



Thematic mapping document

Access to healthcare



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.

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Introduction

This thematic mapping document is part of the outputs produced under the **ESI Funds for Health** project. It covers the theme of **access to healthcare** 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).

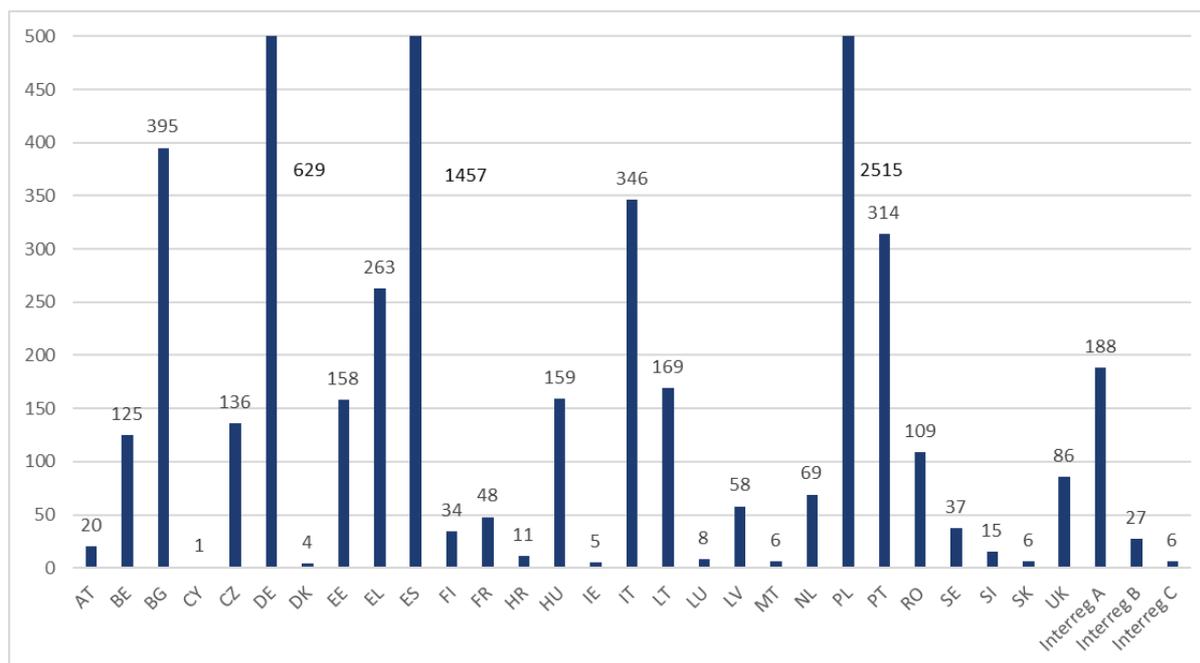
The ESI Funds for Health project focuses on six health themes (or thematic blocks), covering the full range of EU health priorities that can be effectively addressed through the ESI Funds. Across all themes, a total of 7,404 health-relevant projects were identified in the 28 Member States and the three 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



Theme 1 focuses on access to healthcare with an emphasis on primary and preventive care especially for vulnerable groups. Access to healthcare is a concept which measures the capacity of the system to reach the population, without excluding part of it from receiving healthcare services. Evidence shows that a higher degree of access to healthcare improves people's overall health status, is essential for a good quality of life, prolongs life expectancy and decreases health inequalities. While most EU countries are committed to providing universal access to healthcare for their citizens, various social groups often experiencing difficulties in accessing the care they need. Multiple factors can influence this, such as the lack of healthcare coverage, the distance from healthcare facilities, the price and quality of medicines, as well as the presence of healthcare staff with the right skills. Moreover, certain sub groups of the population (vulnerable groups) - e.g. migrants, people with low health literacy, low-income people, ethnic minorities (e.g. Roma), and people living in remote areas - experience systematic barriers which prevent them from accessing healthcare services, such as cost, social stigma, administrative, language or cultural barriers. ESI funds can play an important role supporting interventions aimed at improving access to healthcare, which in turn can positively affect the quality of life and socio-economic circumstances of vulnerable groups.

Of the health-relevant projects identified, 923, or around 12%, support improving access to healthcare. The share of all projects across thematic blocks is depicted in the following figures. The share of improving access to healthcare projects in terms of project size is similar. The total budget of thematic block 1 projects is nearly EUR 1.3 billion⁴ or around 15% of all health projects identified.

⁴ For around 7% of the thematic block 1 projects budget information was not available.

Figure 2: Number of health-relevant projects by theme

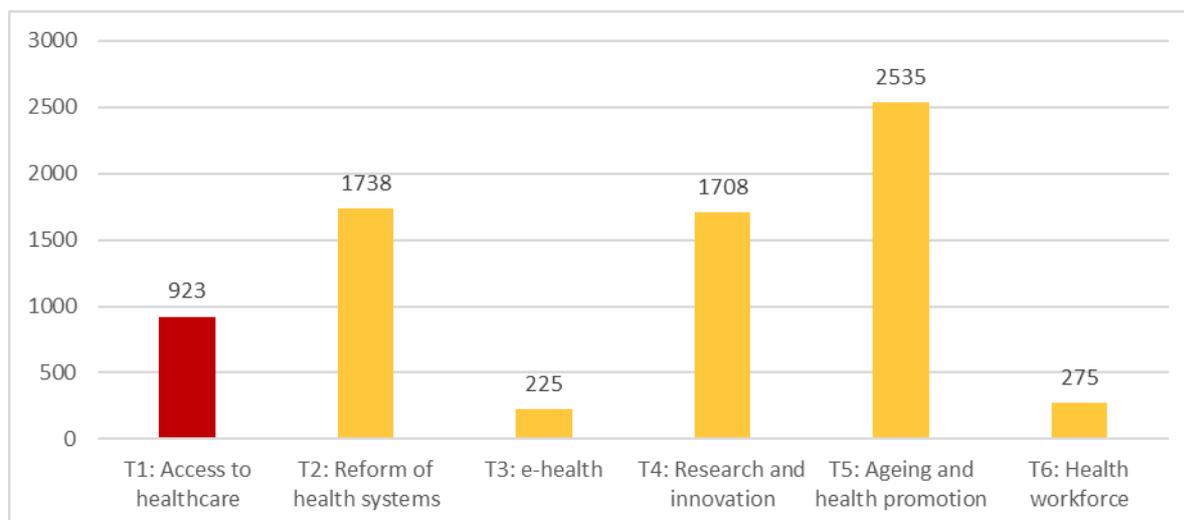
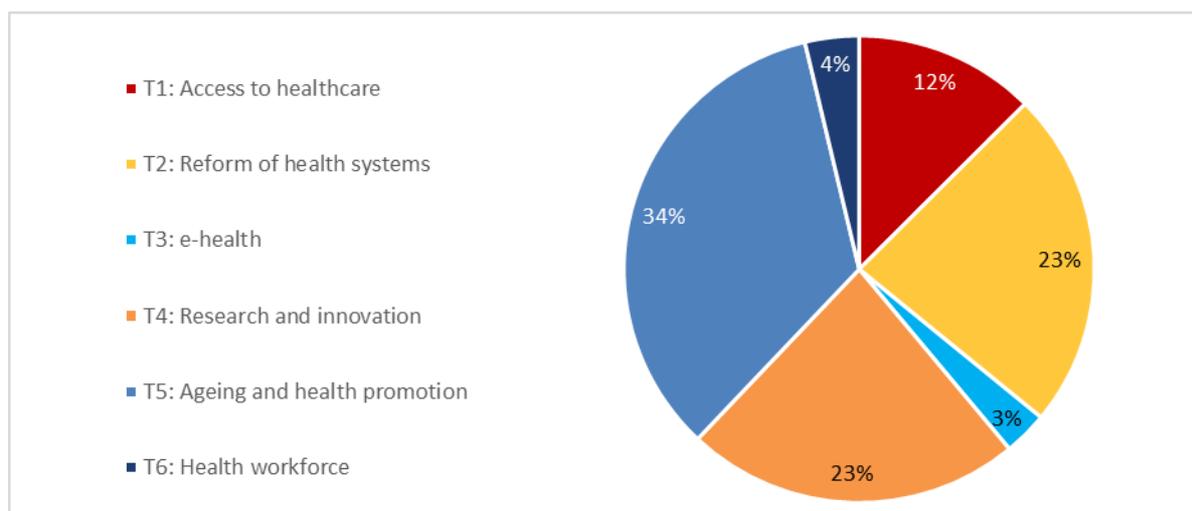


Figure 3: Share of health-relevant projects by theme



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 States⁵ for a total value of EUR 3.69 billion⁶, 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

⁵ 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.

⁶ Information on project value was not available for 3 projects constituting 1.3% of the total number of projects found.

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

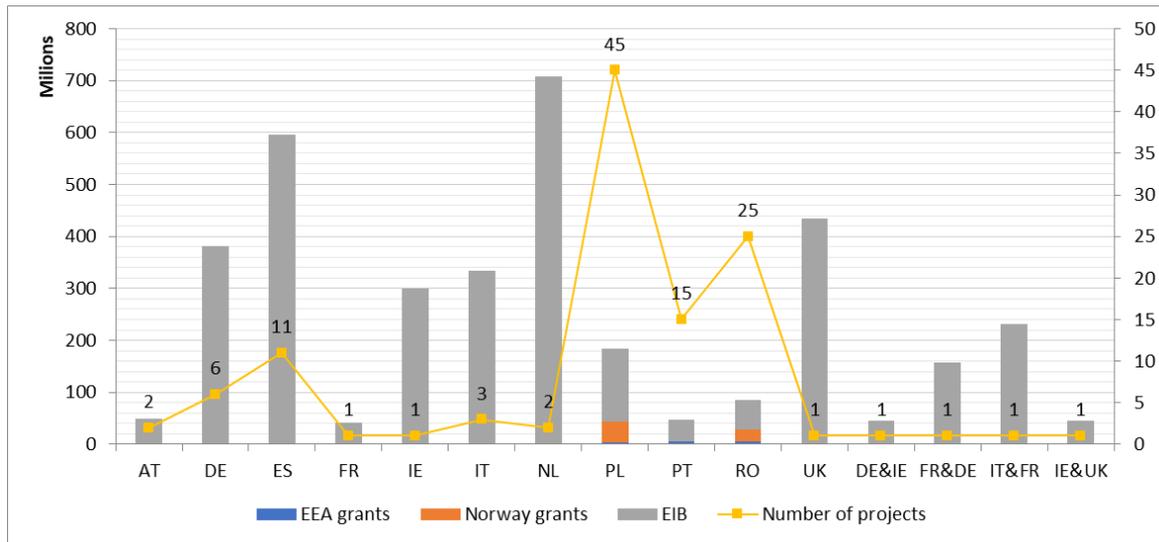
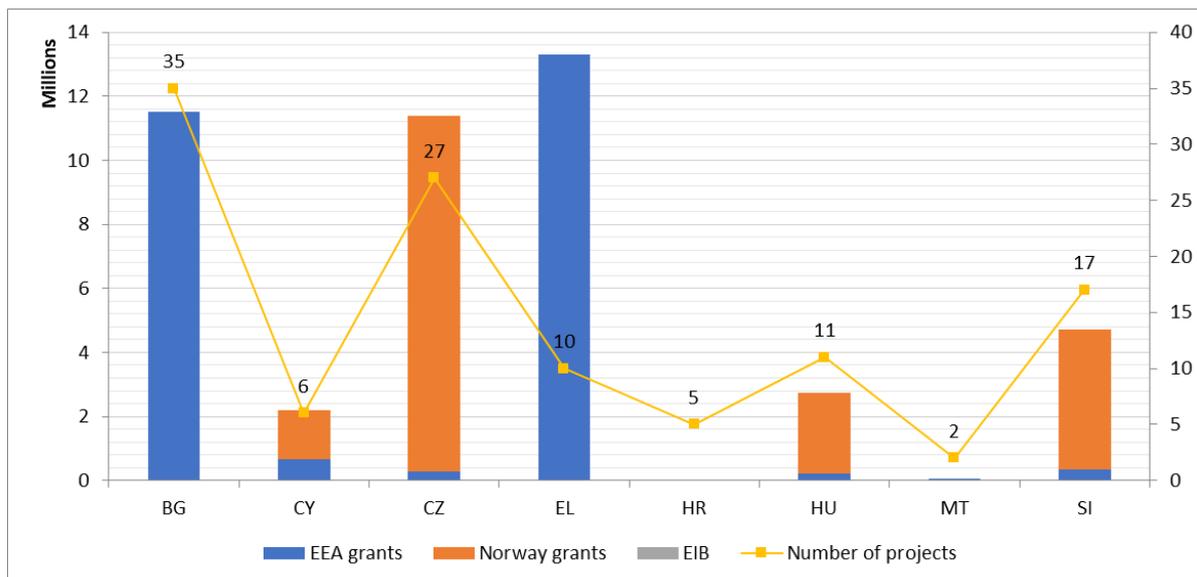


Figure 5 Value and number of health projects co-financed from external sources other than ESIF per Member State (total budget on the left axis, number of projects on the right axis); countries with the total value of projects below EUR 20 million



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).

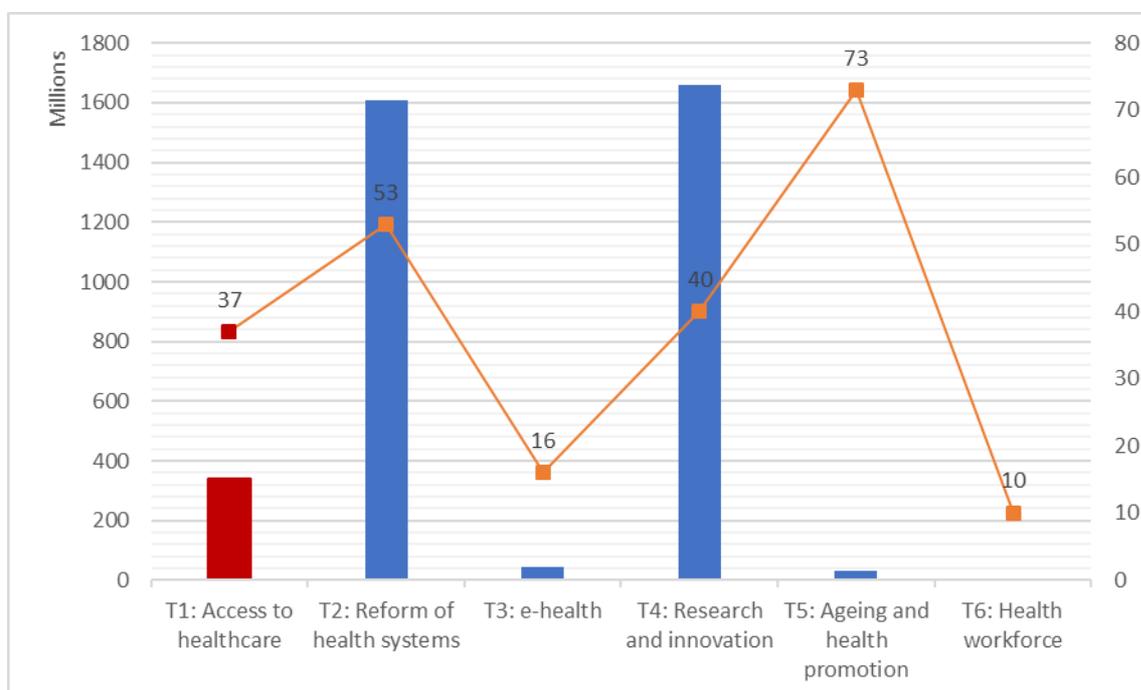
The EIB typically supports hospitals in modernisation of their facilities, it also provides funding for companies active in the medical sector in development and provision of innovative or modern equipment and medicines.

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, 37 projects for the total value of EUR 341.4 million support access to healthcare (this makes up 16% in terms of the number of projects and 9% in terms of the total budget of projects supported from sources other than the ESIF). 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 fund⁷. Investment priorities relevant for the thematic block 1 can be found primarily under the Thematic Objective 9: ‘Promoting social inclusion, combating poverty and any discrimination’. In a few Operational Programmes, the relevant Investment Priorities were found under the Thematic Objectives 1 (R&D), 6 (protection of environment and cultural heritage), and 11 (administration). Across these Thematic Objectives, ten Investment Priorities defined for the Member States and three Investment Priorities defined specifically for Interreg Programmes have been found to be relevant for the thematic block 1 - these are mainly supported by the ESF.

Overall, 21 Member States have included these Investment Priorities in their OPs. Seven Member States have not included any IPs relevant for this theme in their OPs (these are: AT, CZ, DK, IE, LU, NL, and UK). IP 9a focusing on health and social infrastructure is the Investment Priority which was most often chosen by Member States for this theme (in 25 Member States), followed by the IP 9iv (access to affordable health care and social services; eleven Member States). Other ‘popular’ Investment Priorities for this theme are the IP 1b (R&D, diffusion of technologies; 7 Member States) and the IP ETC a (iv) on cooperation between citizens and institutions in the context of the European Transboundary Cooperation (13 Interreg programmes).

Twenty-five Interreg A OPs and 6 Interreg B OPs were found to be relevant for this theme. Four of the Investment Priorities relevant for access to health care are common for both nation-wide OPs and ETC programmes, with the IP 9a being selected most often (ten Interreg Programmes used this IP to guide their interventions). Fifteen of the Interreg OPs contained Investment Priorities as defined specifically for cross-border cooperation programmes in a separate Regulation relating to ETC programmes⁸.

The table below shows the selection by Member States of the Investment Priorities relevant for the access to healthcare thematic block in the 2014-2020 OPs, including Interreg programmes.

Table 1: Selection of the Investment Priorities relevant for access to healthcare by Member States and Interreg programmes

| Fund | TO | Investment Priority | Member States |
|------|-----------------------------|---|--|
| ESF | 9 (Social inclusion) | 9i. Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability | FI, PL, SE |
| | | 9ii. Socio-economic integration of marginalised communities such as the Roma | BG, FR, IT, RO, SK |
| | | 9iii. Combating all forms of discrimination and promoting equal opportunities | CY, FR |
| | | 9iv. Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest | DE, EL, FR, HU, IT, LV, PL, PT, RO, SI, ES |

⁷ 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.

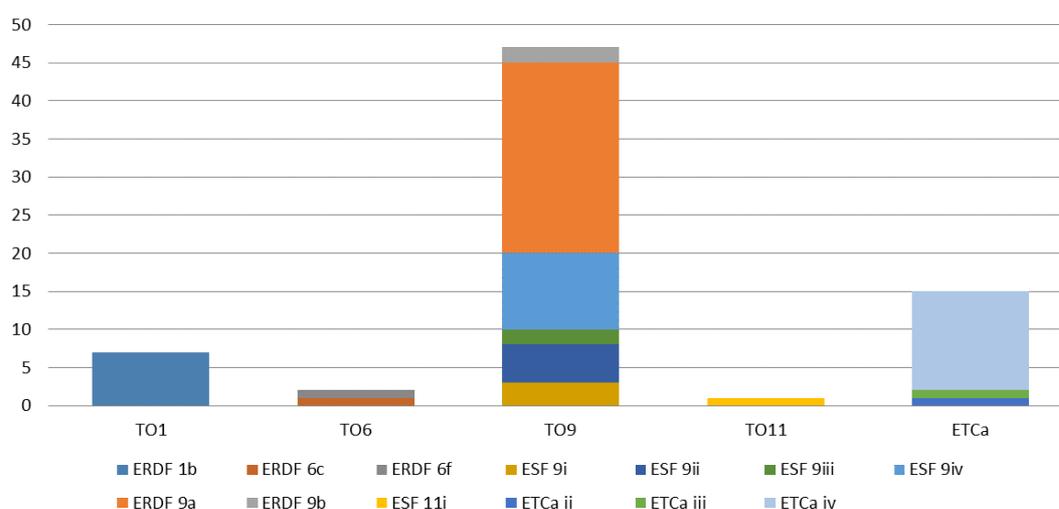
⁸ Regulation No 1299/2013 of 17 December 2013 of the European Parliament and of the Council on specific provisions for the support from the European Regional Development Fund to the European territorial cooperation goal.

| Fund | TO | Investment Priority | Member States |
|------|--|---|---|
| | 11 (Institutional capacity of 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 | IT |
| ERDF | 1 (R&D) | 1b. Promoting business investment in R&I, developing links and synergies between enterprises, research and development centres and the higher education sector, in particular promoting investment in product and service development, technology transfer, social innovation, eco-innovation, public service applications, demand stimulation, networking, clusters and open innovation through smart specialisation, and supporting technological and applied research, pilot lines, early product validation actions, advanced manufacturing capabilities and first production, in particular in key enabling technologies and diffusion of general purpose technologies | BE, HU INTERREG A: FR-BE-NL-UK, FR-UK INTERREG B: Northern Periphery and Arctic, Alpine Space, South-West Europe |
| | 6 (Environment) | 6c. Conserving, protecting, promoting and developing natural and cultural heritage | INTERREG A: AT-DE, IT-AT INTERREG B: Central Europe |
| | | 6f. Promoting innovative technologies to improve environmental protection and resource efficiency in the waste sector, water sector and with regard to soil, or to reduce air pollution | INTERREG B: Balkan-Mediterranean |
| | 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 | BG, EE, EL, ES, FR, HR, HU, LT, LV, MT, PL, PT, RO, SI, SK INTERREG A: BE-FR, BE-DE-NL, FR-Madagascar, FR-BE-DE-LU, EL-BG, IT-CH, LT-PL, RO-HU, ES-FR-Andorra, UK-IE |
| | | 9b. Providing support for physical, economic and social regeneration of deprived communities in urban and rural areas | FR, IT |
| | ETC a) (IPs under cross-border cooperation) | (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 B: Indian Ocean Area |

| Fund | TO | Investment Priority | Member States |
|------|----|--|--|
| | | (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, DE-NL, HU-HR, IT-SI, LV-LT, LT-PL, RO-BG, SK-AT, SK-HU, SI-AT, SI-HR, SI-HU |

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

Figure 7: Number of Member States and Interreg programmes selecting access to healthcare 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:

- 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 (BG).
- Testing, evaluating and implementing innovative approaches to improve access to affordable, sustainable and high-quality health and social services (DE).
- Regionally accessible, high-quality and sustainable healthcare services (EE).
- Improving access of vulnerable groups to health services and welfare services (EL).
- Improving access to primary and emergency health care, with focus on isolated and deprived area, to support actions such as purchase of medical equipment (e.g. radiology devices with digitalization to enable use of telemedicine, mammography, ultrasound, laboratory analysis equipment, mHealth), renovation or construction of infrastructure of Primary Health Care Centres (HR).
- To make the service provision process in health-, social-, and social inclusion public services more effective; enforce regional considerations; and keep employees (HU).
- Reduction of the extreme marginalization and inclusion interventions in favour of homeless people and of Roma, Sinti and ethnic minority of Camminanti (IT).
- Strengthen and sustain the networking and provision of cross-border health services to the population (BE-FR).

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 indicator was used by six Member States (EL, ES, FR, HU, MT, PT) for this theme.

Member States defined several programme-specific indicators to monitor the performance of the projects related to access to healthcare. These indicators typically refer to the number of participants in health programmes or number of such programmes.

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

- Number of modernised treatment facilities in regional hospitals functioning as competence centres (EE).
- Coverage of population of immigrants and asylum seekers receiving social care services (EL).
- Reduction in hospital referral rates from primary health care providers in deprived/isolated areas (HR).
- The relative difference of outpatient visits in regional areas and big cities (LV).
- Number of hospital admissions due to improved primary health care services (MT).
- Average waiting time for access to level II priority hospital care (PT).

Very few Interreg Programmes include monitoring indicators. The following examples have been found with relation to the Thematic Block 1:

- Number of people who used a health service on either side of the border (BE-FR).
- Number of specialised doctors working on a cross-border basis in the area (FR: Mayotte-Comores-Madagascar).
- Number of missions, audit, exchange and expertise in the health sector, the social sector and medico-social issues (Indian Ocean Area).

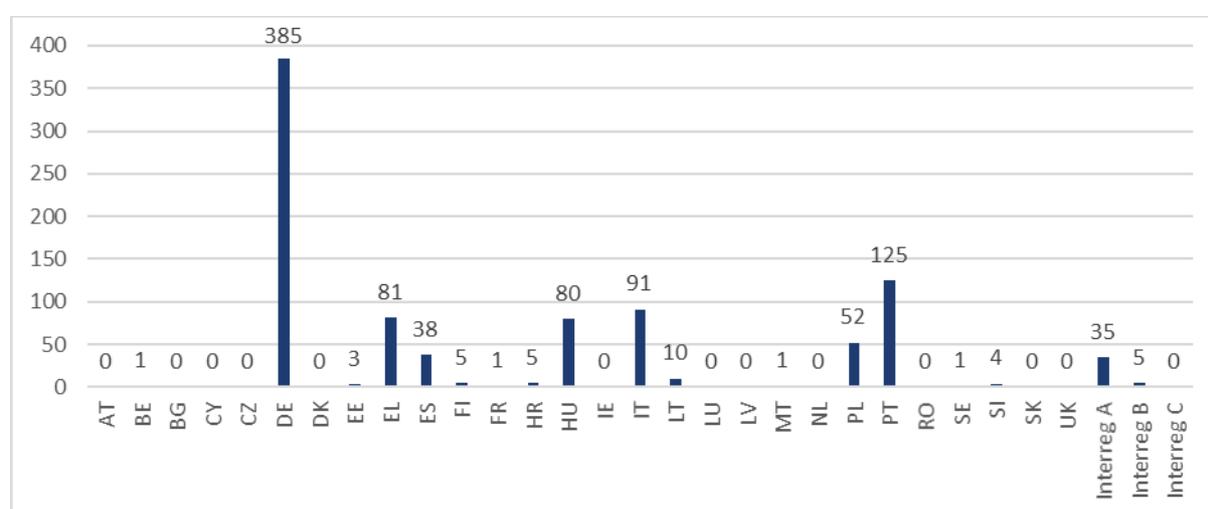
Analysis of identified ESI-funded projects

This 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 improving access to healthcare 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 923 projects in 16 Member States funded in support of the improving access to healthcare thematic block. Around a third of these projects are in Germany, following by a significant number of projects in Portugal, Italy, Greece and Hungary. No projects supporting the health promotion thematic block were found in Austria, Bulgaria, Cyprus, Czech Republic, Denmark, Ireland, Luxembourg, Latvia, the Netherlands, Romania, Slovakia and the UK. 40 relevant projects are also financed under the Interreg A and B cooperation programmes. Further details are presented in *Figure 8*.

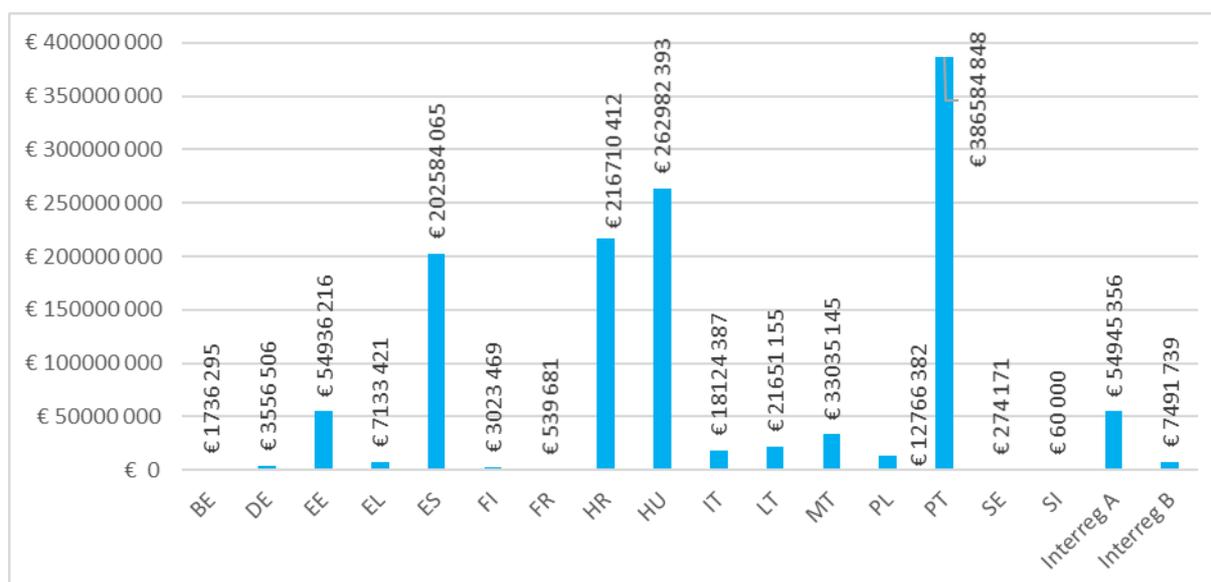
Figure 8: Access to healthcare projects by Member State and Interreg programme



Budget information is available for 93% of the thematic block 1 projects. The total budget of all improving access to healthcare projects is around EUR 1.3 billion, while the average project budget is approximately EUR 1.5 million. However, the largest spending on improving access to healthcare projects does not appear in the countries with the largest number of projects. Apart from Portugal and Hungary, which host a considerable number of improving access to healthcare projects and spend the largest budget on them (around EUR 386.6 million and EUR 263 million respectively), the Member States with many thematic block 1 projects do not spend large amounts of funding. Although Germany has 385 projects on improving access to healthcare, these projects are relatively small and amount to only EUR 3.6 million in total. Italy and Greece also spend a small amount of funds on their numerous improving access to healthcare projects, around EUR 18 million and EUR 7 million respectively. Croatia has the third largest budget for thematic block 1 projects of nearly EUR 217 million. However, it is not clear whether these amounts are only earmarked or actually spent. A significant budget, around EUR 62 million, for improving access to healthcare is actually distributed through the Interreg A and B cooperation programmes. Further details about the total budgets of thematic block 1 projects are presented in *Figure 9*.

In terms of average project size, the largest projects are found in Croatia (around EUR 43 million) and Malta (around EUR 33 million). However, these are countries with a small number of fairly large projects on improving access to healthcare. The average project sizes in the countries with the most projects are approximately EUR 0.009 million (Germany), EUR 0.2 million (Italy) and EUR 0.3 million (Greece) and EUR 3.3 million (Hungary).

Figure 9: Total budget of access to healthcare projects by Member State and Interreg programme



Note: For 62 of the access to healthcare projects budget information was not available.

Sub-themes and intervention fields

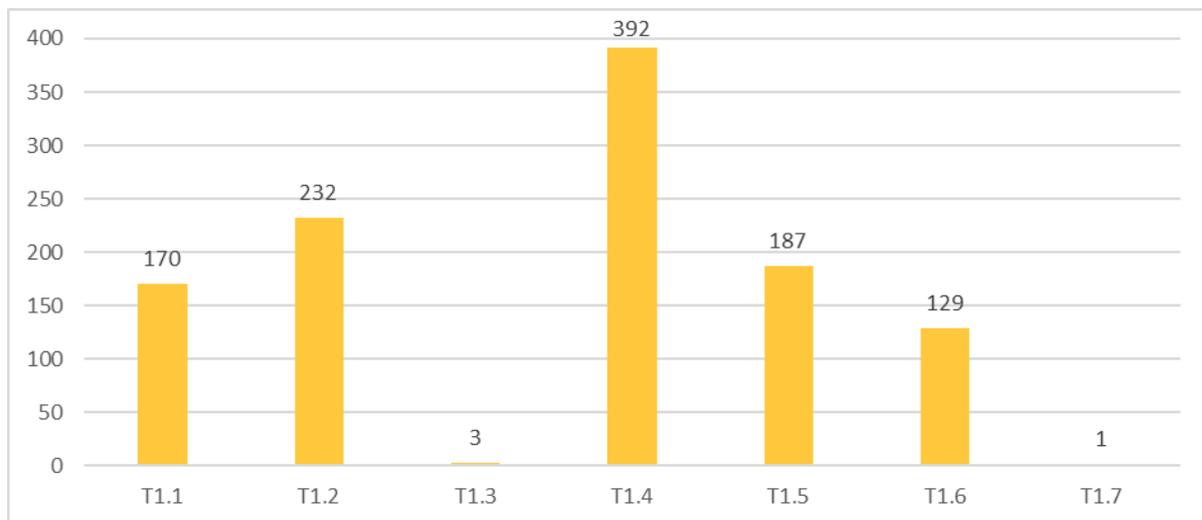
Seven sub-themes were identified for the improving access to healthcare thematic block, covering key areas of focus in EU and national policy priorities. Projects were assigned to multiple sub-themes where appropriate. The breakdown of projects by sub-theme is shown in the table and figure below.

Table 2: Sub-themes for access to healthcare

| Code | Description | Number of projects |
|------|--|--------------------|
| T1.1 | Improving health infrastructures | 170 |
| T1.2 | Improving access of specific population groups | 232 |
| T1.3 | Addressing unequal healthcare coverage | 3 |
| T1.4 | Improving skills and capacities of health workers | 392 |
| T1.5 | Addressing distance, price and quality of healthcare | 187 |
| T1.6 | Addressing social stigma, language and cultural barriers | 129 |
| T1.7 | Other | 1 |

Note: For 191 of the T1 projects more than one relevant sub-theme was assigned; the number of projects here is therefore greater than the total number identified.

Figure 10: Number of access to healthcare projects by sub-theme

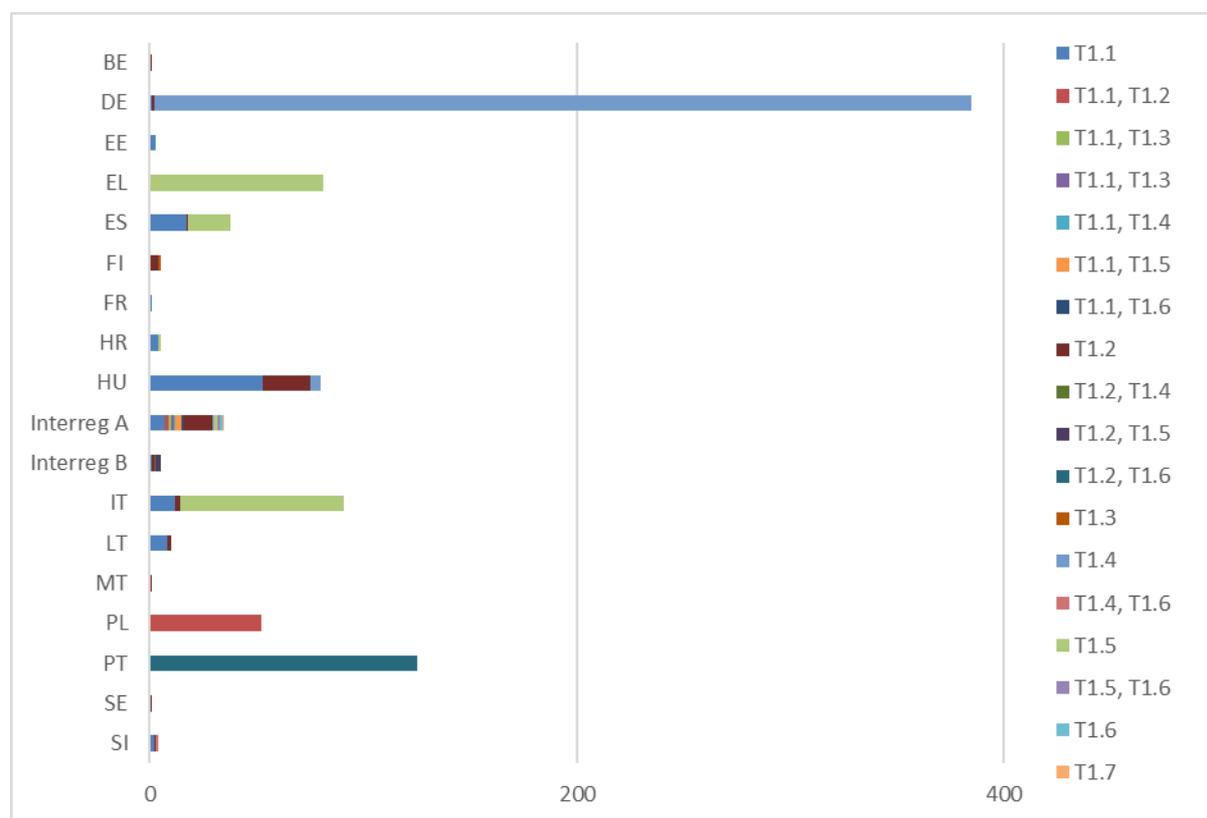


Note: For 191 of the T1 projects more than one relevant sub-theme was assigned; the number of projects here is therefore greater than the total number identified.

It should be noted that although most thematic blocks and their sub-themes are quite distinct, there are some possible overlaps between the six health themes. In this case, sub-theme 1.1 ‘improving health infrastructures’ may overlap with sub-theme 2.3 ‘investments in healthcare facilities’ efficiency and sustainability’. Furthermore, sub-theme 1.4 ‘improving the skills and capacities of health workers’ may overlap with theme 6 ‘health workforce’. Nevertheless, sub-theme 1.1 is linked to issues of distance and access of socially vulnerable groups to health infrastructure, while sub-theme 2.3 covers projects that improve the energy efficiency and functioning of healthcare facilities as part of theme 2 on reform of the health systems. Similarly, investments in sub-theme 1.4 focus on the personnel’s skills and capacities to treat vulnerable groups while theme 6 concerns general improvements of their skills and professional development.

The health projects identified under the improving access to healthcare theme cover mainly sub-theme 1.4 ‘improving skills and capacities of health workers’ as a result of a large number of similar, but small, training projects funded in Germany. Many of the identified health projects support also sub-themes 1.1, 1.2 and 1.5 related to improving health infrastructure and facilitating access of specific groups to health services. The following figures give a more detailed picture of the sub-themes addressed by projects supported in the Member States and the Interreg programme.

Figure 11: Access to healthcare sub-themes as addressed by projects across Member States and Interreg programmes



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. A full list of the intervention fields assigned to thematic block 1 projects is given in Table 3.

Table 3: Intervention fields assigned to the access to healthcare projects

| Code | Description |
|------|---|
| 1 | Generic productive investment in small and medium-sized enterprises ('SMEs') |
| 53 | Health infrastructure |
| 55 | Other social infrastructure contributing to regional and local development |
| 60 | Research and innovation activities in public research centres and centres of competence including networking |
| 63 | Cluster support and business networks primarily benefiting SMEs |
| 67 | SME business development, support to entrepreneurship and incubation (including support to spin offs and spin outs) |
| 69 | Support to environmentally-friendly production processes and resource efficiency in SMEs |
| 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 |
| 106 | Adaptation of workers, enterprises and entrepreneurs to change |

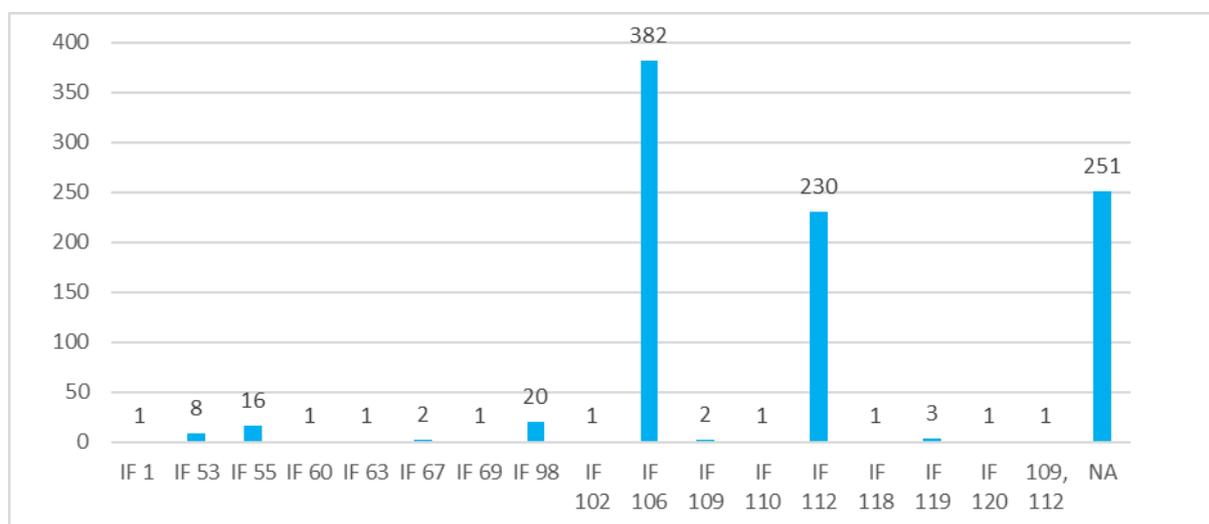
⁹ Regulation (EU) No 215/2014 laying down rules for implementing Regulation (EU) No 1303/2013 [...]

| Code | Description |
|------|--|
| 109 | Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability |
| 110 | Socio-economic integration of marginalised communities such as the Roma |
| 112 | Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest |
| 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 |
| 120 | Capacity building for all stakeholders delivering education, lifelong learning, training and employment and social policies, including through sectoral and territorial pacts to mobilise for reform at the national, regional and local levels |

Source: Annex I of Regulation 215/2014.

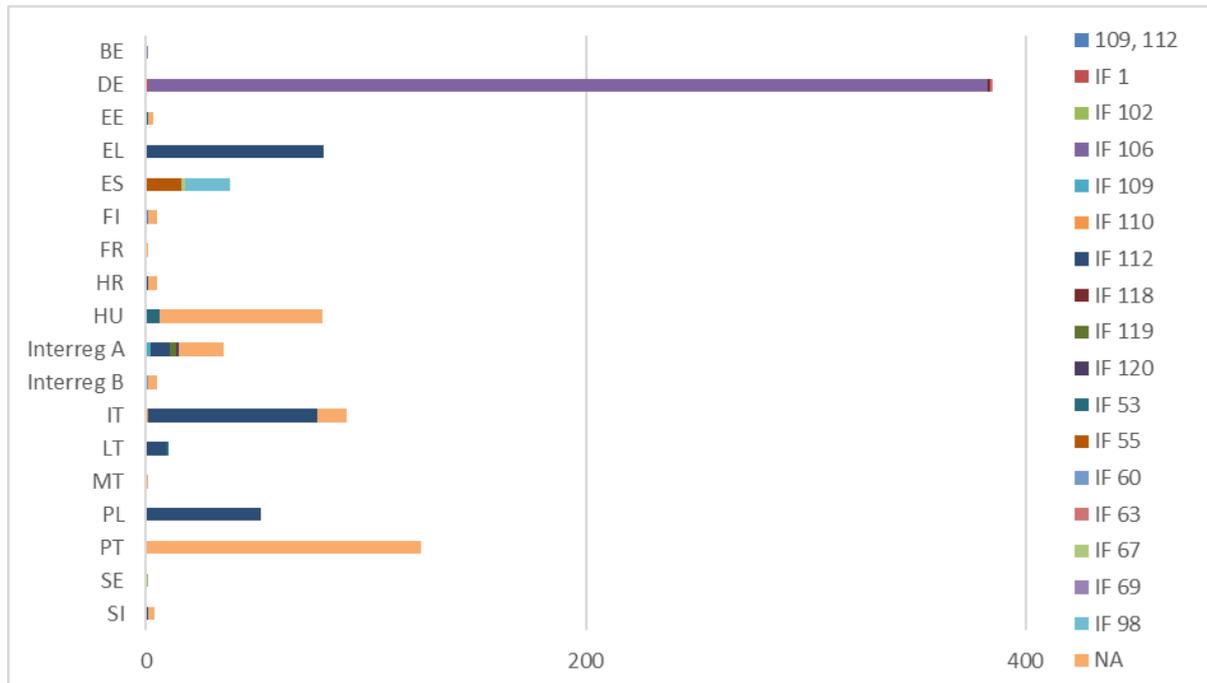
The two most relevant intervention fields are 53 ‘Health infrastructure’ and 112 ‘Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest’. However, while 230 thematic block 1 projects are funded under intervention field 112, only eight of the projects identified are assigned to intervention field 53. The largest number of improving access to healthcare projects are assigned to intervention field 106 ‘Adaptation of workers, enterprises and entrepreneurs to change’ as all German projects under sub-theme 1.4 are assigned to intervention field 106. All projects and intervention fields for which data were available are shown in the following figures.

Figure 12: Number of access to healthcare projects by intervention field



Note: NA = Not available.

Figure 13: Intervention fields assigned to the access to healthcare projects across Member States and Interreg programmes

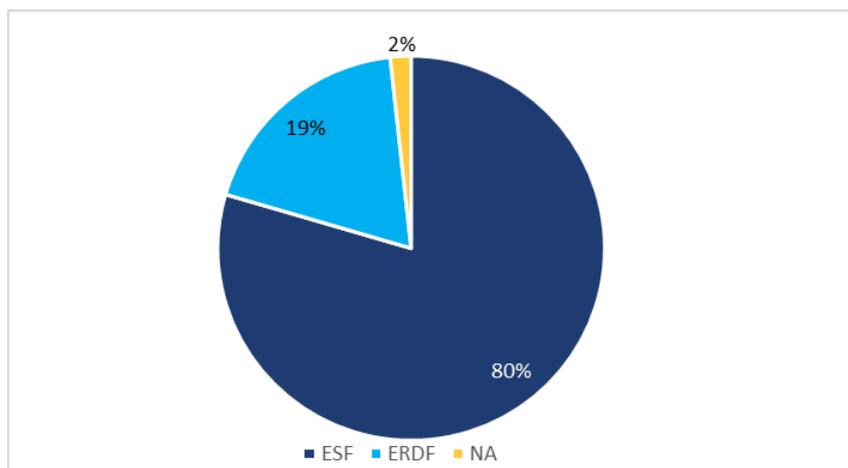


Note: NA = Not available.

Origin of funding

The majority of the improving access to healthcare projects are financed by the ESF - 734 projects or 80% (Figure 14). The average co-financing rate of the EU funding for the T1 projects is 65%¹⁰. The lowest co-financing rate is 14% and is found in France, while the highest co-financing rate is 100% and can be found in Italy and Lithuania.

Figure 14: Split of ESF/ERDF funding across the access to healthcare projects



Note: NA = Not available.

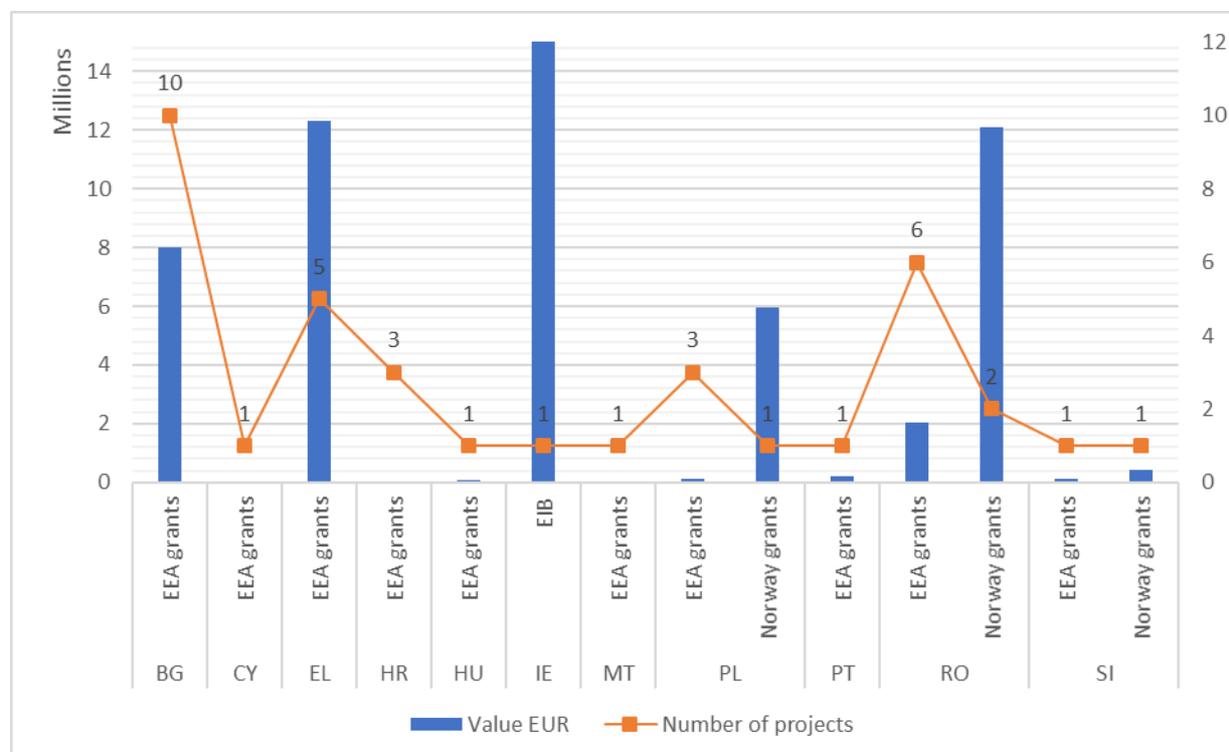
¹⁰ This is the average for the projects for which the co-financing rate was reported, in total 648 projects. For 276 projects the co-financing rate was not available.

Projects funded from other sources

This section describes projects funded from external sources other than ESIF supporting access to healthcare.

Out of the total number of 229 identified projects, 37 projects in 11 countries with the total value of EUR 341.4 million support access to healthcare, which constitutes 16% in terms of the number of projects and 9% in terms of the total budget. The highest number of projects in this theme was found in Bulgaria (10), followed by Romania and Greece (8 and 5 projects, respectively). These projects, supported by the EEA grants and Norway grants, typically address health inequalities and aim at improvement of access to healthcare for vulnerable population groups such as Roma and persons with disabilities. The largest total budget was found in Ireland, which has one very large project in this theme financed from the EIB (this project with a total value of EUR 300 million, involving development of 14 primary care centres in Ireland, is the only project classified in this theme and co-financed from the EIB). *Figure 15* presents a breakdown of the number and value projects in this theme per Member State and source of funding.

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



Note: The left axis has been cut-off at the value of EUR 15 million; the project in Ireland with the value of EUR 300 million is an outlier and its value is not fully reflected in the figure