



Health investments under European Structural and Investment (ESI) Funds

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Why invest in health?

Public health rationale

- **Health inequalities remain large in Europe**
- **(Cross-border) public health risks**

Economic and social rationale

- **Health impacts on labour productivity and growth**
- **Health is one of most innovative and productive sectors**

Territorial rationale

- **Territorial cohesion agenda: health in regional and local development**
- **Ensuring equal access to quality health services across territories**

Structural challenges

- **Pressures on health care systems (e.g. burden of chronic diseases, higher demand, cost of specialist care and technology)**
- **Ageing society (demographic implications and specific needs)**
- **Sustainability of public expenditure (in context of crisis and public deficit control)**
- **Need for rationalizing, restructuring and modernizing the health sector towards more sustainable, cost-efficient and quality health care**



EU Policy Framework I

EU Health Strategy objectives:

- good health in ageing Europe
- protecting citizens from health threats
- dynamic health systems

Health Programme 2008-2013 & Health for Growth Programme 2014-2020 (Nov 2011 proposal)

Key Policy References

- Council Conclusions on Health Systems “Towards modern, responsive and sustainable health systems” (June 2011)
- Directive on cross-border health care (2011) (e-health, cross border cooperation)
- Action Plan for the EU health workforce (2012) (adopted as part of the Communication for a job rich recovery in Europe)

SWD “Investing in health” (Feb 2013, adopted as part of Social Investment Package): 3 key areas in which to invest via ESI funds: health systems, people’s health as human capital, and reducing health inequalities

EU Policy Framework

Contribution to EU 2020:

- *Inclusive growth* (social inclusion, maintaining/increasing productivity in labour market) and
- *Smart growth* (“health as growth-friendly investment”, innovation, health key sector for economy and employment)

Health in the European Semester cycle of economic governance:

- Thematic summary on health (2013): need to increase efficiency and cost-effectiveness of health care systems (health expenditure large share of GDP; health sector important for high-skilled employment)
- Health systems reform is included in Member States 2013 National Reform Programmes – NRPs
- 11 MS got Country-Specific Recommendations (CSRs) in health
- 2013 Commission Staff Working Documents (SWD) refer to health in the context of employment, R&D, poverty reduction/social inclusion (vs. 2012), budgetary reform, public administration reform, and health profession reform



Cohesion Policy 2014-2020

Fund regulations and common provisions regulation (adoption at Council foreseen in the autumn 2013)

- Close alignment with **Europe 2020 and European Semester** (AGS, CSRs)
- Common thematic priorities and operational principles across the 5 different funds (**ERDF, ESF, Cohesion Fund, EAFRD and EMFF**)
- **€336 billion** (Commission proposal)

Opportunity for health

- **Direct investments** (health aspects included in 7 out of 11 common thematic objectives: TO1 R&I, TO2 ITC, TO3 SMEs, TO8 employment, TO9 social inclusion, TO10 education, TO11 capacity building)
- **Non-direct health investments:** health impacts from investments in other sectors - urban regeneration, transport, environment, employment, housing

Preparatory process – state of play

- Negotiations on regulations at the Council and European Parliament
- Preparation of “programming” (Partnership Agreements and Operational Programmes): **country-based Commission Position Papers (CPPs) and informal dialogue with MS (ongoing in 2013)**

Funding Priorities in Health

→ Health well covered in new regulatory package (Common Strategic Framework)

→ *Eligible areas* (different emphases per country):

- **Reforms to improve** the cost-effectiveness, adequacy and sustainability of **health systems**, including the **transition from institutional care to community-based** and more integrated forms of care;
- **Health infrastructure** which contributes to an improved **access** to affordable and high quality services;
- **Employment opportunities** and **adaptation of workers** in the health sector;
- **Active and Healthy Ageing** (European Innovation Partnership);
- Health as an **innovative and growth-enhancing sector (R+D+I, SMEs, social innovation linked to ageing)** and **e-health**;
- **Reducing health inequalities** both between territories and social groups;
- Support to the **implementation of EU directives** (e.g. Directive on patients' rights in cross-border healthcare).
- Administrative and health systems **capacity building**

Regulatory package 2014-2020

Ex-ante conditionality - health

- **Requires a strategic policy framework including:**
 - Measures to improve access to quality healthcare
 - Measures to stimulate the cost-efficiency of care by means of innovative use of services and technologies
- **Requires a monitoring framework**
- **Requires an accompanying budget framework including concentration of resources**

Implications:

- **Justification of the need of investment within the above strategic framework**
- **Commitment to transformational change** – prioritising the shift away from a hospital-centric model of care to more community-based and integrated models of care contributing to sustainable health systems
- **Demonstration of cost-effectiveness of investment**
- **Guaranteed quality of care and equal access to services**

Future health investments preliminary assessment (position papers)

- Health reform: shift to the community based care and integrated care (may include infrastructure and equipment if justified)
- Mental health – within above shift
- Health inequalities – focus on deprived areas
- E-health
- Active and healthy ageing
- Workforce management of the health sector

Poland (position paper for dialogue)

- Active and healthy ageing (risk factors & health of workforce)
- Health sector reform (inc. upgrade/adaptation of workforce skills, e-health, R&I and SMEs)
- Access to services and addressing health inequalities



Health investments priorities POLAND

2007-2013

- **1 billion EUR dedicated to health infrastructure in Poland**
- Resources overly focused on hospitals (excessive capacity and use of hospital care)

2014-2020

- **Strategic investments within a relevant policy and budget framework** with a strong centralized planning and direction
- New funding for health infrastructure and medical equipment needs justification related to: **improvement of access to care, transition to community-based care and/or efficiency and sustainability of the systems**
- Investments shall also seek **synergies with goals in innovation, information society, employment, environment and active and healthy ageing**

Working Group II on “Success factors for the effective use of Structural Funds for health investments”

- Within the Reflection Process on Health Systems (Council (EPSCO) Conclusions on Health Systems “Towards modern, responsive and sustainable health systems”, June 2011)
- Led by **HU**, with RO, BG, SK, CZ, LV, LT, **PL**, SI, EL, **IT**, **HR** (since 2013)

- **Mandate**
 - *Sharing and analysing expertise and best practices*
 - *Identifying “success factors”, which should be present to guarantee effective investments from the Structural Funds in the health sector*

- **Deliverables**
 - **Policy messages report presented at September 2012 meeting of the SLWPPH (Senior Level Working Party on Public Health)**
 - **Practical toolbox for MS for October 2013 meeting of SLWPPH: new SF mechanisms, programme management tools, tools for capital investment, ex-ante indicators of performance (or success factors)**

A **tender** will follow up on this work from autumn 2013



Thank you!

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