



# Thematic mapping document

Reform of health systems



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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 **reform of health systems** 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.

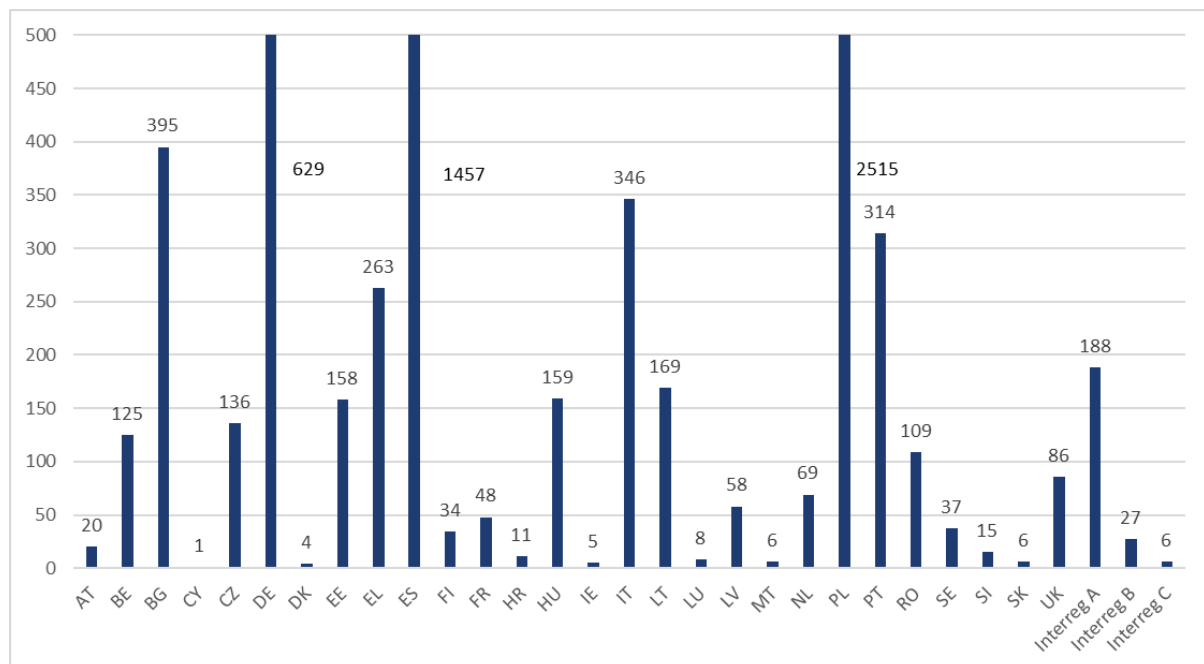
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<sup>1</sup> <http://www.esifundsforhealth.eu/>

<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 2 focuses on support for the healthcare systems reform in the EU, especially in less developed regions. Such reforms include shifts from institutional (e.g. hospitals) to community-based services (e.g. independent living, hospitals at home), and a better integration between primary and secondary care or between health and social care. Such services will help to deal with health needs of the society, particularly among disadvantaged groups. This is particularly relevant in relation to the ageing population, as the elderly often depend on long-term care. Other groups that are frequently being placed in institutional care facilities are people with disabilities and people with mental health problems. Transfer from institutional care (e.g. hospitals) to community-based alternatives offers many benefits, as it will allow people to live independently and close to their social networks and to take control over their lives. ESI funds can play an important role supporting interventions aimed at better integration of health and social care, improvement of community-based services, provision of personalised care solutions and making local populations more supportive for people with health problems and disabilities. Of the health-relevant projects identified, 1,738, or around 23%, support the reform of health systems thematic block. The share of projects across thematic blocks is depicted in the following figures. The share of health systems reform projects in terms of project size is similar. The total budget of theme 2 projects is around EUR 1.6 billion<sup>4</sup> or around 20% of all health projects identified.

<sup>4</sup> For around 8% of the theme 2 projects budget information was not available.

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

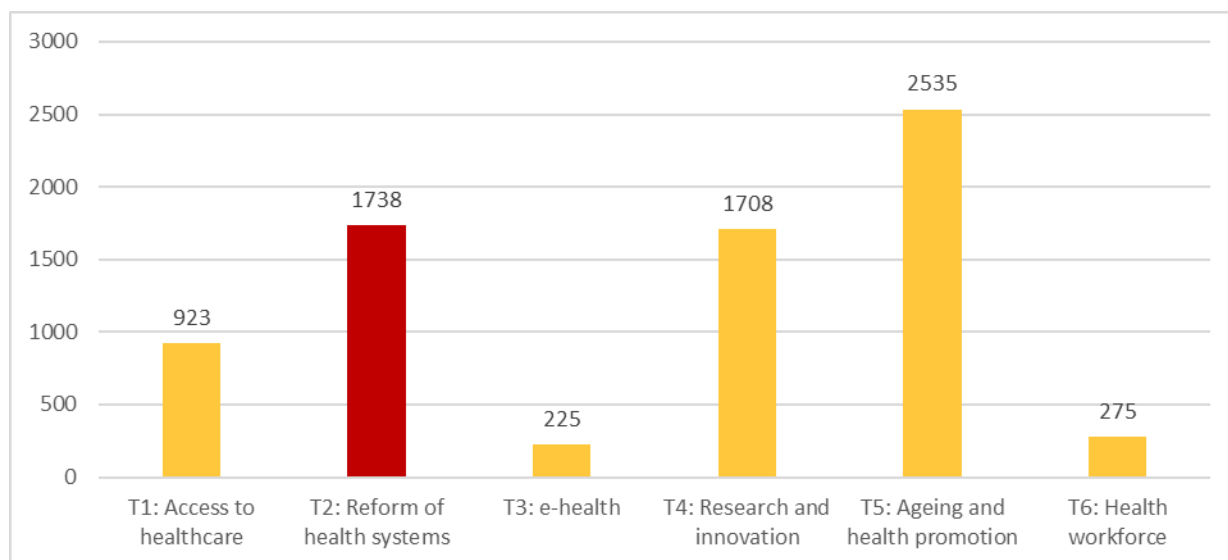
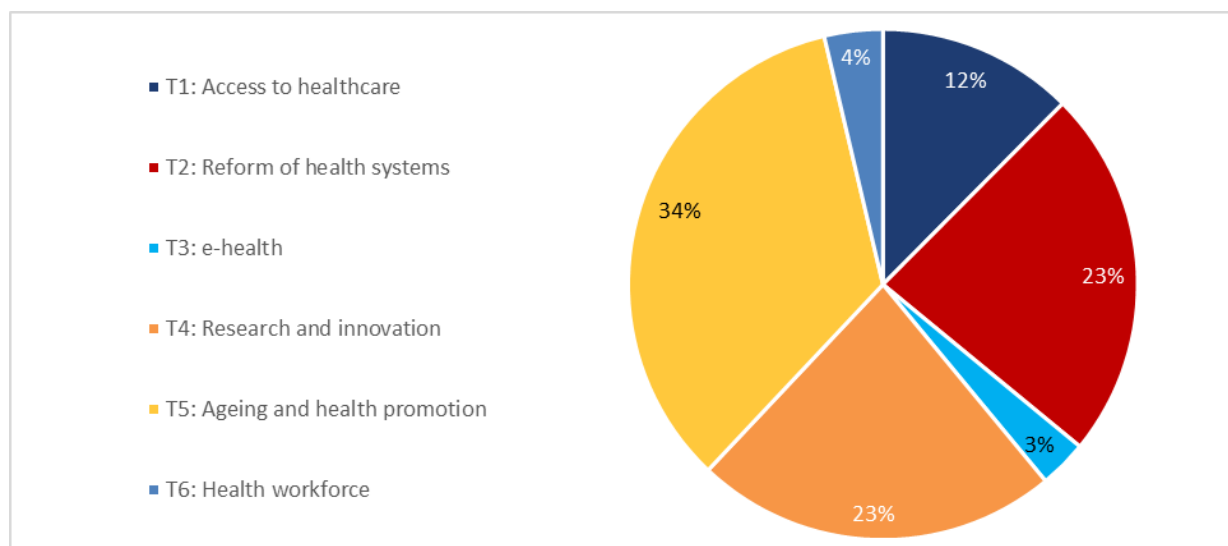


Figure 3: Share of health-relevant projects by thematic block



### 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

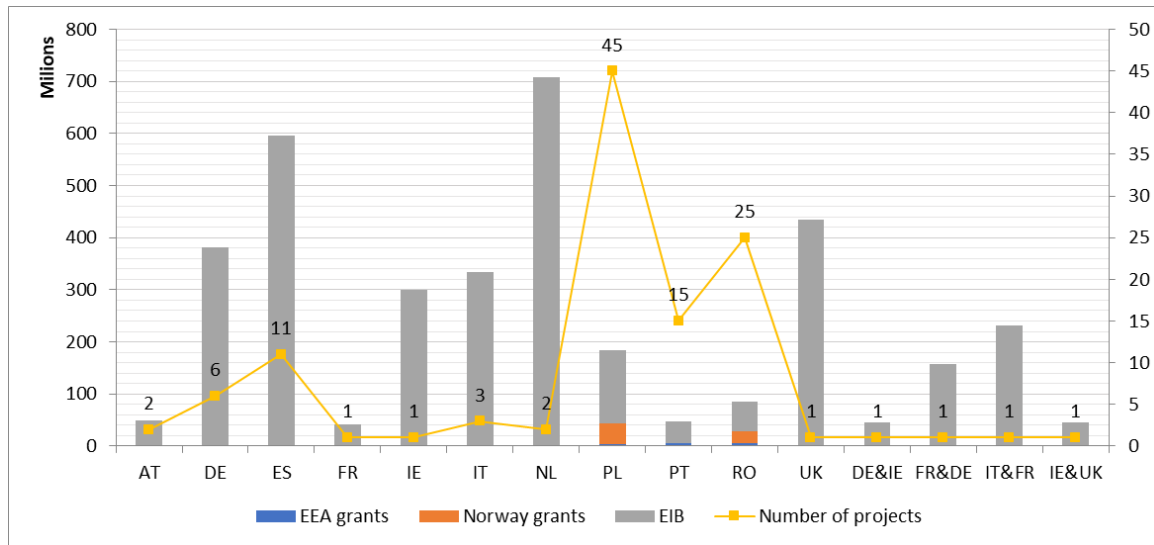
<sup>5</sup> Information about projects funded from other sources was not found in the following Member States: Belgium, Denmark, Estonia, Finland, Lithuania, Latvia, Luxembourg, Slovakia, and Sweden.

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

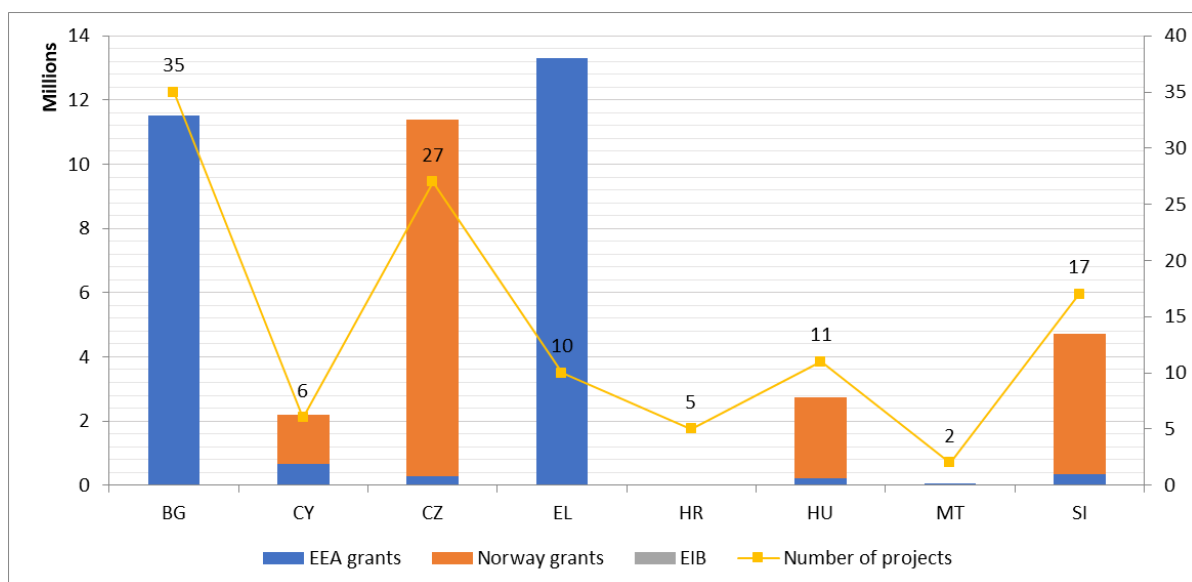
projects is EUR 16.3 million, i.e. much higher than in case of ESIF-funded projects. 185 out of the 229 projects identified, i.e. over 80%, have already been completed.

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).

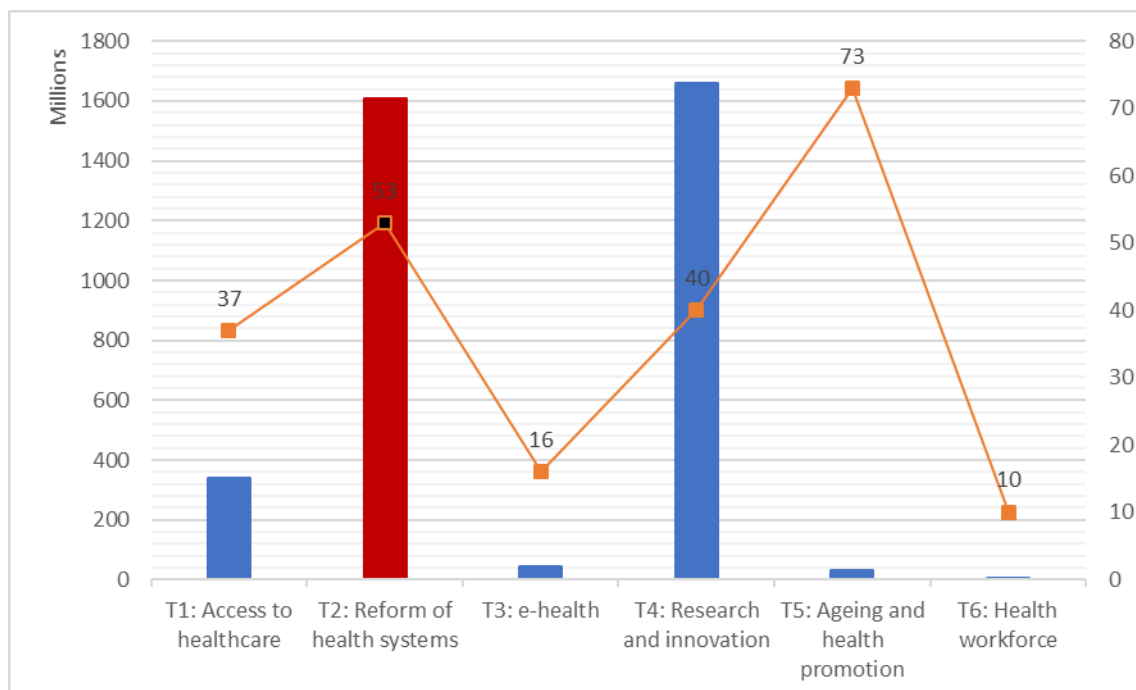
The EIB typically supports hospitals in modernisation of their facilities, it also provides funding for companies active in the medical sector in development and provision of innovative or modern equipment and medicines.

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, 53 projects for the total value of EUR 1.6 billion support reform of health systems (this makes up 23% in terms of the number of projects and 44% 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 regulations governing the funds<sup>7</sup>. Investment priorities relevant for the thematic block 2 can be found primarily under the Thematic Objective 9: ‘Promoting social inclusion, combating poverty and any discrimination’ some are also found in Thematic Objective 11: ‘Enhancing institutional capacity of public authorities and stakeholders and efficient public administration’. Other Thematic Objectives used include TO1 (R&D), TO 5 (risk prevention) and TO8 (sustainable employment). Across these Thematic Objectives, 10 Investment Priorities defined for use by Member States and two Investment Priorities defined specifically for Interreg Programmes have been found to be relevant to the health system reform thematic block - these are mainly supported by the ESF.

Overall, 17 Member States have included these Investment Priorities in their OPs. Eleven Member States have not included any IPs relevant for this theme in their OPs (these are: AT, BE, CY, DE, DK, HU, IE, LU, NL, SE, UK). IP 9a (ERDF) focusing on investments in health and social infrastructure was most often chosen by Member States (in thirteen Member States and six Interreg Programmes), followed by IP 9iv (ESF) relating to enhanced access to affordable health care services (in eleven Member States).

The Thematic Block 2 was found in 19 Interreg A OPs and 2 Interreg B OP. The Interreg Programmes used nine Investment Priorities that are common for both nation-wide OPs and ETC programmes. In addition, seven Interreg OPs for the Thematic Block 2 used the Investment 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 reform of health systems thematic block in the 2014-2020 OPs.

*Table 1: Selection of the Investment Priorities relevant for health systems reform by Member States and Interreg Programmes*

Fund	TO	Investment Priority	Member States
ESF	8 (Sustainable employment)	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	IT
		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
	9	9i Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	BG, MT, PL, SI

<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

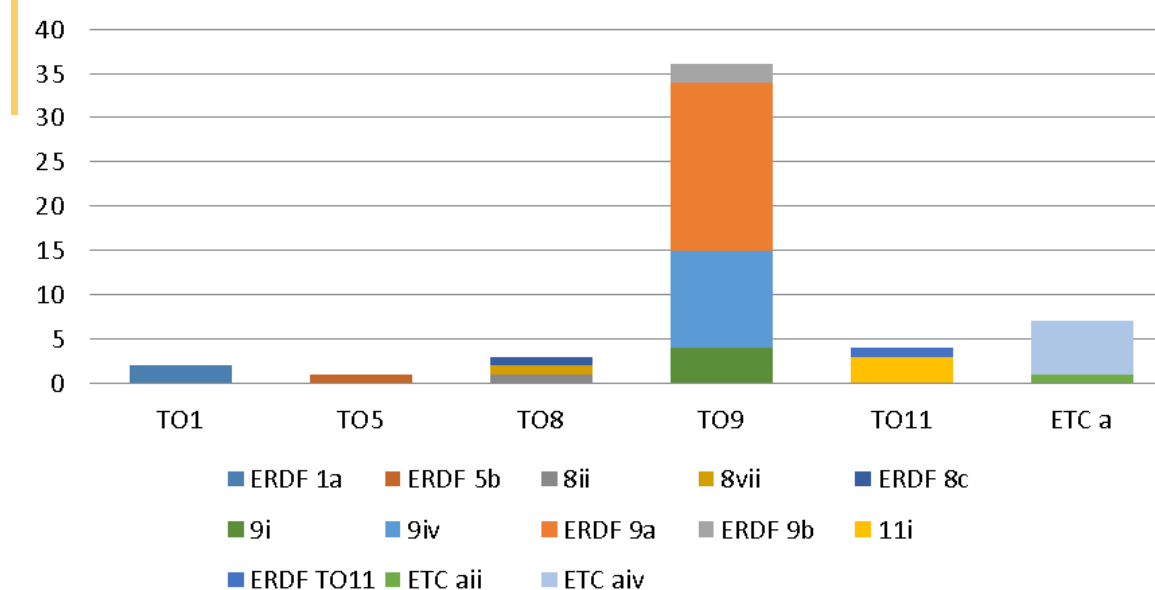
<sup>8</sup> Regulation No 1299/2013 of 17 December 2013 of the European Parliament and of the Council on specific provisions for the support from the European Regional Development Fund to the European territorial cooperation goal.

Fund	TO	Investment Priority	Member States
	(Social inclusion)	9iv. Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest	BG, CZ, EL, LT, LV, PL, PT, RO, SI, SK, 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	CZ, IT, RO
ERDF	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	FI, INTERREG A: AT-CZ
		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	INTERREG A: FR-BE-NL-UK, FR-UK, SI-HU
	5 (risk prevention)	5b. Promoting investment to address specific risks, ensuring disaster resilience and developing disaster management systems	INTERREG A: DE-CZ
	3 (SMEs)	3c. Supporting the creation and the extension of advanced capacities for product and service development	EL
	8 (Sustainable employment)	8c. Supporting local development initiatives and aid for structures providing neighbourhood services to create jobs, where such actions are outside the scope of Regulation (EU) No 1304/2013 of the European Parliament and of the Council	INTERREG A: FR-CH
	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	EE, EL, ES, HR, FR, IT, LT, LV, MT, PL, PT, SI, RO, INTERREG A: FR-BE, EL-BG, IT-CH, LT-LV, ES-FR-Andorra, IE-UK
	11 (capacity building)	11. 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	INTERREG B: Danube Area

Fund	TO	Investment Priority	Member States
		under the ESF to strengthen the institutional capacity and the efficiency of public administration <sup>9</sup> .	
	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
		(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: AT-CZ, AT-HU, BE-DE-NL, IT-AT, LT-PL, SI-HR

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 health systems reform Investment Priorities



In their Operational Programmes, 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:

- Reducing the number of elderly people and people with disabilities placed in institutions by providing community-based social and health services, including long term care services (BE).
- Increasing availability and efficiency of health care services and shifting psychiatric care to the community level (CZ).
- Improving the conditions for social inclusion and equal access for vulnerable groups to quality services, by improving the relevant infrastructure in degraded areas (EL).

<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.

- Developing the infrastructure of services for family care of children and persons with disability for independent life and integration into the community (LV).
- Investment in public health infrastructures as well as other small scale infrastructural investments aimed to alleviate the pressures from the main hospital as well as measures to promote a healthy lifestyle (MT).
- Increased availability of social services, including caring and supporting families at risk of poverty or exclusion, social support and foster care (PL).
- Improving access to health and social services by diversifying the supply of services and supporting the transition from institutional care to outreach that helps to access independent and integrated living in the community (PT).

## Indicators

Operational Programmes 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 is relevant for this thematic block and has been used for the thematic block 2 by 5 Member States (EL, ES, MT, PL, PT).

Member States defined several programme-specific indicators to monitor the performance of the health reform-related projects. These indicators typically refer to the number of persons benefitting from certain programmes or number of institutions undergoing reforms. Some indicators (e.g. in Poland) refer also to improved efficiency of the health care services.

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

- Participants with disabilities and participants over 65, unable to take care of themselves, with improved access to services (BG).
- Number of modernized primary health centres (EE).
- Share of inhabitants of disadvantaged urban areas covered by the newly created health infrastructure (FR).
- Reduction of number of people in health care institutions (HR).
- Percentage of elderly population (65 years old and beyond) who receive assistance at home (IT).
- Average time of bed occupancy in health unit (PL).

Very few Interreg Programmes include monitoring indicators with relevance to health. The following examples have been found with relation to the Thematic Block 2:

- Number of people who used a health service on either side of the border; Number of tools/instrument to access health and social services on both sides of the border (FR-BE).
- Number of projects to improve cross-border cooperation in the field of health (BE-DE-NL).
- Number of health care institutions reorganized, modernized or reequipped (EL-BG).

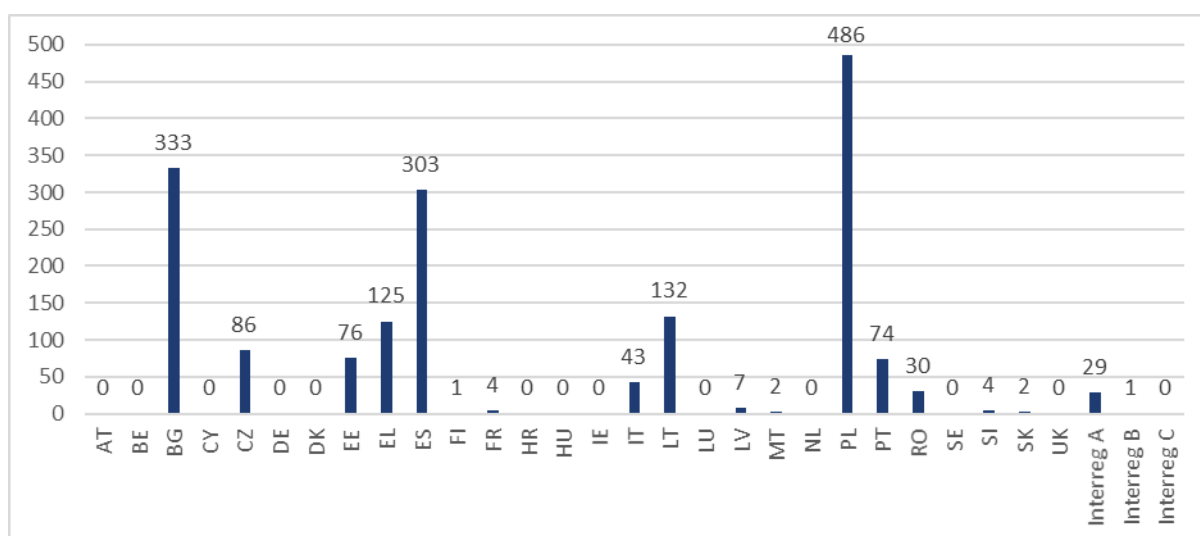
## Analysis of identified ESI-funded projects

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 the reform of health systems 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

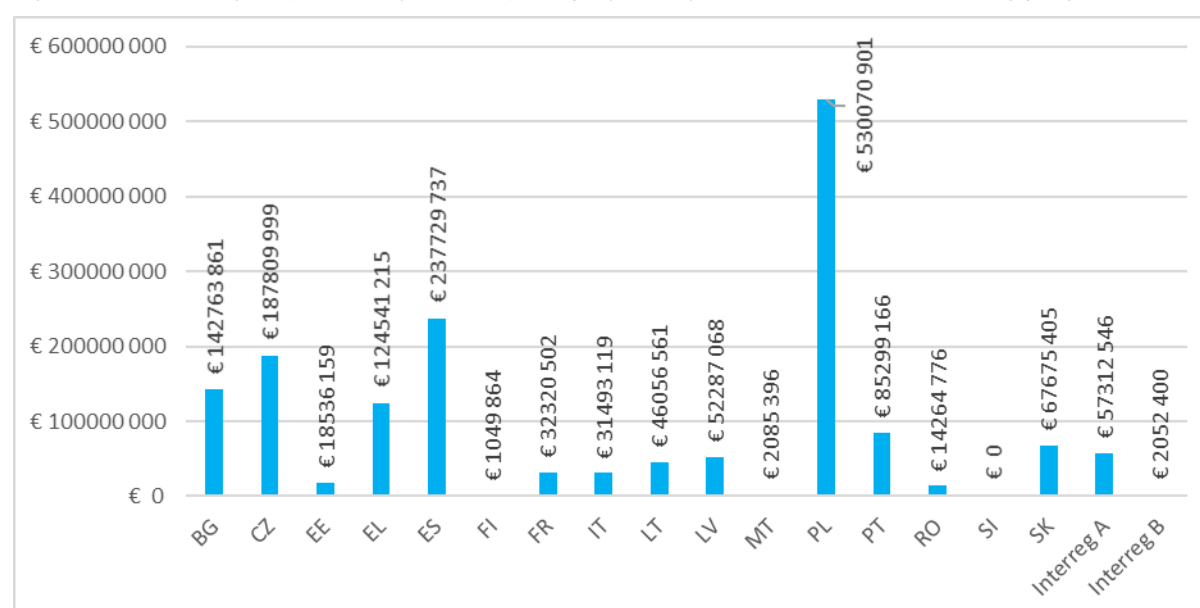
So far, there have been 1,738 projects in 16 Member States funded in support of the health systems reform thematic block. More than half of these projects (65%) are in Poland, Bulgaria and Spain. No projects supporting the reform of health systems thematic block were found in Austria, Belgium, Cyprus, Germany, Denmark, Croatia, Hungary, Ireland, Luxembourg, the Netherlands, Sweden or the UK. 30 relevant projects are also financed under the Interreg A and B cooperation programmes. Further details are presented in Figure 8.

Figure 8: Health systems reform projects by Member State and Interreg programme



Budget information is available for 92% of the health systems reform projects. The total budget of all health systems reform projects is around EUR 1.6 billion, while the average project budget is approximately EUR 1 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 system reform projects is in Poland (around EUR 530 million), Spain (EUR 238 million), Czech Republic (around EUR 188 million) and Bulgaria (EUR 143 million). In terms of average project size, the largest projects are found in Slovakia (around EUR 34 million), France (around EUR 8 million) and Latvia (around EUR 7 million). However, these three countries have a small number of fairly large projects. The average project sizes in the countries with the most projects are approximately EUR 1.2 million (Poland), EUR 0.4 million (Bulgaria) and EUR 0.8 million (Spain).

Figure 9: Total budget of health systems reform projects by Member State and Interreg programme



Note: For 137 of the health systems reform projects (including all of those in Slovenia) budget information was not available.

## Sub-themes and intervention fields

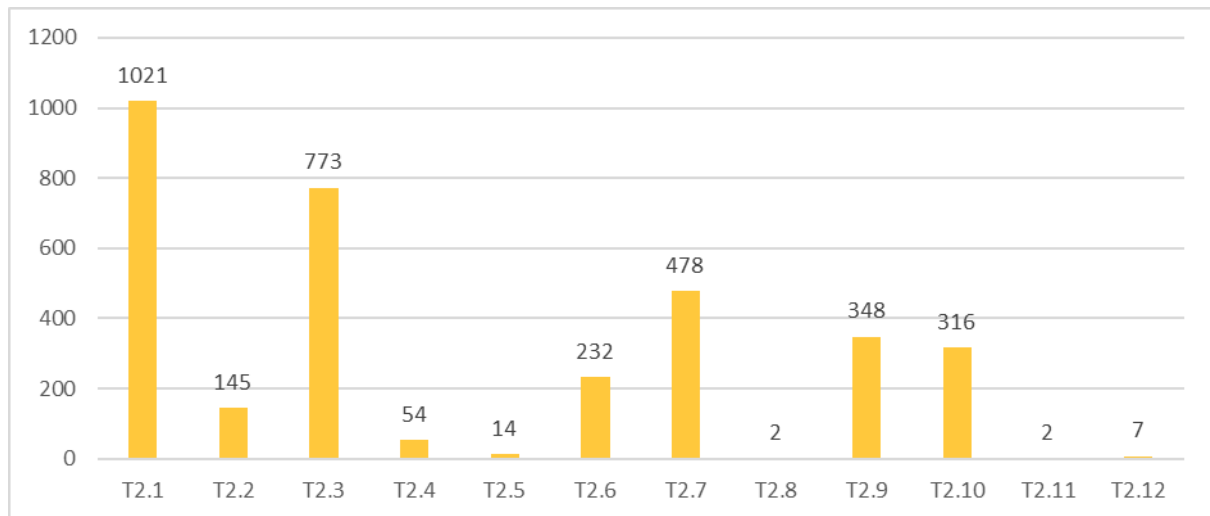
Twelve sub-themes were identified for the reform of the health systems thematic block, covering key areas of focus in EU and national policy priorities. Projects were assigned to three main sub-themes and multiple sub-themes where appropriate. The breakdown of projects by sub-theme is shown in the table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

Table 2: Main sub-themes and sub-themes for health systems reform

Code	Description	Number of projects
<b>T2.1</b>	<b>Deinstitutionalisation measures</b>	
T2.1	Measures focusing on people with disabilities	1021
T2.2	Measures focusing on people with mental health problems	145
T2.3	Measures focusing on elderly	773
T2.4	Measures focusing on children (deprived of parental care)	54
T2.5	Other	14
<b>T2.2</b>	<b>Transition from hospital to community-based care</b>	
T2.6	Integration of care/integrated care	232
T2.7	Improving capacities and structures for community-based care	478
T2.8	Other	2
<b>T2.3</b>	<b>Investments in healthcare facilities' efficiency and sustainability</b>	
T2.9	Hospital-related	348
T2.10	Other healthcare infrastructure (not hospital-related)	316
T2.11	Human resources	2
T2.12	Other	7

Note: For 776 of the T2 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 health systems reform projects by sub-theme



Note: For 776 of the T2 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. In this case, the main sub-theme 2.3 ‘investments in healthcare facilities’ efficiency and sustainability’ can overlap with theme 1 and sub-theme 1.1 ‘Improving health infrastructures’ and theme 6 ‘health workforce’. Theme 1 focuses on improving access to healthcare and as such is closely linked to theme 2. Nevertheless, theme 1 and its sub-themes are linked to issues of distance and access of socially vulnerable groups, while sub-theme 2.3 covers projects that improve the energy efficiency and functioning of healthcare facilities. Similarly, investments in human resources under sub-theme 2.3 focus on the personnel’s skills and capacities to improve the efficiency of healthcare facilities while theme 6 concerns general improvements of their skills and professional development.

The health projects identified under the health systems reform theme cover mainly sub-themes 2.1, 2.3 and 2.7, often in combinations, as many of the projects concern establishment of community-based care centres for elderly or people with disabilities. Such combinations were identified e.g. in Bulgaria, Poland and the Czech Republic. 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 health systems reform projects by main sub-theme

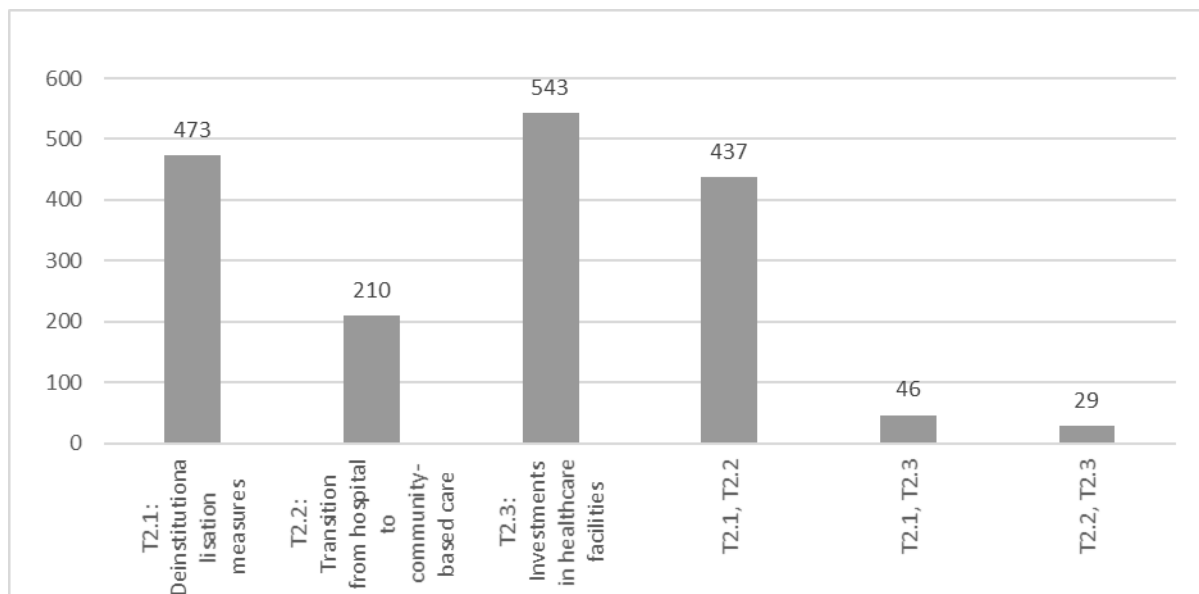
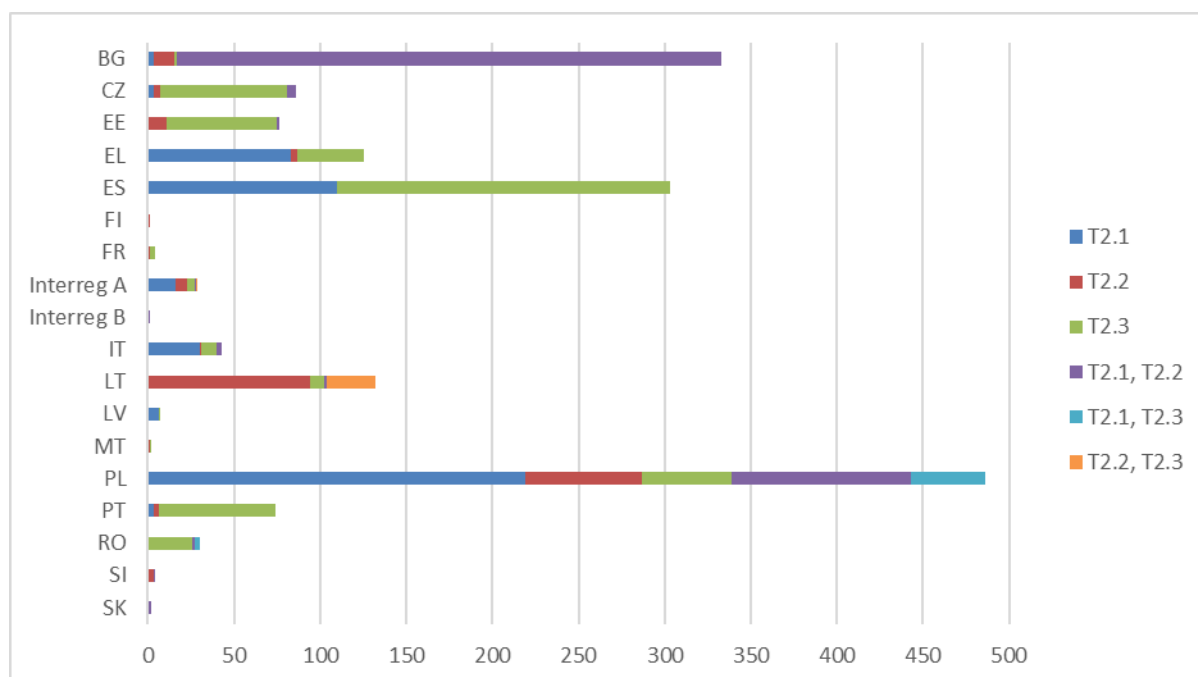


Figure 12: Main health systems reform sub-themes as addressed by projects across Member States and Interreg programmes



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 the projects of thematic block 2 is given in Table 3.

Table 3: Intervention fields assigned to the health systems reform projects

Code	Description
1	Generic productive investment in small and medium - sized enterprises ('SMEs')
13	Energy efficiency renovation of public infrastructure, demonstration projects and supporting measures
49	Education infrastructure for tertiary education
53	Health infrastructure
54	Housing 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
67	SME business development, support to entrepreneurship and incubation (including support to spin offs and spin outs)
73	Support to social enterprises (SMEs)
82	ICT Services and applications for SMEs (including e-Commerce, e-Business and networked business processes), living labs, web entrepreneurs and ICT start-ups)

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

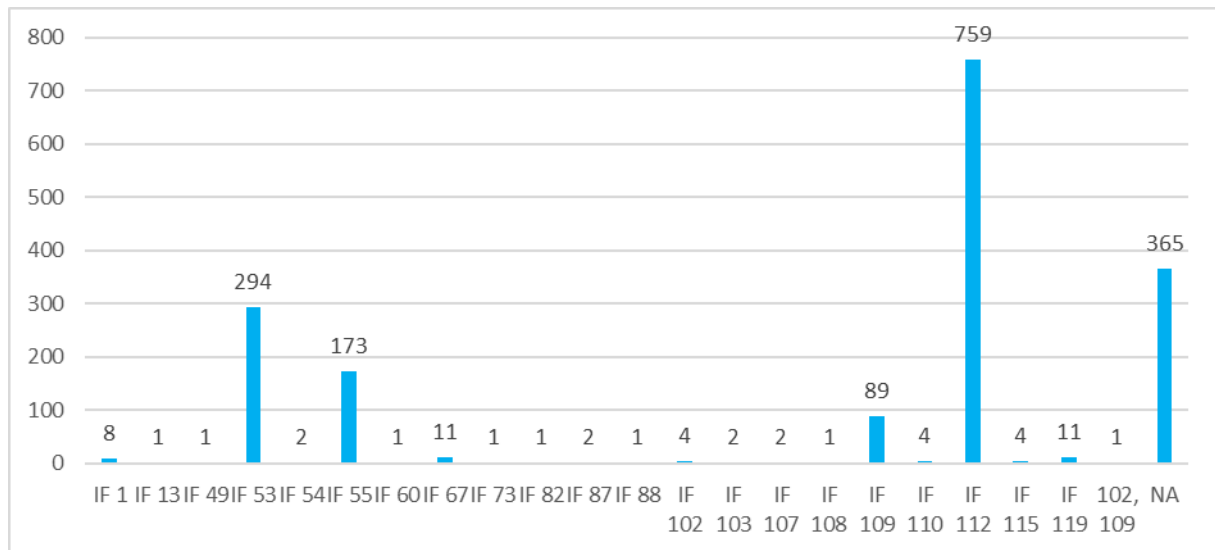


Code	Description
87	Adaptation to climate change measures and prevention and management of climate related risks e.g. erosion, fires, flooding, storms and drought, including awareness raising, civil protection and disaster management systems and infrastructures
88	Risk prevention and management of non-climate related natural risks (i.e. earthquakes) and risks linked to human activities (e.g. technological accidents), including awareness raising, civil protection and disaster management systems and infrastructures
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
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
112	Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest
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
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.

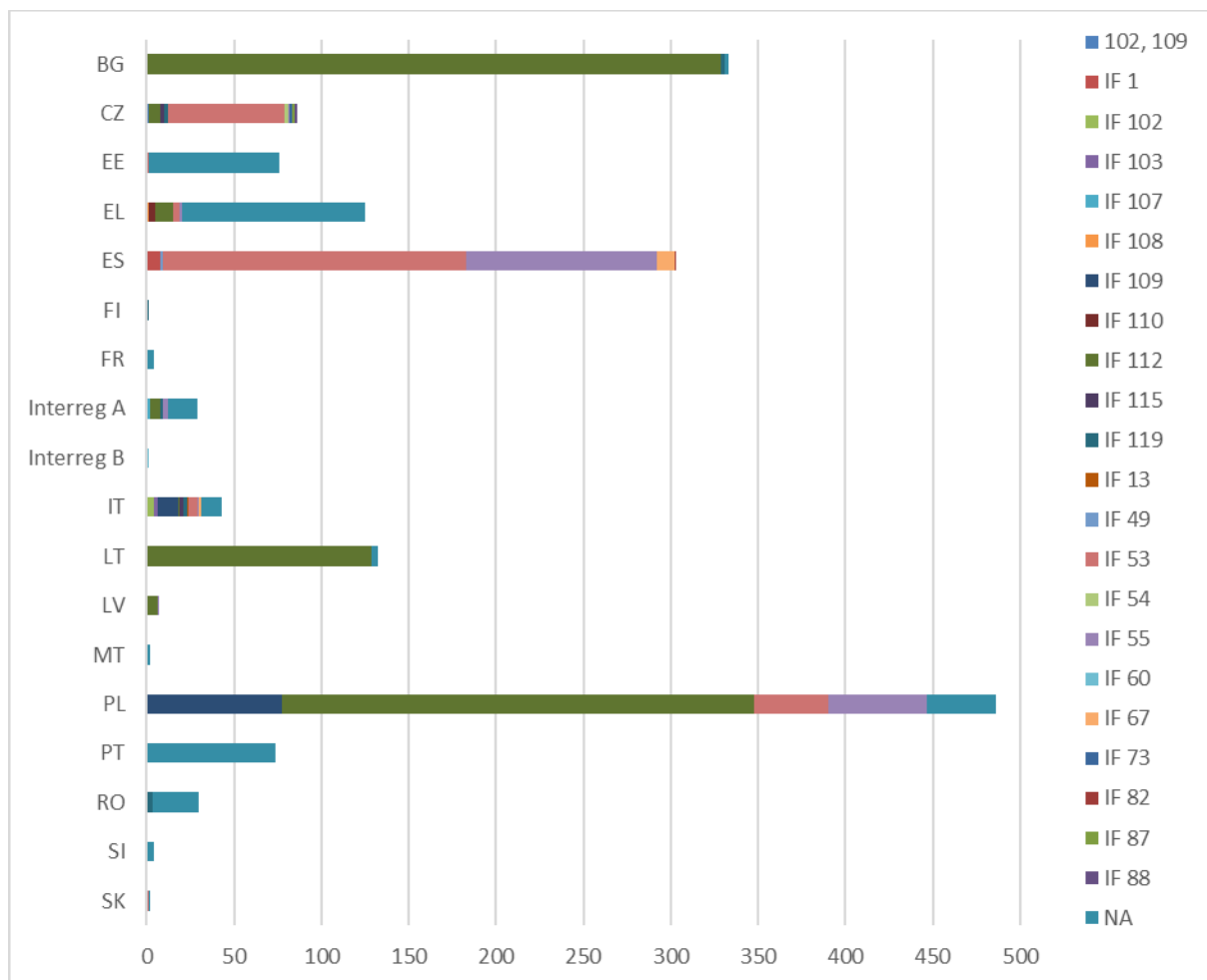
The two most relevant intervention fields are 53 'Health infrastructure' and 112 'Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest'. Unsurprisingly, these are also the two intervention fields most often assigned to the theme 2 health projects found, mainly in Poland, Bulgaria, Lithuania and the Czech Republic (*Figure 14*). In addition, theme 2 projects have come also from funding assigned to a range of indirectly relevant fields. For example, a considerable number of projects have been assigned to intervention fields 109 'Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability' and 55 'Other social infrastructure contributing to regional and local development'. All projects and intervention fields for which data were available are shown in the following figures.

Figure 13: Number of health systems reform projects by intervention field



Note: NA = Not available.

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

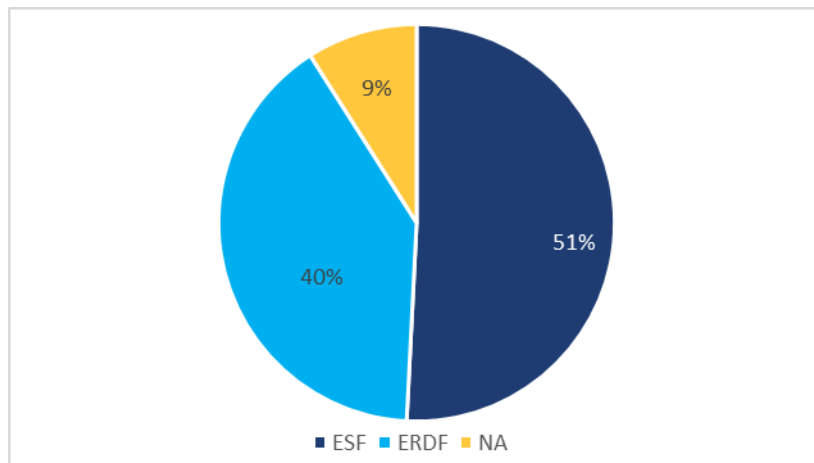


Note: NA = Not available.

## Origin of funding

The majority of the health system reform projects are financed by the ESF - 883 projects or 51% (*Figure 15*). The average co-financing rate of the EU funding for the T2 projects is 88%<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, Italy, Lithuania, Romania and Poland.

*Figure 15: Split of ESF/ERDF funding across health systems reform projects*



Note: NA = Not available.

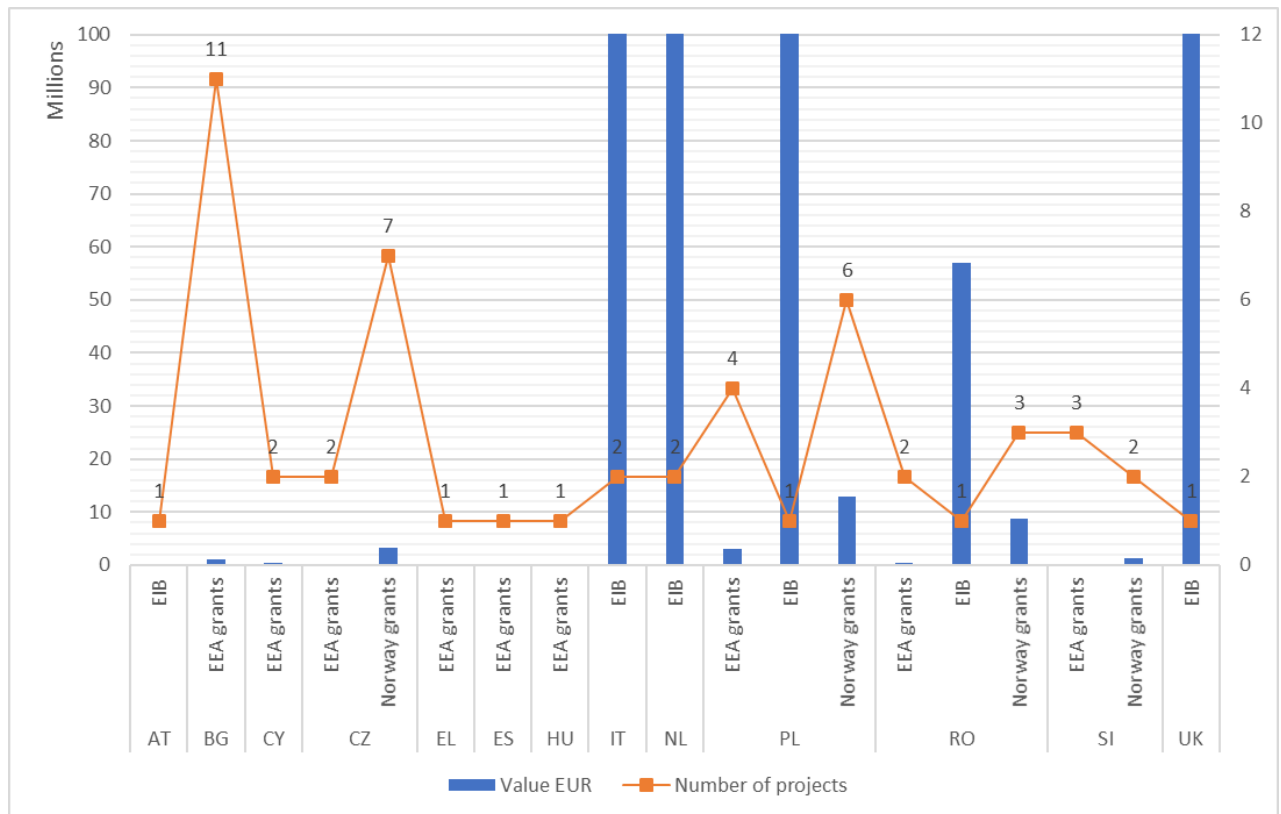
## Projects funded from other sources

This section describes projects funded from external sources other than ESIF supporting the reform of health systems.

Out of the total number of 229 identified projects, 53 projects in 13 countries with the total value of EUR 1.6 billion support the reform of health systems, which constitutes 23% in terms of the number of projects and 44% in terms of the total budget. The highest number of projects in this theme was found in Bulgaria and Poland (both Member States having 11 projects), followed by the Czech Republic (9 projects). Most of these projects are supported by the EEA grants and Norway grants. These projects typically focus on a transition from institutional care to community-based care for persons with various diseases, for the elderly and persons with disabilities. The largest total budget for projects classified in this theme was found in the Netherlands, which has two very large projects financed from the EIB (these projects concern modernisation of two hospitals; similar projects are co-financed by the EIB in Austria, Italy, Poland, Romania, and the UK). *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 the reform of health systems 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 1218 projects. For 520 projects the co-financing rate is not available.



Note: The left axis has been cut-off at the value of EUR 100 million; the projects in Italy, the Netherlands and the UK are outliers and their value is not fully reflected in the figure (in Italy, there are 2 projects for the total value of EUR 278 million, in the Netherlands, there are 2 projects for the total value of EUR 707 million, and in the UK, there is one project for the total value of EUR 435 million; all these projects are financed by the EIB).