



Thematic mapping document

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

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 mapping 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

INTRODUCTION	3
OVERVIEW OF RELEVANT ESI FUNDS INVESTMENTS AT OP LEVEL	8
Investment priorities	8
Indicators	11
ANALYSIS OF IDENTIFIED ESI-FUNDED PROJECTS	13
Number of projects and budget	13
Sub-themes and intervention fields	14
Origin of funding	18
PROJECTS FUNDED FROM OTHER SOURCES.....	18

Introduction

This thematic mapping document is part of the outputs produced under the **ESI Funds for Health** project. It covers the theme of **health workforce** and provides an overview of the approved 2014-2020 ESI funding 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 for this theme and complement the other outputs of the project: the final print publication that provides overall findings from the project across all health themes and countries and country fact sheets and Interreg mapping documents that provide detailed results for each Member State and Interreg programme. All these documents and further information about ESI Funds for Health are available on the website of the project¹.

This mapping document covers both planning and programming of the ESI Funds, particularly the European Social Fund (ESF) and the European Regional Development Fund (ERDF) as well as specific projects selected for funding across the EU-28 as of August 2017 (and July 2018 for certain Member States: Spain, Romania, Italy and Malta²). Section 2 covers the programming stage and summarises the investment priorities and indicators relevant to this theme 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 theme across the EU-28. The document is structured as follows:

- Introduction;
- Overview of relevant ESI Funds investments at OP level;
- Analysis of identified ESI-funded projects
- Analysis of projects funded from other financing sources (EIB, EEA and Norway grants).

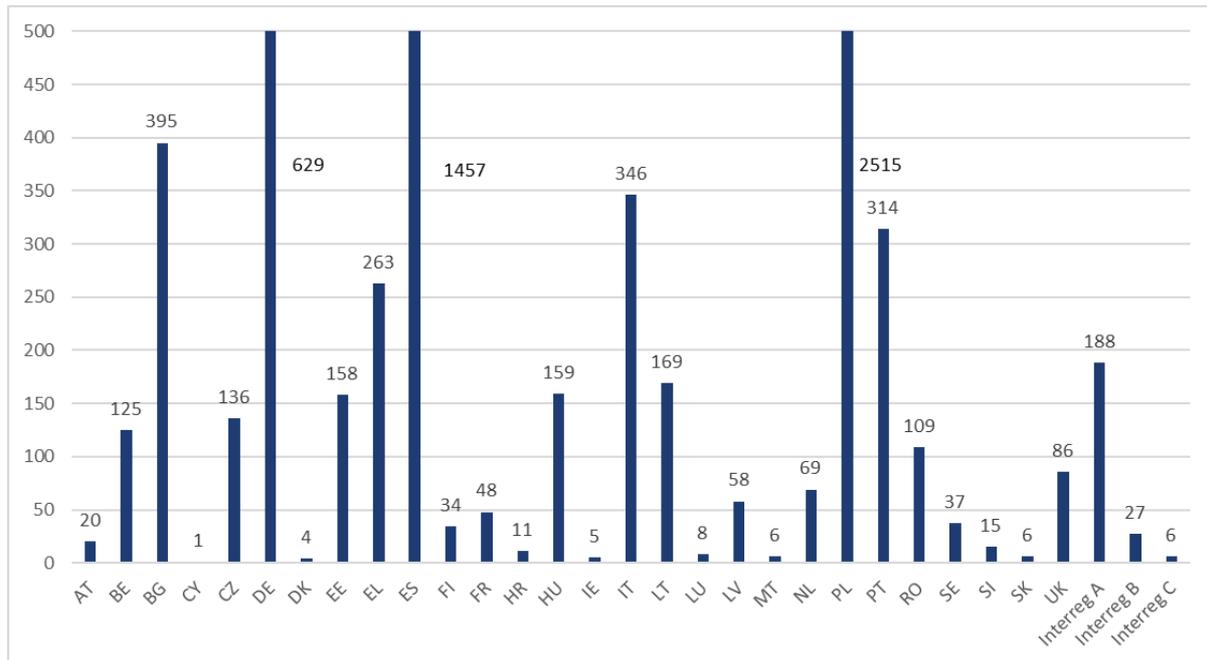
The ESI Funds for Health project focuses on six health themes (or thematic blocks), covering the full range of EU health priorities that can be effectively addressed through the ESI Funds. Across all themes, a total of 7,404 health-relevant projects were identified in the 28 Member States and the three strands of European Territorial Cooperation (ETC) or 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 (57%) of the funding was found to come from the ESF³. Budget information was available for 96% of the health projects identified. The total budget of these health projects is over EUR 8 billion, with an average project size of around EUR 1.2 million.

¹ <http://www.esifundsforhealth.eu/>

² Additional research was carried out for these Member States as information about the projects financed by the OPs was not available for Romania, Spain and some regions of Italy. The research for Malta was updated as no health relevant projects were identified in 2017.

³ ESF - 57%; ERDF - 39%; for 4% of the funding amounts the specific fund was not identified by the Member State.

Figure 1: All health-relevant projects by 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, 275, or around 4%, support the health workforce theme. The share of projects across thematic blocks is depicted in Figures 2 and 3. The share of these projects compared to the total number of health projects is higher - 12% of the total budget or around EUR 0.98 billion.

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

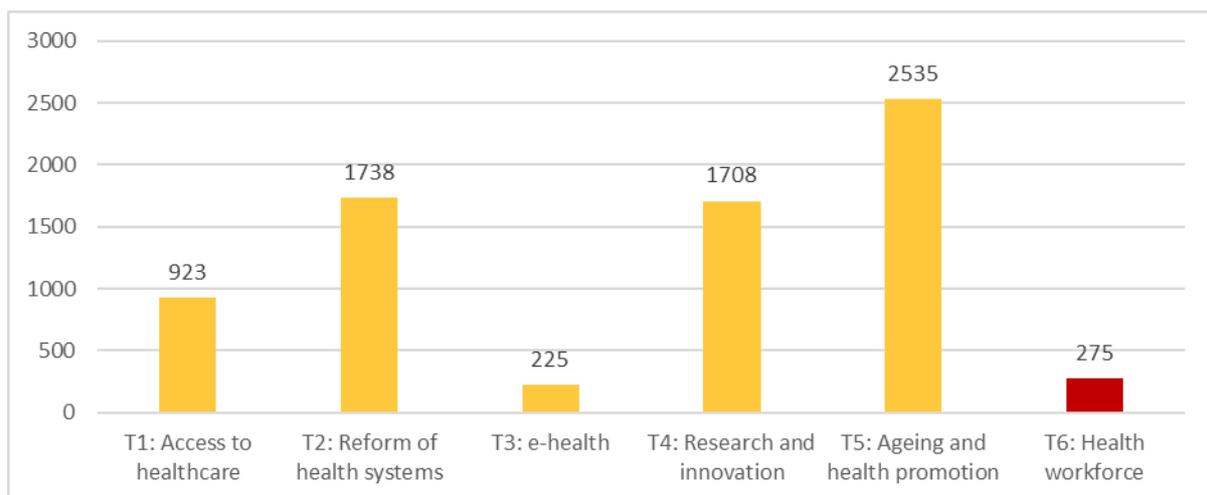
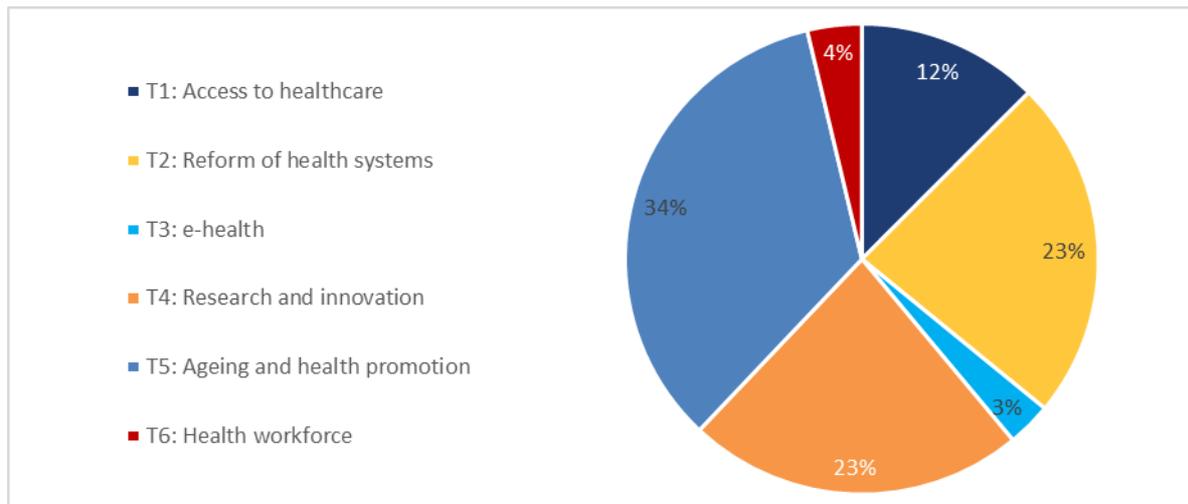


Figure 3: Share of health-relevant projects by thematic block



Projects funded from other financing sources

In addition to the ESI Funds, other external funding sources are used to support health projects across the EU. The European Investments Bank (EIB), EEA grants, and Norway grants are the most significant sources of co-financing for such projects. 229 health projects supported from these three sources were found in total across 19 Member States⁴ for a total value of EUR 3.69 billion⁵, including 27 projects funded by EIB (EUR 3.56 billion of total value), 74 projects funded by Norway grants (EUR 82.03 million), and 28 projects funded by EEA grants (EUR 41.68 million). Four projects funded by EIB involved cooperation of two Member States: 1) Germany and Ireland, 2) Germany and France, 3) Italy and France, and 4) Ireland and the UK. 89% of the total value of these projects was to be covered by grants. An average size of the identified projects is EUR 16.3 million, i.e. much higher than in case of ESIF-funded projects. 185 out of the 229 projects identified, i.e. over 80%, have already been completed.

Figures below present the distribution of these projects across the Member States. Figure 4 presents Member States with total value of projects receiving support from the three financing sources (EIB, EEA grants and Norway grants) being above EUR 20 million, while Figure 5 presents Member States with a total value of projects being below EUR 20 million.

Figure 4: Value and number of health projects co-financed from external sources other than ESIF per Member State (total budget on the left axis, number of projects on the right axis); countries with the total value of projects above EUR 20 million

⁴ Information about projects funded from other sources was not found in the following Member States: Belgium, Denmark, Estonia, Finland, Lithuania, Latvia, Luxembourg, Slovakia, and Sweden.

⁵ Information on project value was not available for 3 projects constituting 1.3% of the total number of projects found.

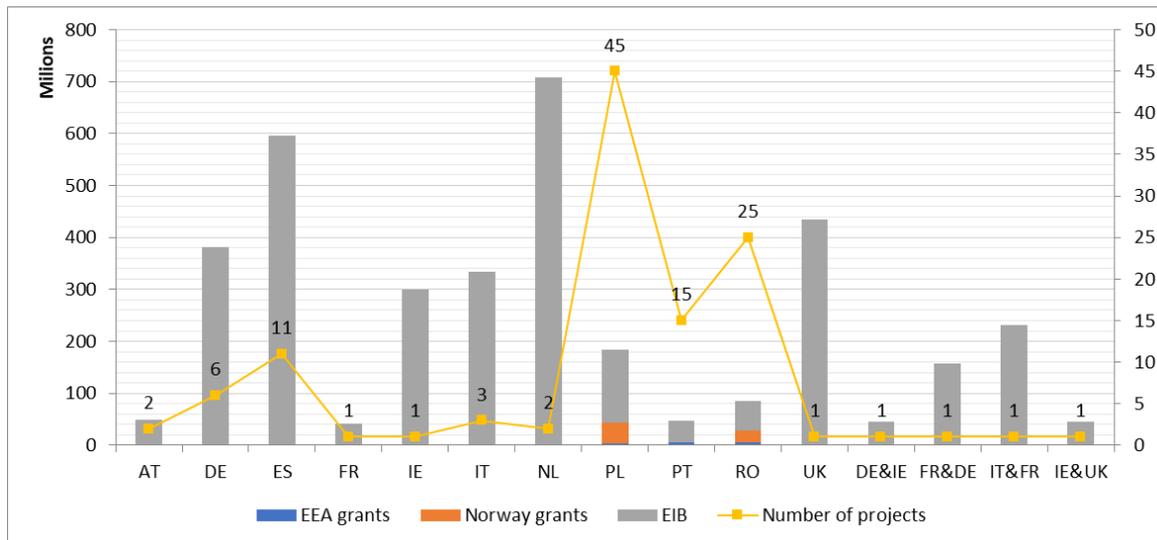
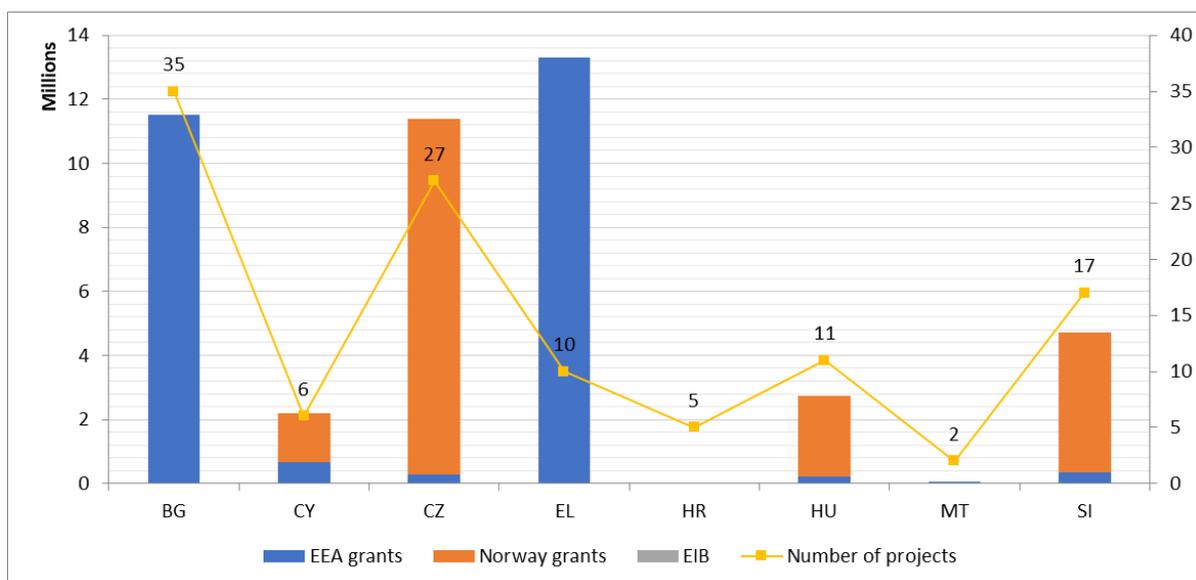


Figure 5 Value and number of health projects co-financed from external sources other than ESIF per Member State (total budget on the left axis, number of projects on the right axis); countries with the total value of projects below EUR 20 million



The largest number of projects co-financed from these three funding sources was found in Poland (45), followed by Bulgaria (35) and Czech Republic (27). In terms of the value of projects, the Netherlands ranks first (over EUR 700 million which includes two large EIB-supported projects), followed by Spain (almost EUR 600 million including 11 EIB-supported projects) and the UK (EUR 435 million, one EIB-supported project). EIB provides funding for health projects through the European Fund for Structural Investments (EFSI). The projects funded by the EIB are typically larger than the projects co-funded by the Norway grants and the EEA grants (the average size of an EIB-funded project is EUR 132 million vs EUR 1 million and EUR 326 thousand for Norway grants and EEA grants, respectively).

The EIB typically supports hospitals in modernisation of their facilities, it also provides funding for companies active in the medical sector in development and provision of innovative or modern equipment and medicines.

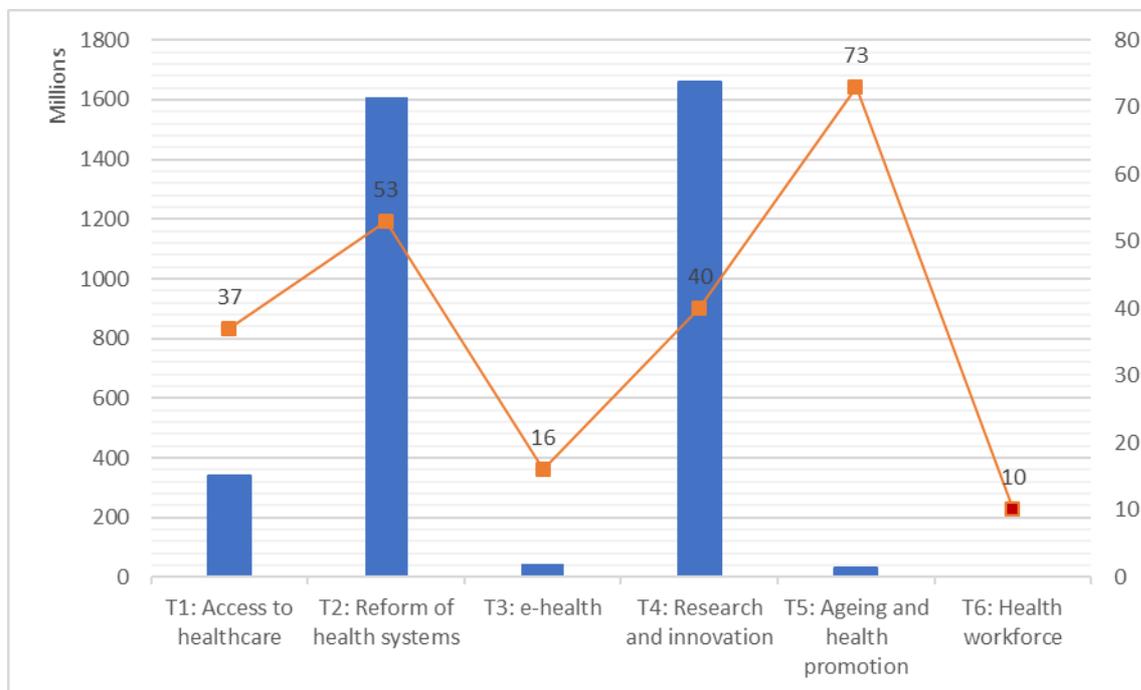
Norway grants are implemented through several funding programmes including a programme 'Public health initiatives'. This programme is implemented using both Norway grants and EEA grants. 53 projects supported from this programme were found in four countries (Bulgaria, Czech Republic, Portugal, and

Romania). These projects often deal with tackling inequalities in access to healthcare and providing health coverage to vulnerable population groups.

EEA grants provide funding among others through a programme 'Funds for Non-governmental organisations'. 66 projects supported from this programme were found in 10 Member States. These projects typically provide assistance to the specific groups of patients, some of them provide training and organise awareness campaigns regarding various health-related issues.

Among the 229 projects found, 10 projects for the total value of EUR 3.4 million support health workforce (this makes up 4% in terms of the number of projects and 0.1% in terms of the total budget of projects supported from sources other than the ESIF - this is the lowest total value across the themes). Figure 6 presents the number and the total value of projects classified in this theme in comparison with other themes.

Figure 6 Number and total value of health-relevant projects funded from external sources other than ESIF according to themes (total budget in EUR millions on the left axis, number of projects on the right axis)



Overview of relevant ESI Funds investments at OP level

Investment priorities

The planning and programming the use of ESI funds by Member States is structured around Thematic Objectives (TOs) and Investment Priorities (IPs) set forth in the specific regulations governing the funds⁶. 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 (eight 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 programmes⁷.

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 health workforce by Member States and Interreg programmes

Fund	TO	Investment Priority	Member States
ESF	8 (Sustainable employment)	8i. 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	SE, RO
		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, IT
		8iii. Self-employment, entrepreneurship and business creation including innovative micro, small and medium sized enterprises	DK

⁶ 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

⁷ 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.

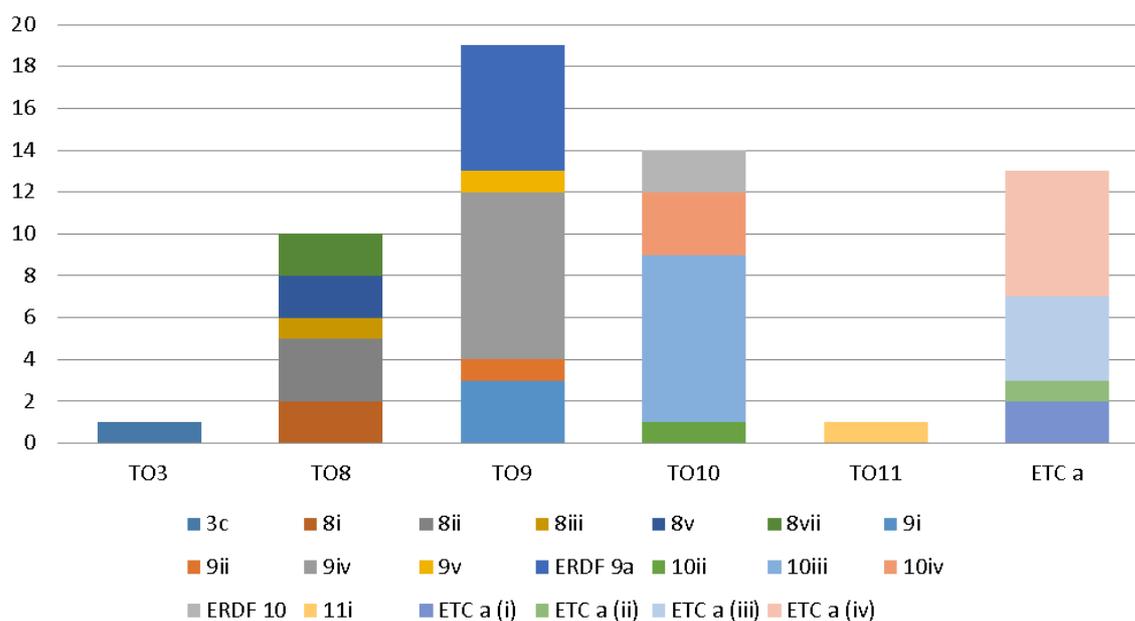
Fund	TO	Investment Priority	Member States
		8v. Adaptation of workers, enterprises and entrepreneurs to change	RO, EL
		8vii. Modernisation of labour market institutions, such as public and private employment services, and improving the matching of labour market needs, including through actions that 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, IT
		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 capacities for product and service development	EL
	9	9a. Investing in health and social infrastructure which contributes to national, regional and local development, reducing inequalities in terms of health	HR;

Fund	TO	Investment Priority	Member States
	(Social inclusion)	status, promoting social inclusion through improved access to social, cultural and recreational services and the transition from institutional to community-based services	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 ⁸	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.

⁸ 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.

Figure 7: Number of Member States and Interreg programmes selecting health workforce Investment Priorities



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).

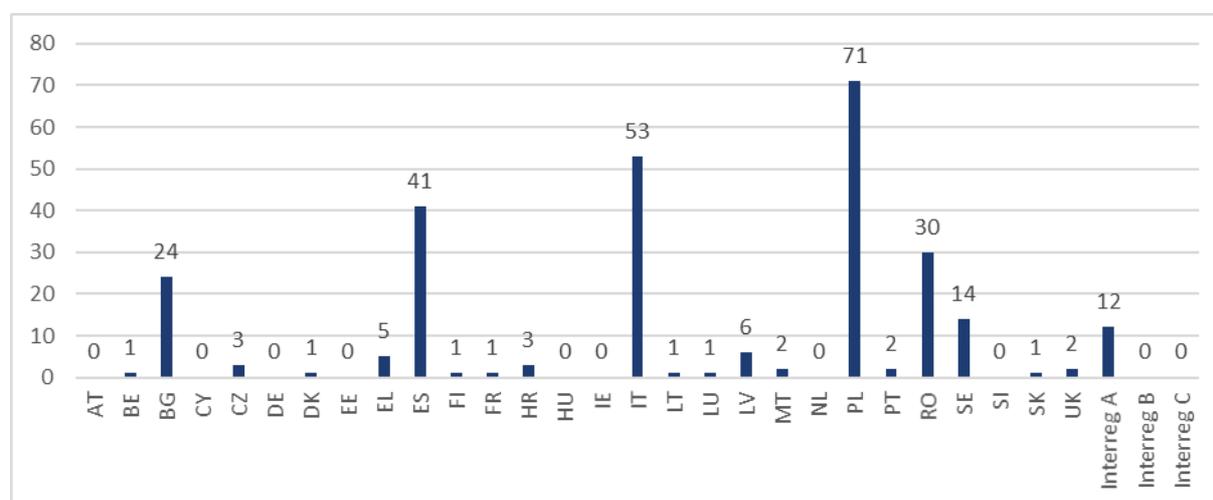
Analysis of identified ESI-funded projects

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.

Number of projects and budget

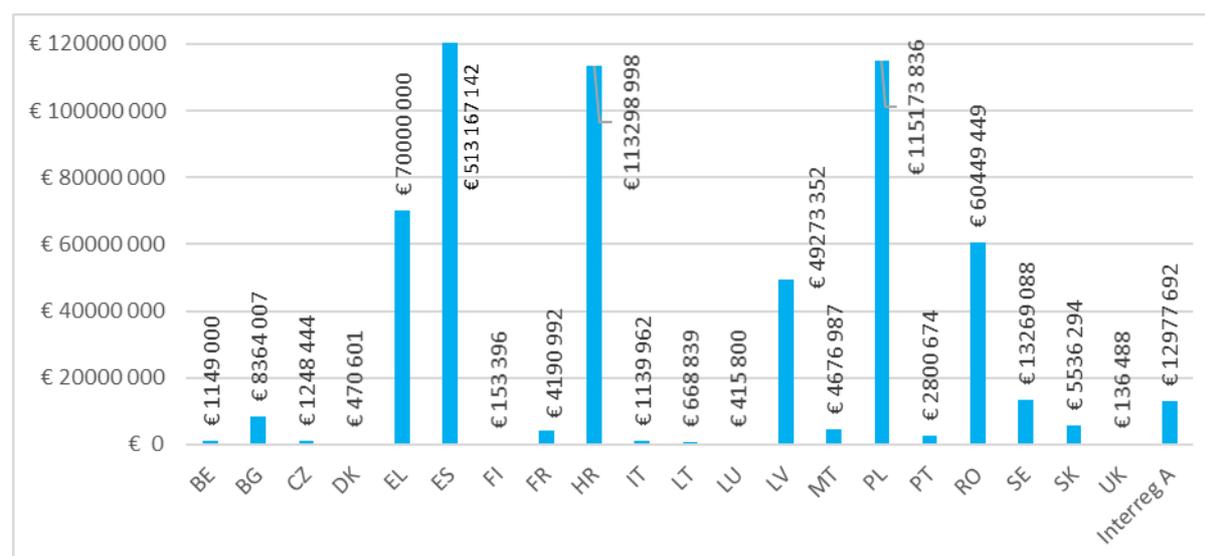
So far, there have been 275 projects in 20 Member States funded in support of the health workforce thematic block. Nearly half (45%) of these projects are in Poland and Italy, followed by a considerable number of T6 projects in Spain, Romania and Bulgaria. No projects supporting the health workforce thematic block were found in Austria, Cyprus, Germany, Estonia, Hungary, Ireland, the Netherlands or Slovenia. Twelve relevant projects are also financed under the Interreg A cooperation programmes. Further details are presented in *Figure 8*.

Figure 8: Health workforce projects by Member State and Interreg programme



Budget information was published by the Member States for nearly all of the health workforce projects (except for 3 projects). The total expenditure (EU funds as well as any national co-funding) for all health workforce projects identified is around EUR 979 million, while the average project budget is approximately EUR 3.6 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 Spain (EUR 513 million) followed by 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 38 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 22,352) and the UK (EUR 68,244).

Figure 9: Total Budget of health workforce projects by Member State and Interreg programme



Note: For 3 of the health workforce projects budget information was not available.

Sub-themes and intervention fields

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.

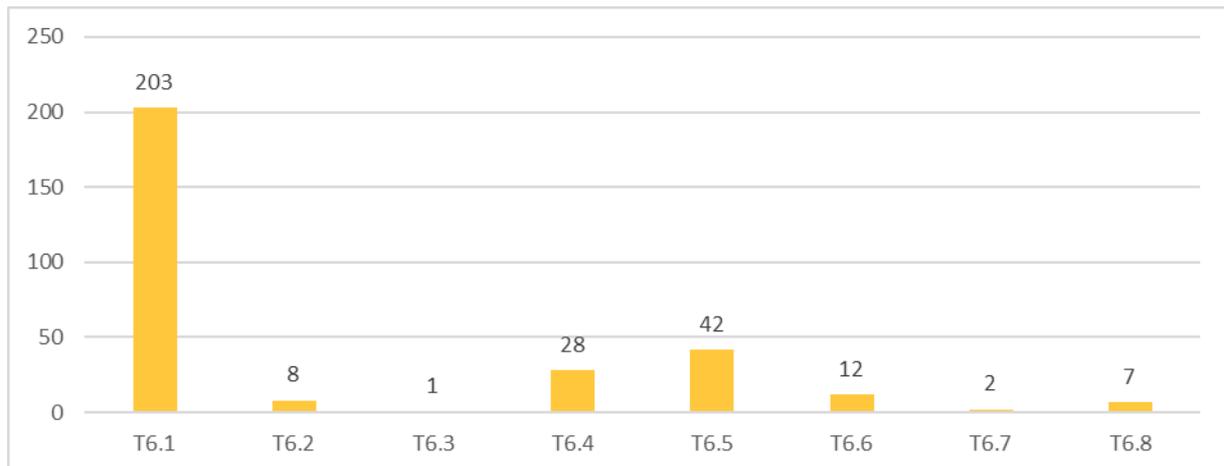
Table 2: Sub-themes for health workforce

Code	Description	Number of projects
T6.1	Training of the health workforce	203
T6.2	Workforce planning	8
T6.3	Retention	1
T6.4	Promoting to work in the health sector	28
T6.5	Improving working conditions	42
T6.6	Healthcare professional's curricula	12
T6.7	Healthcare workforce mobility	2
T6.8	Other	7

Notes: For 28 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.

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'.

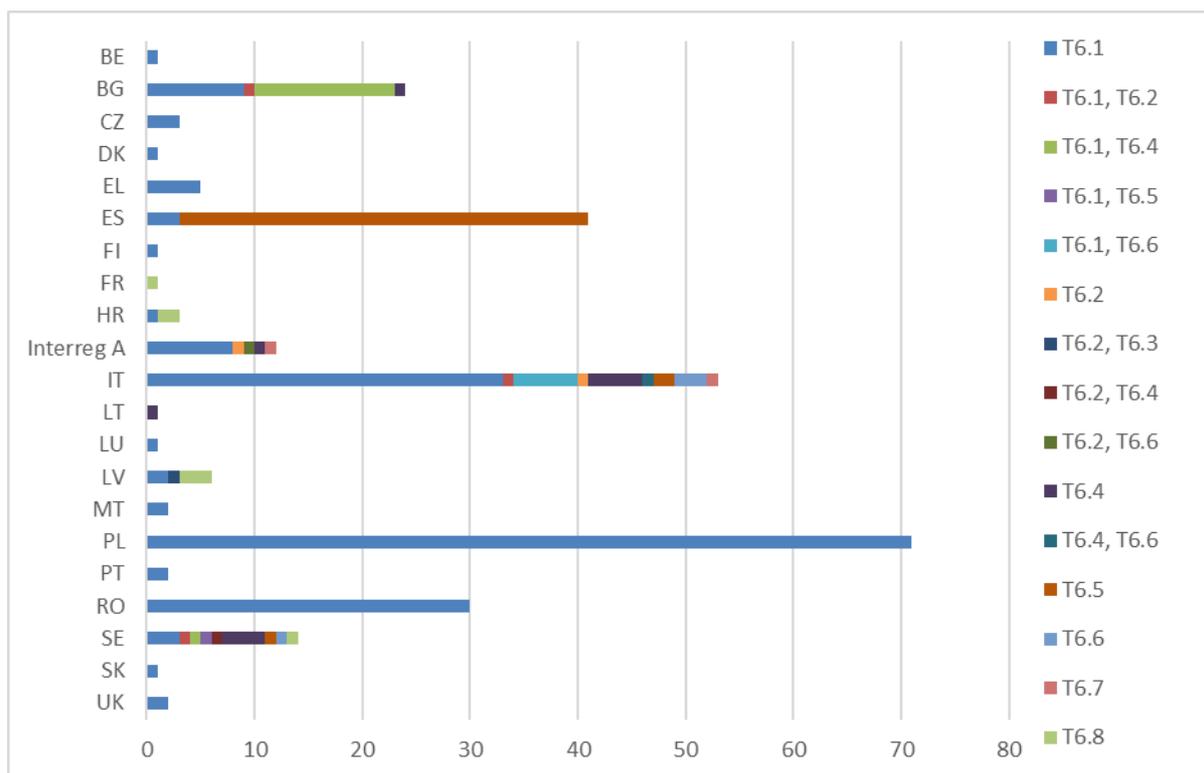
Figure 10: Number of health workforce projects by sub-theme



Notes: For 28 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 11 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 11: Health workforce sub-themes as addressed by projects across Member States



All projects supported by ESI Funds are also assigned to different intervention fields in accordance with Regulation 215/2014⁹ 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. A full list of the relevant intervention fields is given in the following table.

⁹ Regulation (EU) No 215/2014 laying down rules for implementing Regulation (EU) No 1303/2013 [...]

Table 3: Intervention fields assigned to health workforce projects

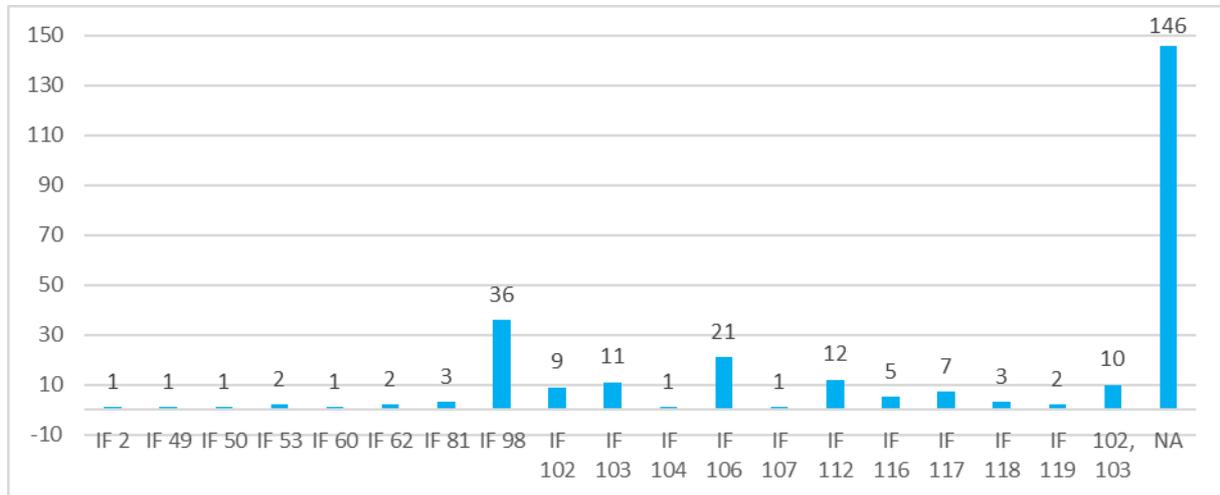
Code	Description
2	Research and innovation processes in large enterprises
49	Education infrastructure for tertiary education
50	Education infrastructure for vocational education and training and adult learning
53	Health infrastructure
60	Research and innovation activities in public research centres and centres of competence including networking
62	Technology transfer and university-enterprise cooperation primarily benefiting SMEs
81	ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
98	Outermost regions: compensation of any additional costs due to accessibility deficit and territorial fragmentation
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.

A significant number 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

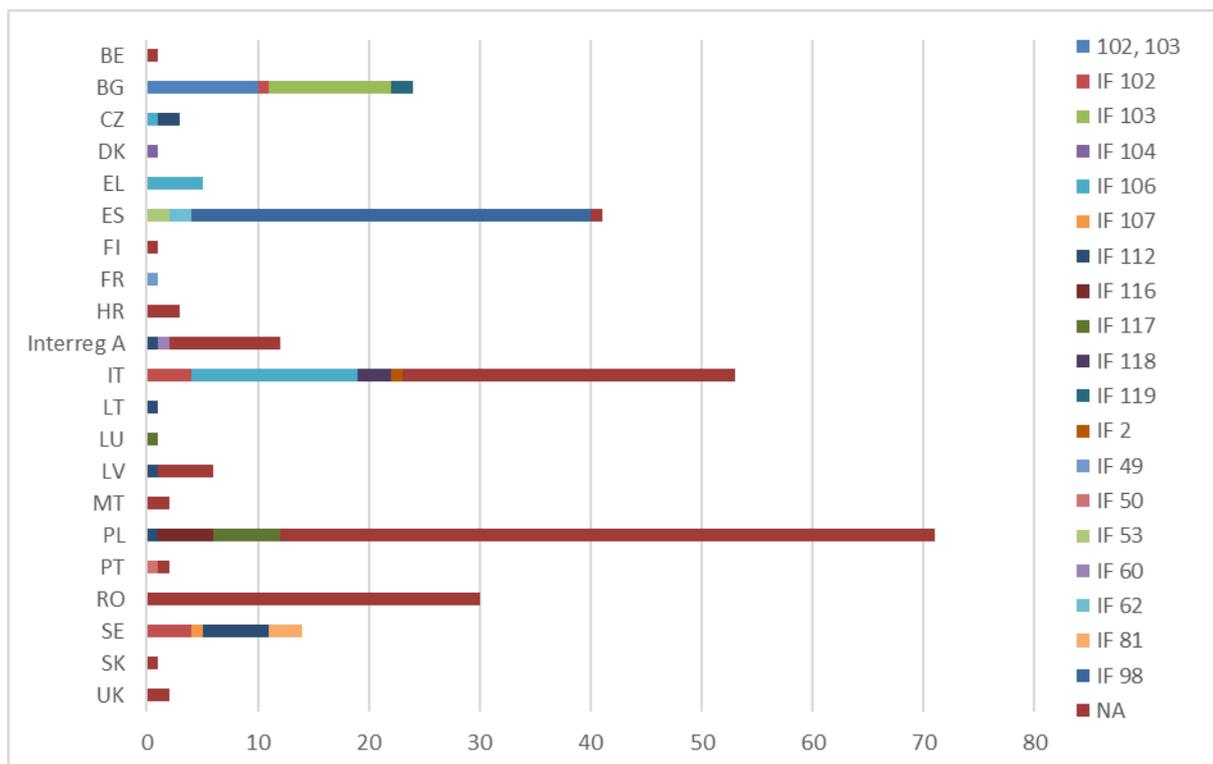
at risk of social exclusion and young people from marginalised communities, including through the implementation of the Youth Guarantee' (30 projects for both fields). These fields correspond to general employment and training objectives and are assigned to projects in Italy, Bulgaria and Sweden (Figure 13). All projects and intervention fields for which data were available are shown in Figure 12.

Figure 12: Number of health workforce projects by intervention field



Notes: NA = Not available.

Figure 13: Intervention fields assigned to the health workforce projects across Member States

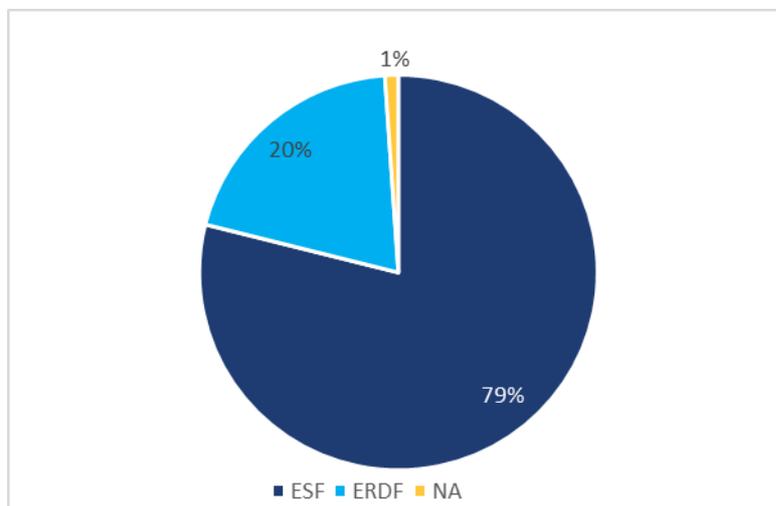


Notes: NA = Not available.

Origin of funding

The majority of the health workforce projects are financed by the ESF - 217 projects or 79%. The average co-financing rate of the EU funding for the T6 projects is 77%¹⁰. 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, Romania and the UK.

Figure 14: Split of ESF/ERDF funding across health workforce projects



Notes: NA = Not available.

Projects funded from other sources

This section describes projects funded from external sources other than ESIF supporting health workforce.

Out of the total number of 229 identified projects, 10 projects in 4 countries with the total value of EUR 3.4 million support health workforce, which constitutes 4% in terms of the number of projects and 0.1% in terms of the total budget. The highest number of projects in this theme was found in Slovenia (5), followed by the Czech Republic (3). Both Bulgaria and Poland have one project identified in this theme. All the projects are supported by the EEA grants and Norway grants. The projects involve training and/or teaching modules for medical staff or exchange of knowledge and good practices, often in relation to the specific diseases or health issues. The largest total budget for projects classified in this theme was found in the Czech Republic, which has 3 projects in this theme with a total value of over EUR 2 million. Figure 15 presents a breakdown of the number and value projects in this theme per Member State and source of funding.

¹⁰ This is the average for the projects for which the co-financing rate was reported, in total 212 projects. For 63 projects the co-financing rate is not available.

Figure 15 Number and total value of projects supporting health workforce according to Member State and source of funding (total value of projects on the left axis, number of projects on the right axis)

