ESI Funds for health

Building knowledge & capacities

Mapping ESI Funded Projects 2014-2020

Summary of findings
November 2017

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Project overview

The European Structural and Investment (ESI) Funds invest in job creation and a sustainable and healthy European economy and environment. The total budget of the ESI Funds is over €645 billion[1].

The ESI Funds provide financial support to health investments in order to:

- Improve access to healthcare
- Reduce health inequalities
- Boost healthcare reforms

Thanks to ESIF health-investments, 41.7 million people in the EU will benefit from improved health services from 2014 to 2020[2].

ESI Funds for Health is an EU-funded project[3], running from January 2017 to December 2018, which aims to:

- Gather knowledge on health investments by the ESI Funds
- Assess how such investments contribute to health policy goals
- Build knowledge and capacities to support implementation of the ESI Funds for health

To enable a more precise understanding of the extent to which ESI funded investment are used to support different aspects of health policy, the project focuses on six health themes, as follows:

- Theme 1: Improving access to healthcare (with emphasis on primary and preventive care, especially for vulnerable groups)
- Theme 2: Support to reform processes towards effective and resilient health systems
- Theme 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
- Theme 4: Research and innovation in health and life sciences
- Theme 5: Active and healthy ageing, healthy workforce, health promotion and disease prevention
- Theme 6: Health workforce (including i.e. training, lifelong learning, workforce planning, retention)

[1] According to the European Commission, this is the total amount of payments under the ESI funds and includes EU and national investments, more information available at: https://cohesiondata.ec.europa.eu/overview

[2] A brief overview of ESI funds for health can be found in the factsheet 'Health investments by European Structural and Investment Funds (ESIF) 2014-2020, available at: https://ec.europa.eu/health//sites/health/files/health_structural_funds/docs/esif_factsheet_en.pdf

3 http://esifundsforhealth.eu/

Mapping ESI funded projects 2014-2020

A key objective of the ESI Funds for Health project is to develop a concrete understanding of how ESI Funds are supporting health objectives in the 2014-2020 period by looking at the ongoing implementation of relevant Operational Programmes[4] (OPs) across the Member States. To do so, the project is carrying out a 'mapping exercise' of all health-related projects funded to date. As of August/September 2017, the project has identified 6,414 health-related projects funded by national/regional OPs and the Interreg programmes. The section presents the data collection method for this work and an overview of results.

Data collection and synthesis

Collecting data on actual spending for health-related projects across all the EU Member States is a challenging undertaking. There are no specific objectives dedicated to health; it cuts across a variety of objectives and investment priorities as it is a very cross-cutting issue. The authorities in Member States have vastly different approaches to supporting projects and to publishing information about them. The strategy and approach taken to pull together a database of all health-related projects funded across the Member States was the following:

1. Member States are required to publish 'lists of operations' funded for each OP[5], this information should be easily available on the internet according to the provisions of the Regulation. As all information is published in national languages only, a large team of 'national experts' possessing the necessary language capacities was put in place for the project.
2. To ensure consistency and quality in the mapping and coding of projects, a detailed guidance document was prepared for the team of national experts and a training session was conducted to explain the work to them.
3. Based on the previous work carried out, national experts reviewed all OPs for each Member States and identified those relevant for health. This included 197 national/regional OPs as well as all 76 INTERREG programmes[6].
4. To get an understanding of how health-relevant projects could be funded across the different OPs, national experts reviewed each relevant OP to identify the health-relevant Investment Priorities and specific objectives[7] linked to the six project health themes. Furthermore, information about health-specific indicators formulated at OP-level was also collected.
5. To gather data on projects funded so far, national experts accessed the lists of operations from the relevant websites[8]. These lists had very different formats across the Member States and contained varying levels of detail. Most had information about project budgets and some included also amounts of EU funding and national co-financing. Some had project descriptions and some only project titles. The lists of operations were available for nearly all the OPs identified as health-relevant – although for some the information was not publicly available; see

[4] Operational Programmes (OPs) are the strategic documents prepared by Member States and regions in order to plan and determine how ESI funds will be spent. OPs are typically prepared at national level for a theme (e.g. environment, transport, human resources) or the development of a sub-national region.
[5] Article 115 of the Common Provisions Regulation on ESI Funds (Regulation 1303/2013) requires Member States to maintain a list of operations by OP and Fund in a spreadsheet data format, which allows data to be sorted, searched, extracted, compared and easily published on the internet, for example in CSV or XML format. This list should be updated every six months.
[6] INTERREG implements the European Territorial Cooperation objective, and has three strands: cross-border (INTERREG A); transnational (INTERREG B) and interregional (INTERREG C).
[7] Investment Priorities are set forth in the fund-specific regulations for ESF (Regulation 1304/2013) and ERDF (Regulation 1301/2013); specific objectives are developed by the Member State authorities as part of the planning process.
[8] These included the national ESIF websites of each Member State, the websites of the Managing Authorities in each Member State, OP-specific websites and the websites of the Interreg programmes.

footnote for details[9]. They were initially accessed in March/April 2017 and then again in August/September 2017 to check for updates.

6. To identify health-relevant projects from the lengthy lists of operations published for each OP (many lists contained thousands of projects!), the national experts conducted searches using key words identified by the project team for each theme and sub-theme (see Annex 1 for a list and description). This was complicated by sometimes vague project titles, and overlaps between the themes and sub-themes, given the breadth and complexity of the topic. National experts had to use their own judgement in many cases and the project team performed a quality and consistency check of all project theme/sub-theme assignments during the exercise.
7. All of the information collected was put into a factsheet for each country. The factsheets present information about relevant OPs and projects for each health theme, based on the information available in the OPs and the lists of operations published by the authorities. Information collected for the projects included the following: Title; beneficiary; objective/summary; start/end dates; source of funding; budget; co-financing rate; category of intervention.

The information collected for each country on projects funded to date was collected into an Excel database, which allowed for filtering of projects by country, theme, sub-theme as well as aggregation of statistics such as numbers of projects and amounts spent. This database facilitated the preparation of aggregated statistics for each theme on programmes and projects. These statistics in turn facilitate the analysis of spending trends with regard to policy priorities, as well as the selection of exemplary projects.

Overview of results - Programming

A first step was to look at the relevant Operational Programmes (OPs) that determine where and how projects can be funded. To understand how these OPs can actually fund health-related projects, the national experts mapped the relevant Thematic Objectives (TOs), Investment Priorities (IPs) selected by the Member States in their OPs. These objectives and priorities are set forth in the relevant ESIF regulations (see footnote 10) and they are standard across all Member States and OPs. Next, the experts looked at the relevant Specific Objectives (SOs) for each IP – these are drafted by the Member States, based on their investment needs and goals. Finally, the team looked at health-related indicators for the relevant SOs. There is one health-related 'common indicator' that all Member States are required to use where relevant: 'Population covered by improved health services'. Only seven Member States are using this indicator. There are other 'programme-specific indicators' developed by Member States that are related to health. A snapshot of these across the six project health themes is presented in the table below – they provide good insight into the types of investments that Member States have planned for 2014-2020.

[9] No lists have been published yet for Spain; authorities informed the team that a procedure for publishing them had yet to be agreed internally. For Romania, lists are not yet available online; preliminary lists were made available directly by authorities in March/April. For some regional OPs in Greece and Italy no project lists of operations have been published. No health-relevant projects were found in Malta.

Table 1 Examples of the Investment Priorities together with the Specific Objectives and the matching indicators

Theme	MS	Investment Priority	Specific Objective	Indicators
1 Access to healthcare services	BG	9ii. Socio-economic integration of marginalised communities such as the Roma	Increasing the number of people from vulnerable ethnic communities in employment, education, training, healthcare and social services, with a focus on the Roma, migrants and people with a foreign background	Roma participants who are engaged in job searching education/ training, gaining a qualification, or are in employment, incl. self-employment or are receiving social and health services, upon leaving
	EE	9a. Investing in health and social infrastructure (…)	Regionally accessible, high-quality and sustainable healthcare services	Number of modernised treatment facilities in regional hospitals functioning as competence centres
		9iv. Enhancing access to affordable, sustainable and high quality services (…)	To improve accessibility to health care and health care support persons who provide services in priority sectors outside Riga	The number of supported health care persons who work in the territorial units outside Riga a year after support
2 Reform of health systems	LT	9iv. Enhancing access to affordable, sustainable and high quality services (…)	Increase the share of community-based social services through transition from institutional to community-based services	Share of disabled people receiving community-based social services, of the total number of disabled people receiving social services
	MT	9i Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	Support the integration of vulnerable persons within the community through public infrastructure and community based centres intended to provide necessary social services to vulnerable groups and to bring vulnerable persons closer to the labour market.	Persons supported towards the deinstitutionalisation through the provision of skills and support services
	EL-BG (ETC)	9a. Investing in health and social infrastructure (…)	To improve access to primary and emergency health care (at isolated and deprived communities) in the CB area	Number of health care institutions reorganized, modernized or reequipped
3 ehealth and digital health technologies	ES	2c. Strengthening ICT applications for (…) e-health	Promote digital public services, digital literacy, e-learning, e-inclusion and e-health	Share of the population covered by the Digital Health Services of the National Health Service
	BG	11i. Investment in institutional capacity and in the efficiency of public administrations (…)	Increase of e-services available to citizens and businesses	Functioning National Health Information System (NHIS) [R1-5]
	LT	2c. Strengthening ICT applications for (…) e-health	Increasing the accessibility and quality of public and administrative services	Share of population using electronic public and administrative services

Theme	MS	Investment Priority	Specific Objective	Indicators
4 Research and innovation in health	FI	1b. Promoting business investment in R&I (…)	Strengthening the innovation activities of companies	Piloted products and services which have been developed in the innovation platforms
	PL	9i Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	Increasing the ability of public policies to implement the UN Convention on the rights of persons with disabilities	Number of implemented instruments supporting the inclusion of disable people in the labour market
	CZ	1a. Enhancing research and innovation (R&I) infrastructure (…)	Increasing the international quality of research and its results	Professional publications
5 Ageing, disease prevention and health promotion	AT	8vi. Active and healthy ageing	Support of micro companies as well as SMEs which, 12 months after termination of the measure, implement further activities for active ageing.	As a result of the consultations, the companies are implementing concrete measures to improve the operational performance conditions for an active and healthy aging in the company.
	EL	9iv. Enhancing access to affordable, sustainable and high quality services (…)	Disadvantaged persons benefiting from health and welfare projects (unit of measurement: number of participants)	Coverage of population of immigrants and asylum seekers receiving social care services.
	HU	9iv. Enhancing access to affordable, sustainable and high quality services (…)	To enhance health awareness, primarily regarding disadvantaged people and regions	Number of supported townships, where the number of people using screening examinations has increased
6 Planning and training of the health workforce	LV	9iv. Enhancing access to affordable, sustainable and high quality services (…)	To improve the qualifications of medical and medical support staff	Number of persons providing health care, health care support, and pharmaceutical care with improved professional qualification in the frames of life-long learning activities
	PT	ERDF TO 10. Investing in education, training and vocational training (…)	Broadening the range of social and health services, adapting them to emerging needs, enhancing the transition from institutional care to community-based care as well as improving access and quality of solutions in the context of health and social care systems, and care and protection of children	Participants in training sessions for health care and social services professionals

In terms of the selection of IPs by Member State, patterns have emerged between the group of 'old' Member States (EU-15) and 'new' Member States (EU-13, this group includes the MS which accessed the EU in 2004 or later). It can be noted that all EU-13 countries except for Cyprus have selected the IPs ERDF 9a (investing in health and social infrastructure) and ESF 9iv (access to high quality services including health care). Among the EU-15, the ERDF 9a IP was selected only in Spain, Italy, France (remote areas OPs), Malta and Portugal, while the ESF 9iv IP was not selected at all. The IP 9i (active inclusion and employability) appears to be the most often selected IP in the group of EU-15 (selected by 13 MS) while among the EU-13 Member States it was selected only in six countries. The figures below present the occurrence of the specific IPs per Member State by groups of countries (EU-15 in the first figure and EU-13 in the second figure).

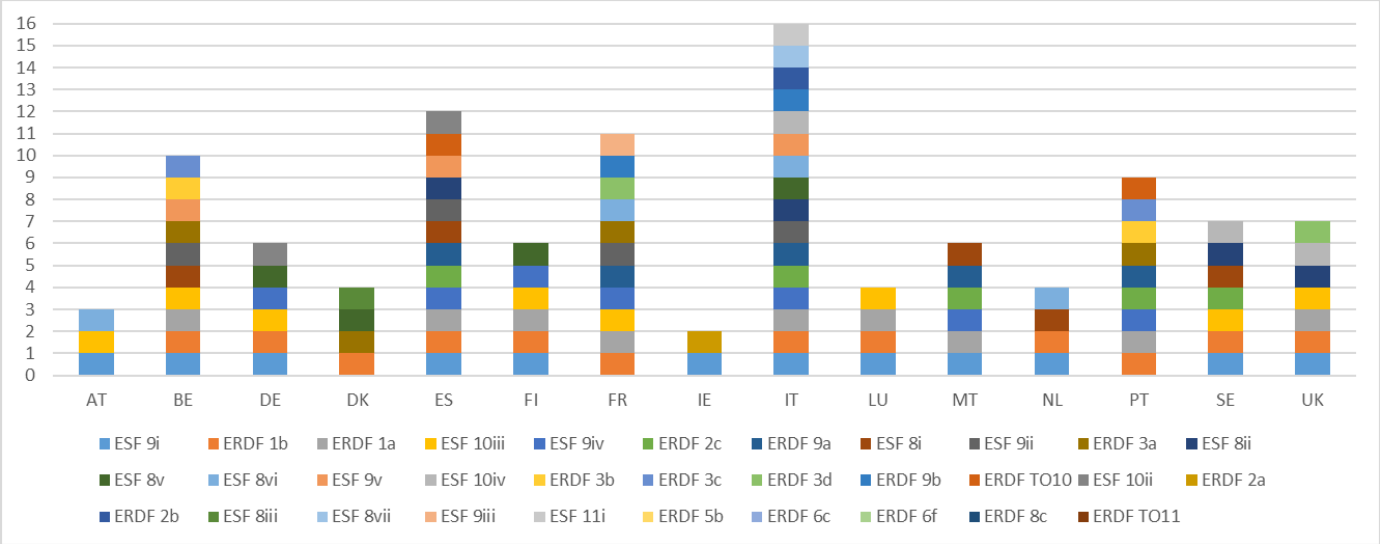


Figure 1 Occurrence of the specific IPs per Member State, EU-15

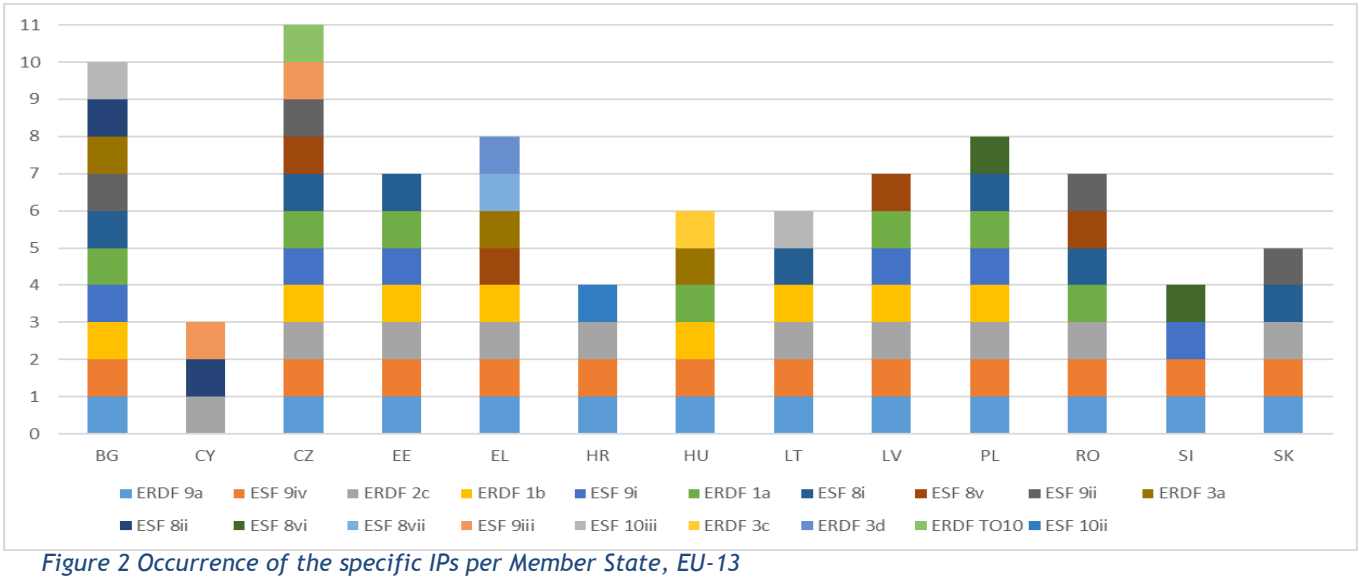
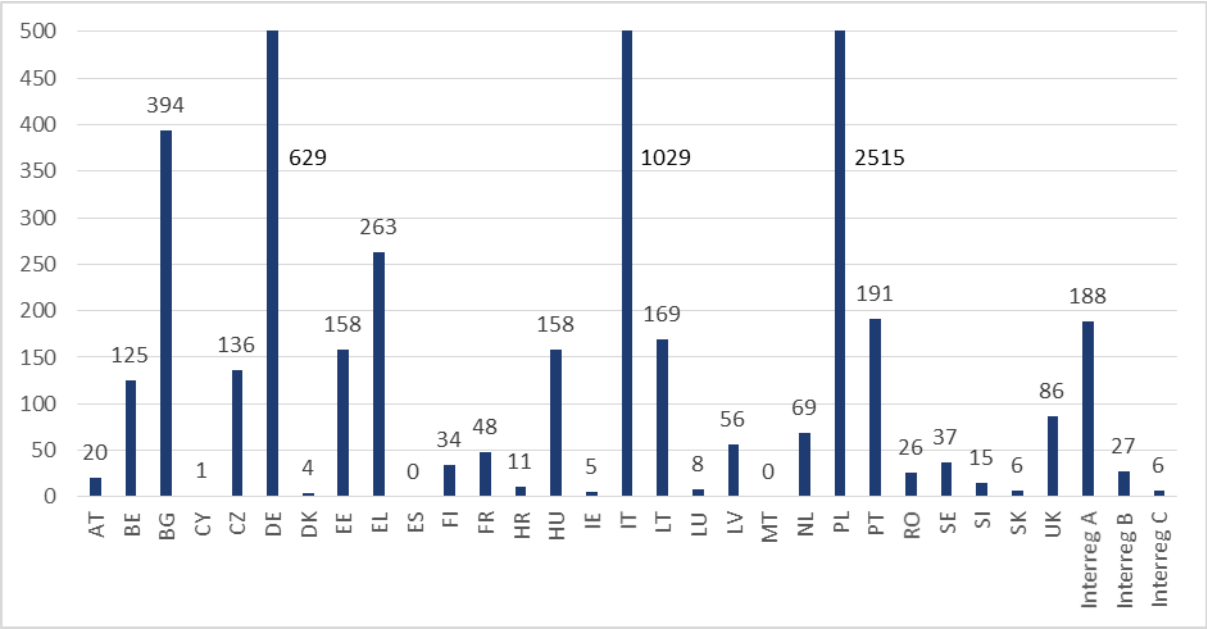


Figure 2 Occurrence of the specific IPs per Member State, EU-13

Overview of results – Project mapping

Based on the data collection method described above, the project has so far identified 6,414 health-related projects across all the Member States. The projects are supported by 197 national/regional OPs and 76 INTERREG programmes. Bulgaria, Italy, Germany and Poland funded the largest numbers of individual projects.

Figure 3 Distribution of all identified health-related project by Member State and INTERREG strand

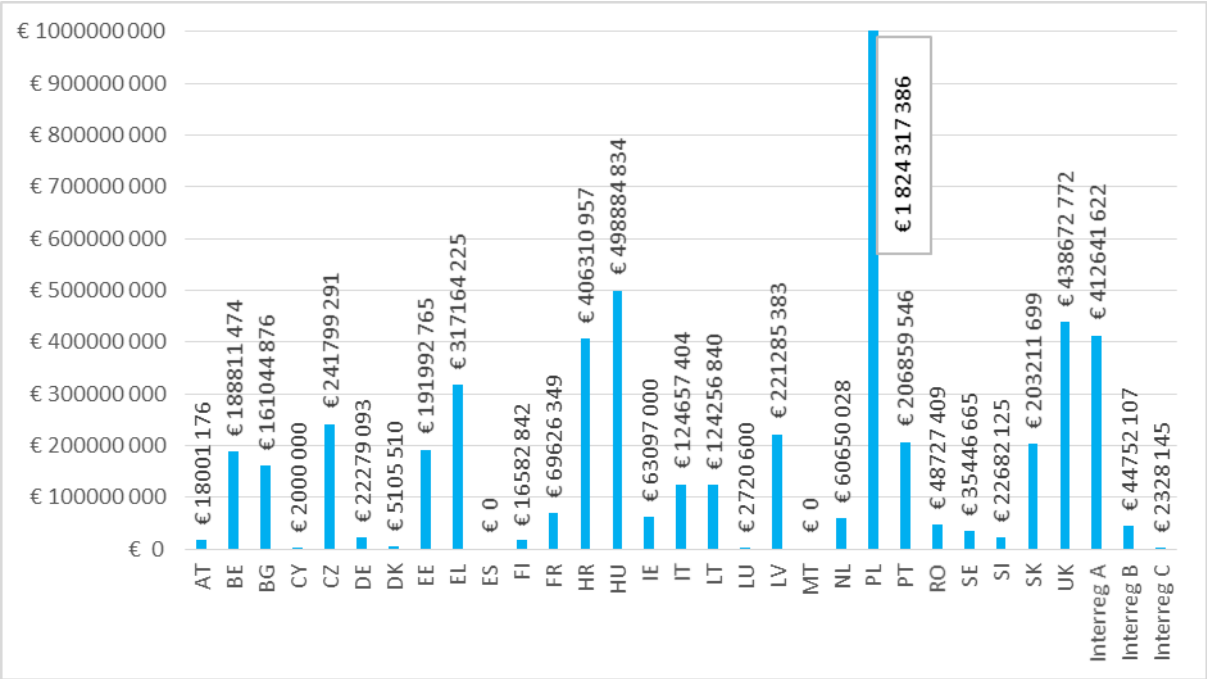


When looking at project budgets, the picture is somewhat different. The total budgets (including both EU funds and national co-financing amounts) for the majority of projects identified (information on budget was not published by authorities for around 16% of the projects) amounts to around EUR 6 billion. This figure is impressive, given that we are only mid-way through the funding period and the estimate from the European Commission factsheet of around EUR 9 billion for the total period 2014-2020, which included investments linked to active ageing and social services. It should be noted that while the data collection process for this work made efforts to focus only on health-related projects, many projects are large and complex and multi-purpose, so it is likely that some of the funding identified here supports health only indirectly. This is impossible to ascertain precisely given the data available. Figure 2 shows the total budgets of all identified projects by Member State and INTERREG strand.

The highest amounts of spending on health-related projects are in Poland, Hungary, the UK and Croatia. It should be noted that for a few very large projects, it appears that the amounts have been allocated into a large pool of funds assigned to call for proposals, rather than actually awarded to concrete projects.

The average co-financing rate from EU funds, based on the 5,602 projects for which this information was available, is 74%. Around two-thirds (63%) of the projects were funded by the ESF; 21% reported funding from the ERDF; for 16% of projects this information was not available.

*Figure 4 Total budgets of all identified projects by Member State and INTERREG strand**



**Based on published data by Member States available for 84% of projects identified.*

Looking at the six health themes, the projects are not evenly spread out. The largest number of projects (2,470 or 39%) support theme 5, covering active and healthy ageing, healthy workforce, health promotion and disease prevention. Theme 2 on reform of health systems and theme 4 on research and innovation both have around 22% of the total. Smaller numbers of projects support the more specific themes: 769 or 12% for improving access to healthcare and around 3% each for e-health and the health workforce. The amount of budget spent so far on each theme largely correlates with the numbers of projects. These amounts are shown in Figures 3 and 4.

Figure 5 Number of projects per health theme

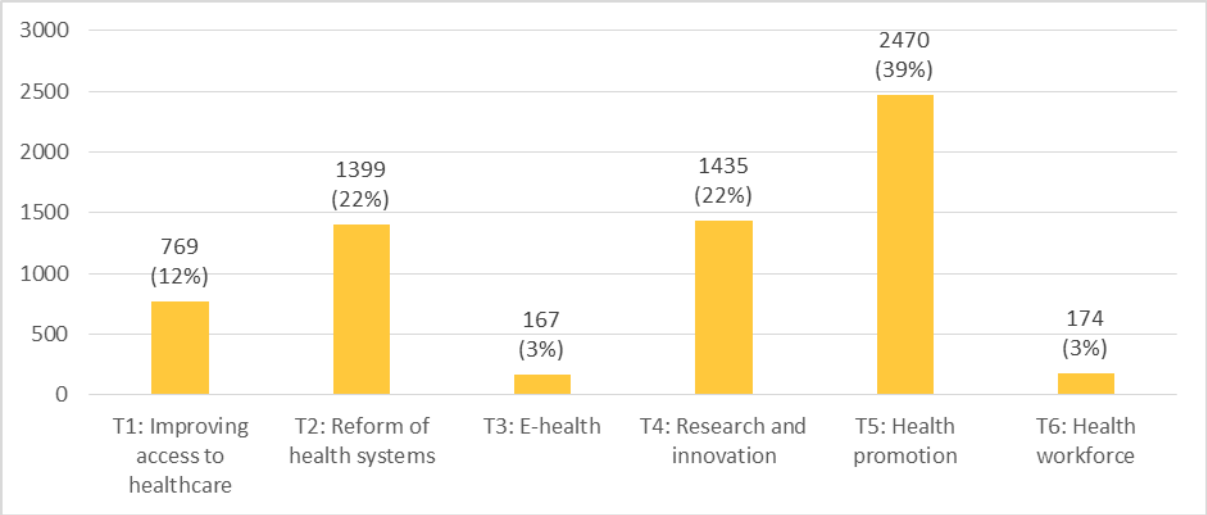
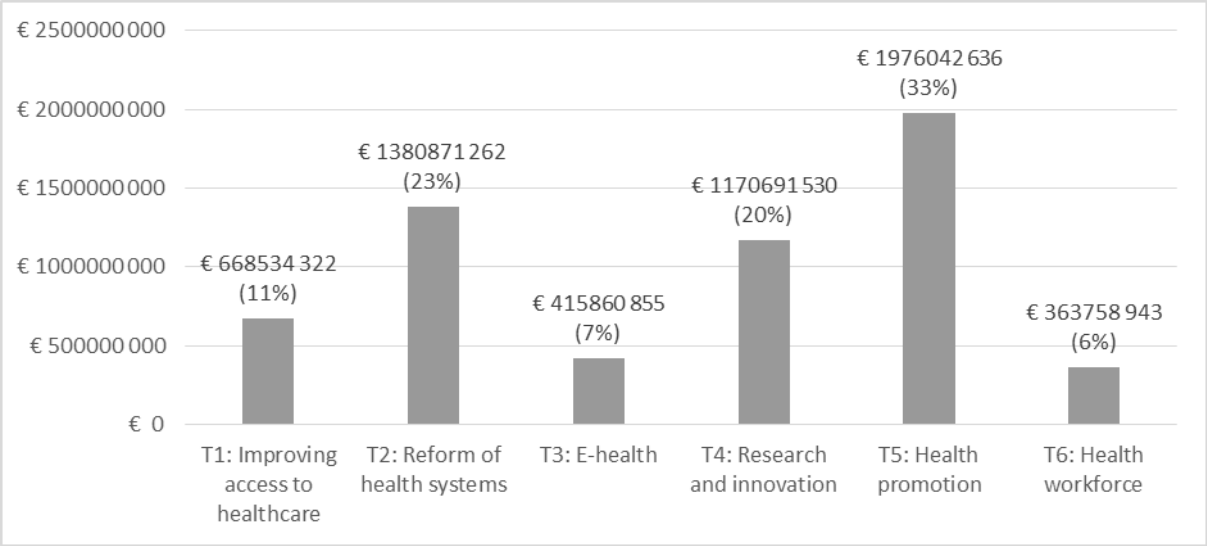


*Figure 6 Total budgets of all identified projects per health theme**



**Based on published data by Member States available for 84% of projects identified*

Most of the Member States have supported projects across all the six health themes. Notable exceptions are Austria, Cyprus, and Ireland, which have so far funded projects only in Theme 5. Some countries, such as Italy and Romania, have concentrated their funding so far on research projects. Relatively large amounts of funding have been concentrated on theme 2, Reform of health systems in many of the new Member States – e.g. Bulgaria, Czech Republic, Estonia, Lithuania and Poland. The following figures show the number of projects per theme, and the amount of budget per theme respectively in each Member State and INTERREG strand.

Figure 7 Number of projects per theme for each Member State and INTERREG strand, MS with over 100 projects

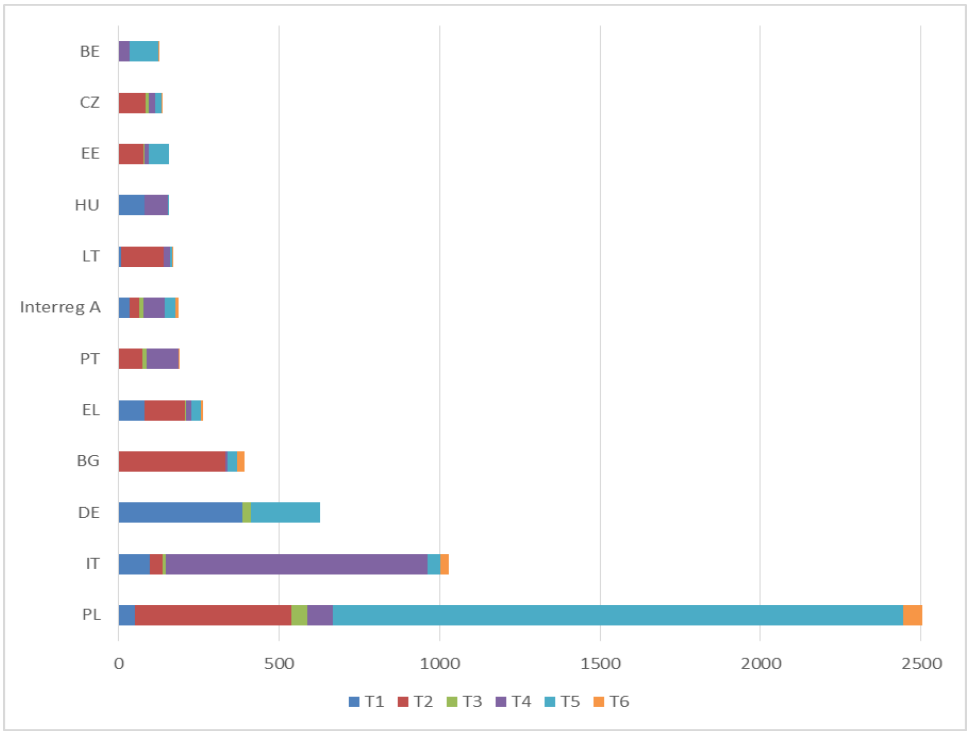


Figure 8 Number of projects per theme for each Member State and INTERREG strand, MS with less than 100 projects

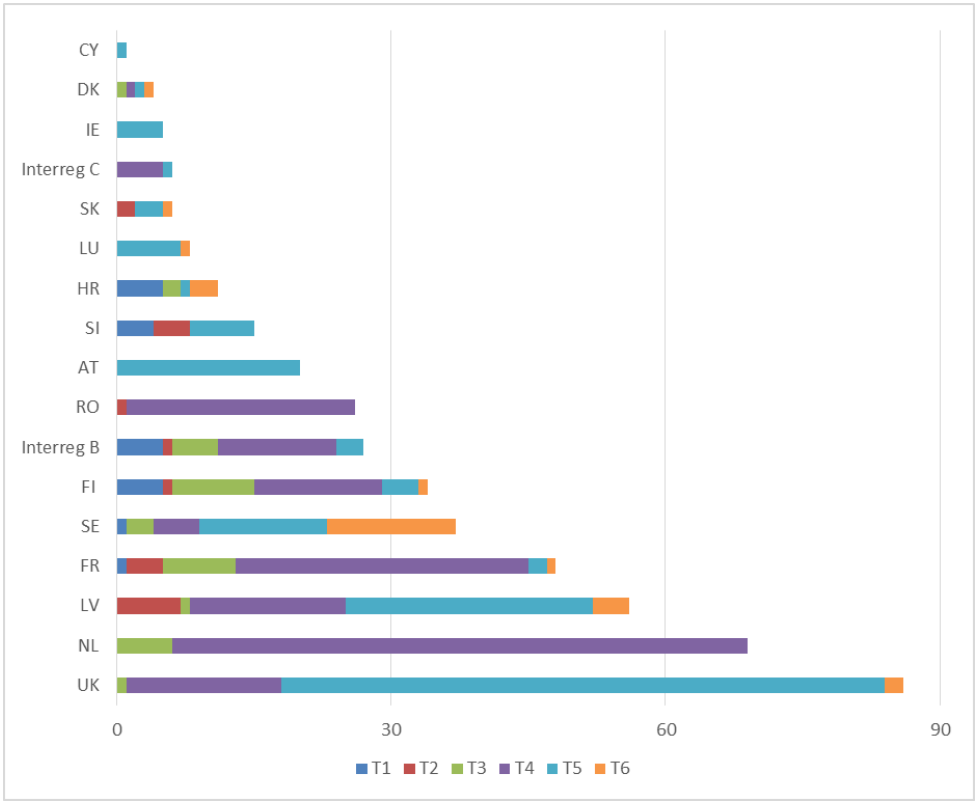


Figure 9 Amount of budget per theme for each Member State and INTERREG strand, MS with over EUR 100 million

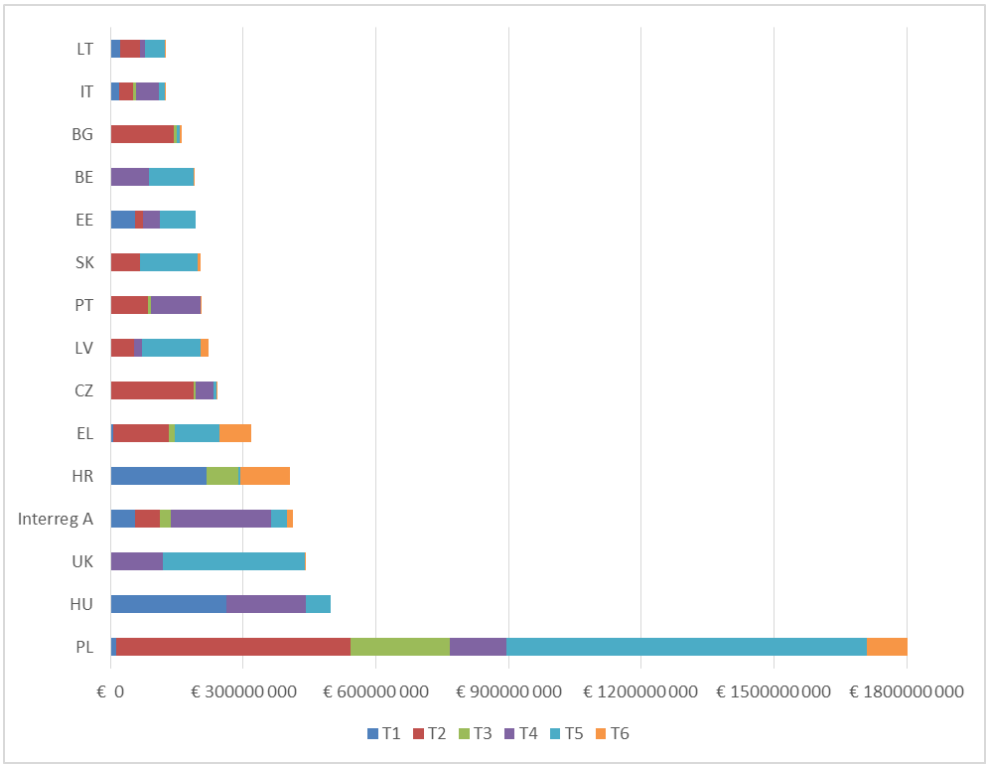


Figure 10 Amount of budget per theme for each Member State and INTERREG strand, MS with less than EUR 100 million