Investing in health with the European Structural and Investment Funds

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European Structural and Investment Funds (ESIF) 2014-2020

- **Overall missions** of the ESI Funds are defined clearly in the *Treaty* (Articles 174, 176, 164)
- **Policy reforms** for 2014-2020 derive from *Europe 2020 strategy*
- For cohesion policy the reform has resulted in the establishment of **two key goals for Cohesion Policy**:
  - **Investment for growth and jobs**, a goal common to all three categories of regions: less-developed, transition and more-developed (supported by the ESF, ERDF and CF)
  - **European territorial cooperation** (supported by the ERDF)
Legislative framework:

**ESIF:**
- Regulation 1303/2013 laying down common provisions (CPR Regulation)
- Regulation 1301/2013 on the ERDF
- Regulation 1304/2013 on the ESF

**ETC Goal:**
- Regulation 1299/2013 on the ETC Goal

Cohesion Policy Budget 2014-2020: **351,8 bln EUR**

The biggest beneficiaries:

1. **Poland**: 77,57 bln €
2. Italy: 32,82 bln €
3. Spain: 28,5 bln €
4. Romania: 22,99 bln €
5. Czech Rep.: 21,98 bln €
6. Hungary: 21,90 bln €
7. Portugal: 21,46 bln €
8. Germany: 19,23 bln €
9. France: 15,85 bln €
10. Greece: 15,52 bln €
European Structural and Investment Funds (ESIF) - explore our data

ABOUT THIS TOOL
This platform provides access to information on financing and expected achievements under the different ESI Funds (2014-2020). The data relates to the 531 programmes as at the beginning of November 2015. It will be updated in 2016.

USE THIS TOOL ...
... to explore the data by choosing one of the 4 options above. They give insights into planned investment aggregated at EU level, at Member State level, by theme or by fund. Data sets can be visualised, embedded in other sites or downloaded to analyse yourself.

HELPFUL LINKS
More information about the ESI Funds:
• Cohesion Fund
• European Agricultural Fund for Rural Development
• European Maritime & Fisheries Fund
• European Regional Development Fund
• European Social Fund

https://cohesiondata.ec.europa.eu/
ESIF 2014-2020 - new approach

- Integrated approach: **Common Strategic Framework** across the 5 different funds, concentration on common thematic priorities

- **Close alignment with Europe 2020 goals and the European Semester** process

- **Ex ante conditionalities** (intervention logic, alignment with needs assessment and strategic approach)

- Better focus on results (better indicators, reporting, monitoring and evaluation)
ESIF Thematic Objectives

- Research and Innovation
- ICT, incl. e-health
- Competitiveness of SMEs
- Low carbon economy
- Climate change adaptation, risk prevention
- Environmental protection and resource efficiency
- Sustainable transport
- Employment and mobility, incl. AHA
- Social Inclusion, incl. access to healthcare
- Education, training and LLL
- Better public administration
Possible ESIF support for Health workforce (1)

TO 8

- To support workforce planning in the sector including performing an inventory of all health staff to plan any necessary re-allocation and guide public investments in education and training.

- To support measures to enhance the attractiveness of the health professions in rural and remote areas to improve access to healthcare and territorial cohesion within a Member State, by means of, for example, financial compensation, housing or travel support or via a career mandatory phase or promotion opportunities.

- To support measures to encourage, train and offer young people work experience in the wide range of healthcare occupations [see also TO 10].

- To support measures for good working conditions, career advancement of the health workforce, including as a main ‘retention’ strategy in the profession/country and to attract knowledge and skills locally.
Possible ESIF support for Health workforce (2)

- **To support the training and adaptation of the health workforce**, and encourage continuous professional development and life-long learning, to match future demanded skills and services, including:

  - Optimise overall management human resources and improve/adapt staff mix;
  - Implement human resources management and training strategies for a **continuous professional development of the health workforce** and build up human capital, improving responsiveness to patients’ needs and quality of health care service.
  - As part of the transition from hospital-based to more community-based care, support reorientation of specialist to general practitioners, to strengthen healthcare in primary care settings;
  - Increase pool of primary care human resources from education and training programmes [also under TO 10];
  - Increase role of health staff other than doctors in service delivery (e.g. nurses).
Possible ESIF support for **Health workforce (3)**

TO 9

- Support **access to good healthcare** and information in those regions where services are underdeveloped or for those disadvantaged groups that have an accessibility deficit, based on a mapping exercise to select target areas and/or groups, for example:
  - By means of **improvements in organization of care** related to opening hours, medical staff shifts, management of waiting lists, General Practitioners’ quotas of patients, choice of providers
  - Ensuring **territorial access** (availability of health services and workforce)
Possible ESIF support for Health workforce (4)

TO 10

➢ Health professionals’ education and lifelong training
- Increase pool of primary care practitioners through, for example, promoting the option at university education level or specific training programmes [also under TO 8]
- Develop protocols on and include/reinforce in professional education and (lifelong) training programmes, for health professionals and other healthcare workers (as relevant):
  - Multidisciplinary aspects of patient safety;
  - Specificities in relation to alcohol, tobacco, nutrition and physical activity and related risk factors, and on how to provide treatment to combat addictions;
  - Specificities in relation to old age and ageing (e.g. comprehensive case management, multimorbidity, polypharmacy);
  - Specificities in HIV/AIDS, cancer, neurodegenerative diseases such as Alzheimer’s disease, mental disorders, and other major and chronic diseases;
  - E-health and ICT skills needed for the healthcare sector.
More information:

Commission guide on health investments through ESIF

Available at: http://ec.europa.eu/health/health_structural_funds/docs/esif_guide_en.pdf
"Effective use of European Structural and Investment Funds for health investments in the programming period 2014-2020"

http://www.esifforhealth.eu/Index.htm

Effective use of ESI Funds for health investments in the programming period 2014-2020

About the project

The project is conducted within the framework of a tender action on the provision of support for the effective implementation of European Structural and Investment Funds for health investments, managed by the Consumers, Health and Food Executive Agency (CHAFEA) on behalf of the Directorate General for Health and Food Safety (DG SANTE), being delivered by EY. The project is funded from the Health Programme 2008-2013.

In general, the project aims at providing assistance in the area of health care to EU Member States in the programming of European Structural and Investment Funds (ESIF) in the new programming period 2014-2020 in the EU28.

The project objectives can be summarized as follows:

- To support the Member States and their efforts to tap into the potential of ESIF 2014-2020 for health investments and to manage ESIF support for health in a better and
"Effective use of ESIF for health investments in the programming period 2014-2020" – project outputs

- Guide for effective investments in health under ESIF
- Technical toolkit
- Dissemination 1 – ‘Roll-out’ to MS
- Dissemination 2 – Website
- Mapping Report on the use of ESIF in health
What information you will find:

- Overall assessment – summary of the mapping results
- Main health-related areas of investment (direct and indirect) per MS and OP, for programming periods 2007-13 and 2014-20
- ESIF health-related specific objectives in all MS
- Source of funding (the list of all OPs)
- Financial allocations as regards some types of health-related investments (4 categories of intervention)
- Contact data for relevant national/regional Authorities
## Overview of the Mapping results

**Scope of investments 2007-2013:**

- Health infrastructure
- Health promotion and disease prevention
- Education of medical staff
- E-health
- Medical R&D
- Public administration and health services
- Workplace health & safety
- Health tourism

**Scope of investments 2014-2020:**

- Deinstitutionalisation and community-based care
- Active and Healthy Ageing
- Improving access & quality of health care services
- Health promotion and disease prevention
- Education of medical staff
- E-health
- Medical R&D
- Public administration and health services
- Workplace health & safety
- Health tourism
- Risk prevention and disaster preparedness
BELGIUM

GDP of Belgium amounts to €376b. Belgian GDP per capita (in PPS) represents 120% of the EU28 average.

Health sector spending amounts to ca. 10.8% of the country’s GDP.

Healthy life expectancy of males / females reaches 77.8 / 83.1 years which represents 102.2% / 101.1% of the EU28 average.*

Programming period 2014-2020

The regions of Flanders and Brussels are both categorized as 'more developed regions.' In Wallonia, only the Wallonie Brabant region is categorized as 'more developed,' other Wallonia regions fall within 'transition regions' (Hainaut, Namur, Liège, and Luxembourg).

Role of MoH in ESIF implementation:
In Belgium, the health agenda is a competency of the Ministry of Social Affairs, Public Health & Environment. The Ministry is not directly involved in the implementation of ESIF in 2014-2020.

Financial allocations which include health:
0 €

0 / 0 rational OPs**
7 / 7 regional OPs**

Scope of investments:

Although no direct allocation to health priorities has been identified, some health-relevant projects could be implemented in the following areas:

Medical R&D
- Support of R&D in various medical areas (biomarkers, diagnostics in vitro and in vivo, innovative tools and equipment, medication administration systems, innovative therapies, IT applied to human health, medical equipment, pharmaceutical research, and organizational innovations)
- Support of innovative care initiatives which focus on all aspects of elderly care, including prevention, awareness, detection, and intervention
- Promotion of connecting the health system with the system of clinical trials and the innovative pharmaceutical industry with particular focus on areas such as neurodegenerative and infectious diseases, new opportunities in molecular diagnostics, and other medical technologies (such as nanotechnology)

Improving employability of vulnerable groups
- Activities increasing employability of people with health issues, e.g. disabled people
- Integration of marginalized communities such as Roma, with programmes focusing on employment, education and healthy housing

Healthy workforce
- Measures aimed at a healthy workplace and retaining the elderly workforce in the labour market

Education and training of medical staff
- Training and re-training of workers, provision of information regarding employment opportunities as a response to the structural shifts in the labour market. Health care is one of the areas of focus in terms of preparing for the long-term demands for human resources in the sector

E-health
- Investments in innovation in health (including e-health)

Source of funding:

For more detailed information about the health-relevant OP, please, see the following page.

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* Sources of information (respectively): Eurostat Statistics Dataset, The Economist Data, unless otherwise indicated, refers to the year ending 31 December 2012. Life expectancy by gender at birth reflects the year 2012.

** Number of OPs that include health vs. total number of OPs adopted for 2014-2020 programming period.
### 1) ERDF Operational Programme Wallonia - 2020.eu

<table>
<thead>
<tr>
<th>Priority axis</th>
<th>Source</th>
<th>Cat. of intervention</th>
<th>Health allocation</th>
<th>Investment priority</th>
<th>Specific objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Innovation 2020</td>
<td>ERDF</td>
<td>r/a</td>
<td>r/a***</td>
<td>Enhancing research and innovation (R&amp;I) infrastructure and capacities to develop R&amp;I excellence, and promoting centres of competence, in particular those of European interest</td>
<td>2.1a.1 Strengthening R&amp;I capacities of research organizations in areas useful to SMEs*</td>
</tr>
</tbody>
</table>

*Medical R&D concentrated in BIONV – the Health Cluster of Wallonia, which is a potential fund beneficiary.

The cluster federates all the Walloon stakeholders (companies, research centres and universities) involved in innovative R&D projects and/or training for the development of new products and services.

**Managing Authority**

The Walloon Government
Rue Marly, 25-27, 5100 Namur
Kingdom of Belgium

**Contacts**

[http://gouvernement.wallonie.be/](http://gouvernement.wallonie.be/)
+32 (0)81 351 211

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### 2) ERDF Operational Programme Flanders 2014-2020

<table>
<thead>
<tr>
<th>Priority axis</th>
<th>Source</th>
<th>Cat. of intervention</th>
<th>Health allocation</th>
<th>Investment priority</th>
<th>Specific objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Promote research, technological development and innovation</td>
<td>ERDF</td>
<td>r/a</td>
<td>r/a***</td>
<td>Enhancing research and innovation (R&amp;I) infrastructure and capacities to develop R&amp;I excellence, and promoting centres of competence, in particular those of European interest</td>
<td>1.1a.1 Promoting cooperation in regards to R&amp;D activities in order to maximize their value</td>
</tr>
</tbody>
</table>

**Managing Authority**

Enterprise Flanders
Ellipse Building, King Albert II 35, box 12, 1030 Brussels
Kingdom of Belgium

**Contacts**

[http://www.sociaalministerium.at/cms/siteEN/](http://www.sociaalministerium.at/cms/siteEN/)
enconomic.europa@vlaanderen.be, werner.vanderstockt@agentschapondernemen.be
+32 02 553 38 03

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***Although the priority axis of respected OP refers to some health related investments, financial allocation for health related investments could not have been unambiguously assessed.***
Examples of actions identified within the "Mapping exercise" (1)

- (BE) Education and training of medical staff: Training and re-training of workers, provision of information regarding employment opportunities as a response to the structural shifts in the labour market. Health care is one of the areas of focus in terms of preparing for the long term demands for human resources in the sector.

- (BG) Training and professional development of human resources engaged in the health sector;
Examples of actions identified within the "Mapping exercise" (2)

- (HR) Support of occupational health and safety of health professionals by providing training and necessary equipment for their protection at work

- (HU) Education and training of medical staff: Education and training programmes aimed at providing the health sector with qualified professionals including primary and specialized care workers, family doctors and physicians; Promoting medicine as the field of study among students, also in the form of scholarships
Examples of projects identified within the "Mapping exercise" (3)

- (MT) Education and training of medical staff: Providing training and professional development of health and care professionals and workers; Expansion of the medical, surgery and health care sciences faculty at the University Campus

- (LV) Development of planning, including access to health services and infrastructures, patient flow planning, health promotion planning, health care level selection criteria and guidelines for clinical health care
Examples of projects identified within the "Mapping exercise" (4)

- (RO) Support of increased technical capacity of staff involved in the implementation of priority health programs at national and local level (e.g. physicians, nurses, and other relevant personnel) by providing programs training, participation in exchanges/exchanges of good practices, including transnational cooperation activities
"Categories of intervention" identified as relevant for health

- **053** - Health Infrastructure

- **081** - ICT solutions addressing the healthy active ageing challenge and eHealth services and applications (including e-care and ambient assisted living)

- **112** - Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

- **107** - Active and healthy ageing
## Table 1: Overview of four ESIF health-related allocations in each of the EU 28 Member States

<table>
<thead>
<tr>
<th>Member State</th>
<th>Health infrastructure (cat.053)</th>
<th>E-health (cat.081)</th>
<th>Total ERDF</th>
<th>Active and healthy Ageing (cat. 107)</th>
<th>Access to healthcare (cat. 112)</th>
<th>Total ESF</th>
<th>Total of health-related allocations</th>
<th>Total country ESIF allocation</th>
<th>Share of health-related allocations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ 23 700 000</td>
<td>€ -</td>
<td>€ 23 700 000</td>
<td>€ 23 700 000</td>
<td>€ 1 235 000 000</td>
<td>1.92%</td>
</tr>
<tr>
<td>Belgium</td>
<td>€ 71 057 716</td>
<td>€ -</td>
<td>€ -</td>
<td>€ 145 414 251</td>
<td>€ -</td>
<td>€ 145 414 251</td>
<td>€ 216 471 967</td>
<td>€ 7 600 000 000</td>
<td>2.85%</td>
</tr>
<tr>
<td>Croatia</td>
<td>€ 150 000 000</td>
<td>€ 38 486 057</td>
<td>€ -</td>
<td>€ 180 000 000</td>
<td>€ -</td>
<td>€ 180 000 000</td>
<td>€ 368 486 057</td>
<td>€ 8 600 000 000</td>
<td>4.28%</td>
</tr>
<tr>
<td>Cyprus</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>€ 283 518 885</td>
<td>€ 13 209 914</td>
<td>€ -</td>
<td>€ 213 506 743</td>
<td>€ -</td>
<td>€ 213 506 743</td>
<td>€ 510 235 542</td>
<td>€ 22 000 000 000</td>
<td>2.32%</td>
</tr>
<tr>
<td>Denmark</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td>Estonia</td>
<td>€ 140 841 755</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td>Finland</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td>France</td>
<td>€ 55 444 417</td>
<td>€ 60 534 620</td>
<td>€ -</td>
<td>€ 51 516 851</td>
<td>€ -</td>
<td>€ 51 516 851</td>
<td>€ -</td>
<td>€ -</td>
<td>3.92%</td>
</tr>
<tr>
<td>Germany</td>
<td>€ 14 302 500</td>
<td>€ 14 302 500</td>
<td>€ -</td>
<td>€ 51 516 851</td>
<td>€ -</td>
<td>€ 51 516 851</td>
<td>€ -</td>
<td>€ -</td>
<td>4.28%</td>
</tr>
<tr>
<td>Greece</td>
<td>€ 129 141 524</td>
<td>€ 2 595 601</td>
<td>€ -</td>
<td>€ 15 350 000</td>
<td>€ -</td>
<td>€ 15 350 000</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td>Hungary</td>
<td>€ 252 966 731</td>
<td>€ 14 549 815</td>
<td>€ -</td>
<td>€ 21 900 000</td>
<td>€ -</td>
<td>€ 21 900 000</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td>Ireland</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td>Italy</td>
<td>€ 208 866 057</td>
<td>€ 49 302 282</td>
<td>€ -</td>
<td>€ 20 200 000</td>
<td>€ -</td>
<td>€ 20 200 000</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td>Latvia</td>
<td>€ 152 136 253</td>
<td>€ 7 000 000</td>
<td>€ -</td>
<td>€ 15 350 000</td>
<td>€ -</td>
<td>€ 15 350 000</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td>Lithuania</td>
<td>€ 167 889 782</td>
<td>€ 24 012 860</td>
<td>€ -</td>
<td>€ 41 100 000</td>
<td>€ -</td>
<td>€ 41 100 000</td>
<td>€ -</td>
<td>€ -</td>
<td>2.20%</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td>Malta</td>
<td>€ 19 200 000</td>
<td>€ 4 299 328</td>
<td>€ -</td>
<td>€ 4 000 000</td>
<td>€ -</td>
<td>€ 4 000 000</td>
<td>€ 24 991 328</td>
<td>€ 27 000 000</td>
<td>3.77%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ 101 000 000</td>
<td>€ -</td>
<td>€ 101 000 000</td>
<td>€ -</td>
<td>€ 21 000 000</td>
<td>0%</td>
</tr>
<tr>
<td>Poland</td>
<td>€ 1 366 477 348</td>
<td>€ 348 612 169</td>
<td>€ -</td>
<td>€ 1 239 101 489</td>
<td>€ -</td>
<td>€ 1 239 101 489</td>
<td>€ -</td>
<td>€ 2 954 191 006</td>
<td>3.81%</td>
</tr>
<tr>
<td>Portugal</td>
<td>€ 177 528 642</td>
<td>€ 38 087 204</td>
<td>€ -</td>
<td>€ 454 942 713</td>
<td>€ -</td>
<td>€ 454 942 713</td>
<td>€ -</td>
<td>€ 77 000 000</td>
<td>3.81%</td>
</tr>
<tr>
<td>Romania</td>
<td>€ 319 148 936</td>
<td>€ 30 000 000</td>
<td>€ -</td>
<td>€ 457 100 000</td>
<td>€ -</td>
<td>€ 457 100 000</td>
<td>€ -</td>
<td>€ 23 000 000</td>
<td>3.51%</td>
</tr>
<tr>
<td>Slovakia</td>
<td>€ 278 000 000</td>
<td>€ 70 000 598</td>
<td>€ -</td>
<td>€ 142 484 990</td>
<td>€ -</td>
<td>€ 142 484 990</td>
<td>€ -</td>
<td>€ 14 000 000</td>
<td>3.50%</td>
</tr>
<tr>
<td>Slovenia</td>
<td>€ -</td>
<td>€ 34 480 625</td>
<td>€ -</td>
<td>€ 59 527 948</td>
<td>€ -</td>
<td>€ 59 527 948</td>
<td>€ -</td>
<td>€ 3 070 000</td>
<td>1.94%</td>
</tr>
<tr>
<td>Spain</td>
<td>€ 176 589 366</td>
<td>€ 257 058 622</td>
<td>€ -</td>
<td>€ 67 011 854</td>
<td>€ -</td>
<td>€ 67 011 854</td>
<td>€ -</td>
<td>€ 28 000 000</td>
<td>1.75%</td>
</tr>
<tr>
<td>Sweden</td>
<td>€ -</td>
<td>€ 6 847 340</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ 6 847 340</td>
<td>€ -</td>
<td>0.33%</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>€ -</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total EU28</strong></td>
<td><strong>€ 3 962 929 912</strong></td>
<td><strong>€ 978 898 910</strong></td>
<td><strong>€ 4 941 828 822</strong></td>
<td><strong>€ 3 710 715 437</strong></td>
<td><strong>€ 4 243 628 420</strong></td>
<td><strong>€ 9 185 457 242</strong></td>
<td><strong>€ 349 092 300 000</strong></td>
<td><strong>2.63%</strong></td>
<td><strong>0%</strong></td>
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<td><strong>Average EU28</strong></td>
<td><strong>€ 141 533 211</strong></td>
<td><strong>€ 34 960 675</strong></td>
<td><strong>€ 176 493 887</strong></td>
<td><strong>€ 19 032 607</strong></td>
<td><strong>€ 132 525 551</strong></td>
<td><strong>€ 151 558 158</strong></td>
<td><strong>€ 328 052 044</strong></td>
<td><strong>€ 12 467 562 143</strong></td>
<td><strong>2.63%</strong></td>
</tr>
</tbody>
</table>
Financial allocations 2014-2020 which contain health investments

TOTAL EUR 9,185 million* (4 cat.of int.)
Overview of the Mapping results: health infrastructure (ERDF)

ERDF allocated to health infrastructure in 2007-13: TOTAL EUR 5,597 million

ERDF allocated to health infrastructure in 2014-2020: TOTAL EUR 3,962 million
Overview of the Mapping results: enhancing access to healthcare (ESF)

ESF allocated to **Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest**

in **2014-2020: TOTAL EUR 3,710 million**
Overview of the Mapping results: E-health

ERDF allocated to ICT solutions addressing the healthy active ageing challenge and e-health services and applications (incl.e-care and ambient assisted living)

in 2014-2020: TOTAL EUR 978 898 910
Overview of the Mapping results: **active and healthy ageing (ESF)**

ESF allocated to **active and healthy ageing**

in **2014-2020: TOTAL EUR 532 912 983**
Conclusions on Mapping

- Health is a relevant issue both for **ERDF** and **ESF** (though no health-OP)
- While all MS invest in health through ESIF, such investments prevail in the "new" Member States
- Less investment in health infrastructure in 2014-2020 as compared to 2007-13, but more focus on community-based care, access to care, active and healthy ageing.
- Overall combined investment 2014-2020 in health infrastructure, eHealth, access to health and social services, AHA: *more than ~9 billion EUR*
- Figures for investment in other areas that include investment in health (health R&I, health SMEs, health workforce training, institutional capacity building for health authorities, etc.) cannot be given at this stage (for later evaluations)
Next steps in DG SANTE

DG SANTE (B1) tender project from the Health Programme (WP 2015):

ESIF support in the area of health: building knowledge and capacities for monitoring and implementation, supporting innovation and effectiveness

- Published in December 2015
- Now under evaluation process

ESIF support in the area of health: building knowledge and capacities for monitoring and implementation, supporting innovation and effectiveness

"Thematic blocks":

1. **Improving access to healthcare** (with emphasis on primary and preventive care, especially for vulnerable groups);

2. **Support to reform processes towards effective and resilient health systems**:
   2a) Deinstitutionalisation measures for people with disabilities, mental health problems, older people and children deprived of parental care;
   2b) transition from hospital to community-based care i.e. primary/integrated care;
   2c) investments in healthcare facilities efficiency and sustainability, in particular in hospitals.

3. **Uptake of e-health/digital solutions**, in particular related to the Digital Single Market and the interoperability of these solutions within and across Member States;

4. **Research and innovation** in health and lifesciences.

5. **Active and healthy ageing**, healthy workforce, health promotion and disease prevention;

6. **Health workforce** (including i.a. training, lifelong learning, workforce planning, retention).
More information

DG SANTE:

Mapping:

DG REGIO:

https://cohesiondata.ec.europa.eu

DG EMPL:
http://ec.europa.eu/esf/

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