



COCIR GUIDE

TOWARDS EU STRUCTURAL AND INVESTMENT FUNDS
FOR HEALTH PROJECTS IN 2014-2020

First Edition
JUNE 2014

COCIR
SUSTAINABLE COMPETENCE IN ADVANCING HEALTHCARE

European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry



FOREWORD FROM THE EUROPEAN COMMISSION

We welcome the first version of the COCIR Guide “Towards EU Structural and Investment Funds for Health Projects in 2014-2020” that provides guidance to potential beneficiaries of the use of structural funds in the field of health.

The European Commission (EC) is taking a much more coordinated and strategic approach to EU Structural and Investment Funds (ESIF) in the next period in order to reduce overlaps, identify gaps and as a result improve performance in EU regions.

Ex-ante conditionalities have been introduced as the linkage between the policy strategy and the investments to be financed during the period 2014-2020, including for health. This notably means that health investments in ESIF 2014-2020 must be justified within a coherent policy strategy based on the assessment of needs and must demonstrate cost-effectiveness. This approach should help prioritise interventions in the different health areas.

In addition, the European Commission has recently issued a guide which sets the policy direction and identifies key priority areas of investment in health through the use of structural funds. As stated in the EC guide, health investments under ESIF 2014 should support Member States in achieving EU goals in the health sector by focusing on two main goals:

- The cost-effectiveness and sustainability of health systems; mostly their adaptation and reform
- The access to health services with particular attention to inequalities between geographical areas and between social groups

All citizens should have access to good quality healthcare across the European Union. Health systems should be able to add more years to life but also more life to years. Confronted to growing challenges, Europe’s health systems are undergoing structural reforms to achieve greater effectiveness, accessibility and resilience.

We are convinced that this Guide will encourage many potential beneficiaries of the structural funds to seize this opportunity to realise future investments in health to their full potential.



Walter DEFFAA

Director General, DG Regional and Urban Policy
European Commission



Paola TESTORI COGGI

Director General, DG Health and Consumers
European Commission

1. http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/thematic_guidance_fiche_health_investments.pdf

INTRODUCTION: A REFERENCE GUIDE FOR BENEFICIARIES



We are at the crossroads between the end of the 2007-2013 programming period and the take-off of the new 2014-2020 period, which is the reason to have this guide issued today as the right time to learn from past experiences as well as to get prepared for the next round of EU Structural and Investment Funds (ESIF).

This COCIR guide has been designed to help potential beneficiaries of health-related ESIF understand what they are, how they are allocated and how to apply for them.

The main objective is to enable you to easily identify if a project fits with the main European Union requirements and then guide you through the most important steps that are relevant to your specific situation.

This is the first version of such a COCIR guide. It will be updated as soon as information on the 2014-2020 programming (i.e. Operational Programmes, Calls for Proposals, etc) becomes available.

Nicole DENJOY

COCIR Secretary General

MAIN OBJECTIVES OF THIS COCIR GUIDE:

Does getting a health-related project funded by **European Structural and Investment Funds (ESIF)** seem extremely complex to you? This guide is meant to provide an overall picture of ESIF, help you identify opportunities in your region and access funding for your project.

- To do so, the **TOP-DOWN APPROACH** in chapters 1, 2 and 3 summarizes the most relevant background information you need to be aware of. The purpose is to give you a good idea about what ESIF are meant to finance, which objectives are set as priorities in your region, and what key ESIF policy process and terminology is about.
- The **BOTTOM-UP APPROACH** in chapter 4 starts with a review of what you need to know before applying, and then focus on the major steps you will have to follow.
- In chapter 5, several **PAST EXAMPLES** show how other beneficiaries have succeeded in getting their healthcare projects funded.

DISCLAIMER: This document is subject to changes based on the progress of the negotiations regarding the Partnership Agreements and Operational Programmes between Member States and the European Commission.

TABLE OF CONTENTS

FOREWORD	1
INTRODUCTION: A REFERENCE GUIDE FOR BENEFICIARIES	2
CHAPTER 1	
EU STRUCTURAL AND INVESTMENT FUNDS: BRIEF OVERVIEW	4
1.1. What are EU Structural and Investment Funds?	4
1.2. Eligibility of EU regions	5
1.3. Budget allocation per country	6
CHAPTER 2	
A STEP BY STEP POLICY APPROACH	7
2.1. The Common Strategic Framework (CSF)	7
2.2. Country Position Papers	7
2.3. Partnership Agreements (PAs)	8
2.4. Operational Programmes (OPs)	8
2.5. Managing Authorities and Intermediate Bodies	8
2.6. Call for Tenders / Call for Proposals	8
CHAPTER 3	
OPPORTUNITIES FOR HEALTH INVESTMENTS	9
3.1. Priority investments	9
3.2. Examples of possible health investments	10
CHAPTER 4	
HOW TO ACCESS FUNDING	11
4.1. Who can apply?	11
4.2. Co-Financing requirements	11
4.3. What you need to know before applying	11
4.4. Follow the steps to submit your project	12
CHAPTER 5	
EXAMPLES OF HEALTH-RELATED PROJECTS FUNDED UNDER 2007-2013 STRUCTURAL FUNDS	13
5.1. Project 1 – Medical facelift for Tallinn, Estonia	13
5.2. Project 2 – Spanish regions unite to improve healthcare through technology, Spain	14
5.3. Project 3 – ReglonCo Regional Co-operation for Ion Beam Therapy, Austria and Hungary	15
ANNEX – APPLICATION FORM	16

USEFUL ACRONYMS

CPR: Common Provision Regulation
CSF: Common Strategic Framework
EC: European Commission
ERDF: European Regional Development Fund
ESF: European Social Fund
ESIF: European Structural and Investment Funds

GDP: Gross Domestic Product
IB: Intermediate Bodies
ICT: Information and Communications Technology
MA: Managing Authority
MS: Member States
OP: Operational Programme
PA: Partnership Agreement
SME: Small and Medium Enterprises

1 EU STRUCTURAL AND INVESTMENT FUNDS: BRIEF OVERVIEW

1.1. WHAT ARE EU STRUCTURAL AND INVESTMENT FUNDS?

European Structural and Investment Funds (ESIF) are financial tools to implement the EU Cohesion Policy also called EU Regional Policy. The economic and social situation is very variable amongst the 271 EU regions of the 28 Member States. The main objective of the EU Cohesion Policy, supported by ESIF, is to reduce these regional disparities by promoting economic growth, job creation and competitiveness across Europe.

The Common Provision Regulation (CPR)² is the overarching regulation applicable to the EU Structural and Investment Funds during the 2014-2020 period.

ESIF are composed of 5 different Funds each one being governed by a specific regulation:

EUROPEAN STRUCTURAL AND INVESTMENT FUNDS (ESIF)		
	NAME OF FUND	OBJECTIVE OF FUND
1	European Regional Development Fund (ERDF)	Strengthen economic, social and territorial cohesion in the European Union by correcting imbalances between regions
2	European Social Fund (ESF)	Increase the employment opportunities of European citizens, promote better education, and improve the situation of the most vulnerable people at risk of poverty
3	Cohesion Fund	Focus on transport and environment projects
4	European Agricultural Fund for Rural Development (EAFRD)	Strengthen the EU's rural development policy
5	European Maritime and Fisheries Fund (EMFF)	Strengthen the EU's maritime and fisheries policies

The Cohesion Policy Package³ for 2014-2020 was adopted by the European Parliament on 20 November 2013 and by the Council on 16 December 2013.

THE FINAL EU STRUCTURAL AND INVESTMENT FUNDS BUDGET FOR 2014-2020 IS EUR 325 BILLION. In comparison, the budget for 2007-2013 represented EUR 347 billion.

Health is eligible for funding in particular under ERDF and ESF. Consequently, this guide focuses only on these two Funds as these are most relevant to health.

In the previous programming period 2007-2013, structural funds earmarked for health infrastructure represented €5.1 billion (1.5% of total budget), funds earmarked for e-services, including eHealth, represented €5 billion and finally, funds earmarked for active ageing represented €1 billion. In 2013, it was observed that the overall allocation rate of structural funds 2007-2013 for social infrastructure projects (including health infrastructure) across the EU was 82,8%⁴.

2. <http://new.eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32013R1303>

3. http://ec.europa.eu/regional_policy/information/legislation/index_en.cfm

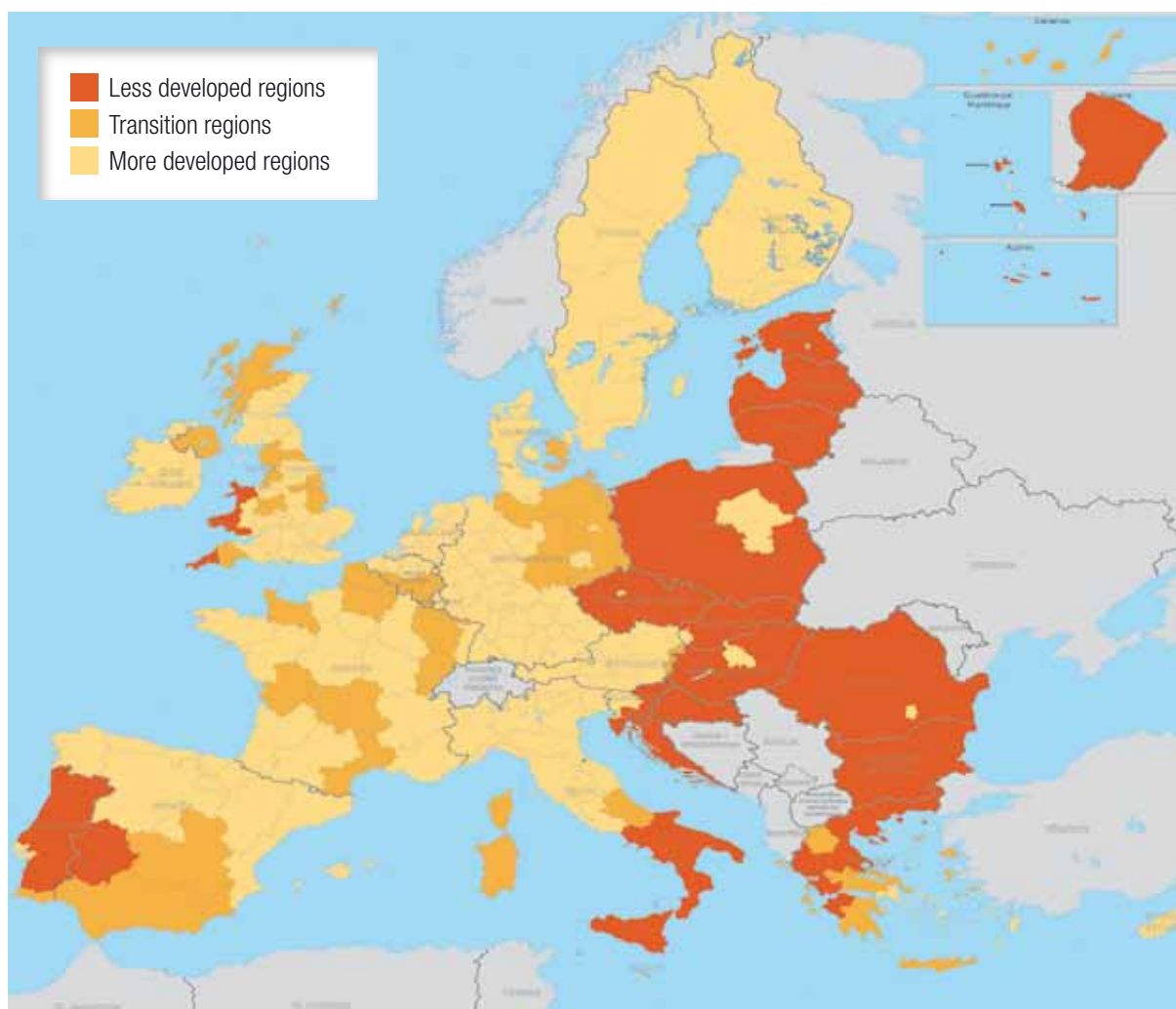
4. http://ec.europa.eu/regional_policy/how/policy/doc/strategic_report/2013/factsheet11_social_inclusion_infra.pdf

1.2. ELIGIBILITY OF EU REGIONS

European regions are categorised as less developed regions, transition regions or more developed regions, according to their GDP per capita.

Every EU region is potentially eligible for funding under ERDF and ESF. Nevertheless, funds are targeted at the less developed regions (with a GDP per capita below 75% of the EU average).

EU regions according to their ranking for 2014-2020:



Source: DG REGIO (2014): Cohesion Policy eligibility 2014-2020.
Online available via: http://ec.europa.eu/regional_policy/what/future/eligibility/index_en.cfm (Last accessed on 1 April 2014)

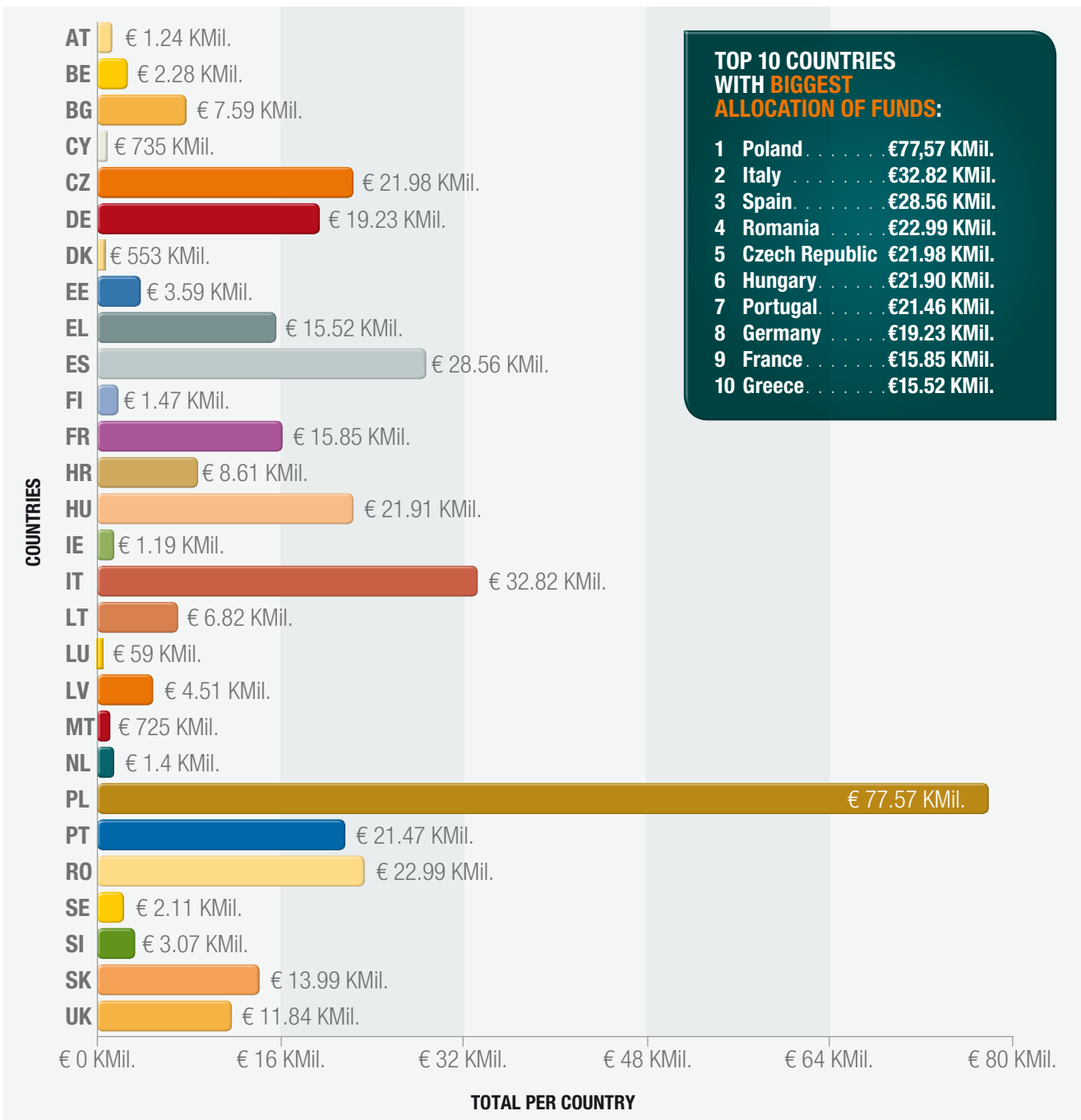
Budget allocation per category of regions for 2014-2020:

CATEGORY	BUDGET (€)
Less developed regions	164.3 billion
Transition regions	31.7 billion
More developed regions	49.5 billion

1.3. BUDGET ALLOCATION PER COUNTRY

The chart below provides the amount that each Member State has been allocated for the 2014-2020 period based on the GDP per capita and population of their regions. This budget allocation can be used for all investments through ERDF and ESF, including (but not limited to) health.

TOTAL EU ALLOCATIONS OF COHESION POLICY 2014 - 2020 (MILLION €, CURRENT PRICES)



Source: DG REGIO (2014): Cohesion Policy eligibility 2014-2020. Online available via: http://ec.europa.eu/regional_policy/what/future/eligibility/index_en.cfm (Last accessed on 17 March 2014)

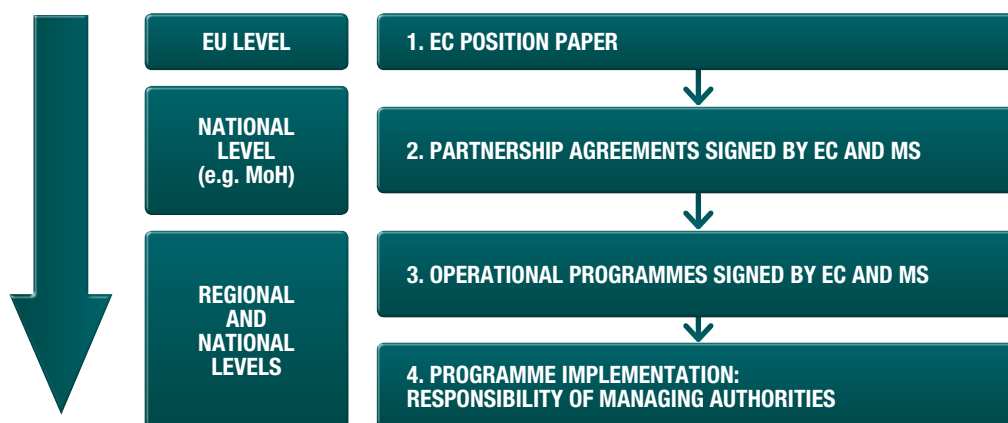
2 A STEP BY STEP POLICY APPROACH⁵

The implementation of EU Cohesion Policy goes through various stages at different institutional levels and is interlinked with other EU policies. In addition, a new ex-ante conditionality mechanism has been put in place for the new period, which is intended to ensure that the conditions for success are in place to allow for effective use of the funds. In many cases this conditionality takes the form of strategic frameworks which need to be established either at national or regional level. This is, for example the case for both research and innovation as well as for investments into health infrastructures.

Smart Specialisation⁶ is a strategic approach to economic development through targeted support to Research & Innovation (R&I). It will be the basis for ESIF interventions in R&I. A key concept in these strategies is the concentration of resources on a limited set of priorities. Priorities, such as health, will be justified on the basis of a SWOT (Strengths, Weaknesses, Opportunities, Threats) or similar analysis. By definition this means that not all regions should be identifying the same priorities. More generally, smart specialisation involves a process of developing a vision, identifying competitive advantage, setting strategic priorities and making use of smart policies to maximise the knowledge-based development potential of any EU region.

For investments into health infrastructures, this new mechanism gives rise to the necessity to have a national or regional strategic policy and budgetary framework for health. This health ex-ante conditionality is to allow the early and efficient definition of the areas in need of financing the type of investments required towards a cost-effective, sustainable and accessible health system. Considerations such as demographic and territorial factors should be taken into account in the health strategies.

The consultation process between Member States (MS) and the European Commission (EC):



2.1. THE COMMON STRATEGIC FRAMEWORK (CSF)

EU level

The policy budget and the rules on its use are jointly decided by the European Council and the European Parliament on the basis of a proposal from the Commission. In addition to common rules for European Structural and Investment Funds (ERDF, ESF, CF, EAFRD and EMFF) there are also rules which are specific for each Fund.

2.2. COUNTRY POSITION PAPERS

EU level

In 2012, the European Commission prepared and published a position paper for each Member State. The position papers inform the Member States of the Commission's views on the main challenges and funding priorities relevant to the preparation of their Partnership Agreements and Operational Programmes (see below).

The position papers for the programming period 2014-2020 are available on the website of DG REGIO: http://ec.europa.eu/regional_policy/what/future/program/index_en.cfm

5. http://ec.europa.eu/regional_policy/how/index_en.cfm

6. <http://s3platform.jrc.ec.europa.eu/home>

2.3. PARTNERSHIP AGREEMENTS (PAs)

National Member State level

Partnership Agreements are agreed between the European Commission and each individual Member state.

Partnership Agreements assess needs and define priorities at the national level. In particular, they contain selected thematic objectives and for each of these the main expected results and corresponding budget. They also include a review of whether the necessary framework conditions at the national level are in place (ex-ante conditionalities).

For the programming period 2014-2020, the deadline for Member States to submit their PA to the European Commission was on 22 April 2014. In return, the Commission should make observation within 3 months of the date of the submission and adopt the PA no later than 4 months from its submission, provided that the observations have been adequately taken into account by the Member State.

2.4. OPERATIONAL PROGRAMMES (OPs)

National or Regional Member State level

Operational Programmes are prepared by each Member State and must be approved by the European Commission.

OPs present the priorities selected by the national and regional authorities based on the PAs. They contain detailed plans, for example on budget allocation, and may be clustered by theme, by region, or both.

OPs are administered by the Managing Authorities (see section 2.5).

The Operational Programmes should be submitted by each Member State at the latest 3 months following the submission of the PA. The Commission should make observations within 3 months and adopt the OP no later than 6 months from the date of its submission, provided that the Member State has adequately taken into account the Commission observations.

2.5. MANAGING AUTHORITIES AND INTERMEDIATE BODIES

National or Regional Member State level

The detailed management of programmes which receive support from EU Structural and Investment Funds is the responsibility of the Member States and their regions.

For every Operational Programme, Member States designate a Managing Authority (at the national, regional or other level)⁷.

The Managing Authority bears the main responsibility for the effective and efficient implementation of the Operational Programme.

Managing Authorities may delegate part of their powers to manage an Operational Programme to Intermediate Bodies. These Intermediate Bodies can be public or private entities and act under the responsibility of their Managing Authority.

Intermediate Bodies will be in most frequent contact with applicants and project implementers. They will inform potential beneficiaries, select, monitor and evaluate the projects and generally monitor their implementation.

2.6. CALL FOR TENDERS / CALL FOR PROPOSALS

Managing Authority or Intermediate Bodies level

For most projects, Managing Authorities or Intermediate Bodies will publish calls for proposals to receive project ideas from eligible beneficiaries. Applications are generally requested in response to strict deadlines; usually a call is kept open for several weeks (approximately two to eight).

However, there are cases when Managing Authorities or Intermediate Bodies agree to finance projects that have already been started by different entities (public or private) provided they comply with the general and specific rules of the Operational Programme, without a dedicated call having been launched.

The frequency of calls will depend on the type and size of projects and is to be decided by the Managing Authorities or Intermediate Bodies.

⁷ The list of Managing Authorities for 2007-2013 is accessible at http://ec.europa.eu/regional_policy/manage/authority/authority_en.cfm and will be updated for 2014-2020 once the OPs are adopted.

3 OPPORTUNITIES FOR HEALTH INVESTMENTS

3.1. PRIORITY INVESTMENTS

The EU decided on 11 thematic objectives on which the ESIF 2014-2020 should focus.

7 of the 11 thematic objectives are relevant for investments in health, as identified in the European Commission Guide for health investments under ESIF 2014-2020⁸ and as highlighted below in orange.

THEMATIC OBJECTIVES:

1. Strengthening research, technological development and innovation – **“RESEARCH”**
2. Enhancing access to, and use of quality of, information and communication technologies – **“ICT”**
3. Enhancing the competitiveness of SMEs – **“SMEs”**
4. Supporting the shift towards a low-carbon economy in all sectors
5. Promoting climate change adaptation, risk prevention and management
6. Preserving and protecting the environment and promoting resource efficiency
7. Promoting sustainable transport and removing bottlenecks in key network infrastructures
8. Promoting sustainable and quality employment and supporting labour mobility – **“PEOPLE”**
9. Promoting social inclusion, combating poverty and any discrimination – **“SOCIAL”**
10. Investing in education, training and vocational training for skills and lifelong learning – **“TRAINING”**
11. Enhancing institutional capacity of public authorities and stakeholders and an efficient public administration – **“CAPACITY”**

8. http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/thematic_guidance_fiche_health_investments.pdf

3.2. EXAMPLES OF POSSIBLE HEALTH INVESTMENTS

COCIR proposes below a non-exhaustive list of examples of investments that could be made in the field of healthcare across the **7 thematic objectives** highlighted under section 2.1.

The European Commission Guide for health investments under ESIF 2014-2020⁹ provides in-depth guidance for priority areas of investment in health to the attention of national public authorities. It recommends a list of concrete measures that can be funded by ESIF under each of the 7 thematic objectives.

1. RESEARCH

Health research and investments that contribute to making health an innovative and growth-enhancing sector

2. ICT

Investment in eHealth and telemedicine deployment as effective tools to help meet future societal challenges including an ageing population

3. SMEs

Innovative solutions in health developed by SMEs

11. CAPACITY

Capacity building of administrative systems, including those delivering health and social care



8. PEOPLE

- Measures promoting active and healthy ageing, since a higher employment rate for older people directly depends on the capacity of health systems to keep them fit for work
- Measures promoting employment opportunities for health professionals

10. TRAINING

Upgrading and adapting the skills and competences of the healthcare workforce, including technological skills and eHealth training

9. SOCIAL

- High-quality healthcare with a view to reducing health inequalities, thus requiring investments in health and social infrastructure as well as modernisation, structural transformation and sustainability of health systems
- Reforms which contribute to improved access to affordable and high-quality services, including the transition from institutional care to community-based and integrated care
- Investments in health infrastructure should be justified on the basis of national, regional and local territorial development needs and/or disadvantaged groups and marginalised communities.

9. http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/thematic_guidance_fiche_health_investments.pdf

4 HOW TO ACCESS FUNDING

4.1. WHO CAN APPLY?

There are no restrictions on the type of entity that can apply for EU Structural and Investment Funds.

The following entities can apply:¹⁰

- Public bodies
- Some private sector organisations (especially small businesses)¹¹
- Universities
- Associations
- Non-governmental organisations
- Voluntary organisations

Eligible beneficiaries will be nominated in the Operational Programmes and in the specific guidelines of each call for proposals and may differ from country to country. Projects may be submitted by single beneficiaries or by several entities working in partnership. This will be clearly defined in the call guidelines.

4.2. CO-FINANCING REQUIREMENTS

Projects funded through ESIF are based on co-financing between the EU and the Member States. National co-financing is required to strengthen project ownership and facilitate sound management. It means that ESIF cannot finance a project in its entirety.

For 2014-2020, the co-financing rates have been decided as follows:

CATEGORY OF REGION	MAXIMUM CO-FINANCING RATE FROM THE EU	MINIMUM CO-FINANCING RATE FROM THE MEMBER STATE
Less developed regions	85%	15%
Transition regions	60% (80% in exceptional cases)	40% (20% in exceptional cases)
Most developed regions	50%	50%

4.3. WHAT YOU NEED TO KNOW BEFORE APPLYING

Every approach is country/region specific – one has to get acquainted with the landscape (Managing Authorities, Intermediate Bodies and Operational Programmes) in the respective country.

The right Managing Authority is not necessarily a Ministry, it can also be an investment agency. It varies between countries (i.e. Ministries in Romania and Croatia, regional bodies in Poland, mostly national agencies in Hungary). Intermediate Bodies are often institutions with regional branches but might also be a ministerial department.

Managing Authorities or Intermediate Bodies should be contacted for information on:

- Calls for proposals
- Competitions
- Eligibility and funding criteria
- Award procedures

Generally speaking, applicants should present innovative and creative projects that meet the needs of and provide added value for the territory where they want to be implemented.

10. http://ec.europa.eu/regional_policy/thefunds/access/index_en.cfm#2

11. Although Small and Medium Enterprises (SMEs) might be concerned by some calls for proposals, it is very unlikely that big companies can benefit directly from ESIF.

4.4. FOLLOW THE STEPS TO SUBMIT YOUR PROJECT

1. Before applying for a grant **you must analyse the relevant Operational Programme** to check the eligibility of your project. Your project application must meet the selection criteria and investment priorities of your regional programme.
2. Once the measures which correspond to your project have been identified, **you must contact the Managing Authority or Intermediate Bodies** responsible for the OP management. This information will be made available on the EC DG REGIO website once known (http://ec.europa.eu/regional_policy/index_fr.cfm).
3. **The Managing Authority or Intermediate Bodies can then advise** on the feasibility of your project and inform you about the specific criteria expected when submitting your application. In most cases, grants from ESIF are awarded following the publication of calls for proposals. The Managing Authority or Intermediate Bodies will inform potential beneficiaries once a call for proposals has been published.
4. Once these steps have been followed, **you must fully develop your project** to be eligible for funding. To assist you in this, you may also use ESIF to acquire consultancy services (e.g. writing feasibility studies and technical projects, project management services, public relations services, support for public procurement procedures and even services for writing the EU application). All of these can be eligible expenses but they must be clearly specified in the guidelines of the call for proposals.
5. Having developed your project, **you may apply for funding** to the corresponding Managing Authority or Intermediate Bodies, following the specified application procedure. See in annex the common requirements generally found in application forms.
6. **The Managing Authority or Intermediate Bodies will then evaluate** your project and decide whether to grant funding.
7. If your project is selected, you will become the beneficiary of the project. You must then go through the **procurement process** and issue a **call for tenders** in order to start implementing your project.

IN A NUTSHELL:

1. Funding is granted to projects
2. Applicants must develop projects that fit in the Operational Programmes
3. Eligibility criteria must be met
4. Applications must be submitted to the Managing Authorities or Intermediate Bodies at the local level
5. Managing Authorities or Intermediate Bodies decide on the beneficiaries' application

WHAT YOU SHOULD KEEP IN MIND BEFORE SUBMITTING YOUR PROJECT:

- Does your project meet the Fund's objectives? (see page 4)
- Is your project in line with the Thematic Objectives of the ESIF? (see page 7)
- Is your project interest included in the priorities of your country/region, i.e. is it referred to in the Partnership Agreement or Operational Programme? (Check the PAs and OPs as soon as they are available)
- Is the timescale proposed reasonable and correct?

For more information on the European Structural and Investment Funds 2014-2020, consult the European Commission DG REGIO website: http://ec.europa.eu/regional_policy/what/future/index_en.cfm

5 EXAMPLES OF HEALTH-RELATED PROJECTS FUNDED UNDER 2007-2013 STRUCTURAL FUNDS¹²

5.1. PROJECT 1 MEDICAL FACELIFT FOR TALLINN (ESTONIA)



“Medical facelift for Tallinn”¹³

Extending and renovating the North Estonia Medical Centre to improve access to cardiac, oncology and other advanced forms of treatment in Estonia

COUNTRY: Estonia

OPERATIONAL PROGRAMME: “Development of Living Environment”

FUNDING: European regional Development Fund (ERDF)

BUDGET:

- > Total investment: EUR 107 535 303
- > EU investment: EUR 66 814 486

BENEFICIARY: North Estonia Medical Centre (NEMC)

DESCRIPTION: The project’s objectives are split between **construction (new premises and renovating existing ones) and improvements to technical medical provision at the North Estonia Medical Centre (NEMC) in Tallinn**, serving a population of approximately 581 900 inhabitants. The construction of a new extension building (X-block) has been combined with the renovation of the existing diagnostic and treatment departments (C-block) and renovations to the Department of Pathology building. The project also foresaw the need for specific investments into fixed medical equipment and provision.

The health centre is an important employer, employing around 3600 people. The project began in 2007 and the new medical centre received its first patients at the end of January 2010. In total, the newly built area of the NEMC is approximately 38 584m² and renovated gross area is 20 277m². The new X-block itself comprises 29 807m² of floor space fully equipped with high-tech treatment and diagnostics equipment. It houses the Emergency Medicine, Emergency Internal Medicine, Radiological Diagnostics and Radiotherapy Departments, 40 beds in the Intensive Care Department, 18 operating rooms and a Nuclear Medicine Department.

OUTCOMES: The NEMC project will enable **more patients to be treated**, as an outcome of higher throughputs and shorter stay periods at the hospital. The project will also be able to **reduce medical errors and rehospitalisation rates** due to higher staff motivation and the improved technical and functional condition of the premises and equipment. It will also contribute to improving the capacity and competencies of the medical centre for training of medical professionals and for medical research.

12. http://ec.europa.eu/regional_policy/projects/stories/index_en.cfm.

13. http://ec.europa.eu/regional_policy/projects/stories/details_new.cfm?pay=EE&the=45&sto=2287&lan=7®ion=ALL&obj=ALL&per=2&defl=EN



5.2. PROJECT 2 SPANISH REGIONS UNITE TO IMPROVE HEALTHCARE THROUGH TECHNOLOGY (SPAIN)

“Spanish regions unite to improve healthcare through technology”¹⁴

The entire healthcare system is to benefit from increased use of technology that will improve communication, efficiency and the patient experience

COUNTRY: Spain

OPERATIONAL PROGRAMME: “Knowledge-based Economy”

FUNDING: European regional Development Fund (ERDF)

BUDGET:

- > Total investment: EUR 33 508 000
- > EU investment: EUR 7 804 013

DESCRIPTION: The Spanish regions **Asturias, Castilla La Mancha, Andalucía, Murcia, Castilla y León, Extremadura, Galicia, Ceuta, Melilla, Valencia and Canarias** are joining together to leverage technology to improve the healthcare system. Through this innovative project, citizens of these regions will be able to benefit from **electronic health records, e-prescriptions, online appointments and telemedicine**. Electronic health records will make it easier for healthcare workers to get a full picture of a patient’s medical history and will facilitate patient mobility. E-prescriptions will result in error-free, understandable and easily renewed prescriptions. Online appointments will result in easier tracking both by healthcare facilities and patients themselves.

Finally, telemedicine is vital in bringing medical assistance to those located in remote areas. A great deal of progress has been made with regard to e-health thanks to this project. Already, 96 % of healthcare centres have software installed to facilitate clinical management by family doctors and paediatricians. The patients of 65 % of healthcare centres can make their medical appointments online. Doctors and other healthcare professionals can consult the medical records, results of medical tests and prescribe medication via computerised systems. 97 % of hospitals have installed information systems for the management of admissions, beds, agendas and external appointments. Over 60 % of Spanish hospitals have a storage system for digital imaging and more than 90 % have a Laboratory Information System making healthcare safer and easier for providers and end-users.

OUTCOMES: The project is having a hugely **positive effect on patient health** in the regions. The online nature of patient records means that people have **greater mobility** as they can move between these regions without fear of their medical history being lost. Doctors, nurses and administrative staff also benefit hugely from the ability to consult patient history easily and therefore provide **faster and more accurate diagnosis and treatment**. Also, waiting times and administrative errors are reduced by the clarity of online systems.

14. http://ec.europa.eu/regional_policy/projects/stories/details_new.cfm?pay=ES&the=86&sto=2766&lan=7®ion=ALL&obj=ALL&per=2&defL=EN



5.3. PROJECT 3 REGIONAL CO-OPERATION FOR ION BEAM THERAPY (AUSTRIA AND HUNGARY)

“ReglonCo Regional Co-operation for Ion Beam Therapy”¹⁵

Cancer patients in Austria and Hungary set to benefit from advanced new particle therapy

COUNTRY: Austria and Hungary

OPERATIONAL PROGRAMME: “Cross-border Cooperation Programme Austria-Hungary 2007-2013”

FUNDING: European regional Development Fund (ERDF)

BUDGET:

- > Total investment: EUR 1 921 699
- > EU investment: EUR 1 436 928

BENEFICIARY: EBG MedAustron GmbH (lead partner)

DESCRIPTION: This cross-border project is helping cancer patients in Austria and Hungary and raising awareness of ion beam therapy. From December 2015, patients from hospitals in both countries, as well as neighbouring countries, will be able to receive **ion beam therapy in a new treatment facility named MedAustron in Lower Austria**. Ion beam therapy is a form of radiotherapy that uses proton and carbon ions and which targets cancerous tumours much more effectively than conventional radiotherapy. Once built and fully operational, it will have the capacity to treat up to 1400 patients annually.

OUTCOMES: When the new treatment centre opens its doors in 2015, it will become **one of the four centres around the world** to offer ion beam therapy using both protons and carbon ions at the same institution. The project is also **raising awareness** among patients and medical professionals in Austria and Hungary of the new high-tech facility. Finally, the project has helped to implement a transnational imaging and radiation data management system to enable electronic connectivity between treatment centres in Austria and Hungary.

15. http://ec.europa.eu/regional_policy/projects/stories/details_new.cfm?pay=HU&the=45&sto=2820&lan=7®ion=1500&obj=ALL&per=2&defl=en

ANNEX APPLICATION FORM

There is no guidance from the EU on the elements to be included or the format of the application form for submitting a project for European Structural and Investment Funds. It is for each Managing Authority to produce its own application form. The form can either be directly accessible on the Managing Authority's website, as an online form or a Word document, or you may need to request the Managing Authority to send you the application form by email. No application forms are yet available for the 2014-2020 programming period.

For the 2007-2013 period, some commonalities could be found across application forms issued by Managing Authorities.

The information most often required from applicants usually includes the following:

• INFORMATION ABOUT THE APPLICANT INCLUDING:

- Applicant's name and contact details
- Legal status
- Legal representative

• DESCRIPTION OF THE PROJECT INCLUDING:

- Project name
- Project place
- Context and objectives
- Rationale and added value
- Expected results and deliverables
- Corresponding objectives of the Operational Programme
- Schedule
- EU publicity

• FINANCIAL ELEMENTS INCLUDING:

- Provisional financial plan
- Planned expenses per year of implementation

• INDICATORS INCLUDING:

- Environment
- ICT
- Innovation

• OBLIGATIONS OF THE APPLICANT

In addition to the application form which must be returned to the Managing Authority, other documents specified in the form are often required from the applicant.

GENERAL INFORMATION ABOUT COCIR

Founded as a non-profit trade association in 1959, COCIR represents the radiological, electromedical and healthcare IT industry in Europe. As such, our members play a driving role in developing the future of healthcare both in Europe and worldwide.

COCIR is committed to supporting its members and communicating with its partners in Europe and beyond on issues which affect the medical technology sector and the health of EU citizens.

COCIR also works with various organisations promoting harmonised international standards and fair regulatory control that respects the quality and effectiveness of medical devices and healthcare IT systems without compromising the safety of patients and users.

We encourage the use of advanced technology to support healthcare delivery worldwide.

COCIR's key objectives include promoting free worldwide trade of medical devices and maintaining the competitiveness of the European health sector.

COCIR COMPANY MEMBERS:



NATIONAL TRADE ASSOCIATIONS MEMBERS:



COCIR HOW TO JOIN US

COCIR aisbl :: Diamant Building :: Boulevard A. Reyerslaan 80 :: 1030 Brussels :: Belgium
 Tel +32 (0)2 706 8960 :: Fax +32 (0)2 706 8969 :: Email info@cocir.org :: www.cocir.org