improve the cost-effectiveness and adequacy of social and unemployment benefits, minimum income schemes and pensions, healthcare and social services, whilst minimizing disincentives to work and traps effects.

#### **Integration of marginalised communities such as the Roma:**

- access to services, in particular social care, social assistance services and healthcare (including preventive healthcare, health education and patient safety).

**Combating discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation:**

- specific actions targeting people at risk of discrimination and people with disabilities and chronic disease with a view to increasing their labour market participation, enhancing their social inclusion, and reducing inequalities in terms of educational attainment and health status.

**Key actions for the ERDF**

- investment in health and social infrastructure to improve access to health and social services and reduce health inequalities, with special attention to marginalised groups such as the Roma and those at risk of poverty;
- infrastructure investments that contribute to the modernisation, structural transformation and sustainability of health systems, leading to measurable improvements in health outcomes, including e-health measures;
- targeted infrastructure investments to support the shift from institutional to community-based care, which enhances access to independent living in the community with high-quality services.
- support infrastructure investments in childcare, elderly care and long-term care.
- support for the physical and economic regeneration of deprived urban and rural communities including the Roma, which reduces the spatial concentration of poverty, including the promotion of integrated plans where social housing is accompanied notably by interventions in education, health including sport facilities for local residents and employment.

## > Health Objectives

Under this goal, interventions to be financed in the area of health should contribute to Member States' actions towards EU policy goals to enhance access to healthcare services by all with special attention for vulnerable or disadvantaged groups, to reduce health inequalities (thus combating poverty), to modernise mental healthcare, to implement reform and adaptation processes in favour of the transition from institutional-based to community-based and more integrated forms of care, as well as to increase cost-effectiveness and sustainability of health care. Investments in health under thematic objective 9 should contribute to the achievement of the poverty target and increase social inclusion in relation to the Europe 2020 Strategy<sup>9</sup>.

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9. For instance, in order to address CSRs to increase the efficiency of health systems, ESF investments in the public health sector under TO 11 on institutional capacity can be envisaged (see section 11 below).

## Cost-effectiveness and sustainability of care

To establish effective information systems to assess the performance of health systems and compare their outcomes against proper benchmarks; establish public reporting on performance data.

To improve appraisal of services, protocols, investments and procurement by means of:

- Measuring and monitoring effectiveness of health investments by using Health Technology Assessment (HTA);
- Publication of clinical guidelines/protocols, and setting up an auditing system for their implementation;
- Establishment of national procurement system for medicines vaccines and antiviral medication, medical devices, and a centralised purchasing authority;
- Use of prescription guidelines (based on international guidelines), increased use of generics;
- Pricing regulation for medicines (after patent expires) using internal reference pricing.

Sources: [29],[34], [37],[41], [42],[43].

## Transition from hospital-based care to community-based care

- Promote innovative integration of care, based on improved communication and coordination, across the levels of health care (primary, specialist, hospital) and across health, social and community/home-care systems.
- Promote community-based mental, rehabilitation and long-term care (de-institutionalization).
- Strengthen ambulatory services and primary care, while increasing care coordination, to reduce unnecessary visits to specialists/hospitals, including via prevention and monitoring including telemedicine and telecare solutions.
- Increase coverage of family doctors / general practitioners in all areas and strengthen the multidisciplinary professional cooperation.
- Reduce duplication of hospital services, where there is already a good territorial coverage of hospitals, via specialisation and concentration of hospitals, therefore allowing to reduce capacity, and via joint management and operation of hospitals.
- Create a more patient-centred care by improving access to information, fostering health literacy, providing personalised care solutions for chronic and long-term care needs, and identifying high-risk patients through stratifying the population and implementing care pathways.

Sources: [29],[41],[43].

## Infrastructure

Infrastructure investments are eligible from ERDF under Thematic Objective 9 in accordance with the Regulation.

Infrastructure investments should be justified on the basis of territorial development needs (national, regional or local) and/or disadvantaged groups and marginalised communities and should notably take account of:

- availability and accessibility of all services, thus reducing inequalities in terms of health status;
- concentration of specialized services;
- conversion of infrastructure for prioritised purposes within a strategy for cost-effective and sustainable health systems.

## Access to healthcare

- 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 (see Box 6 on the territorial dimension) by means of, for example:
  - Improvements in organization of care 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 [26], technology related measures to improve tele-access [see also TO 2], mobile services such as mobile clinics);
  - Ensuring physical access (e.g. access for the disabled).
- Ensure universal and equitable access to affordable medicines, vaccination, early detection, screening, treatment, and care including rehabilitation and palliative care for diseases and conditions including HIV/AIDS, cancer, neurodegenerative diseases such as Alzheimer's disease and other dementia, mental disorders and other major and chronic diseases.
- Implement health service improvement programmes and outreach initiatives to extend access and increase appropriateness for disadvantaged/vulnerable groups.
- Strengthen primary care, home/out-patient care, reinforce gatekeeping function, and promote key care areas which are a 'life' investment such as maternal and infant healthcare.
- Ensure insurance coverage (affordability), addressing socio-economic factors affecting access to care and pharmaceuticals and other medicinal products.
- Strengthen modern disease management programmes promoting an active involvement of patients to improve healthcare results.

Sources: [4],[12],[22],[26],[41].

## Health inequalities

- Address risk factors that are particularly prevalent in disadvantaged population groups (e.g. tobacco consumption).
- Ensure physical activity possibilities in poorer regions/areas.
- Set up, improve or expand local healthcare basic services (including infrastructure) for the rural population<sup>10</sup>.
- Support to better living and housing conditions for vulnerable groups:
  - Access to acceptable standards of housing and indoor temperature;
  - Access to sanitation and water which meets EU standards.
- Bring innovations to the care systems to improve patients' health literacy and empowerment, to promote adherence to treatment and proper follow-up care, via, for example, implementing personalised health management or identifying 'special attention' groups (stratification of patients).
- Support development and collection of data and health inequalities indicators by age, sex, socio-economic status and geographic dimension.

Source: [12].

## Mental health

- Promote community-based, socially inclusive treatment and care models (deinstitutionalization) and improve access to care for people suffering from mental disorders.
- Promote health promotion and early intervention programmes for people from groups with increased vulnerability for mental disorders, and provide support mechanisms in social/health systems in cases of mental ill-health and especially after suicide attempts.
- Tackle disease-associated discrimination and stigma and promote the social and labour integration of people with mental disorders.

Sources: [24],[40].

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10. The EAFRD (European Agricultural Fund for Rural Development) for the 2014–2020 period includes possibilities for investing in 'basic services and village renewal in rural areas' which can comprise healthcare services.

## Box 6 TERRITORIAL DIMENSION

Health services coverage, equal access to care, and health inequalities have an important territorial dimension that must be considered when planning investments by any Member State. Infrastructure investments should in particular contribute to national, regional and local development.

The new 'poverty mapping' instrument can indicate the areas that are most affected by poverty (NUTS 3 level or lower) giving not only a picture of the territorial distribution of poverty but an insight into that of health inequalities. Member States may include 'poverty mapping' in the programming of ESIF interventions to assist in prioritising geographical areas.

Investment in health could also be part of an integrated territorial or urban strategy. Article 7 of the ERDF supports, within operational programmes, "sustainable urban development through strategies setting out integrated actions to tackle the economic, environmental, climate, demographic and social challenges affecting urban areas, taking into account the need to promote urban-rural linkages".

The CPR introduces the instrument of an Integrated Territorial Investment (ITI) that could be used for the implementation of an integrated regional strategy including health. Health could also be integrated in a bottom up approach as part of a community-led local development strategy for example in deprived urban areas (Art. 32-35 CPR).

## 10. INVESTING IN EDUCATION, SKILLS AND LIFELONG LEARNING

### 2012 COM SWD ON COMMON STRATEGIC FRAMEWORK

#### Key actions for the ESF:

Enhancing access to lifelong learning, upgrading the skills and competences of the workforce and increasing the labour market relevance of education and training systems:

- implementing life-long learning strategies for the workforce, in cooperation with the social partners, including training and skills development and upgrading the transversal competences of the workforce, such as languages, digital competence and entrepreneurship; [...]
- flexible pathways between sectors of education and training and between education and work, in particular through learning and career guidance, traineeship schemes, systems for the validation and recognition of acquired competences [...];
- support for a mobility period abroad for graduates and people on the labour market, including those from disadvantaged groups to acquire new skills and competences;
- improving initial and continuing training for teaching and other staff involved in education and training services.

## > Health Objectives

Under this goal, interventions to be financed in the area of health should contribute to Member States' actions towards EU policy goals in relation to formal education and lifelong learning of healthcare professionals.

### 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.

Sources: [1],[31],[41],[42],[44].

# 11. ENHANCING INSTITUTIONAL CAPACITY AND ENSURING AN EFFICIENT PUBLIC ADMINISTRATION

## 2012 COM SWD ON COMMON STRATEGIC FRAMEWORK

### Key actions for the ESF:

**Investment in institutional capacity and in the efficiency of public administrations and public services with a view to reforms, better regulation and good governance:**

- reforms to ensure better legislation, synergies between policies and effective management of public policies, and transparency, integrity and accountability in public administration and spending of public funds;
- development and implementation of human resources strategies and policies.

**Capacity-building for stakeholders delivering employment, education, health and social policies, and sectorial and territorial pacts to mobilise for reform at national, regional and local level:**

- enhancing the capacity of stakeholders, such as social partners and non-governmental organisations, to help them delivering more effectively their contribution in employment, education and social policies;
- the development of sectorial and territorial pacts in the employment, social inclusion, health and education domains at all territorial levels.

### Key actions for the ERDF:

strengthening institutional capacity and the efficiency of public administrations and public services related to the implementation of ERDF and in support of actions in institutional capacity and in the efficient public administration supported by the ESF, including where necessary the provision of equipment and infrastructure to support the modernisation of public services in areas such as employment, education, health, social policies and customs.

## > Health Objectives

Under this goal, interventions to be financed in the area of health should contribute to Member States' actions towards EU policy goals to enhance cross-border cooperation<sup>11</sup> and in support of institutional and management capacities of health administration and stakeholders, including in particular to design and implement the necessary reforms (which are recommended under TO 9) to increase health systems' cost-efficiency, quality and sustainability, and to reinforce health systems<sup>12</sup> including in specific areas such as public health surveillance, health security, and, where relevant, major disease management and patient safety.

### Cross-border care and cooperation between Member States<sup>13</sup>

The following activities may be of relevance for the transnational or interregional strands of European territorial cooperation.

- Support centres of reference (for health threats, rare diseases, organ donation) and develop joint cross-border plans and principles for the sharing of human and information resources.
- Support the establishment and functioning of European Reference Networks and its Centres of Expertise and Associated and Collaborative National Centres by:
  - their better organisation, governance and maintenance;
  - their access to networking tools and ITC platforms and solutions (software and hardware) including telemedicine;
  - development and implementation of clinical practice guidelines and cross-border patient pathways;
  - increasing access to training opportunities in highly specialised healthcare.
- Promote cooperation between Member States' healthcare authorities and health insurance systems by implementing the shared use of resources and expertise in the cross-border healthcare provision wherever added value can be achieved (e.g. emergency care –cardiovascular events–, highly specialised and high-cost structures and resources –proton therapy– etc.) (See Box 6 on the territorial dimension).

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11. Investments in areas that go beyond the national sphere (e.g. rare diseases, organ donation and the implementation of the Directive on patients' rights on cross-border care) have a distinct EU-level added value and shall naturally be addressed by EU funds.

12. Health systems are the processes and infrastructures (legal, physical, financial and human resources) to deliver health care, prevent disease and improve health status. Health systems include not only health care but also public health measures. Healthcare means health services provided by health professionals to patients to assess, maintain or restore their state of health, including the prescription, dispensation and provision of medicinal products and medical devices. Health technology means a medicinal product, a medical device or medical and surgical procedures as well as measures for disease prevention, diagnosis or treatment used in healthcare (Directive 2011/24/EU on Patients' Rights, March 2011).

13 "Cooperation" is here to be understood to be of general meaning, rather than in the meaning of the "cross-border cooperation" strand of European territorial cooperation.

- Develop a system ensuring continuity of vaccination when changing Member States.

Sources: [5],[13],[16],[32],[34],[36].

## Health systems capacities

### Public health surveillance

- Set up health information systems in order to provide comparable data and indicators to support development, implementation and evaluation of health action at EU, national and regional level.
- Cooperate with Commission services and agencies (ECDC, Eurofound, EAHC, etc.), and international organisations such as the WHO, the OECD (and others such as IARC) to ensure collection and consistency of useful health data.

Source: [42].

### Health security - health threats, pandemic influenza

- Ensure permanent surveillance, information management (including communication infrastructure systems and procedures and ad hoc monitoring activities for all types of cross-border health threats, as well as appropriate laboratory capacity.
- Use (European) scientific-based advice in generic preparedness planning provided by several EU scientific committees, use the EU Early Warning and Alert System for notifications.
- Ensure coordinated inter-sectorial response at national level as well as liaison of command and control centres with other Member States, the Commission and Community agencies as well as international organisations, in particular WHO.

Sources: [13],[15],[17],[25]

### Major and chronic diseases, HIV/AIDS, cancer, neurodegenerative diseases such as Alzheimer's disease, other dementia, mental disorders, vaccination [Also under TO 8 and 9]

- Develop national strategies or action plans, and quality frameworks, for medical and care services in an integrated approach ensuring control to facilitate their implementation;
- Raise awareness of general public and health care providers, promote public access to information on the disease, and on research and prevention/vaccination, encourage wider training for carers (when relevant), strengthen public trust in immunisation;
- Implement multi-sectorial prevention (including vaccination) strategies especially for priority groups, including the promotion of voluntary testing/early screening:

- In the case of cancer, implementing national screening plans especially for breast, cervical and colorectal cancer;
  - In the case of cancer, support implementation, dissemination and public awareness of preventive measures agreed in the European Code Against Cancer;
  - In the case of preventable chronic diseases, stepped-up attention for diabetes type 2;
  - For available vaccination, implement a timeline from birth until adulthood and ensure follow-up for each individual.
- Support and implement EU developed tools and initiatives such as the European HIV surveillance system , the European guidelines on cancer screening , national and regional cancer registries as a part of the European Network of Cancer Registries (ENCR) and as a part of the EU Cancer Information System; ECDC guidance of seasonal influenza.
  - Use standardised surveillance procedures and methods, improve epidemiological information on prevalence, incidence and survival rates, develop a vaccination information system (monitoring and reporting).

Sources: [4],[6],[9],[10],[11],[17],[21],[22],[23],[24],[32],[39],[40].

## Rare diseases

- Establish multidisciplinary national centres of expertise on rare diseases and connect them to European Reference Networks and in order to ensure care and treatment in equal conditions.
- Support and develop national rare diseases registers and biobanks in the framework of the European Platform for Rare Diseases Registration, and ensure visibility of rare diseases by coding them correctly, based on the International Classification for Diseases (ICD) while respecting national procedures or when necessary other systems like Orphacode developed by the Orphanet database (the world reference database on rare diseases) to report new diseases, as well develop (e)healthcare pathways for rare disease patients.
- Implement prevention strategies for priority groups, including the promotion of voluntary testing/early screening (e.g. new-born screening national programmes, implementation of early detection protocols for autistic spectrum disorders).

Sources: [10],[11],[30],[37].

## Organ donation and transplantation

- Increase availability, and strengthen safety and quality, of organs, tissues and cells for transplantation, and of blood for transfusion, including via the promotion of programmes for altruistic donation programmes, among the public and health professionals, and set up a transplant/donor coordinator in every health facility with potential for organ donation.
- Promote the use of centres of reference and the exchange of organs between EU MS, develop common methodology and definitions, and use a common accreditation system for organ donation and transplantation programmes.
- Develop registers for living donors and organ recipients to evaluate and ensure their health and safety.

Sources: [5],[36].

## Patient safety [Also under TO 9]

- Develop and implement a surveillance system for patient safety, including anti-microbial resistance (AMR) and health care associated infections (HCAI), at national and health care facility level, and:
  - For AMR, make antibiotics prescription-only medicines and promote prudent use of antibiotics in veterinary medicine;
  - For HCAI, Implement standardised and risk-based infection prevention and control measures in all healthcare settings, and encourage adherence to such measures through structural/process indicators and proper accreditation/certification of facilities.
- Implement a blame-free incident reporting and learning system, set up an electronic system for automatic warnings of allergenic reactions, and use common terminology and indicators, recommended by ECDC, for healthcare associated infections, and by WHO and OECD, for patient safety.
- Support the National Contact Points (NCPs) and healthcare providers to ensure patient information, including on patient safety standards and risks.
- Involve patient and health professionals and organisations in patient safety programmes.
- Support EU collaboration on exchange of best practice on patient safety and quality of care.

Sources: [1],[30],[31],[34],[42].

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NOTE: This list is arranged by alphabetical order; the numbers in bracket are used for indexing and do not represent any particular order.

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- Tobacco Products Directive – covers the manufacture, presentation and sale of tobacco products

- Tobacco Advertising Directive – tobacco advertising and sponsorship rules for all media except TV
- Audiovisual media services directive – prohibits tobacco advertising and sponsorship on TV, including product placement

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