

# Funding Health in Your Region



September 2007

## Investing in health for wealth

A healthy population is a key component in increased productivity, higher employment rates and a more adaptable workforce. This makes regions more attractive for investment and fosters sustainable economic growth.

A healthy population is therefore an important asset for a regional economy. The role that health has in generating economic wealth and prosperity has been recognised in the twelve cohesion priorities for investment identified by the EU for 2007-2013<sup>1</sup>.

## THE NEED TO INVEST IN HEALTH

### Reducing the gaps

Europe is facing challenges that health investment can help tackle. There are significant health inequalities across the EU and differing levels of healthcare provision. Although the overall EU population is ageing, life expectancy at birth varies by 9 years between EU countries for women and 13 years for men, and infant mortality rates vary six-fold.<sup>2</sup> Investment in health also tends to be much lower in the new EU Member States; Estonia, for example, invests just 5.5% of GDP on health compared to 11% in Germany.

The key role of Structural Funds is to reduce regional economic and social disparities, and thereby contribute to ensuring healthy lives for all European citizens. Tackling the

health gaps, particularly in those regions lagging behind, will help to reduce such regional disparities.

### Boosting Productivity

Maintaining a healthy labour force, as outlined in the Community Strategic Guidelines, is a fundamental component of the cohesion policy in support of the Growth and Jobs Agenda. A healthy labour force is a productive labour force, and helps to improve regional economic performance.

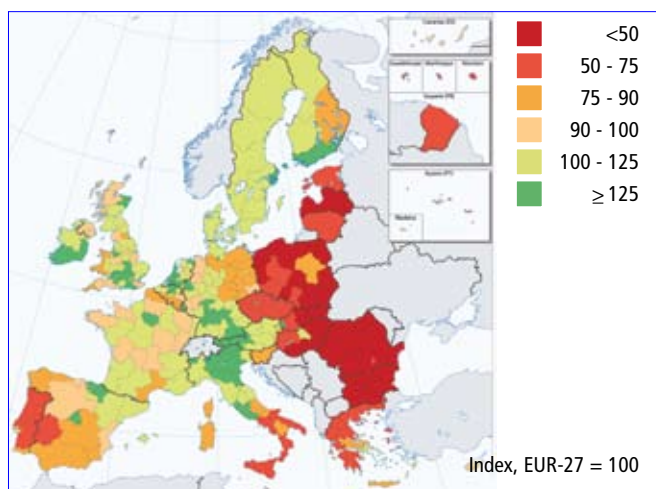
### Healthy Ageing

European economies facing slowing - or even declining - population growth cannot afford to lose potential labour resources due to preventable diseases and disability. In addition, population ageing will put increasing pressure on pension and healthcare budgets. There is a need to keep as many people in employment for as long as possible. Increasing the number of Healthy Life Years<sup>3</sup> appears to raise the average exit age from the labour force<sup>4</sup>. Healthy ageing could reduce the negative effects of population ageing and so support economic prosperity.

### Future Threats

The EU is facing new health challenges both from illness linked to lifestyle factors, such as obesity, smoking and alcohol misuse, and from potential epidemics. These could cause stagnation or even regression in the health of European populations. We must not be complacent and assume that previous advances in health will continue as before.

Regional Disparities in EU-27 GDP per head in % in PPS (2004)



## EU ACTION: HEALTH INVESTMENT IN EU REGIONS

Health has increasingly been recognised as an area to be funded in the context of EU Cohesion Policy not least because of the widening disparities that accompanied enlargement. In the period 2000-2006, programmes invested in health infrastructure (such as hospitals), medical equipment and the training of medical professionals under the European Regional Development Fund (ERDF) and the European Social Fund (ESF).

A certain amount of funding was also allocated to innovation in the healthcare sector and to cross-border cooperation projects. For the period 2007-2013, the growing recognition that a healthy population is vital for a thriving economy has been reflected in the new Cohesion Policy legislation<sup>5</sup>. This greater clarity on the importance of health in regional development should encourage more comprehensive funding for a wide range of actions.

### So what can Structural Funds be used for?

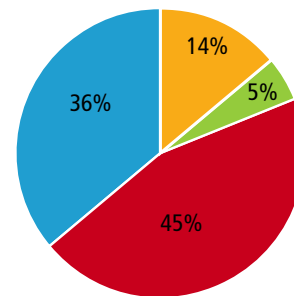
1. As in previous programming periods, investment in both **health infrastructure** and **human capacity** continue to be supported.

The first covers a variety of activities from the modernisation of the healthcare system in general, to the construction and renovation of healthcare facilities, and the purchase of capital equipment.

Investments in human capacity are eligible for funding to ensure that professionals in healthcare and public health are educated to the required levels of skill and knowledge.

2. For the 2007-13 period, a major emphasis is being given to **health promotion and disease prevention** measures, which are increasingly supported by Structural Funding.
3. A **comprehensive range of actions** to improve health are also eligible for Structural Funding in the areas of healthy ageing, a healthy workforce, cross-border cooperation, health innovation and research, knowledge and information society, etc.

### Number of health investments focusing on prevention within SF

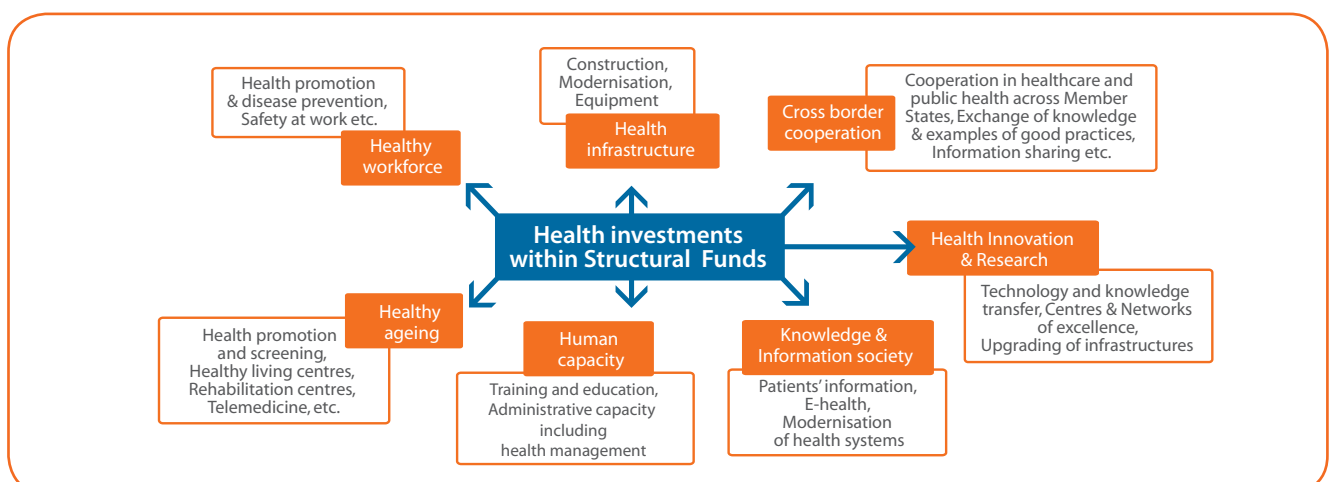


Member States showing an interest, in their draft National Strategic Reference Frameworks and Operational Programmes for 2007-13, in investments in health promotion and disease prevention within Structural Funds (by area of investment and percentage of total number).

- Tobacco: RO
- Screenings: HU, LT, SK
- Health promotion - prevention in general: BE, CZ, EL, HU, IE, LT, LV, SK
- Health promotion - safety at work: BE, CZ, DE, DK, EL, ES, FI, HU, LX, RO

### Maintaining a healthy workforce - an example of actions eligible for Structural Funding:

- Health promotion and safety in the workplace;
- Measures to increase physical activity and improve nutrition in children;
- Information and awareness-raising to help people cut down on alcohol and tobacco consumption;
- Measures to tackle mental illness including social inclusion measures, training and awareness-raising.



## EXAMPLES OF PROJECTS FUNDED USING STRUCTURAL FUNDS

### Health Connections

**Project name:** Health ClusterNET

**Countries:** PT; IT; SL; DE; AT; SE; HU; FI; RO; PL; UK; ES

**Funding details: Total budget:** € 1 511 000;

**Structural Funds contribution:** € 969 000

**Website:** [www.healthclusternet.org](http://www.healthclusternet.org)

This network of 13 European regional partners facilitates the sharing of information, experience and ideas between partner regions in the health sector. It looks at how to engage

healthcare more effectively in regional development. Publicly-funded health systems have considerable leverage in terms of people, capital, procurement and innovation that can help build dynamic and inclusive regions. Health ClusterNET demonstrates that economic clusters, combining public and private sectors in successful partnerships, are significant features of successful regions.



### Long term support

**Project name:** Saúde programme

**Country:** PT

**Funding details:** Budget 2000-2006 € 698 million;

**Structural Funds contribution:** € 476 million

**Website:** [www.saudexxi.org/](http://www.saudexxi.org/)

This comprehensive national health programme has been part-financed by EU Structural Funds (both the ERDF and the ESF) since 1986 and covers the entire territory of Portugal. Initial investment was channelled into basic infrastructure - the construction of hospitals and health centres - and medical staff training. Building on this solid foundation, Saúde has since shifted its efforts to new priorities, reflecting the advances in healthcare it has made over the years.

**The 2000-2006 priorities were:**

- Promoting health and preventing illness - targeting the most serious illnesses and promoting healthier lifestyles;
- Improving access to healthcare - bringing it within reach of

all groups of society while at the same time improving the quality of care;

- Partnership for health - to encourage new partnerships with the private sector and social agencies in the regions and areas where they can offer high-quality services.

These actions should help tackle the remaining problems in the Portuguese health sector, namely the rate of general and infant mortality and life expectancy, and the lower levels of health and healthcare provision in some interior regions.



### Breaking the bottlenecks

**Project name:** Euregio Rhein-Waal 'Cross-Border Health Care'

**Countries:** DE; NL

**Funding details:** Total budget € 990 000;

**Structural Funds contribution:** € 382 000

**Website:** [www.euregio.org](http://www.euregio.org)

This series of projects under the umbrella of the Cross-Border Health Care initiative tackled a problem commonly found throughout Europe. In spite of the single market, situations still arise where there are long waiting times for patients on one side of the border, and the capacity to cope with this demand on the other.

By recognising the potential that lay in border regions, this project has improved the access, quality and efficiency of the

region's health services by increased collaboration and the exchange of information and experiences. For example, an agreement was set up between medical practitioners, hospitals and health insurance companies on both sides of the border. This means that German patients can now be treated in the Dutch AZN University Clinic, while Dutch patients can go to St. Antonius Hospital in Kleve on the German side of the border.



## Food for thought

**Project name:** Bien-être

**Countries:** UK, FR

**Funding details:** Total budget € 355 000;

**Structural Funds contribution:** € 142 000

**Website:** [www.kent.ac.uk/eiss/health/eufundedprojects.html](http://www.kent.ac.uk/eiss/health/eufundedprojects.html)

This two-year healthy schools and communities project started in September 2005. It links up partners involved with the health and education of children and the well-being of communities in Kent (UK) and Pas-de-Calais (FR). It aims to foster mutual understanding of different methods of health and education service delivery and to explore opportunities for reducing health inequalities in schools and local communities.

By using food as a catalyst, the project stimulates interest in healthier lifestyles through cultural exchanges and increased community involvement in local projects. The project has included cross-border professional exchange visits and two festivals of food, culture and sports – one in France and one in the UK. It brings together schoolchildren, community members, health professionals, and teachers involved in the project, as well as other health and education professionals from the area.



## FURTHER INFORMATION

- **Directorate-General for Regional Policy website:**  
[http://ec.europa.eu/regional\\_policy/index\\_en.htm](http://ec.europa.eu/regional_policy/index_en.htm)
- **Directorate-General for Health and Consumer Protection website:**  
[http://ec.europa.eu/dgs/health\\_consumer/index\\_en.htm](http://ec.europa.eu/dgs/health_consumer/index_en.htm)
- **Health-related projects supported by Structural Funds:**  
[http://ec.europa.eu/regional\\_policy/projects/stories/search.cfm?LAN=EN&pay=ALL&region=ALL&the=21](http://ec.europa.eu/regional_policy/projects/stories/search.cfm?LAN=EN&pay=ALL&region=ALL&the=21)
- **Health-EU Portal:**  
<http://health.europa.eu>

### Notes:

- 1 The Community Strategic Guidelines on Cohesion 2007-2013, available at [http://ec.europa.eu/regional\\_policy/sources/docoffic/2007/osc/l\\_29120061021en00110032.pdf](http://ec.europa.eu/regional_policy/sources/docoffic/2007/osc/l_29120061021en00110032.pdf)
- 2 Eurostat (Ed.) (2007): Europe in figures – Eurostat yearbook 2006-07
- 3 The HLY indicator measures the number of years that a person of a certain age can expect to live without ill-health. The HLY indicator is based on length of life (measured with mortality tables) weighted by quality of life (measured by self-perceived disability assessed by health surveys). Evaluating the Uptake of the Healthy Life Years Indicator, Final report - Rand Europe for DG SANCO, 2006, available at [http://ec.europa.eu/health/ph\\_information/indicators/docs/RAND\\_HLY\\_en.pdf](http://ec.europa.eu/health/ph_information/indicators/docs/RAND_HLY_en.pdf)
- 4 Window on Health & the Future (February-March 2005, p.2) Available at <http://newsletter.healthandfuturenews.org/Default.aspx?tabid=1084>
- 5 [http://ec.europa.eu/regional\\_policy/sources/docoffic/official/regulation/newregl0713\\_en.htm](http://ec.europa.eu/regional_policy/sources/docoffic/official/regulation/newregl0713_en.htm)

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