



# Thematic mapping document

Ageing and health promotion



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 **ageing and health promotion** 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 project<sup>1</sup>.

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 Malta<sup>2</sup>). 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 ESF<sup>3</sup>. 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.

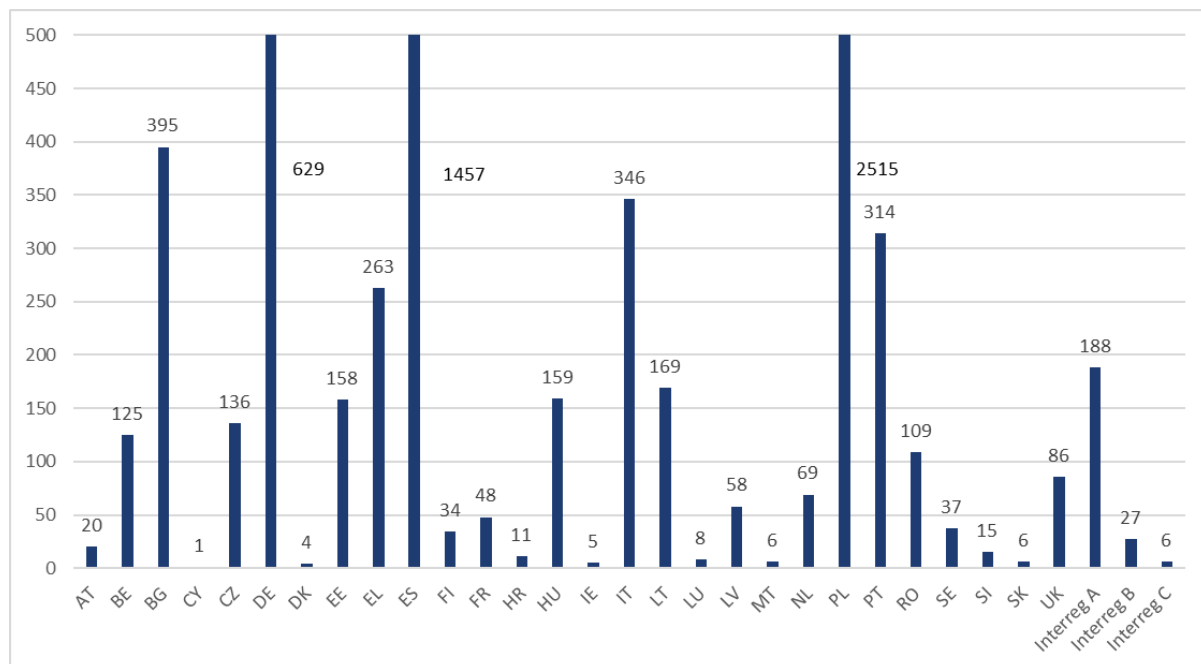
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<sup>1</sup> <http://www.esifundsforhealth.eu/>

<sup>2</sup> 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.

<sup>3</sup> 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 5 focuses on three main aspects: active and healthy ageing; workplace health and safety; and health promotion and disease prevention. All these aspects aim to promote a healthy lifestyle, improve prevention and thus reduce the need for and costs of disease treatment or hospitalisation. In particular, active and healthy ageing relates to ‘activities that are designed to help the elderly people to lead a healthy lifestyle’ with the goal of empowering older people to lead a healthy lifestyle and improving their quality of life. Furthermore, preventing workers from suffering due to serious accidents or occupational diseases and promoting workers’ health throughout their working life is key to allowing them to work for longer and to higher productivity. Investment in occupational safety and health (OSH) contributes to the well-being of workers. Finally, health promotion and disease prevention relate to interventions that aim to make changes in the lifestyle of the population in order to increase the proportion of healthy population by preventing or delaying the onset of (chronic) diseases (e.g. obesity, type two diabetes, cardiovascular diseases and cancer). Health promotion is the process of enabling people to increase control over their health and its determinants, so that they can make informed decisions about their lifestyle choices and thereby improve their health. Disease prevention refers to strategies aiming to minimise the burden of diseases and associated risk factors. Therefore, ESI funds have an important role to play in supporting interventions that address social determinants of health, which are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

Of the health-relevant projects identified, 2,535, or around 34%, support the ageing and health promotion thematic block. This is the thematic block supported by the most health projects among those identified. The share of all projects across thematic blocks is depicted in Figures 2 and 3. The share of health promotion projects in terms of project size is similar. The total budget of thematic block 5 projects is around EUR 2 billion<sup>4</sup> or around 24% of all health projects identified.

<sup>4</sup> For around 3% of the thematic block 5 projects budget information was not available.

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

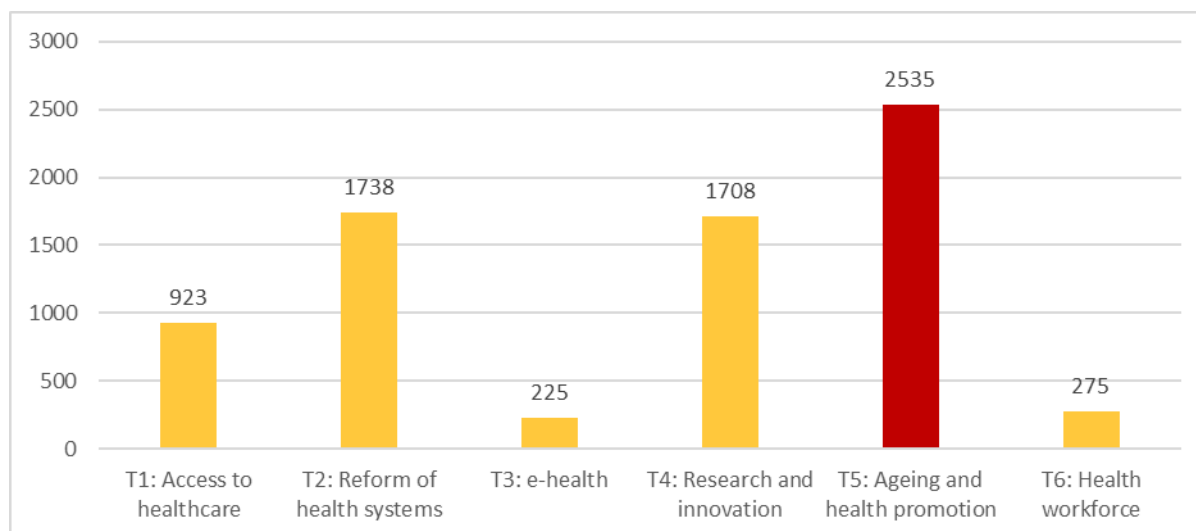
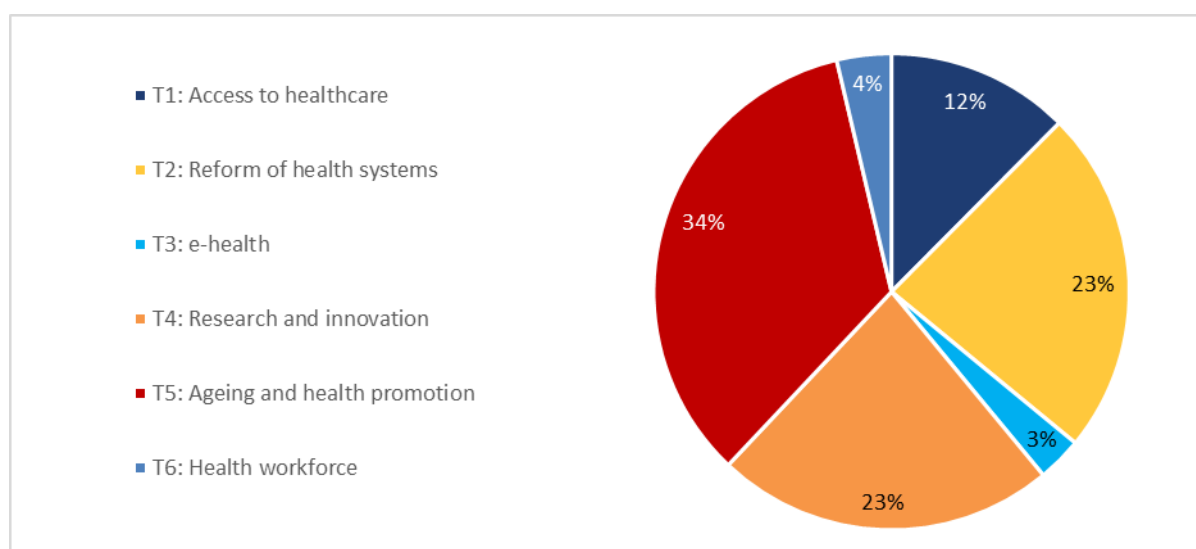


Figure 3: Share of health-relevant projects by thematic block



### 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 States<sup>5</sup> for a total value of EUR 3.69 billion<sup>6</sup>, 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

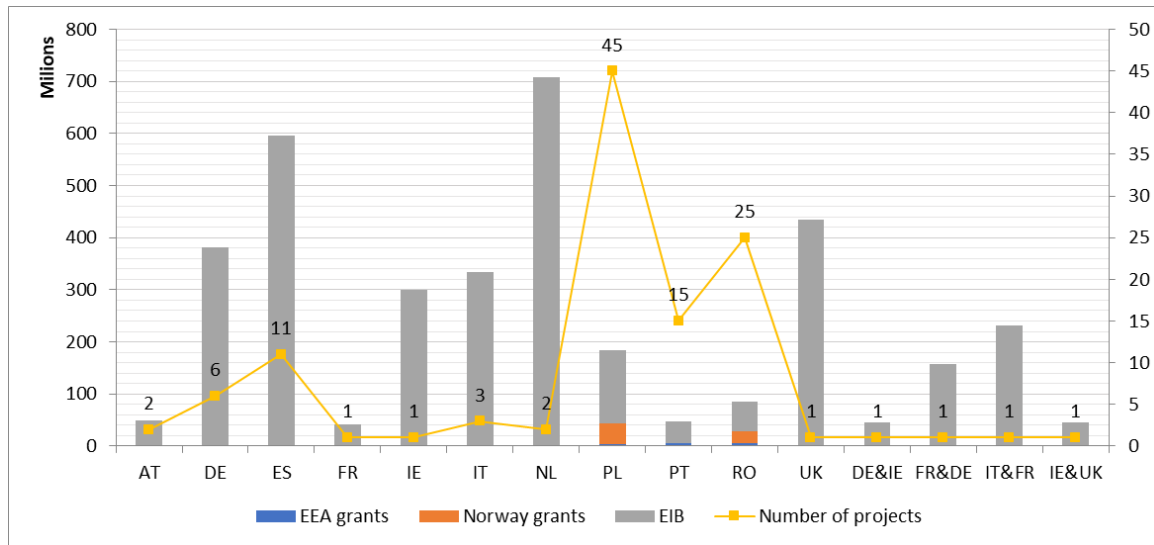
<sup>5</sup> Information about projects funded from other sources was not found in the following Member States: Belgium, Denmark, Estonia, Finland, Lithuania, Latvia, Luxembourg, Slovakia, and Sweden.

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

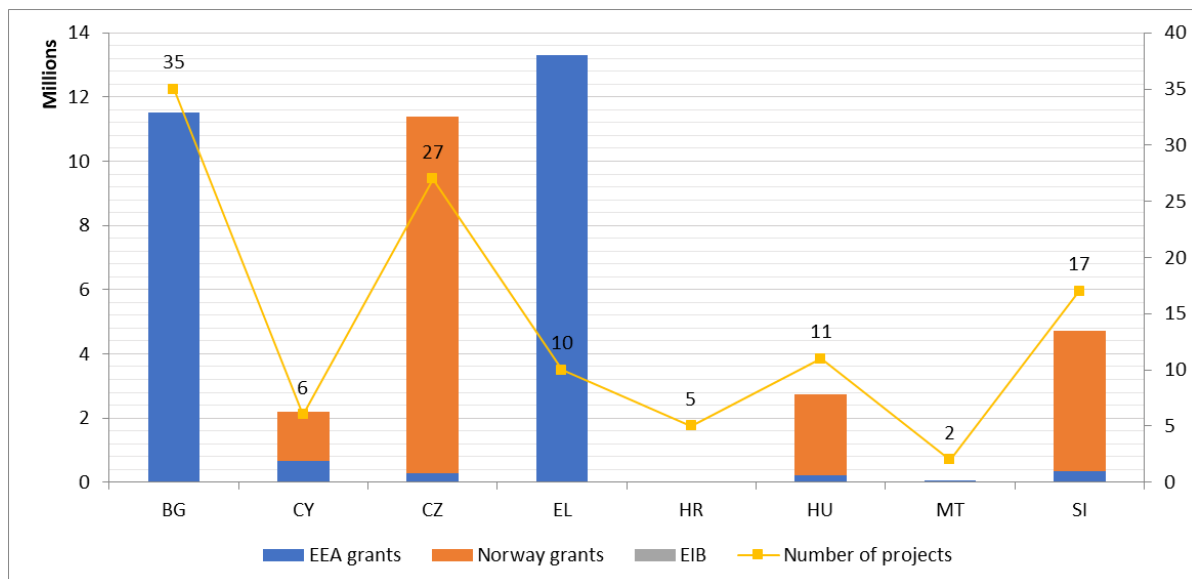
projects is EUR 16.3 million, i.e. much higher than in case of ESIF-funded projects. 185 out of the 229 projects identified, i.e. over 80%, have already been completed.

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.

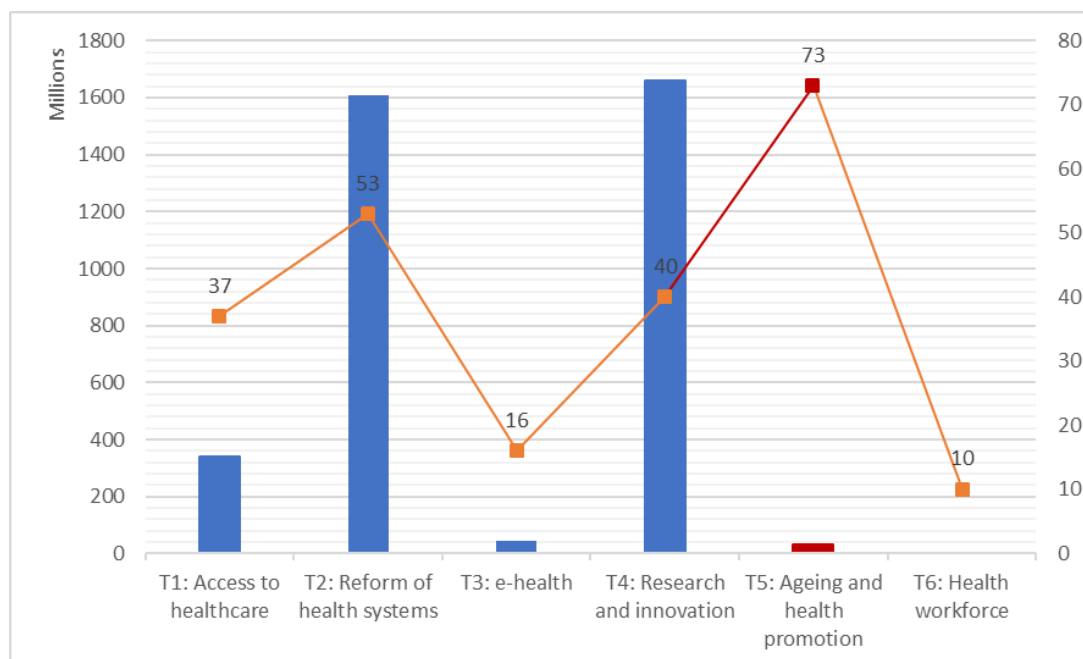
Norway grants are implemented through several funding programmes including a programme 'Public health initiatives'. This programme is implemented using both Norway grants and EEA grants. 53 projects supported from this programme were found in four countries (Bulgaria, Czech Republic, Portugal, and Romania). 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, 73 projects for the total value of EUR 29.9 million support ageing and health promotion (this makes up 32% in terms of the number of projects and 1% 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 ESF Funds investments at OP level

### Investment priorities

The planning and programming the use of ESF funds by Member States is structured around Thematic Objectives (TOs) and Investment Priorities (IPs) set forth in the specific regulations governing the funds<sup>7</sup>. Investment priorities relevant for the thematic block 5 can be found primarily under the Thematic Objective 9: 'Promoting social inclusion, combating poverty and any discrimination' and 8 'Promoting sustainable and quality employment and supporting labour mobility' as well as 10: 'Investing in education, training and vocational training for skills and lifelong learning; some are also found in the Thematic Objective 1 related to research and innovation and in the Thematic Objective 11 'Enhancing institutional capacity of public authorities and stakeholders and efficient public administration'. In a few Operational Programmes, the relevant Investment Priorities were found under the Thematic Objectives 3 (SMEs promotion), 5 (risk prevention), and 6 (protection of environment and cultural heritage). Across these Thematic Objectives, 25 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 5 - these are mainly supported by the ESF.

Overall, 26 Member States have included these Investment Priorities in their OPs. Two Member States have not included any IPs relevant for this theme in their OPs (these are: PT and CY). IP 9i focusing on active inclusion and employability is the Investment Priority which was most often chosen by Member States for this theme (in seventeen Member States), followed by the IP 9a focusing on health and social infrastructure (seven Member States and seven Interreg OPs). Other 'popular' Investment Priorities for this theme are the IP 9iv (access to affordable health care and social services) and the IP 8i (access to employment) - both were selected in 11 Member States.

Twenty-five Interreg A OPs and 7 Interreg B OPs as well as one Interreg C OP were found to be relevant for this theme. Eight of the Investment Priorities relevant for the health promotion are common for both nation-wide OPs and ETC programmes, with the IP 9a being selected most often (seven Interreg Programmes used this IP to guide their interventions). Thirteen of the Interreg OPs contained Investment

<sup>7</sup> 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.

Priorities as defined specifically for cross-border cooperation programmes in a separate Regulation relating to ETC programmes<sup>8</sup>.

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

*Table 1: Selection of the Investment Priorities relevant for ageing and health promotion 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	BE, BG, CZ, EE, ES, LT, MT, NL, PL, SE, SK
		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	BG, ES, IT, SE, UK
		8v. Adaptation of workers, enterprises and entrepreneurs to change	CZ, DE, FI, IT, LV
		8vi. Active and healthy aging	AT, FR, IT, NL, PL, SI
	9 (Social inclusion)	9i. Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	AT, BE, CZ, DE, EE, ES, FI, IE, IT, LU, LV, MT, NL, PL, SE, SI, UK
		9ii. Socio-economic integration of marginalised communities such as the Roma	BE, CZ, ES, IT, RO
		9iii. Combating all forms of discrimination and promoting equal opportunities	CZ
		9iv. Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest	EE, EL, ES, HR, HU, LT, LV, MT, PL, RO, SI
		9v. Promoting social entrepreneurship and vocational integration in social enterprises and the social and solidarity economy in order to facilitate access to employment	IT, ES
	10 (Education and training)	10i. Reducing and preventing early school-leaving and promoting equal access to good quality early-childhood, primary and secondary education including formal, non-formal and informal learning pathways for reintegrating into education and training	BE, ES
		10ii. Improving the quality and efficiency of, and access to, tertiary and equivalent education with a	ES

<sup>8</sup> 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.

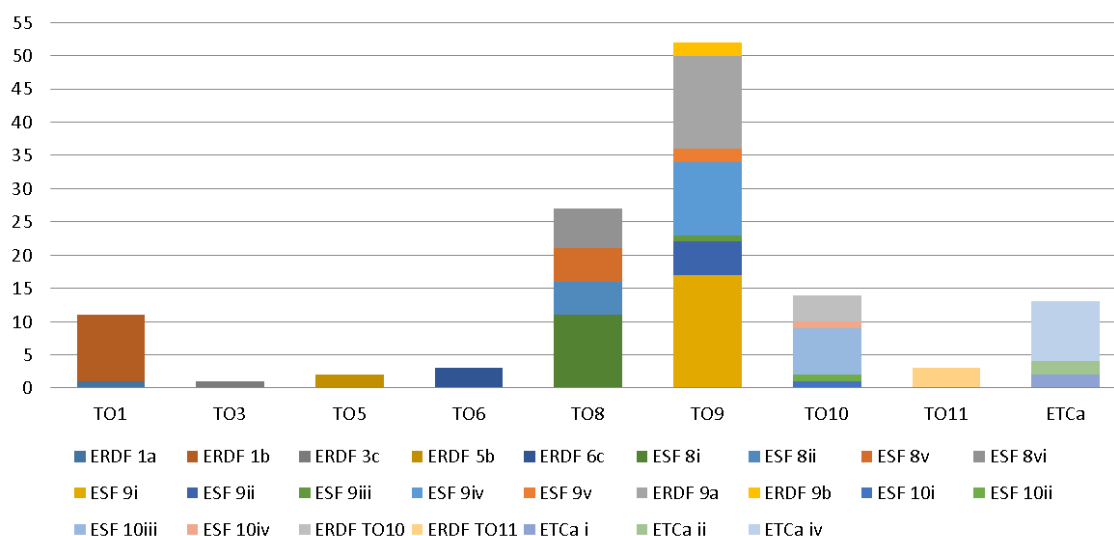
Fund	TO	Investment Priority	Member States
		view to increasing participation and attainment levels, especially for disadvantaged groups	
		10iii. Enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings, upgrading the knowledge, skills and competences of the workforce, and promoting flexible learning pathways including through career guidance and validation of acquired competences	AT, BE, BG, DE, FR, LU, SE
		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	SE
	1 (R&D)	1a. Enhancing research and innovation (R&I) infrastructure and capacities to develop R&I excellence, and promoting centres of competence, in particular those of European interest	INTERREG A: BE-NL
		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	DK, FI INTERREG A: BE-NL, FR-BE-NL, FR-UK, IT-SI INTERREG B: Northern Periphery and Arctic, Baltic Sea, Danube Area, Central Europe
	3 (SMEs)	3c. Supporting the creation and the extension of advanced capacities for product and service development	HU
	5 (risk prevention)	5b. Promoting investment to address specific risks, ensuring disaster resilience and developing disaster management systems	INTERREG A: RO-BG INTERREG B: Indian Ocean Sea
6 (environment)	6c. Conserving, protecting, promoting and developing natural and cultural heritage	INTERREG A: AT-DE, IT-AT INTERREG B: Central Europe	
ERDF	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, CZ, EE, EL, FR, MT, SI INTERREG A: BE-FR, BE-DE-NL, EL-BG, IT-CH, LV-LT, ES-FR-Andorra, UK-IE

Fund	TO	Investment Priority	Member States
		9b. Providing support for physical, economic and social regeneration of deprived communities in urban and rural areas	IT INTERREG A: LV-LT
	10 (Education and training)	10. Investing in education, training and vocational training for skills and lifelong learning by developing education and training infrastructure <sup>9</sup>	ES INTERREG A: BE-DE-NL, FI-LV-EE-SE, DE(Sachsen)-CZ
	11 (Public administration)	Enhancing institutional capacity of public authorities and stakeholders and efficient public administration through actions to strengthen the institutional capacity and the efficiency of public administrations and public services related to the implementation of the ERDF, and in support of actions under the ESF to strengthen the institutional capacity and the efficiency of public administration.	INTERREG A: AT-DE INTERREG B: Danube Area INTERREG C: Urbact
	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: DE-AT-CH-Liechtenstein, LV-LT
(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. PL-LT	
(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, BE-DE-NL, PL-CZ, DE(Brandenburg)-PL, DE-DK, DE-AT-CH, DE(Saxony)-PL, DE(Bayern)-CZ, RO-BG	

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 ageing and health promotion Investment Priorities

<sup>9</sup> 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:

- Adapting jobs and the workplace to the life cycle by improving working conditions for older employees (AT).
- To enhance health awareness, primarily regarding disadvantaged people and regions (HU).
- Increase employment, especially among the long-term and unskilled unemployed and people with disabilities (LT).
- To improve labour safety, especially in enterprises of hazardous industries (LV).
- Implementation of prevention programmes for diseases negatively affecting the workforce, dedicated to persons in labour market activity age (PL).
- Increasing the number of people receiving health programs and services aimed at prevention, early detection (screening), early diagnosis and treatment for major diseases (RO).
- Strengthen and sustain the networking and provision of cross-border health services to the population (BE-FR).
- To improve access to primary and emergency health care (at isolated and deprived communities) in the CB area (EL-BG).

## 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 only in two Member States (BG and EL) for this theme.

Member States defined several programme-specific indicators to monitor the performance of the health promotion projects. 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:

- Unemployed persons over the age of 50 participating in employment programmes (BE).
- Disadvantaged participants who after their participation in the process of education/ training, are looking for a job, broaden their skills or are employed (CZ).
- Number of people who have received services aimed at reducing alcohol consumption (EE).

- Number of awareness raising activities/ public campaigns (HR).
- Share of persons from target groups with changed lifestyles for health purposes as a result of ESF-supported public awareness-raising, education and training activities (themes: healthy lifestyles, health preservation and promotion, disease prevention) (LT).
- Number of enterprises supported in hazardous industries that have implemented labour protection requirements (LV).
- Number of implementations of analytical models for the protection of health essential for the correct process of mapping the needs in the health sector (PL).
- Share of participants not included in institutions upon leaving (SI).

Very few Interreg Programmes include monitoring indicators. The following examples have been found with relation to the thematic block 5:

- Number of tools/instrument to access health and social services on both sides of the border (BE-FR).
- Number of projects addressed to disadvantaged people: young, elderly and vulnerable population groups (BE-DE-NL).
- Number of projects to improve cross-border cooperation in the field of health (BE-DE-NL).
- Population covered by cross-border initiatives in the fields of employment, training, culture, sport and health (ES-PT).
- Number of tools for monitoring, information and prevention of natural, environmental (pollution) and health risks; Number of collaborative research projects on epidemiological and infectious risks; Number of researchers working on collaborative projects on epidemiological and infectious risks (Indian Ocean Sea).

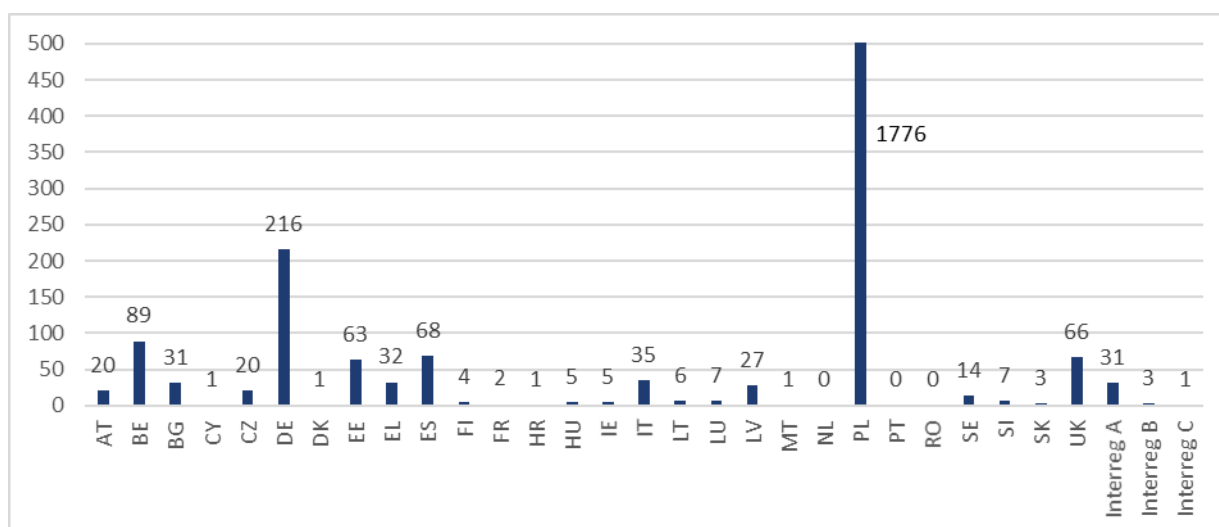
## Analysis of identified ESI-funded projects

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 health promotion 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 2535 projects in 25 Member States funded in support of the health promotion thematic block. More than half of these projects (70%) are in Poland. No projects supporting the health promotion thematic block were found in the Netherlands, Portugal and Romania. 35 relevant projects are also financed under the Interreg cooperation programmes. Further details are presented in *Figure 8*.

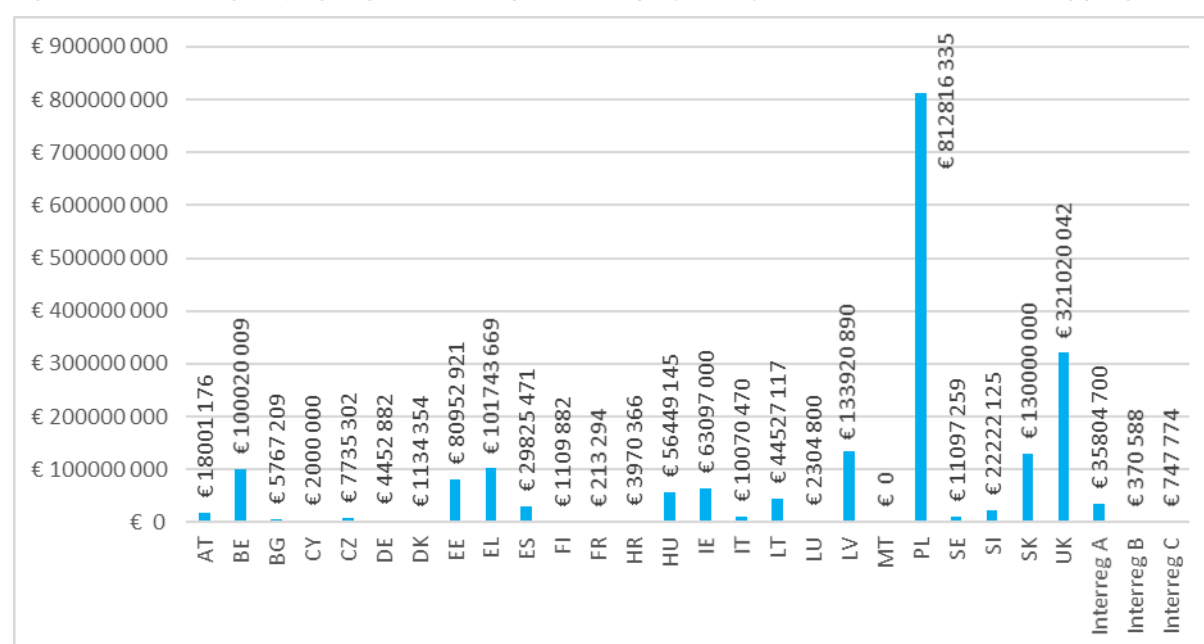
*Figure 8: Ageing and health promotion projects by Member State and Interreg programme*



Budget information is available for 97% of the health promotion projects. The total budget of all health promotion projects is around EUR 2 billion, while the average project budget is approximately EUR 0.8 million. Overall, the largest spending on health systems reform projects appear in the countries with the most or significant number of such projects. The largest spending on health promotion projects is in Poland (around EUR 813 million), the UK (around EUR 321 million) and Latvia (around EUR 134 million). Although a significant number of health promotions projects are funded in Germany, their total budget is small, approximately EUR 4.5 million. Further details are presented in *Figure 9*.

In terms of average project size, the largest projects are found in Slovakia (around EUR 43 million), Ireland (around EUR 13 million) and Hungary (around EUR 11 million). However, these are countries with a small number of fairly large health promotion projects. The average project sizes in the countries with the most projects are approximately EUR 0.5 million (Poland), EUR 0.02 million (Germany) and EUR 1.1 million (Belgium). The total budget of the Interreg projects in thematic block 5 is nearly EUR 37 million.

Figure 9: Total budget of ageing and health promotion projects by Member State and Interreg programme



Note: For 80 of the ageing and health promotion projects (including the project in Malta) budget information was not available.

### Sub-themes and intervention fields

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

Table 2: Main sub-themes and sub-themes for ageing and health promotion

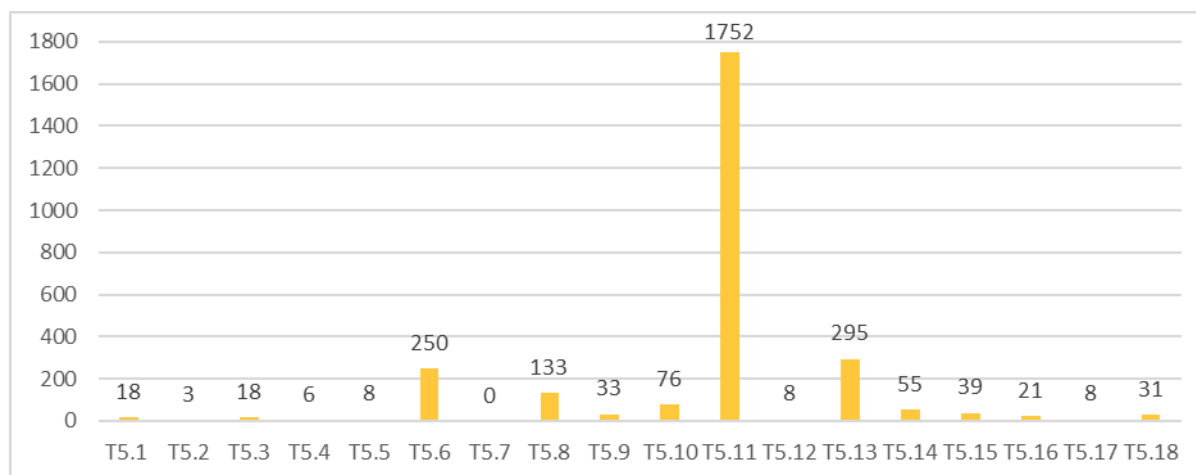
Code	Description	Number of projects
<b>T5.1</b>	<b>Active and health ageing</b>	
T5.1	Employment/Employability of elderly	18
T5.2	Discrimination/ageism	3
T5.3	Tackling (social) isolation	18
T5.4	Age-friendly environments	6
T5.5	Personalised care for older patients	8
T5.6	Life-long learning	250
T5.7	Other	0
<b>T5.2</b>	<b>Workplace health and safety</b>	
T5.8	Mental health	133
T5.9	Healthy workforce (health promotion/disease prevention)	33
T5.10	Occupational safety	76
T5.11	Reintegration	1752
T5.12	Other	8
<b>T5.3</b>	<b>Health promotion and disease prevention</b>	
T5.13	Early detection	295
T5.14	Risk factors (obesity, smoking, physical (in)activity, alcohol)	55



Code	Description	Number of projects
T5.15	Awareness raising	39
T5.16	(Patient) empowerment	21
T5.17	Intersectoral collaboration	8
T5.18	Other	31

Note: For 886 of the T5 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 ageing and health promotion projects by sub-theme



Note: For 886 of the T5 projects more than one relevant sub-theme was assigned; the number of projects here is therefore greater than the total number identified.

The health projects identified under the health promotion thematic block cover mainly sub-themes 5.11 and 5.1, also in combinations, as many of the projects concern the integration of people, who for different reasons have been unemployed for a long period of time, back into the job market. Such combinations were identified e.g. in Poland and Lithuania. The following figures give a more detailed picture of the main sub-themes and combinations addressed by projects supported in the Member States and the Interreg programmes.

Figure 11: Number of ageing and health promotion projects by main sub-theme

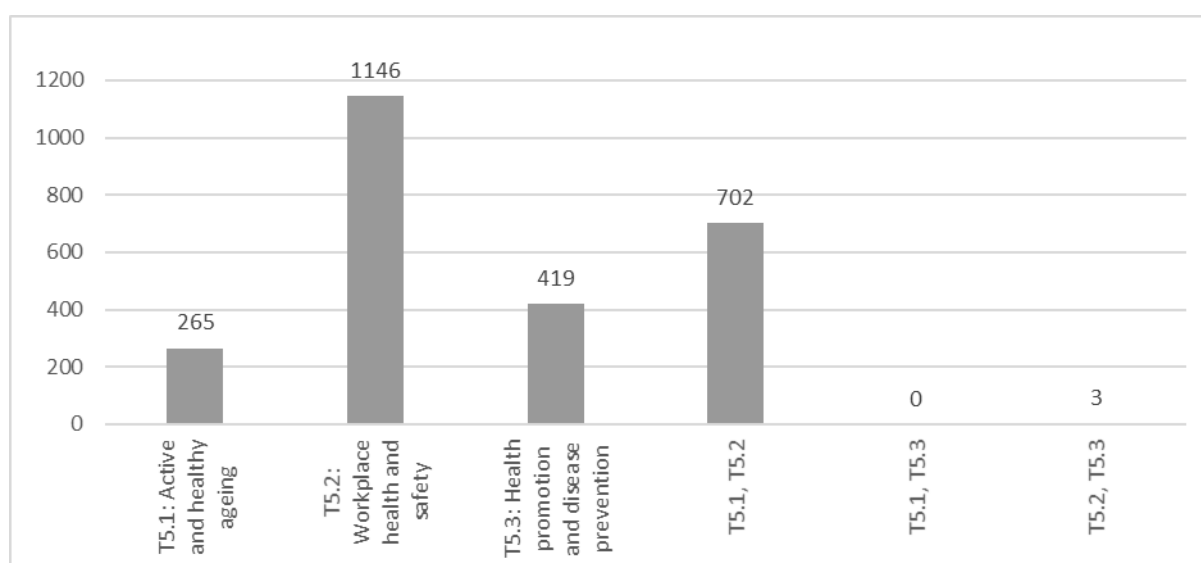
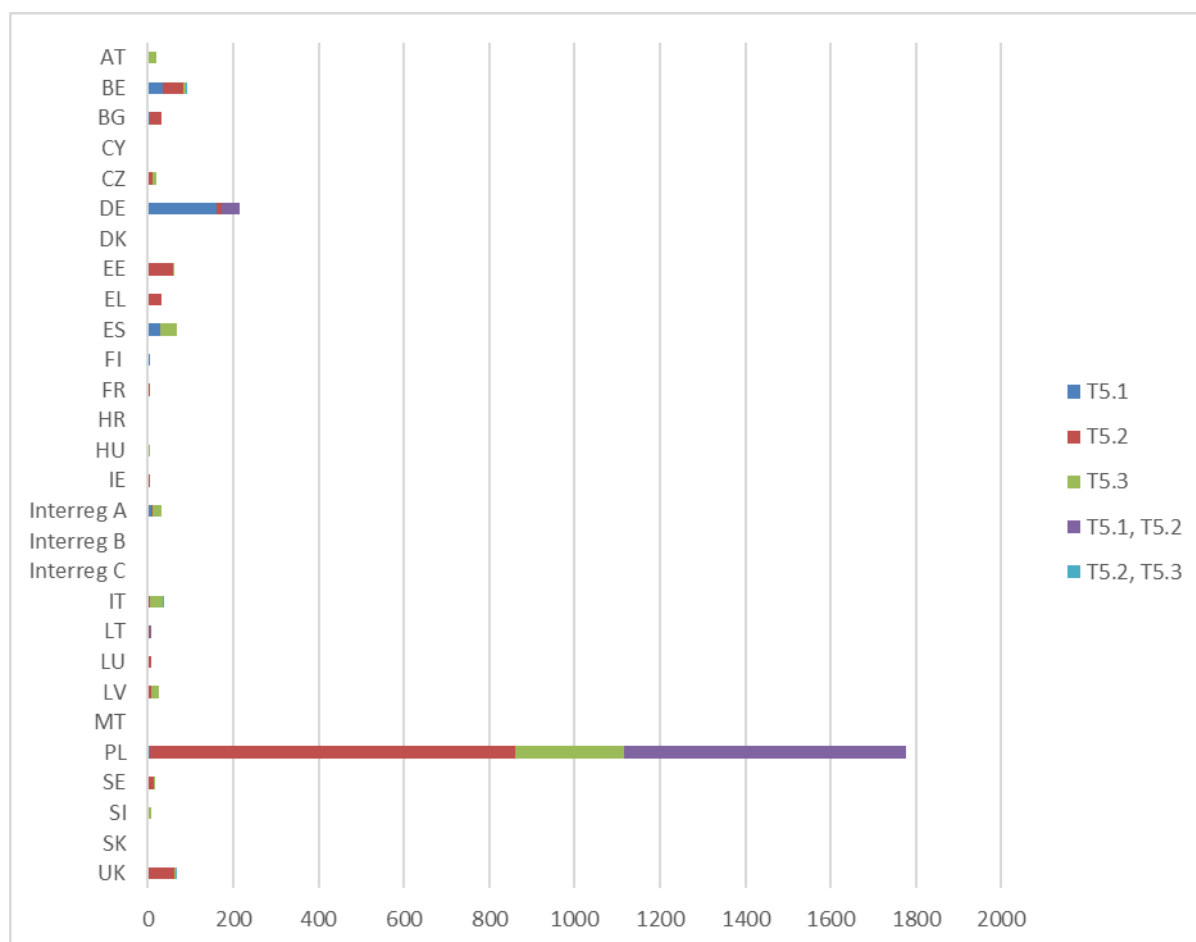


Figure 12: Main ageing and health promotion sub-themes as addressed by projects across Member States and Interreg programmes



All projects supported by ESI Funds are also assigned to different intervention fields in accordance with Regulation 215/2014<sup>10</sup> 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 5 projects is given in Table 3.

Table 3: Intervention fields assigned to ageing and health promotion projects

Code	Description
53	Health infrastructure
62	Technology transfer and university-enterprise cooperation primarily benefiting SMEs
64	Research and innovation processes in SMEs (including voucher schemes, process, design, service and social innovation)
81	ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
87	Adaptation to climate change measures and prevention and management of climate related risks e.g. erosion, fires, flooding, storms and drought, including awareness raising, civil protection and disaster management systems and infrastructures
91	Development and promotion of the tourism potential of natural areas

<sup>10</sup> Regulation (EU) No 215/2014 laying down rules for implementing Regulation (EU) No 1303/2013 [...]

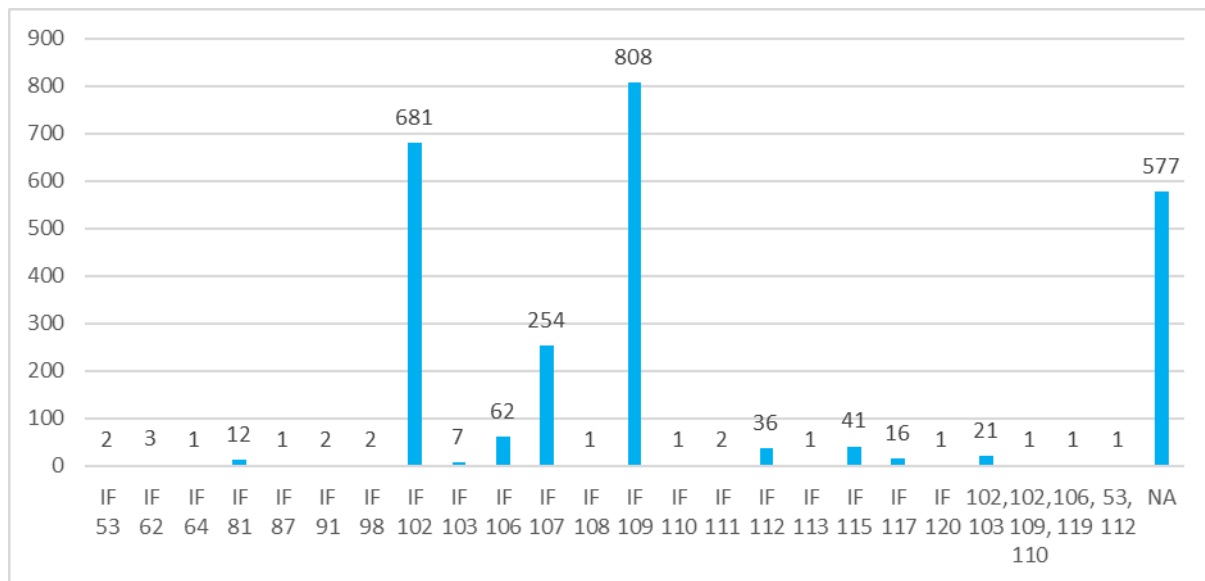
Code	Description
98	Outermost regions: compensation of any additional costs due to accessibility deficit and territorial fragmentation
102	Access to employment for job-seekers and inactive people, including the long-term unemployed and people far from the labour market, also through local employment 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
106	Adaptation of workers, enterprises and entrepreneurs to change
107	Active and healthy ageing
108	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
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
111	Combating all forms of discrimination and promoting equal opportunities
112	Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest
113	Promoting social entrepreneurship and vocational integration in social enterprises and the social and solidarity economy in order to facilitate access to employment
115	Reducing and preventing early school-leaving and promoting equal access to good quality early-childhood, primary and secondary education including formal, non-formal and informal learning pathways for reintegrating into education and training
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
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 three most relevant intervention fields for the active and healthy ageing sub-theme are 81 'ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)', 107 'Active and healthy ageing' and 117 'Enhancing equal access to lifelong learning for all age groups [...]'. While 81 and 117 intervention fields have not been assigned to many of the health promotion projects identified, category 107 has been assigned to a significant number of projects (254 in total). In practice, the most health promotion projects have been assigned 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' (681 projects) and 109 'Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability' (808 projects). These two intervention fields are directly relevant for sub-theme T5.2 concerning workplace health and safety and the large amount of thematic block 5 projects related to reintegration in the labour market. Intervention fields directly relevant for third sub-theme in thematic block 5 have not been found, however, many

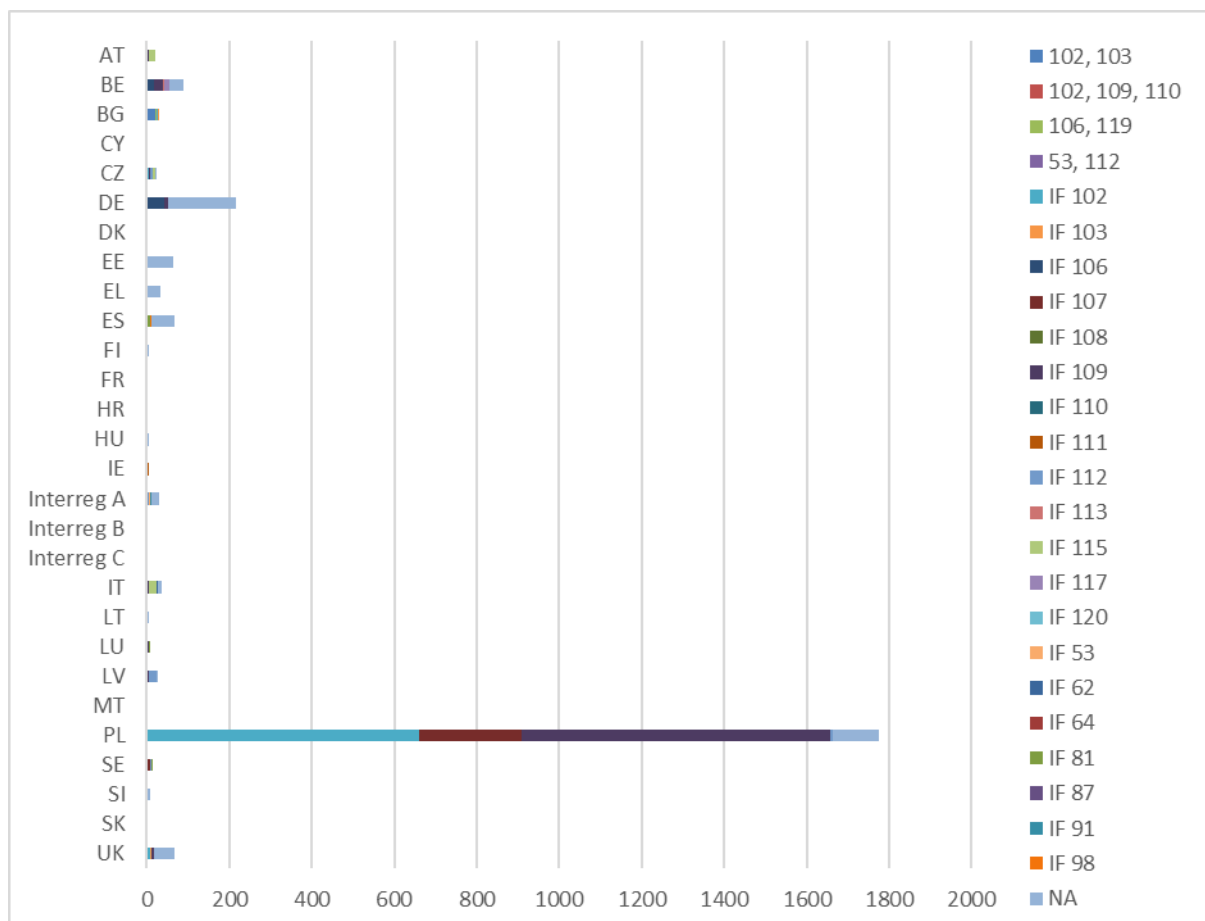
intervention fields with a social inclusion application can be considered relevant. All projects and intervention fields for which data were available are shown in the following figures.

Figure 13: Number of ageing and health promotion projects by intervention field



Note: NA = Not available.

Figure 14: Intervention fields assigned to the ageing and health promotion projects across Member States and Interreg programmes

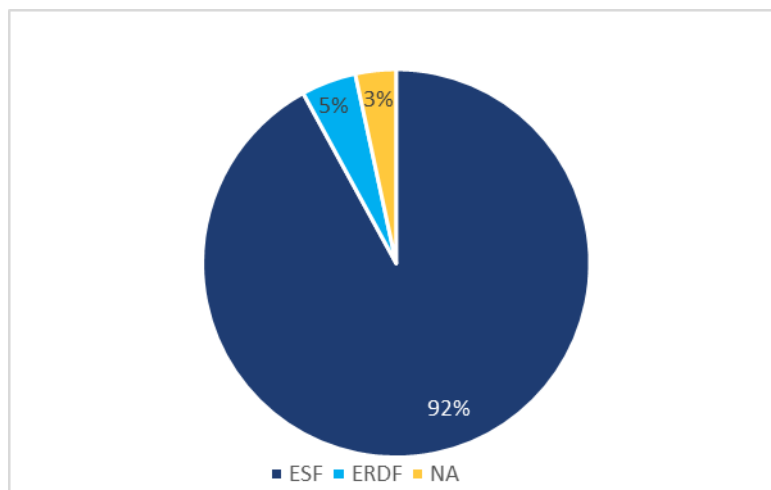


Note: NA = Not available.

## Origin of funding

The large majority of the health promotion projects are financed by the ESF - 2,333 projects or 92% (Figure 15). The average co-financing rate of the EU funding for the T5 projects is 81%<sup>11</sup>. The lowest co-financing rate is 15% and is found in Estonia, while the highest co-financing rate is 100% and can be found in Bulgaria, Hungary, Lithuania, Sweden and the UK.

Figure 15: Split of ESF/ERDF funding across ageing and health promotion projects



Note: NA = Not available.

## Projects funded from other sources

This section describes projects funded from external sources other than ESIF supporting ageing and health promotion.

Out of the total number of 229 identified projects, 73 projects in 11 countries with the total value of EUR 29.9 million support ageing and health promotion, which constitutes 32% in terms of the number of projects and 1% in terms of the total budget. The highest number of projects in this theme was found in Poland (19), followed by Bulgaria (12), and Portugal (11). All the projects identified in this theme are supported by the EEA grants and Norway grants. These projects are very diverse: some of them focus on raising awareness in the society in relation to various health risks, other projects concern promotion of healthy lifestyle, while another group of projects provides training for the unemployed, including persons with disabilities, in order to improve their chances for employment. The largest total budget for projects classified in this theme was found in Poland, which has 4 projects co-financed by the EEA grants and 15 projects co-financed by Norway grants. Figure 16 presents a breakdown of the number and value projects in this theme per Member State and source of funding.

Figure 16 Number and total value of projects supporting ageing and health promotion according to Member State and source of funding (total value of projects on the left axis, number of projects on the right axis)

<sup>11</sup> This is the average for the projects for which the co-financing rate was reported, in total 2246 projects. For 289 projects the co-financing rate is not available.

