



Thematic Mapping Document

Thematic Block 6
Health Workforce



This mapping document was prepared as part of the EU-funded project: ‘ESIF Support in the area of health: building knowledge and capacities for monitoring and implementation, supporting innovation and effectiveness’. Study Contract No. 2015 73 01.

Author: Milieu Ltd

Reviewed by: Maastricht University, EuroHealthNet, Health ClusterNET

This mapping document was produced under the EU’s third Health Programme (2014-2020) in the framework of a service contract with the Consumers, Agriculture, Health and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The content of this document represents the views of the contractor and is its sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or Chafea or any other body of the European Union. The European Commission and/or Chafea do not guarantee the accuracy of the data included in this document, nor do they accept responsibility for any use made by third parties thereof.

Table of contents

1. INTRODUCTION.....	1
2. OVERVIEW OF RELEVANT ESIF INVESTMENTS AT OP LEVEL	4
INVESTMENT PRIORITIES	4
INDICATORS	7
3. ANALYSIS OF IDENTIFIED ESIF-FUNDED PROJECTS.....	9

1. Introduction

This ‘mapping document’ covers Theme 6 of the ESI Funds for health project, focusing on the health workforce. It provides a complete overview of currently planned 2014-2020 ESIF support in this particular area of health, based on extensive Member State-level research carried out as part of the ESI Funds for health project. The purpose of this document is to give an EU-wide snapshot of the data collected; it serves as an annex to the ‘ESIF support for health investments - analysis report’. That report provides an overview of the methodology for data collection, including information on how to understand the data presented here. Detailed results for each Member State and INTERREG programmes are contained in fact sheets annexed to that report.

This mapping document covers both planning and programming of the ESI Funds as well as specific projects selected for funding across the EU-28 as of August 2017. Section 2 covers the programming stage, and summarises the investment priorities and indicators relevant for support to the health workforce that have been included in the 2014-2020 Operational Programmes (OPs) for ESI Funds. Section 3 addresses the project level and summarises data regarding all approved projects supporting the health workforce theme across the EU-28.

This document is structured as follows:

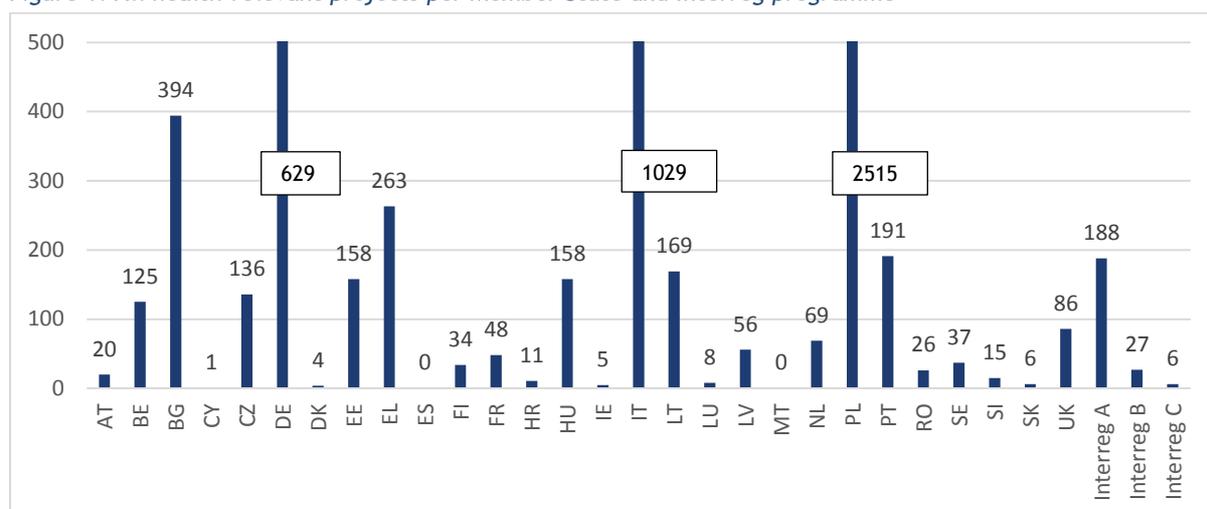
- Introduction
- Overview of relevant ESIF investments at OP level
- Analysis of identified ESIF-funded projects

The ESI Funds for health project focuses on six thematic blocks, covering the full range of EU health priorities that can be effectively addressed through the ESI funds. Across the six themes, a total of 6,414 health-relevant projects were identified in 26 Member States¹ and the Interreg programmes. The overall distribution of health-relevant projects across Member States and the Interreg programmes is shown in Figure 1 below. More than half (63%) of the funding was found to come from the ESF².

¹ No health-relevant projects were found in Malta, and information for projects in Spain has not yet been made available by the Spanish authorities.

² ESF - 63%; ERDF - 21%; for 16% of the funding amounts the specific fund was not identified by the Member State.

Figure 1: All health-relevant projects per Member State and Interreg programme



Thematic block 6 focuses on support for the health workforce, including the education and training of the health workforce, including medical staff, as well as public health professionals, health management and administrative and support staff. EU health systems depend on a high quality motivated health workforce of sufficient capacity and with the right skills to meet the growing demands of healthcare. ESI funds can play an important role through activities such as training, lifelong learning, workforce planning and retention programmes and other targeted actions. Of the health-relevant projects identified, 174, or around 3%, support the health workforce theme. The share of projects across thematic blocks is depicted in Figures 2 and 3.

Figure 2: Number of health-relevant projects per thematic block

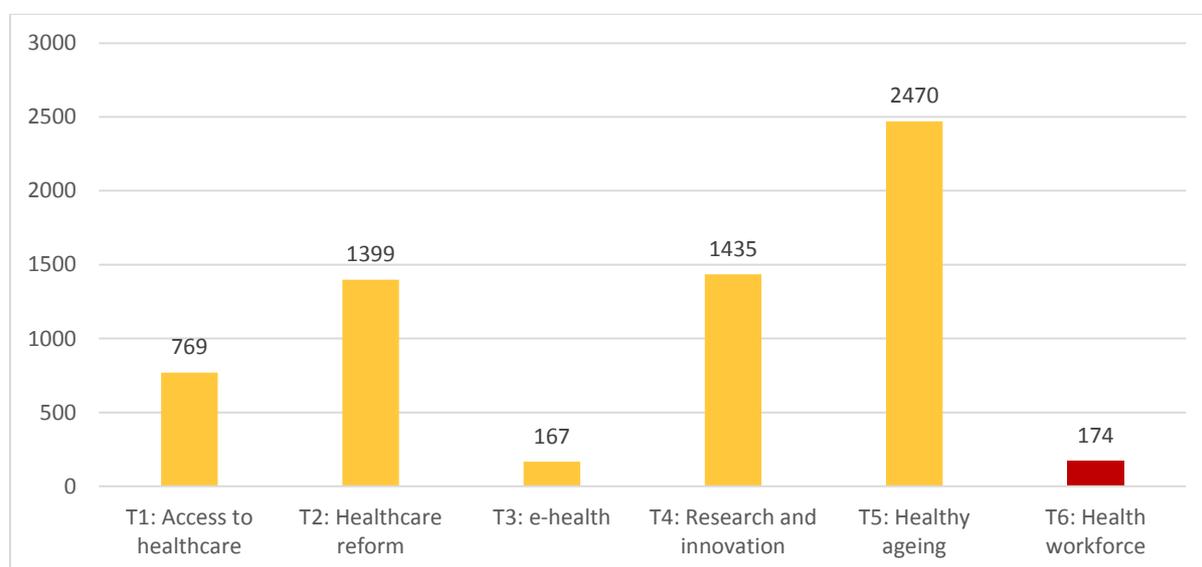
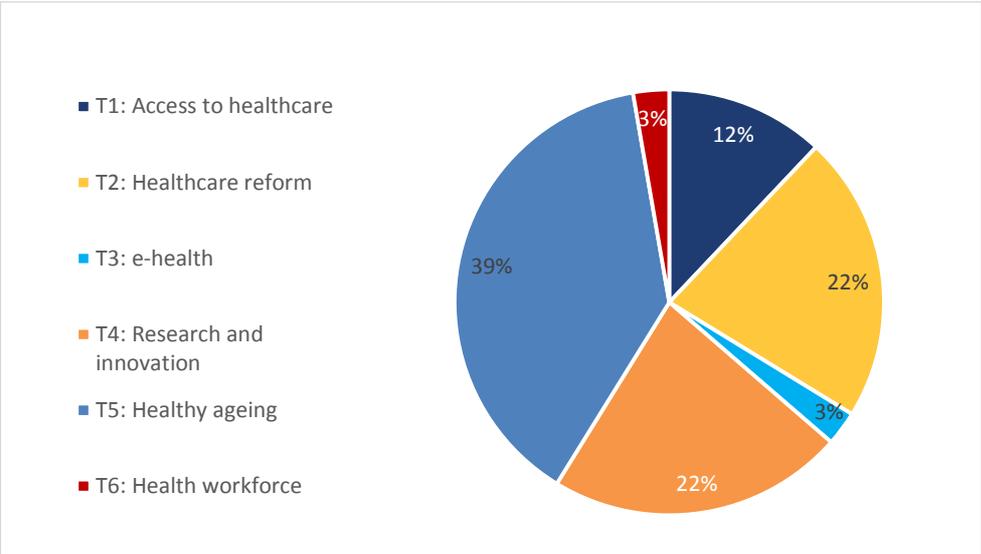


Figure 3: Share of thematic blocks across all health-relevant projects



2. Overview of relevant ESIF investments at OP level

Investment priorities

The planning and programming the use of ESI funds by Member States is structured around Thematic Objectives and Investment Priorities set forth in the specific regulations governing the funds³. Investment priorities relevant for the thematic block 6 can be found primarily under the Thematic Objective 9: ‘Promoting social inclusion, combating poverty and any discrimination’ and 10: ‘Investing in education, training and vocational training for skills and lifelong learning; some are also found in Thematic Objective 8 ‘Promoting sustainable and quality employment and supporting labour mobility’ as well as 11 ‘Enhancing institutional capacity of public authorities and stakeholders and efficient public administration’. One OP (from Greece) refers to the Thematic Objective 3 focusing on SMES and aims to support capacities in nine priority sectors including health care. Across these Thematic Objectives, 14 Investment Priorities defined for the Member States and four Investment Priorities defined specifically for Interreg Programmes have been found to be relevant for the thematic block 6 - these are mainly supported by the ESF.

Overall, 19 Member States have included these Investment Priorities in their OPs. Nine Member States have not included any IPs relevant for this theme in their OPs (these are: AT, ES, IE, EE, NL, SI, BE, DE, HU). IP9iv focusing on enhanced access to health care is the Investment Priority which was most often chosen by Member States for this theme (in eight Member States), followed by the IP 10iii focusing on improved access to lifelong learning (seven Member States).

Sixteen Interreg A OPs and 1 Interreg B OP were found to be relevant for the health workforce. One of the Investment Priorities relevant for the health workforce is common for both nation-wide OPs and ETC programmes, namely the IP 9a (five Interreg Programmes used this IP to guide their interventions). In addition, 13 of the Interreg OPs contained Investment Priorities as defined specifically for cross-border cooperation programmes in a separate Regulation relating to ETC programmes⁴.

The table below shows the selection by Member States of the Investment Priorities relevant for the health workforce thematic block in the 2014-2020 OPs, including INTERREG programmes.

Table 1 Selection of the Investment Priorities relevant for thematic block 6 (health workforce) by Member States

Fund	TO	Investment Priority	Member States
ESF	8	8i. Access to employment for job-seekers and inactive people,	SE, RO

³ Regulation (EU) No 1304/2013 of the European Parliament and of the Council of 17 December 2013 on the European Social Fund and repealing Council Regulation (EC) No 1081/2006 and Regulation (EU) No 1301/2013 of the European Parliament and of the Council of 17 December 2013 on the European Regional Development Fund and on specific provisions concerning the Investment for growth and jobs goal and repealing Regulation (EC) No 1080/2006

⁴ Regulation No 1299/2013 of 17 December 2013 of the European Parliament and of the Council on specific provisions for the support from the European Regional Development Fund to the European territorial cooperation goal.

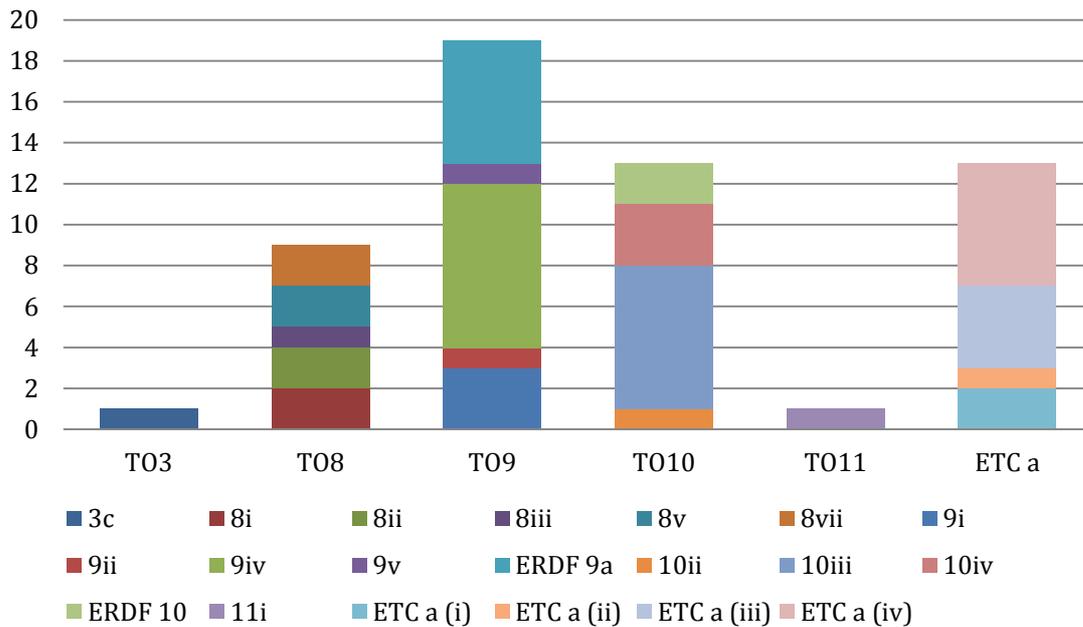
Fund	TO	Investment Priority	Member States
	(Sustainable employment)	including the long-term unemployed and people far from the labour market, also through local employment initiatives and support for labour mobility	
		8ii. Sustainable integration into the labour market of young people, in particular those not in employment, education or training, including young people at risk of social exclusion and young people from marginalised communities, including through the implementation of the Youth Guarantee	SE, BE
		8iii. Self-employment, entrepreneurship and business creation including innovative micro, small and medium sized enterprises	DK
		8v. Adaptation of workers, enterprises and entrepreneurs to change	RO, EL
		8vii. Modernisation of labour market institutions, such as public and private employment services, and improving the matching of labour market needs, including through actions that enhance transnational labour mobility as well as through mobility schemes and better cooperation between institutions and relevant stakeholders	EL, IT
	9 (Social inclusion)	9i Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	SE, MT, CZ
		9ii. Socio-economic integration of marginalised communities such as the Roma	RO
		9iv. Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest	LT, PT, SK, FR, LV, RO, PL, CZ
		9v. Promoting social entrepreneurship and vocational integration in social enterprises and the social and solidarity economy in order to facilitate access to employment	IT
	10 (Education and training)	10ii. Improving the quality and efficiency of, and access to, tertiary and equivalent education with a view to increasing participation and attainment levels, especially for disadvantaged groups	HR, CZ
		10iii. Enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings, upgrading the knowledge, skills and competences of the workforce, and promoting flexible learning pathways including through career guidance and validation of acquired competences	FI, LT, UK, LU, SE, BG, BE
		10iv. Improving the labour market relevance of education and training systems, facilitating the transition from education to work, and strengthening vocational education and training systems and their quality, including through mechanisms for skills anticipation, adaptation of curricula and the establishment and development of work-based learning systems, including dual learning systems and apprenticeship schemes	UK, SE, IT
	11 (Institutional capacity public authorities)	11i. Investment in institutional capacity and in the efficiency of public administrations and public services at the national, regional and local levels with a view to reforms, better regulation and good governance	BG
ERDF	3 (SMEs)	3c. Supporting the creation and the extension of advanced	EL

Fund	TO	Investment Priority	Member States
		capacities for product and service development	
	9 (Social inclusion)	9a. 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	HR; Interreg A: BE-FR, BE-DE-BL, FR-BE-DE-LU, EL-BG, UK-IE
	10 (Education and training)	10. Investing in education, training and vocational training for skills and lifelong learning by developing education and training infrastructure ⁵	PT
	ETC a) (IPs under cross-border cooperation)	(i) promoting sustainable and quality employment and supporting labour mobility by integrating cross-border labour markets, including cross-border mobility, joint local employment initiatives, information and advisory services and joint training	Interreg A: FR-BE-DE-LU, FR-DE-CH
		(ii) promoting social inclusion, combating poverty and any discrimination by promoting gender equality, equal opportunities, and the integration of communities across borders	Interreg A: FR-IT
		(iii) investing in education, training and vocational training for skills and lifelong learning by developing and implementing joint education, vocational training and training schemes	Interreg A: BE-DE-NL, HU-HR, FI-EE-LV-SE Interreg B: Indian Ocean Area
		(iv) enhancing institutional capacity of public authorities and stakeholders and efficient public administration by promoting legal and administrative cooperation and cooperation between citizens and institutions	Interreg A: DE-DK, HU-HR, IT-AT, SK-HU, SI-AT, ES-PT

The figure below shows the occurrence of selection of Investment Priorities across the Member States and Interreg Programmes.

Figure 4 Number of Member States and Interreg programmes selecting health workforce Investment Priorities

⁵ This is the title of the Thematic Objective but since no IPs are defined under the ERDF for this TO, the title of the TO is used instead.



In their OPs, Member States define specific objectives that take into account the needs and characteristics of the programme area. The following are examples of some of the specific objectives defined for this theme:

- Increase the skills and professionalization of social services, health and the person to improve efficiency (FR)
- Increasing the skills and knowledge of employees, among which those of over 45 years of age, in relation with future labour market needs (LU)
- To increase the efficiency of social services and the professional skills of staff working with persons in risk situations (LV)
- Improving the skills of professionals in the medical sector (RO)
- Improved cooperation between education, labour market and workplace training (SE)
- Implementation of quality activities and organization in the health system to facilitate access to affordable, sustainable and high quality health services (PL)
- Improving the level of skills, as well as participation and successful training (IT)
- Improvement of the adequacy between cross-border training systems and the labour market (BE-DE-NL).

Indicators

OPs include indicators that enable the monitoring of spending outputs and results; these are especially relevant for cross-cutting issues such as health. Indicators also play an important role in guiding project development. Member States are required to use a set of common indicators for monitoring of the programmes; programme-specific indicators can also be used. There is one required common output indicator relating to health, which specifies the population covered by improved health services; this is more relevant for other thematic blocks covered by the project. Some of the other common indicators included are indirectly relevant for health outcomes - these include participants in programmes with disabilities, who are unemployed, or above 54 years of age.

For the health workforce thematic block, however, there are no directly related common indicators.

Member States defined several programme-specific indicators to monitor the performance of the health workforce projects. These indicators typically refer to the number of persons participating in training programmes or number of persons employed in the health sector.

Examples of programme-specific indicators used for this thematic block by Member States are:

- Share of persons who successfully completed training and apply the obtained knowledge at work from 6 to 12 months after taking part in the ESF activities (LT)
- Participants in training sessions for health care and social services professionals (PT)
- Persons employed in the field of health two years after completing medical education and training supported by ESF (HR)
- Number of persons providing health care, health care support, and pharmaceutical care with improved professional qualification in the frames of life-long learning activities (LV).

Very few Interreg Programmes include monitoring indicators. The following four examples have been found with relation to the Thematic Block 6:

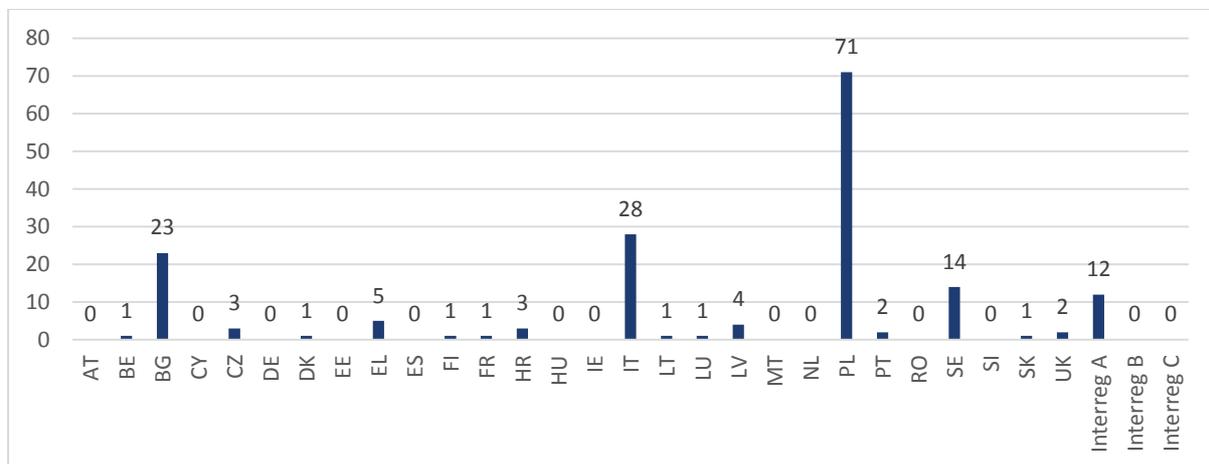
- Number of persons certified in emergency assistance (Mayote-Comores-Madagascar)
- Population covered by cross-border initiatives in the fields of employment, training, culture, sport and health (ES-PT)
- Specialist training and development programmes for cross-border area health and social care providers (UK-IE)
- Number of missions, audit, exchange and expertise in the health sector, the social sector and medico-social issues (Indian Ocean Area).

3. Analysis of identified ESIF-funded projects

The section focuses on the project level, and summarises the outcomes of the country-level research on the actual projects funded by Member States that will support the health workforce across the EU. Information about the geographic distribution, sub-themes, intervention fields and funding sources of the projects is presented.

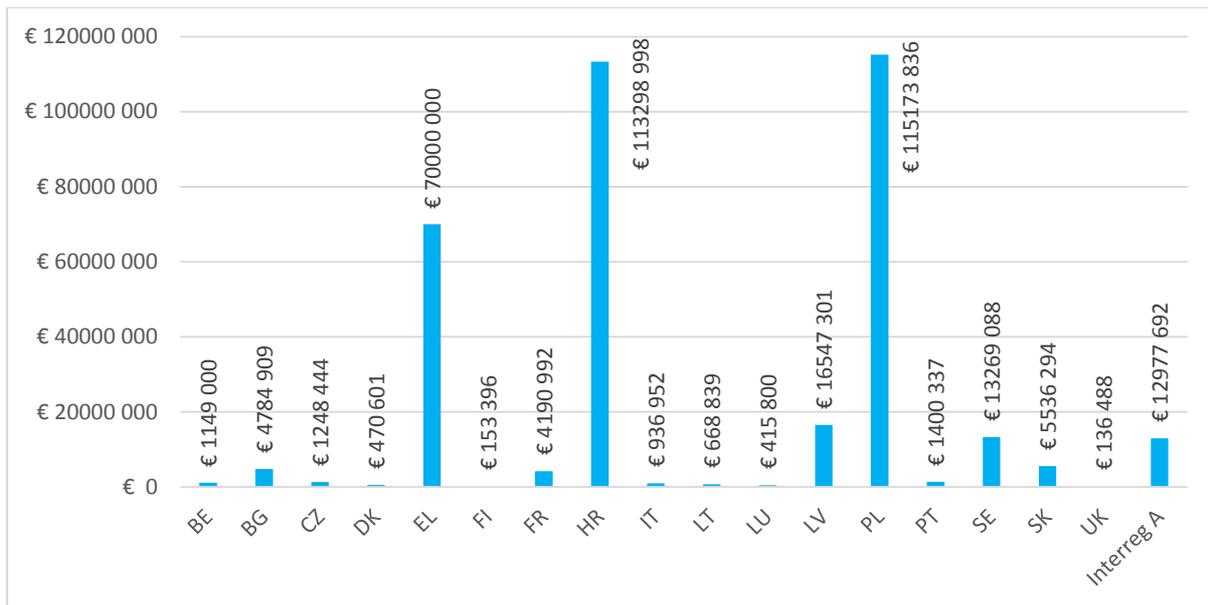
So far, there have been 174 projects in 17 Member States funded in support of the health workforce thematic block. More than 70% of these projects are in Poland, Italy and Bulgaria. No projects supporting the health workforce thematic block were found in Austria, Cyprus, Germany, Estonia, Hungary, Ireland, the Netherlands, Romania or Slovenia. Twelve relevant projects are also financed under the Interreg A cooperation programmes. Further details are presented in **Error! Not a valid bookmark self-reference..**

Figure 5: Health workforce projects per Member State and Interreg programme



Budget information was published by the Member States for 171 of the health workforce projects. The total expenditure (EU funds as well as any national co-funding) for all health workforce projects identified is around EUR 364 million, while the average project budget is approximately EUR 2.1 million. However, the largest spending on health workforce projects does not necessarily appear in the countries with the most projects. The largest spending on health workforce projects is in Poland (around EUR 115 million), Croatia (around EUR 113 million) and Greece (EUR 70 million). In terms of average project size, the largest projects are found in Croatia and Greece where they are EUR 37.8 million and EUR 14 million respectively - although these are likely large calls for grant proposals or compendia of smaller projects. The smallest projects on average can be found in Italy (EUR 36,023) and the UK (EUR 68,244).

Figure 6: Total Budget of health workforce projects per Member State and Interreg programme



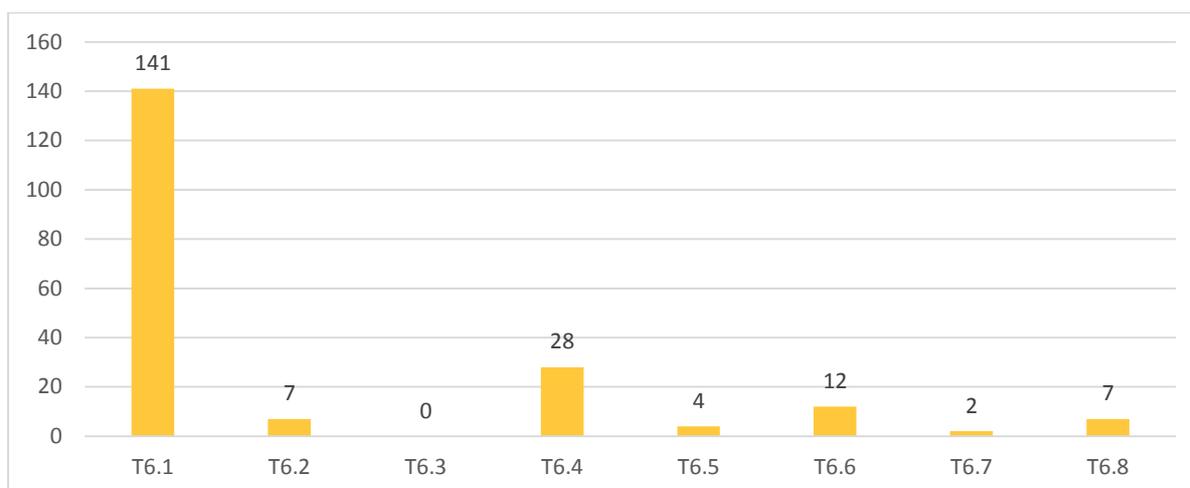
Eight sub-themes were identified for the health workforce thematic block, covering key areas of focus in EU and national policy priorities. Projects were assigned to multiple sub-themes where appropriate. The breakdown of projects by sub-theme is shown in the table and figure below.

Table 2: Sub-themes for thematic block 6 ‘health workforce’

Code	Description	Number of projects
T6.1	Training of the health workforce	141
T6.2	Workforce planning	7
T6.3	Retention	0
T6.4	Promoting to work in the health sector	28
T6.5	Improving working conditions	4
T6.6	Healthcare professional’s curricula	12
T6.7	Healthcare workforce mobility	2
T6.8	Other	7

Sub-theme 6.1 ‘training of the health workforce’ is the focus of a large majority of the projects. However, it should be noted that although most thematic blocks and their sub-themes are quite distinct, there are some overlaps. In this case, Thematic Block 6 and sub-theme 6.1 ‘training of the health workforce’ can overlap with Thematic Block 1 ‘Improving access to healthcare’ and sub-theme 1.4 ‘Improving the skills and capacities of health workers’.

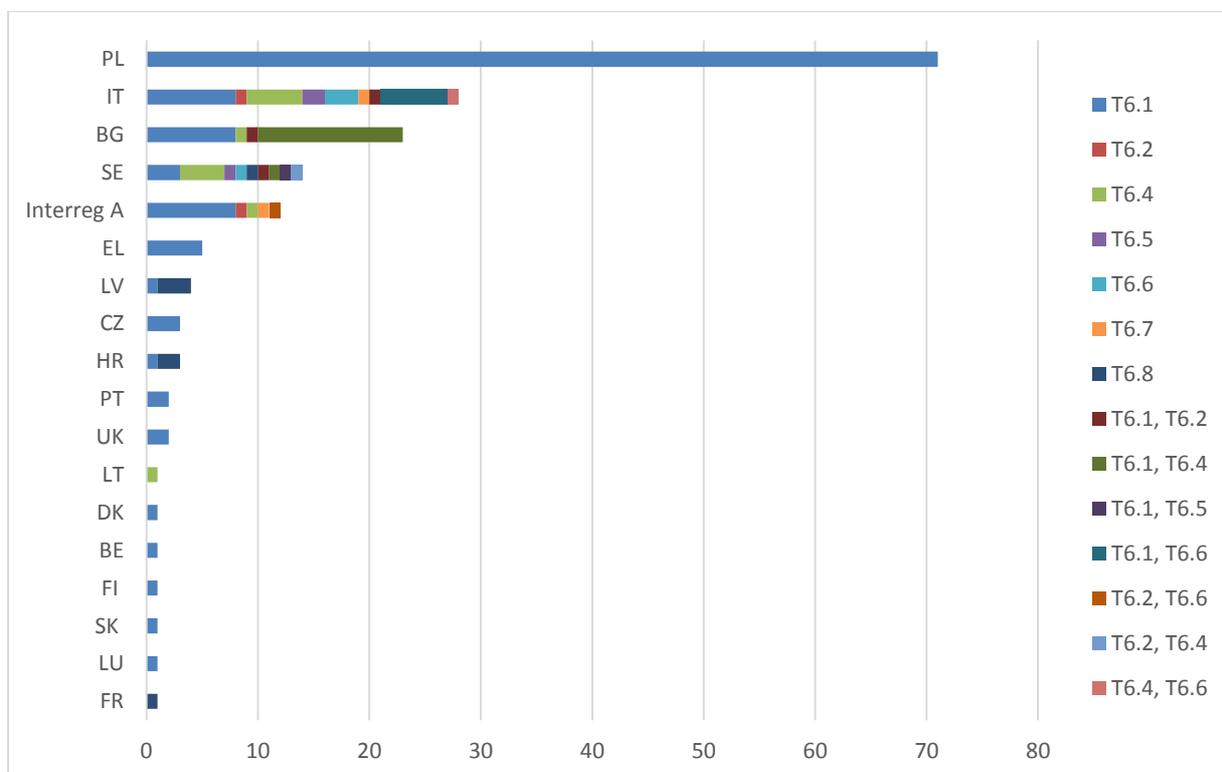
Figure 7: Number of health workforce projects per sub-theme



Notes: For 27 of the T6 projects more than one relevant sub-theme was assigned; the number of projects here is therefore greater than the total number identified.

Figure 8 below gives a more detailed picture of the sub-themes and combinations addressed by projects supported in the Member States and the Interreg programme.

Figure 8: Health workforce sub-themes as addressed by projects across Member States



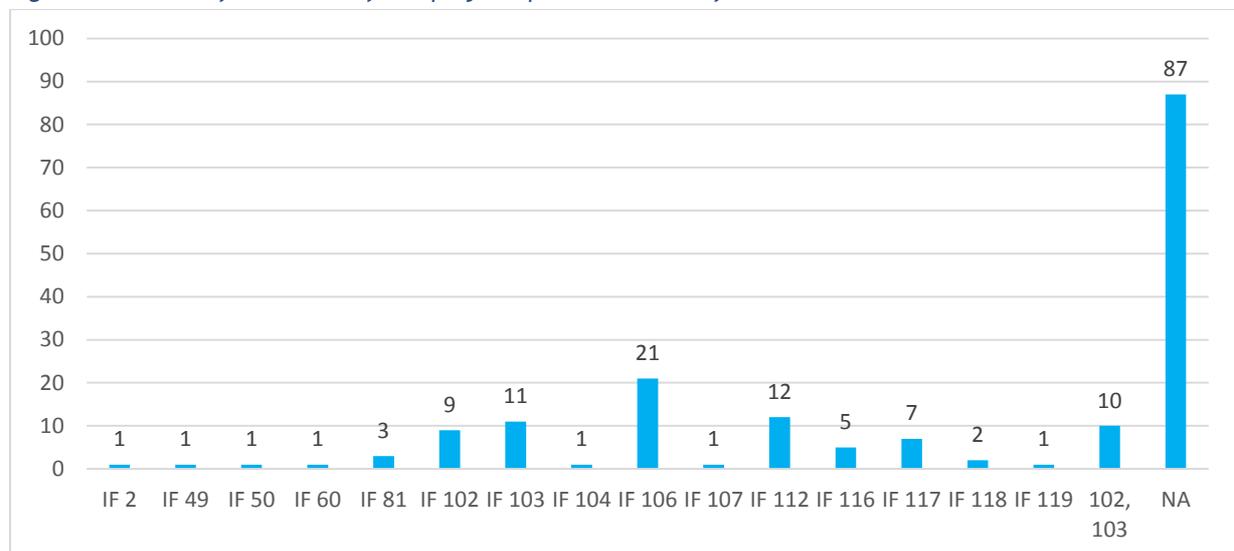
Notes: For 27 of the T6 projects more than one relevant sub-theme was assigned.

All projects supported by ESIF are also assigned to different intervention fields in accordance with Regulation 215/2014⁶ and the EU nomenclature of intervention field codes established in it. Where this was indicated by the Member States in the information they published regarding projects funded, we have tracked it per project. For the health workforce thematic block, there is no directly applicable intervention field, therefore the projects have come from funding assigned to a range of indirectly relevant fields.

Most of the health workforce projects were assigned by the relevant Member State authorities to intervention fields 102 ‘Access to employment for job-seekers and inactive people, including the long-term unemployed and people far from the labour market, also through local employment initiatives and support for labour mobility’ and 103 ‘Sustainable integration into the labour market of young people, in particular those not in employment, education or training, including young people at risk of social exclusion and young people from marginalised communities, including through the implementation of the Youth Guarantee’. These fields correspond to general employment and training objectives and are assigned to projects in Italy, Bulgaria and Sweden (Figure 10). All projects and intervention fields for which data were available are shown in A full list of the relevant intervention fields is given in the following table.

Figure 9. A full list of the relevant intervention fields is given in the following table.

Figure 9: Number of health workforce projects per intervention field



Notes: NA = Not available

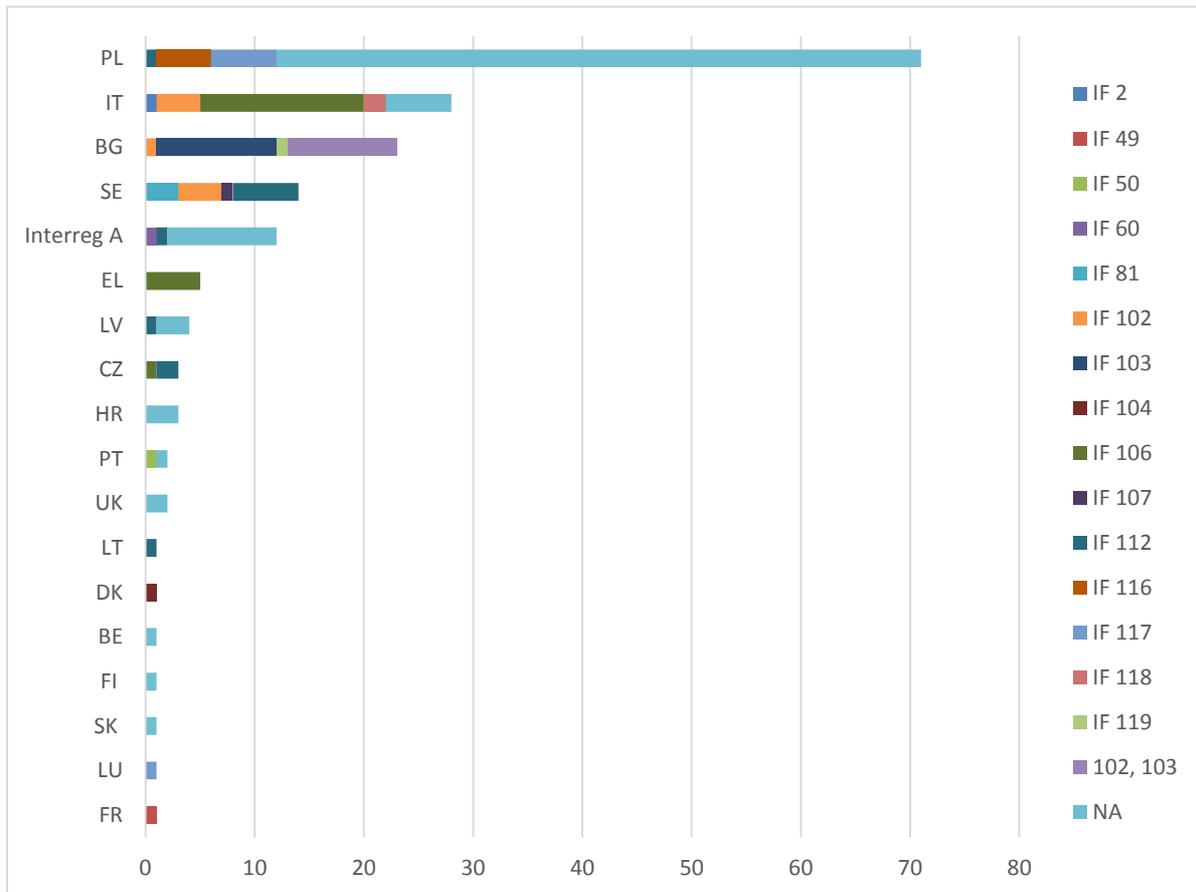
⁶ Regulation (EU) No 215/2014 laying down rules for implementing Regulation (EU) No 1303/2013 [...]

Table 3: Intervention fields assigned to health workforce projects

Code	Description
2	Research and innovation processes in large enterprises
49	Education infrastructure for tertiary education
50	Education infrastructure for vocational education and training and adult learning
60	Research and innovation activities in public research centres and centres of competence including networking
81	ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
102	Access to employment for job-seekers and inactive people, including the long-term unemployed and people far from the labour market, also through local employment initiatives and support for labour mobility
103	Sustainable integration into the labour market of young people, in particular those not in employment, education or training, including young people at risk of social exclusion and young people from marginalised communities, including through the implementation of the Youth Guarantee
104	Self-employment, entrepreneurship and business creation including innovative micro, small and medium sized enterprises
106	Adaptation of workers, enterprises and entrepreneurs to change
107	Active and healthy ageing
112	Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest
116	Improving the quality and efficiency of, and access to, tertiary and equivalent education with a view to increasing participation and attainment levels, especially for disadvantaged groups
117	Enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings, upgrading the knowledge, skills and competences of the workforce, and promoting flexible learning pathways including through career guidance and validation of acquired competences
118	Improving the labour market relevance of education and training systems, facilitating the transition from education to work, and strengthening vocational education and training systems and their quality, including through mechanisms for skills anticipation, adaptation of curricula and the establishment and development of work-based learning systems, including dual learning systems and apprenticeship schemes
119	Investment in institutional capacity and in the efficiency of public administrations and public services at the national, regional and local levels with a view to reforms, better regulation and good governance

Source: Annex I of Regulation 215/2014

Figure 10: Intervention fields assigned to the health workforce projects across Member States

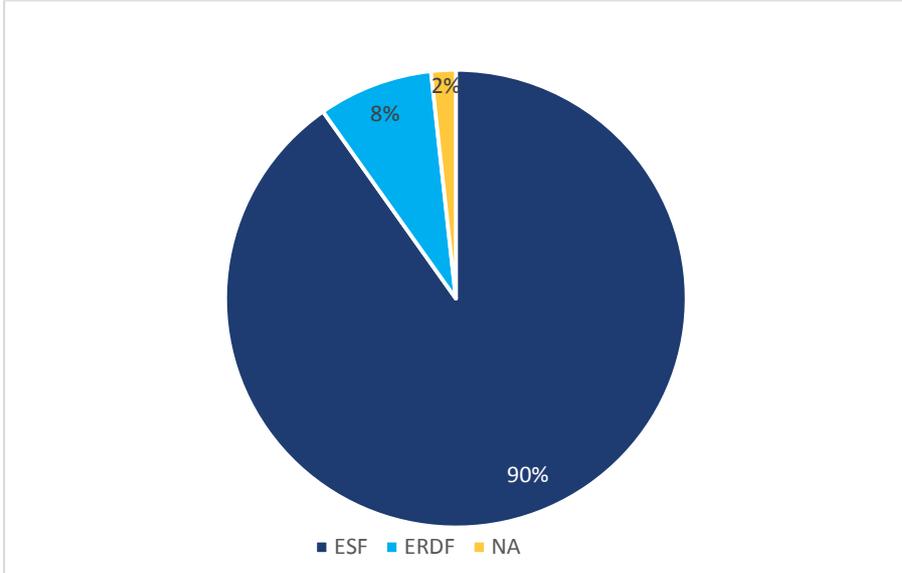


Notes: NA = Not available

The majority of the health workforce projects are financed by the ESF - 157 projects or 90%. The average co-financing rate of the EU funding for the T6 projects is 77%⁷. The lowest co-financing rate is 30% and is found in France, while the highest co-financing rate is 100% and can be found in Bulgaria, Italy and the UK.

⁷ This is the average for the projects for which the co-financing rate was reported, in total 150 projects. For 20 projects the co-financing rate is not available.

Figure 11: Split of ESF/ERDF funding across health workforce projects



Notes: NA = Not available