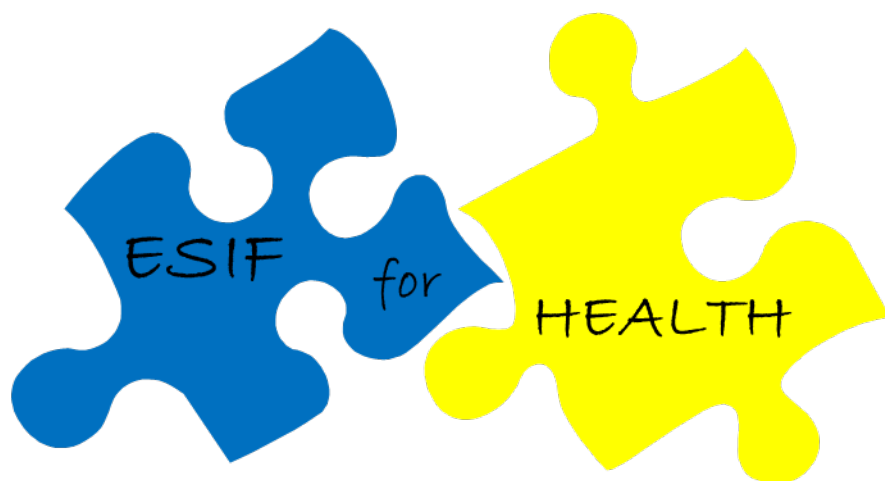


MAPPING OF THE USE OF EUROPEAN STRUCTURAL AND INVESTMENT FUNDS IN HEALTH IN THE 2007-2013 AND 2014-2020 PROGRAMMING PERIODS

Developed under the project “Effective use of European Structural and Investment (ESI) Funds for health investments”



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Introduction

This document “Mapping of the use of European Structural and Investment funds in health in the 2007-2013 and 2014-2020 programming periods” has been developed in the framework of a tender action, on the provision of support for the effective use of European Structural and Investment Funds for health investments, steered by the Directorate General for Health and Food Safety (DG SANTE), managed by the Consumers, Health and Food Executive Agency (CHAFAEA), and delivered by EY.

The project outputs developed within the framework of the tender action are as follows:

- ▶ **WP 1 MAPPING REPORT ON THE USE OF EUROPEAN STRUCTURAL AND INVESTMENT FUNDS IN HEALTH IN THE 2007-2013 AND 2014-2020 PROGRAMMING PERIODS**
- ▶ WP 2 GUIDE FOR EFFECTIVE INVESTMENTS IN HEALTH UNDER ESI FUNDS
- ▶ WP 3 TECHNICAL TOOLKIT FOR EFFECTIVE INVESTMENTS IN HEALTH UNDER ESI FUNDS *with the following documents:*
 - ▶ WP 3 (1) CATEGORIZATION OF THE 2014-2020 ESI FUNDS INSTRUMENTS AND MECHANISMS
 - ▶ WP 3 (2) REFERENCE CHECKLIST: ESSENTIAL AND SUCCESS FACTORS FOR CALLS FOR PROPOSALS AND FOR THE ASSESSMENT OF PROJECT APPLICATIONS
 - ▶ WP 3 (3) SET OF INDICATORS USEFUL FOR THE FINAL EVALUATION OF ACTIONS
 - ▶ WP 3 (4) COMPENDIUM OF (NEW) CONCEPTS AND MODELS FOR INNOVATIVE, EFFECTIVE AND SUSTAINABLE HEALTH CARE
 - ▶ WP 3 (5) MANUAL ON HOW TO PLAN, IMPLEMENT AND SUSTAIN CAPITAL INVESTMENT IN HEALTH AND HEALTH CARE
 - ▶ WP 3 (6) REFERENCE DOCUMENT ON THE APPRAISAL OF INVESTMENT
 - ▶ WP 3 (7) REFLECTION ON ADDITIONAL ISSUES RAISED BY MEMBER STATES

This report presents the envisaged investments in health-related areas that have been planned for implementation in the 2014-2020 programming period with the support of European Structural and Investment Funds (ESIF). These investments were identified on the basis of publicly available programming documents (above all, Partnership Agreements and adopted Operational Programmes (OPs) – see more in part (ii) Data sources for the mapping).

In addition, the Mapping report contains the inventory of investments in health in all European Union Member States¹ realized with the support of European Structural Funds (SF) in the 2007-2013 programming period.

The aim of this report is to improve the understanding of existing and planned health related investment possibilities in the European Union.

¹ For the 2007-2013 programming period, EU27 Member States are considered; for the 2014-2020 programming period, EU28 Member States (including Croatia) are considered.

The document covers the following:

- ▶ Chapter one presents a **summary overview** of the use of structural funds in 2014-2020 and 2007-2013 programming periods.
- ▶ Chapter two contains individual separate **country fact sheets** with more detailed information about the planned and past health investments.

(i) Scope of analysis

The analysis of investments in health in the EU Member States focuses solely on the European Regional Development Fund (ERDF) and European Social Fund (ESF) health investments identified within the national and regional Operational Programmes (OPs) adopted in the individual Member States. The Cohesion Fund (CF), the European Agricultural Rural Development Fund (EARDF) and the European Maritime and Fisheries Fund (EMFF), which are also part of ESIF, are not considered in the mapping, due to their low relevance for the health sector.

There are other sources and instruments the Member States may use for funding projects in the area of health – among them the European Territorial Cooperation programmes (also within ESIF, for funding covering more than one Member State at once) are worth mentioning. However, these sources have not been considered for this mapping, focusing on national and regional-level funding.

(ii) Data sources for the mapping

The results of the mapping are based on the following data sources:

- ▶ Final versions of the 2014-2020 programming documents, i.e. Partnership Agreements² and ERDF / ESF OPs for the 2014-2020 programming period adopted by the European Commission.
- ▶ Cohesion Policy country factsheets for the 2014-2020 programming period, available at the European Commission – Directorate-General for Regional and Urban Policy (DG REGIO) website.³
- ▶ Information provided by representatives of national public institutions responsible for health investment and SF / ESIF management (mainly the Ministries of Health and the Managing Authorities of OPs), collected through questionnaires and personal interviews.
- ▶ The report “Health and the Structural Funds in 2007 to 2013: country and regional assessment”, available at the European Commission - DG SANTE website.⁴

The mapping has focused on the identification of health priorities and allocations in both programming periods, based on the analysis of the above-listed official documents. Information collected through interviews and questionnaires was used to supplement and refine information reflected in the programming documents.

² Individual Partnership Agreements are accessible through the following link http://ec.europa.eu/contracts_grants/agreements/index_en.htm.

³ Individual country fact sheets are accessible through the following link http://ec.europa.eu/regional_policy/index.cfm/en/information/publications?title=Country%20Fact%20sheet&themeld=0&typeld=0&countryld=0&periodld=0&fundld=0&policyld=0&languageCode=en.

⁴ The summary report is available at http://ec.europa.eu/health/health_structural_funds/docs/watson_report.pdf. Individual country info sheets are available at http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm. This report was developed by Jonathan Watson.

(iii) Limitations to the availability of data on health investments in individual Member States

During the collection of data on the 2014-2020 and 2007-2013 health investments, the following identified specifics determined the methodology of data collection and comprehensiveness of the analysis:

- ▶ Management of the structural funds in individual EU Member States is organized differently and at different levels of public administration. Some countries have a decentralised system for the management of structural funds, and the data on the use of the funds is therefore dispersed between large numbers of local authorities.
- ▶ Data on the use of the structural funds is not comprehensively collected on a sectorial basis in the Member States, but on a basis which follows the set-up of Operational Programmes (i.e. allocation per OP, priority axis, project, beneficiary, region, etc.). OPs exist for both national and regional level. Health is a sector overlapping with many different areas, such as social agenda, education, employment, public administration or research and development, and it is therefore supported by a number of various OPs managed by different authorities. Health care and public health actions have often not been funded as a primary goal, but as a part of integral regional development or through ad hoc actions at the level of individual projects having potential health gains with a primary focus in another area (i.e. social inclusion of marginalized groups of people, which comprises also their access to health care; reducing pollution levels, and therefore improving public health).
- ▶ Because of the specifics as mentioned above, information provided in the publicly available programming documents does not permit to identify the exact overall financial allocation earmarked for all ESIF health-related investments. One of the ways to calculate the programmed allocations is to use the amounts given for the so called categories of intervention, included in each OP. However this categorisation of investments is not always sufficiently detailed to unambiguously assess planned health investments. While for the categories 'health infrastructure' and 'e-health,' one can give a precise overview on planned financial allocations (categories of interventions 053 and 081),⁵ for other categories, the precise health content cannot be derived. This is the case of category 107 'active and healthy ageing' and category 112 'enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest.' As the categories are defined, health and social services are not sufficiently separated. In addition, further non-health related categories of intervention, related the areas to promoting social inclusion, combating poverty and discrimination, research and development and innovation or others, may include planned investments in health (e.g. health research) but it cannot be derived from the categories of intervention what their final health-related content may be.

All the above-mentioned specifics limit the ability to comprehensively capture information on the overall amount of the ESIF / SF investments in health in each country.

The methodology and approach to the analysis are detailed in chapter 2 Country Fact Sheets.

⁵ Nomenclature of the categories of intervention of the European Regional Development Fund, Cohesion Fund and European Social Fund under the Investment for growth and jobs goal and of the Youth Employment Initiative defined in the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

(iv) Disclaimers

With respect to the above-stated limitations, the overall allocations to health investments in individual Member States cannot be determined unambiguously. While the financial allocations for health infrastructure and e-health are precise, the exact amount of planned health investments in other health-related (i.e. social inclusion) or non-health-specific (i.e. research) categories of intervention cannot be derived.

The whole report and individual country fact sheets nevertheless provide a general overview of planned health investments and funding opportunities in individual Member States as they could be identified at the beginning of the programming period based on information collected from public sources and the programming documents.

It must be noted that the 2014-2020 programming documents might be subject to change over time. Therefore, **for any following action, a detailed overview of the most up-to-date version of specific Operational Programmes and other relevant programming documents and / or contact with a relevant Managing Authority is recommended.**

Furthermore, this mapping looks at the *planned* ESIF *allocations* for health investments at the beginning of the programming period. The *actual* ESIF *spending* on health can only be assessed in the future on the basis of an ex-post assessment.

The country fact sheets are an integral part of the whole report and should not be interpreted or used separately.

The information and views set out in this report do not necessarily reflect the official opinion of the Commission. The Commission cannot guarantee the accuracy of the data included in this study. Neither the Commission nor any person acting on the Commission's behalf may be held responsible for the use which may be made of the information contained therein. Neither EY nor the Commission assume any responsibility for damages resulting from use of the information contained in the report, including by third parties. Any use of the information contained should be accompanied by appropriate reference to this report.

Useful definitions⁶

Community-based care refers to the spectrum of services that enable individuals to live in the community and, in the case of children, to grow up in a family environment as opposed to an institution. It encompasses mainstream services, such as housing, health care, education, employment, culture and leisure, which should be accessible to everyone regardless of the nature of their impairment or the required level of support. It also refers to specialised services, such as personal assistance for persons with disabilities, respite care and others. In addition, the term includes family-based and family-like care for children, including substitute family care and preventive measures for early intervention and family support.

Cross-border health care means health care provided or prescribed in a Member State other than the Member State of affiliation.

Day care comprises health care services delivered to patients who are formally admitted to hospitals, ambulatory premises or self-standing centres, but with the intention of discharging the patient on the same day.

Direct health investments represent investments directly focused on health reforms and health issues (e.g. investments in better access to health care, e-health, deinstitutionalization of health care etc.). In some cases allocations of direct health investments can be identified on the basis of the relevant categories of investments (the so called "categories of intervention").

Indirect health investments represent investments under priority axes not directly related to health and health issues, but where some health related actions can still be supported and / or health entities are considered possible beneficiaries (e.g. the priority axis supporting education and lifelong learning, where among the listed activities, the training of nurses and other medical staff is mentioned).

E-health refers to tools and services using information and communication technologies that can improve prevention, diagnosis, treatment, monitoring and management. It includes information and data sharing between patients and health service providers, hospitals, health professionals and health information networks; electronic health records; telemedicine services; portable patient-monitoring devices, operating room scheduling software, robotized surgery and blue-sky research on the virtual physiological human.

E-prescription means a medicinal prescription, issued and transmitted electronically.

Health care means health services provided by health professionals to patients to assess, maintain or restore their state of health, including the prescription, dispensation and provision of medicinal products and medical devices.

Health care provider means any natural or legal person or any other entity legally providing health care on the territory of a Member State.

Health entity refers to any public or private sector entity whose operations relate to health. This term covers all entities and institutions considered to have any direct or indirect effects on the health system and health care provision. The term covers the Ministry of Health, health care providers, SMEs and R&D institutions in various health relevant areas such as pharmaceutical research, biomedicine, biotechnology, nanotechnology, technology innovation etc., institutions aiming at provision of care to the elderly in communities, medical educational institutions etc.

⁶ For further information on sources, see the final section of Sources – Definitions, at the end of the GUIDE FOR EFFECTIVE INVESTMENTS IN HEALTH UNDER ESI FUNDS at: <http://esifforhealth.eu/Guide.htm>.

Health gain is a way to express improved health outcomes. It can be used to reflect the relative advantage of one form of health intervention over another in producing the greatest health gain.

Health inequalities mean differences in health status between individuals or groups, as measured by for example life expectancy, mortality or disease. Specifically, health inequalities refer to those avoidable and unfair differences in health that are strongly influenced by the actions of governments, stakeholders, and communities and can be addressed by public policy.

Health professional means a doctor of medicine, a nurse responsible for general care, a dental practitioner, a midwife or a pharmacist or other professional exercising activities in the health care sector, which are restricted to a regulated profession as defined in Article 3 (1) (a) of Directive 2005/36/EC.

Health systems are the processes and infrastructures (legal, physical, financial and human resources) to deliver health care, prevent disease and improve health status. Health systems include not only health care but also public health measures.

Health technology means a medicinal product, a medical device or medical and surgical procedures as well as measures for disease prevention, diagnosis or treatment used in health care.

Inpatient is a patient who is formally admitted to a facility and stays overnight.

Institutional care is residential care where:

- ▶ Residents are isolated from the broader community and / or compelled to live together
- ▶ Residents do not have sufficient control over their lives and over decisions which affect them
- ▶ Requirements of the organisation itself tend to take precedence over the residents' individualised needs

mHealth (mobile health) covers medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices.

Outpatient is a patient who is not formally admitted to a facility (physician's private office, hospital outpatient centre or ambulatory-care centre) and does not stay overnight.

Patient means any natural person who seeks to receive or receives health care in a Member State.

Patient safety means freedom, for a patient, from unnecessary harm or potential harm (medical or other) associated with health care.

Prevention is an integral part of the process of transition from institutional to community-based care.

- ▶ Disease prevention in general represents activities designed to protect patients or other members of the public from actual or potential health threats and their harmful consequences.
- ▶ In the case of children, it includes a wide range of approaches that support family life and prevent the need for the child to be placed in alternative care.
- ▶ In the case of adults, prevention refers to a wide range of support services for individuals and their families, with the aim of preventing the need for institutionalisation.
- ▶ In relation to older people, the focus should be on preventing ill health, the loss of function, and the restoration of independence.
- ▶ Disease prevention

Public health shall mean all elements related to health, namely health status, including morbidity and disability, the determinants having an effect on that health status, health care needs, resources allocated to health care, the provision of, and universal access to, health care as well as health care expenditure and financing, and the causes of mortality.

Strategic policy framework means a document or a set of documents established at national or regional level, which sets out a limited number of coherent priorities established on the basis of evidence and a timeframe for the implementation of those priorities and which may include a monitoring mechanism.

Sustainability means avoiding an excessive increase in government liabilities – a burden on future generations – while ensuring that the government is able to deliver the necessary health services and to adjust policy in response to new challenges.

1 Overview of the mapping results

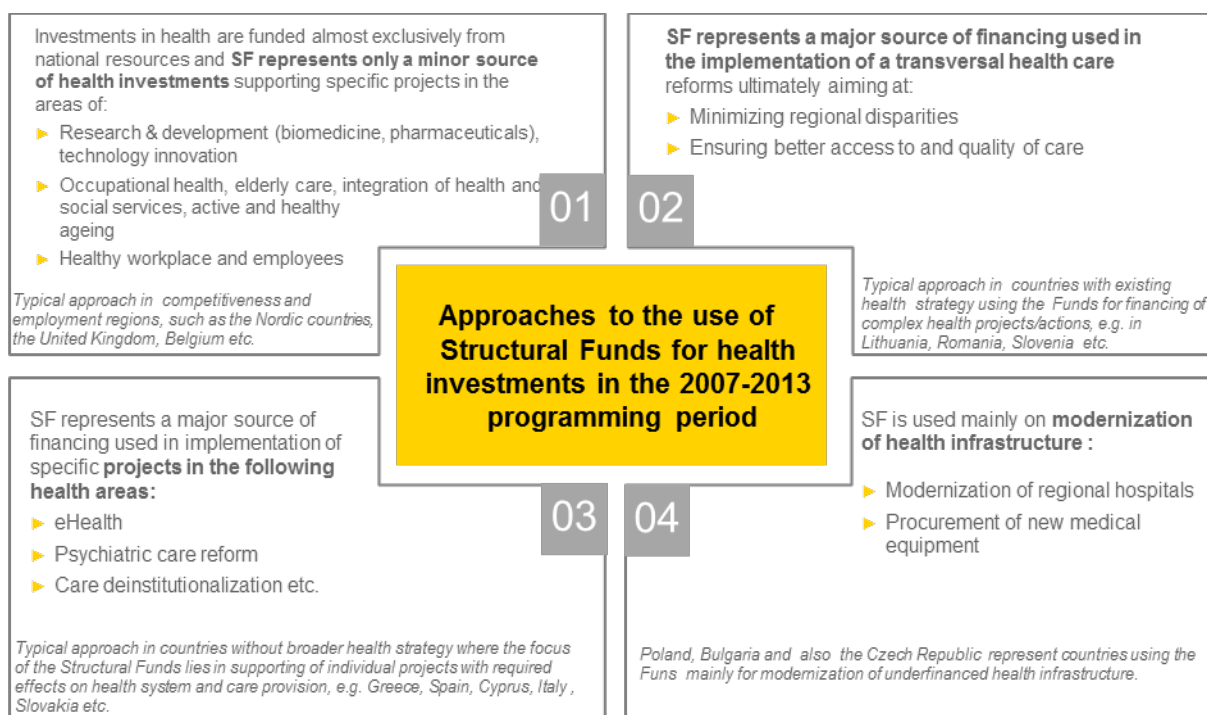
1.1 Programming period 2007 - 2013

Funding of health care and public health from the European Structural Funds (SF) was one of the eligible areas for the 2007-2013 programming period. Health infrastructure allocation for this period totalled almost 5.2 billion EUR and represented about 1.5% of the total SF allocation.⁷

(i) Approaches to the use of SF for investment in health

The situation of individual health systems in the different Member States determined the approach used by the respective Member States toward health funding from SF. The main approaches are outlined in the following scheme.

Scheme 1: Approaches to health funding from SF identified in the 2007-2013 programming period⁷



In the first approach, Structural Funds are not considered a major source of funding for health, and therefore the national resources are mostly used. Health-related projects receive funding from SF only as part of larger and more general projects.

In the second and third approach, Structural Funds are used as an important source of health funding. The difference is that the second approach uses the funds for reforms of a wider scope and the third approach uses the funds for more focused projects. An example of a reform under the second approach can be a comprehensive

⁷ Based on the Commission report "Health and Structural Funds in 2007-2013: Country and regional assessment" http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm.

health care reform aimed at minimizing regional disparities. The psychiatric care reform in Greece is a good example of the types of projects for which SFs are used under the third approach.

In the fourth approach, Structural Funds were used directly by the health sector on infrastructure modernization. These funds were used mainly in countries that would have lacked resources for financing such projects if SFs had not been available.

(ii) Areas of investment in health

Health infrastructure modernization represented most of the health investments in the 2007-2013 programming period. Other areas of health investments included health promotion and disease prevention, education of medical staff, e-health, medical research and development (R&D), increasing effectiveness and quality of public administration and health services, workplace health and safety, and health tourism. More details about these investment areas are provided below.

Health infrastructure modernization and improved access to health care

The most significant area of investment was modernisation of the health care infrastructure and improvement of the quality and access to health services. These investments include renovation and development of new infrastructure including hospitals, medical equipment and emergency services. A significant part of this investment area was funded via projects aimed at reducing regional disparities. Countries where these investments were prevalent are those that entered the EU after 2004 such as Latvia, Poland and Lithuania. This highlights their effort to bring the quality of health care services to the European standard.

► Health promotion and disease prevention

These activities were aimed at raising awareness of the importance of a healthy lifestyle. For example, in Estonia one of the goals was addressing bad lifestyle choices associated with low physical activity, unhealthy nutrition, or the consumption of addictive substances (e.g. tobacco, alcohol, drugs). Other countries addressed similar goals and intended to promote a healthy lifestyle through workshops and public education. Programmes aimed at early diagnosis of diseases in order to prevent their spreading and negative effect were also included in this area of investment. Examples of countries that invested in these areas are Bulgaria, Estonia, Greece, Hungary, Italy, Lithuania and Romania.

► Education of medical staff

The aim of this investment area was to provide a sufficient number of well-trained medical professionals to meet the growing demands of the ageing population. Activities launched under this area were, for example, promoting the medical profession among students and providing additional training for medical professionals. For example, Poland introduced investments into educational programmes in order to train physicians in areas of general need such as oncology, cardiology or occupational medicine. Increasing the effectiveness of the administrative side of health care was also an aim under this investment area. In the UK, training was provided for public service managers in order to develop skills needed to lead and manage renegotiation programmes. Other countries investing in these areas include, for example, Greece, Italy, Latvia, Poland, and Slovakia.

► E-health

Investments under this area were aimed at developing and increasing digital health care. This includes building ICT infrastructure and providing internet access to public administration bodies, securing and

protecting personal medical data as well as introducing e-health services such as home treatment, smart electronic cards, e-learning, e-procurement, telemedicine, etc. These investments were prevalent in countries which entered the EU after 2004 such as Hungary, Estonia and Czech Republic.

▶ **Medical R&D**

Activities aimed at enhancing successful interaction between research, business, the public sector and political institutions as well as financial support in the form of grants and loans to businesses involved in the development and innovation in pharmaceuticals, biotechnology and medical technology. Countries investing in these areas were, for example, Belgium, Sweden and the Netherlands.

▶ **Increasing the effectiveness and quality of public administration and health services**

Investments under this area focused on improving the efficiency and effectiveness of public service delivery. Investments were aimed at the development of shared services and electronic access to services by individuals and businesses, development of certification and accreditation systems in health care entities, and training of managerial staff and public resources administrators in the health sector. Examples of countries that invested in these areas are Portugal, Poland, Romania and the UK.

▶ **Workplace health and safety**

The aim of this investment area was to increase health and safety in the workplace. Efforts to reduce absence due to illness could potentially contribute both to increasing the effective supply of labour and the quality of work of seniors and other groups. Campaigns promoting regular medical check-ups, a healthy environment, as well as the ones informing about the risks of smoking and drinking alcohol, were used as tools for educating the workforce. Other methods were also implemented. For example, Latvia was performing studies and surveys analysing the relationship between health status at work, the health status of inhabitants of working age, and the health services and the employment situation in order to develop more effective guidelines and programmes for improving the health of workers. Examples of countries investing in these areas are Czech Republic, Denmark, Ireland, Latvia, Luxembourg, Poland and Romania.

▶ **Health tourism**

Investments under this area included the development and improvement of health tourism centres and facilities, as well as increasing the variety and quality of products and services offered. The most common areas of health tourism are wellness, spa, and also mountain resorts aimed at people suffering from asthma or allergies. Countries investing in these areas include Austria, Cyprus and Greece.

(iii) Financial allocations for health investments

As mentioned before, the total coded health allocation⁸ for all Member States in the 2007-2013 programming period was about 5.2 billion EUR. This number is only a conservative estimate though, because it is based solely on direct health sector investments in health infrastructure. The total value of health investments would be much larger if other health investments were also taken into account.

The largest allocation of Structural Funds toward health in absolute value was 1.3 billion EUR in Hungary. This amount represented 5.5 % of its total SF allocation. Other large 2007-2013 SF health investors include Poland, Greece, Czech Republic, Portugal, Spain, Slovakia, Latvia, Lithuania, Estonia and Italy. The following charts show the financial allocation of SF for health (infrastructure) investments and its proportion compared to the total country allocation. In general, the largest SF health investors were the countries which entered the EU after 2004.

Chart 1: Total Structural Funds allocated to health⁹ (infrastructure) in the 2007-2013 programming period

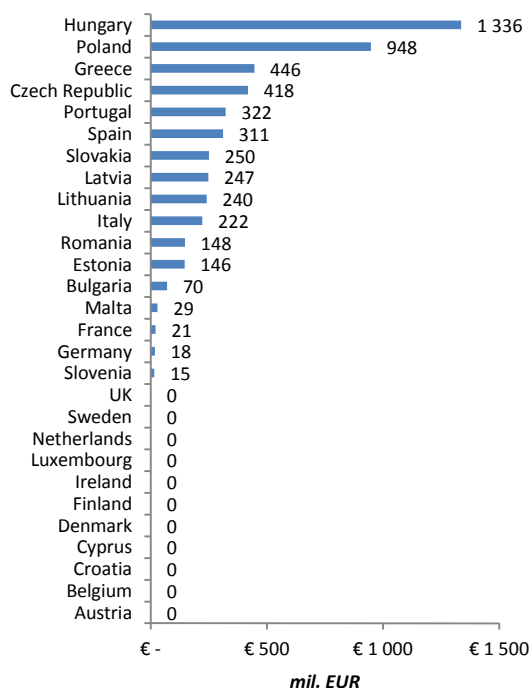
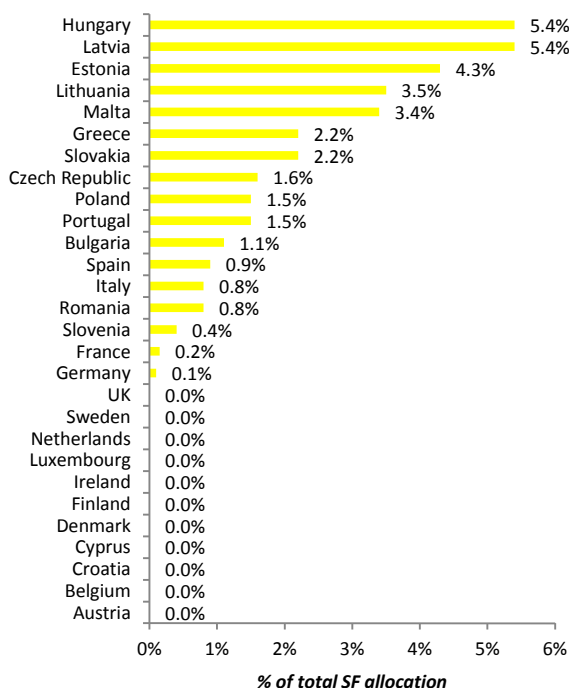


Chart 2: Allocation of SF for health (infrastructure) as a percentage of total¹⁰ allocation in the 2007-2013 programming period



Source: "Health and Structural Funds in 2007-2013: Country and regional assessment" by Jonathan Watson available at: http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm

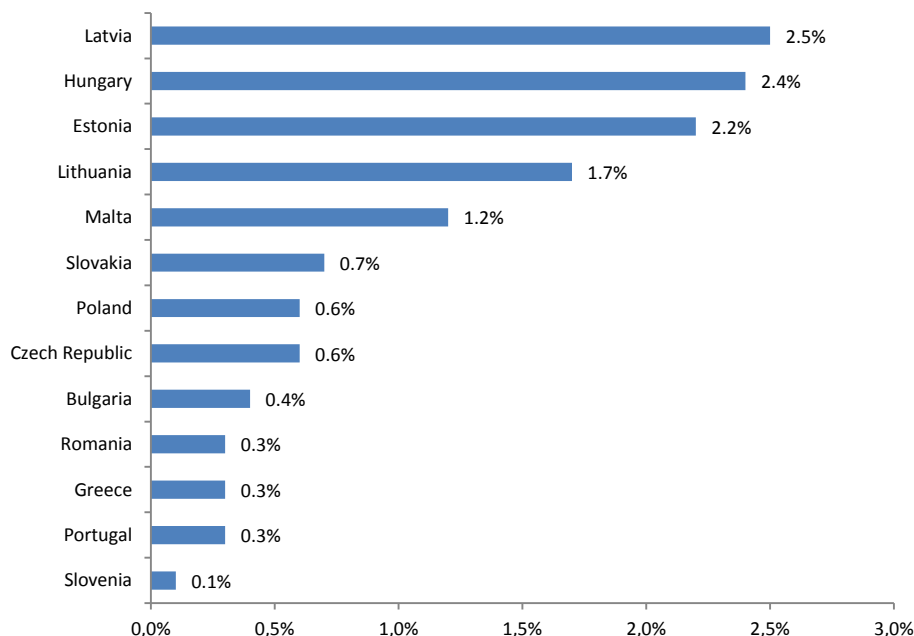
⁸ In the report "Health and Structural Funds in 2007-2013: Country and regional assessment" (http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm), it is stated that the total health allocation for this period is based purely on direct investments into health infrastructure.

⁹ The numbers represent financial allocation for health in individual Member States in absolute figures.

¹⁰ The numbers represent the share of Structural Fund allocation for health in individual Member States as a percentage of total Structural Fund allocation to these countries.

In some Member States, the Structural Funds represented an important source of funding for the health sector, and even a more important one if we are to consider capital investments alone. The chart below shows the proportion of Structural Funds as part of the total health funding (all types of expenditure combined e.g. workforce) of the respective EU Member States.¹¹ It can be observed that the proportion is highest in Latvia, where 2.5% of the total funds allocated to health by the country were provided by the Structural Funds. In Hungary, Estonia, Lithuania, and Malta, Structural Funds represented 1.2%-2.4%. In the remaining countries, this proportion did not exceed 1%.

Chart 3: Allocation for health (infrastructure) from SF in 2007-2013 in relation to total health expenditure, top 10 Member States



Source: Commission "Health and structural funds in 2007-2013: country assessment"; Eurostat

(iv) Operational Programmes supporting health investments

Health investments were financed mainly from OPs with a focus on **regional infrastructure development** (infrastructure ERDF projects), and on **human resources development** and employment ("soft" ESF investments).

The only OP devoted entirely to health **existed** only in **Slovakia**, with the Ministry of Health acting as the Managing Authority. In several other countries with significant health investments (e.g. Czech Republic, Latvia, Poland), Ministries of Health acted as the Intermediate Bodies of relevant OPs. In some Member States (e.g. Estonia, Hungary), OPs had health investments earmarked at the level of priority axes. In other countries (e.g. Belgium, Ireland, Sweden), health was either one of the areas of intervention or it was only recognized as one of the sectors at the individual project level.

¹¹ The table comes from total health allocations available at Eurostat and Structural Fund total allocation to health retrieved from country assessment available at the EC – DG SANTE website. Given the incompleteness of the data, the Structural Fund average per year is divided by the average of national health allocation retrieved from the accessible data from Eurostat.

1.2 Programming period 2014-2020

Investment in health remains one of the eligible areas for the use of the European Structural and Investment Funds in the period 2014-2020. Analysis of the OPs across the EU Member States indicates possible areas of support in the 2014-2020 programming period. Priority areas of investment in health recognized by the Cohesion Policy 2014-2020¹² are designed to respond to the main current challenge in European health systems,¹³ which is the need to increase their cost-effectiveness, accessibility and sustainability. In general, the health priorities identified by Member States, in their programming documents, reflect efforts to tackle this challenge.

As regards financial allocations for health related investments across the EU Member States in the 2014-2020 programming period, they are spread among different types of planned expenditures. Therefore, and as mentioned in the 'limitations' section, on the basis of the programming documents it is not always possible to identify the total allocation planned for all health-related ESIF investments. It can be however stated that over 4.94 billion EUR has been foreseen for exclusive health investments from the European Regional Development Fund (ERDF) and further 4.24 billion EUR for investments from the European Social Fund (ESF), where the latter include also social investments and active ageing investments¹⁴.

(i) Approaches to the use of ESIF for investment in health

Differences between approaches toward the use of ESIF for health investments among Member States can still be identified. Yet, introduction of new prerequisites (the so called *ex-ante conditionalities*) for receiving the ESIF support in the 2014-2020 programming period has forced many countries to revise their approaches towards use of ESIF, with two basic approaches outlined (EU MS before 2004 and EU MS acceding in/after 2004). Somewhere in between these two approaches is a group of strongly decentralized countries consisting of many independent regions with various levels of development and health objectives supported from ESIF (e.g. France, Spain, Italy). Therefore, the scheme of approaches to the use of ESIF for health funding presented for the period 2007-2013 has been revised as follows¹⁵.

¹² More information about specific areas of investment in health recognized by the Cohesion Policy 2014-2020 are reflected in greater detail by the GUIDE FOR EFFECTIVE INVESTMENTS IN HEALTH UNDER ESI FUNDS (Part I).

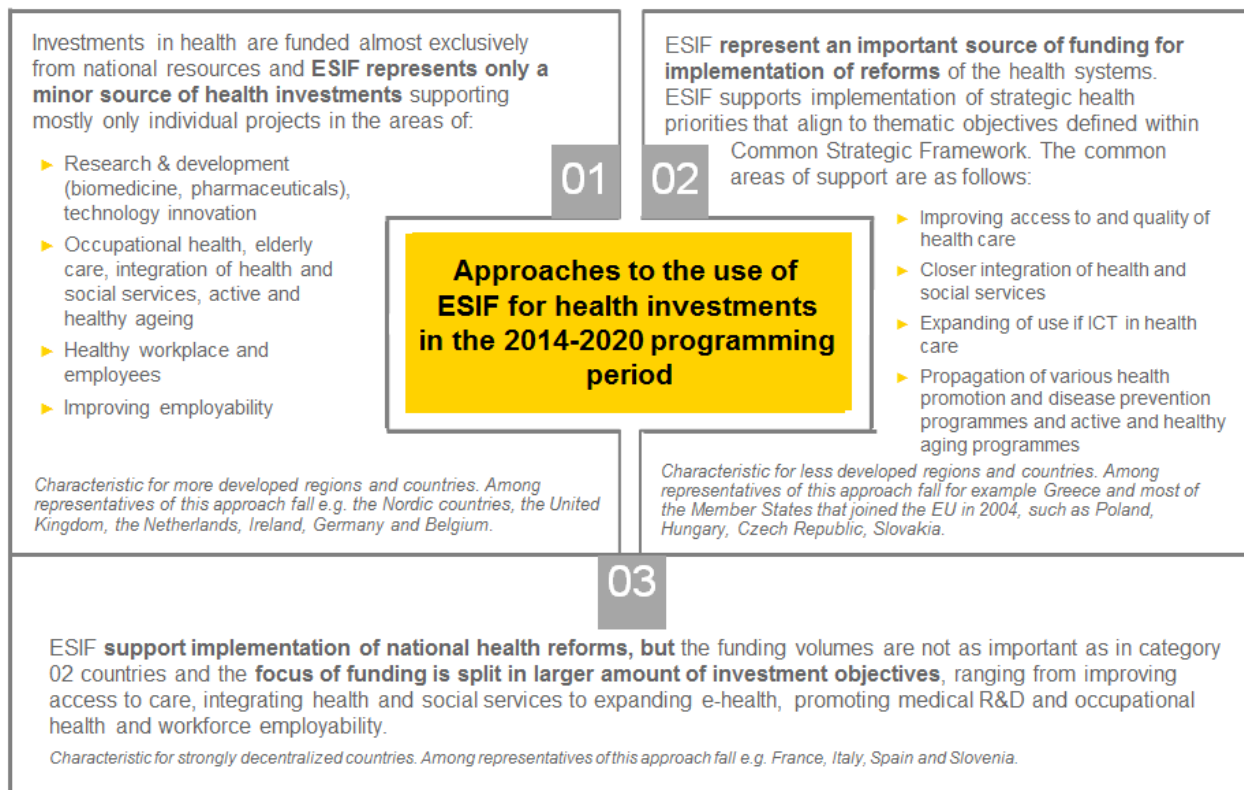
¹³ Specific context and challenges European health systems are facing are reflected in greater detail by Work Package 3 (4) COMPENDIUM OF (NEW) CONCEPTS AND MODELS FOR INNOVATIVE, EFFECTIVE AND SUSTAINABLE HEALTH CARE and by Work Package 2 GUIDE FOR EFFECTIVE INVESTMENTS IN HEALTH UNDER ESI FUNDS (chapter 2). Health funding in the 2014-2020 programming period.

¹⁴ Calculations done on the basis of the categories of intervention 053, 081, 107, 112. For more details, see chapter 2 and methodology description.

¹⁵ Classification of regions is based on Regulation 1303/2013, laying down general provisions on the Structural Funds. The following three categories of NUTS level 2 regions are eligible from the Investment for growth and jobs goal set up by this Regulation:

- (a) less developed regions, whose GDP per capita is less than 75% of the average GDP of the EU-27;
- (b) transition regions, whose GDP per capita is between 75% and 90% of the average GDP of the EU-27;
- (c) more developed regions, whose GDP per capita is above 90% of the average GDP of the EU-27.

Scheme 2: Approaches to health funding from ESIF identified in the 2014-2020 programming period¹⁶



In relation to the 2007-2013 programming period, ESIF ceased to be a source of investments mostly focused on infrastructure. Infrastructure in itself does not have a value added in terms of cost-effectiveness and health system efficiency unless it is included within a larger health investment strategy.¹⁷ In the 2014-2020 programming period, **health infrastructure investments and other investments in health in individual Member States are supported mostly as an integral part of their health system reforms** in order to ensure that the system is effective and efficient. For this purpose, Member States using ESIF as a source of funding for their health systems had to present a strategic framework for health investments; every investment has to be in line with this framework.

(ii) Areas of investment in health

The overarching challenge is the same for the whole European Union; however, the health system of each Member State faces its own unique challenges. The types of investments, therefore, differ between the individual countries. Despite the relative differences, it is possible to identify major areas of health investment common to all EU Member States. These areas are: (i) **deinstitutionalization** and **development of community-based care**, (ii) promotion of **active and healthy ageing**, (iii) **improving access to and quality of health care services**, (iv) **health**

¹⁶ Based on the analysis of approved operational programmes for the 2014-2020 programming period.

¹⁷ Policy Guide for Health Investments in European Structural and Investment Funds 2014-2020 available at: http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/thematic_guidance_fiche_health_investments.pdf.

promotion and disease prevention, (v) continued **education of medical staff** and (vi) increased efforts in the field of **e-health**. More information and examples of specific investments under these areas are described below:

► **Deinstitutionalization and development of community-based care**

The main idea behind community-based care is reinforcement of services at community level and first-contact services (i.e. primary care) so that they can deal with important societal needs at the closest level i.e. local level. Development of resources including community-level forms of social and health care services is therefore vital. These types of services can be typically utilized by people with long-term illness who prefer to stay at home or by people who live in remote areas far away from healthcare facilities; patients therefore receive medical visits or use out-patient services as needed. Other activities within this area include development of foster care and other preventive and alternative forms of care and services which can be used by elderly people with disabilities, or people with mental health problems, therefore avoiding or limiting the use of (in-patient) services within a larger institution (“deinstitutionalization”). Training and support to parents and caregivers, and building and adapting facilities –such as day care centres or family houses– is also included in this area of investment. This area of investment is most prevalent within regions categorized by the European Investment and Structural Funds (ESIF) as ‘less developed’ and is mainly associated with countries which entered the EU after 2004. A specific example of community-based spending in Croatia is providing support for the specialization of family medicine, radiology and emergency medicine in Community Health Centres as a response to a lack of qualified persons able to provide primary health care. Another example are projects within the process of psychiatric care deinstitutionalization that are about to be funded in the Czech Republic.

► **Active and healthy ageing**

Activities supported under this investment area are designed to help the elderly people to lead a healthy lifestyle. One way to do this is to prevent social exclusion and provide a means of meaningful participation in the society. Many countries are therefore investing in various programmes designed to provide continued employment for senior citizens. Sometimes these programmes are in the form of educational and training programmes for the elderly so that they can adjust to the changes in the workplace and can re-enter the work force (e.g. Austria, France). Sometimes they are in the form of financial aid or advisory services to the companies and the public sector (e.g. Austria, Netherlands). Besides helping the elderly citizens to re-enter the labour force, many countries are also investing in alternative programmes providing cultural, educational, and recreation activities aimed at older people (e.g. Portugal). These types of investments are also prevalent in the ‘less developed’ regions, for example in Latvia, Lithuania, and Slovenia. Some countries also plan to implement community-based services, including community health services (e.g. Malta, Czech Republic), intended to be focused, among others, on elderly people with, for example, the aim to support inclusion of the target group in community life.

► **Improving access to and quality of health care services**

Investments under this area include projects aimed at improving access to health care services (including primary health care services) to the general population but with a particular focus on the vulnerable groups, such as the disabled people or families with children. Infrastructure modernization, reconstruction, or procurement of new buildings, medical equipment or other equipment necessary for efficient operation of health services (such as ambulances and other vehicles) is part of the effort. Improving the accessibility of health care centres by building wheelchair ramps or measures aimed at the conditioning of buildings (i.e. increasing energy efficiency as in Slovakia) are also included under this investment area. Funds for these types of investments are mainly allocated in the ‘less developed’ regions in countries which entered the EU after 2004. In addition to the projects mentioned above, accessibility of

health care is intended to be improved by improving hospital and health related administration and by improving skills and knowledge of doctors and personnel directly involved in health care (e.g. Poland). This is connected to creation of standardized procedures in cases of most common and most serious diseases (e.g. Slovakia). As a supportive measure in some countries (e.g. Malta and Latvia) enhanced health related data collection and processing is planned, for example in relation to data concerning health insurance (e.g. Croatia).

► **Health promotion and disease prevention**

Health promotion is aimed at increasing health awareness among citizens (whole population programmes but also programmes targeted mainly at children and various other groups, such as people with substance abuse problems or marginalized communities) so that they can make informed decisions about their lifestyle choices. Early detection of health problems is a major measure being undertaken as part of disease prevention. For example, in Romania this includes early detection, screening, diagnosis and treatment of major diseases (e.g. heart disease, cancer, diabetes, COPD, chronic kidney disease, chronic hepatitis, tuberculosis, HIV-AIDS). In Estonia, there are programmes for early detection of alcohol and substance abuse, addiction treatment and counselling. These investments are prevalent in the 'less developed' regions, often of countries which entered the EU after 2004.

► **Education of medical staff**

One of the aims under this investment area is to increase the efficiency of health care through education and training of medical staff. For example, in Poland there are programmes aimed at technical training of the medical staff so they can efficiently operate medical assets which are becoming increasingly used by the industry as part of health care modernization. Poland is also investing in the training of administrative staff and in the management of therapeutic entities to increase their planning and implementation capacities. Strengthening the qualifications of nurses to better meet the challenges of an ageing population is also supported. Another aim of this investment area is to promote employment in health professions. This is done both via educational support (e.g. scholarships) and via training (e.g. internships, work placements). Examples of countries implementing such programmes are Croatia, Hungary, and Malta. In some countries (e.g. Germany, Denmark), investment into lifelong learning is usually of a broader scope and does not only include health professionals, but also professionals from other sectors of the economy.

► **E-health**

This area of investment encompasses all investments related to the use or procurement of ICT technology. There are two main types of investments within this area. The first one is investment into centralized and integrated information systems. For example, in Croatia an integrated information system for the Croatian Health Insurance Company is being developed to include services such as e-directives, e-drug prescription as well as an online payment system. The other type of investment is into telemedicine and m-health technologies which allow for the provision of clinical health care services at a distance. These technologies are improving access to medical services to all citizens and in particular people living in remote areas or rural communities limited to basic health care services. Investment into telemedicine can also be focused on a specific area within the health sector. For example in Bulgaria, ICT investments including telemedicine are focused on the emergency health services. Besides the two types of investments just mentioned, there are also investments in the training of staff in the use of ICT technology or the procurement of ICT technology for hospitals. This area of investment is prevalent across all three categories of regions, the 'more developed' (e.g. from Ireland, Sweden, Germany, France, Cyprus), the 'transition' (e.g. from Greece, Malta, Spain), and the 'less developed' (e.g. from Bulgaria, Latvia, Lithuania, Slovakia).

Besides the above-mentioned areas of investment, other areas which are further in the text referenced as **‘indirect investments’** have been also identified. These indirect investments represent investments under priority axes not exclusively related to health and health issues, but where some health related actions can still be supported and / or health entities are considered possible beneficiaries. For example, within priority axes supporting research and development, the EU Member States are often reflecting innovation with a focus on multiple areas such as sustainable energy, agriculture, technology, health, etc. These projects are not exclusively aimed at health care; however, health institutions can become beneficiaries if they meet the eligibility criteria set in the respective OPs. It is not possible to identify a precise amount of funds received as indirect investments and therefore it is not used in the calculation of the total health allocation of the Member States.

The major **indirect or non-exclusive health investments** under priority axes / specific objectives in Operational Programmes of the Member States identified in the 2014-2020 programming period are the following:

► **Support of employment as a means of preventing social exclusion**

Activities under this area of investment are designed to help disadvantaged and vulnerable groups (e.g. people with disabilities, those suffering from mental health problems or substance abuse) to find employment as a way of preventing social exclusion by helping them to develop work habits (connected to regular personal hygiene) and by simplifying access to better health care through health insurance. Types of investments under this area include incentives provided to businesses to encourage employment of the target groups, programmes designed to help the target groups to find work on their own (e.g. Denmark), policy changes such as guaranteed minimum pay to people in the target groups (e.g. Luxembourg) or an early retirement option for those unable to get back to work (e.g. Denmark).

► **Medical Research and Development (R&D)**

These investments are aimed at supporting research, development and innovation activities focused on the development of new and the improvement of existing solutions and treatments for medical conditions. Major areas of focus are biotechnology and nanomedicine. As part of this investment area, partnership is often encouraged between the government and universities (e.g. Malta, Romania, Croatia) or SMEs (e.g. Belgium, Bulgaria, Greece, Netherlands, Spain), where the partners undertaking R&D activities are funded via the government. Funds for these types of investments, even though not exclusively, are primarily being used by the ‘more developed’ regions.

► **Increasing the effectiveness and quality of public administration and health services**

The investments aimed at increasing the quality of public administration in general and health care services in particular are quite diverse. Examples include increasing effectiveness and capacity in the public administration through improving service delivery and human resources management (e.g. Croatia), strengthening the National Strategy for Health Protection (e.g. Greece), innovation in the management of health services and providing support for the development of functional skills for the implementation of the innovative processes (e.g. Italy), training of the administrative staff and managers of therapeutic entities to improve efficiency of the health care (e.g. Poland), or reducing administrative burden by simplifying legislation in areas including health (e.g. Romania).

► **Health tourism**

Investments under this area include the promotion of health tourism (i.e. referring to the use of medical care in countries where one has no residency often overlapping with a leisure stay) and the development and improvement of health centres and facilities for such purpose, as well as increasing the variety and quality of products and services offered. There is an attempt to prolong the active season as well. Countries investing in these areas are Greece and Hungary.

► **Workplace health and safety**

Investments in this area include those into occupational health and safety. Programmes include the development of safety procedures and tools, training programmes and preventive measures (e.g. Germany, Slovenia, UK).

► **Prevention of social exclusion among the Roma communities including health promotion and disease prevention**

A major target group for social inclusion actions are segregated communities such as the Roma. These communities are often lacking basic education and are living in bad conditions with low hygiene standards and many health problems. Countries such as Slovakia or Bulgaria are investing in health education programmes focused on personal hygiene, family planning and responsible parenthood, prevention of contagious diseases, safe manipulation of food, prevention of injuries and accidents, etc. In other countries (e.g. Czech Republic, Bulgaria, Romania), support to the Roma minority is part of an overall support to disadvantaged groups (including disabled people or older workers).

► **Risk prevention and disaster preparedness**

As part of disaster preparedness programmes, emergency departments may receive funding. In the Czech Republic, emergency health services are listed as potential beneficiaries of such investment.

(iii) Financial allocations for health investments

As stated, it is not possible to identify the exact total allocation of ESIF towards health investments on the basis of available sources (the programming documents). Such calculation can be done only for part of the ERDF investments, where **over 4.94 billion EUR** has been foreseen for **Health Infrastructure (053)** and **Strengthening ICT Applications including e-health (category 081)**. As regards the ESF, due to the regulatory framework, the expenditures for health investments have been programmed jointly with social investments or with active ageing investments. Therefore the total ESF amount of over **4.24 billion EUR** (cat. 107 and 112), which contain interventions aiming at **healthy ageing and enhancing access to affordable, sustainable and high-quality health care**, consist also of other types of investments, such as for social services of general interest, the extent of which is not possible to determine at this stage.

Investments under the category 053 are usually made into public infrastructure such as healthcare or community care centres, which are aimed at providing social services including health care services to vulnerable groups. While still aimed at increasing social inclusion, the investments under the category 112, are rather spent on 'soft' investments i.e. social or training programmes. Based on the currently approved ESIF budgets, **Poland** will receive 2.95 billion EUR usable for interventions with a health component, making it the **greatest receiver of the ESIF for health**. Other large beneficiaries of ESIF health funding include Romania, Portugal, Czech Republic, Slovakia, Hungary, Croatia, Greece, Lithuania, Latvia and Italy.

The following charts show the ESIF amounts allocated, per country, within the categories of intervention which are exclusively health-related or that contain a health component¹⁸.

¹⁸ Funds allocated to the categories of intervention 053, 081, 107, 112. For more details, see chapter 2 and methodology description.

Chart 4: ESIF allocated for **health infrastructure** (cat. 053) in 2014-2020

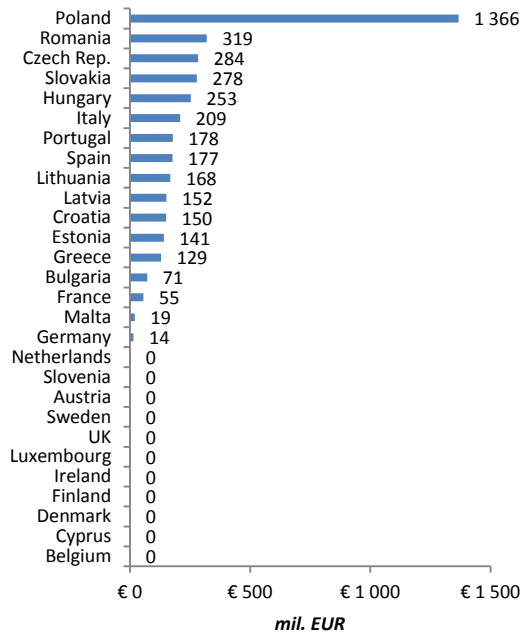


Chart 5: ESIF allocated for **e-health** (cat.81) in 2014-2020

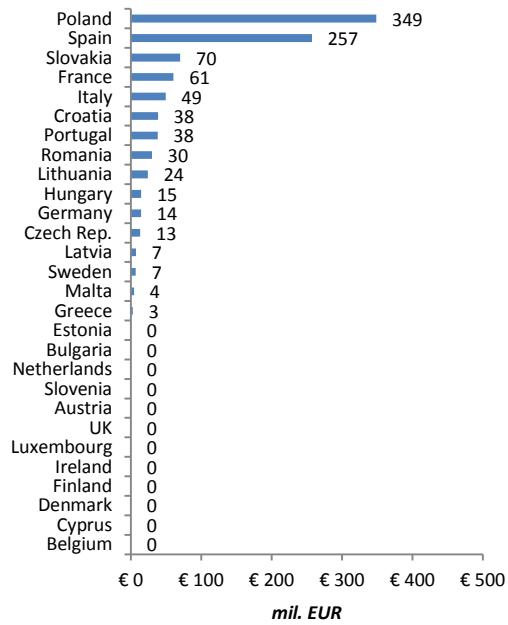


Chart 6: ESIF allocated for **active and healthy ageing** (cat. 107) in 2014-2020

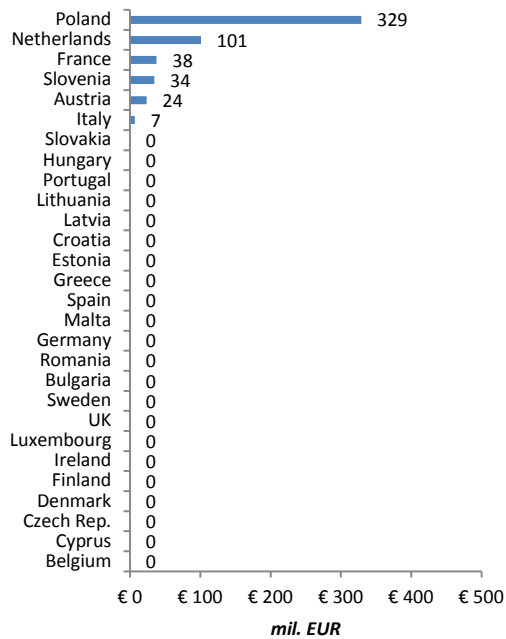
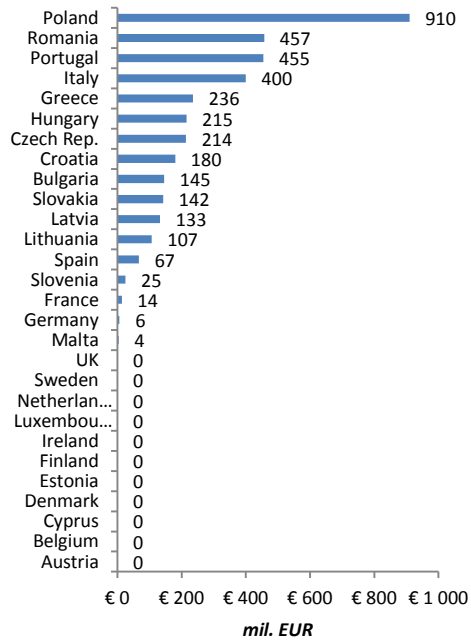


Chart 7: ESIF allocated for **access to health and social services** (cat. 112) in 2014-2020



Source: Analysis of approved Operational Programmes for the 2014-2020 programming period.

(iv) Operational Programmes supporting health investments

One of the principles of the 2014-2020 programming period is the greater focus and concentration of the funds. Compared to the previous programming period, this requirement is reflected in generally less but more objective-targeted operational programmes (OPs). Due to the possibility of multi-fund OPs, there is just one operational programme in some of the Member States (e.g. Baltic countries).¹⁹

Health investments will be financed mainly within the operational programmes with a focus on **country / regional competitiveness** (“hard” investments from ERDF) and on **human resources development** (“soft” investments from ESF). There is no programme solely devoted to health in any one of the Member States.

In some countries, the Ministries of Health are expected to be involved in the ESIF management structure as the Intermediate Bodies (quite a common set-up in the Central and Eastern European countries, e.g. Latvia, Lithuania, Poland, Slovakia, Hungary), but more often the Ministry of Health is not expected to have any formal role, beyond perhaps providing ad-hoc advice, in the ESIF management and implementation structure (common in larger countries with many provincial / regional Managing Authorities e.g. France, Germany, Italy or Spain).

(v) Comparison of the 2007-2013 and 2014-2020 programming periods

Categorization of regions has changed between the two programming periods. In the 2007-2013 programming period, there were four categories of regions: Convergence Regions, Phasing-out Regions, Phasing-in Regions, and Competitiveness and Employment Regions. In the current period, there are only three categories of regions, the Less Developed Regions, the Transition Regions, and the More Developed Regions. Regions in the countries which entered the EU after 2004 are mostly categorized as Less Developed (equivalent to Convergence Regions) and the regions in the countries of Western Europe –such as Germany, Belgium, Netherlands, Denmark, Austria, or France– are mostly categorized as More Developed (equivalent to Competitiveness and Employment Regions). Some regions changed their categorization between the two periods which can be explained either by economic development or because of the actual change in the categorization of regions from four to three. Besides the change in the categorization of regions, it is important to mention that as part of the 2013 EU enlargement, Croatia became a new EU Member State.

In general, the **approach towards the use of ESIF for funding of health investments** has not changed much between the previous and the current programming period. In the ‘more developed’ and ‘transitional’ regions, it is common that ESIF represents only a minor source of health investments and mainly supports individual projects which are not coordinated at the national level. In the ‘less developed’ regions, ESIF still represents an important source of funding for **reforms aimed at increasing the cost-effectiveness and sustainability of health systems**.

Contrary to the 2007-2013 programming period, ESIF ceased to be a source of investments exclusively or mostly in infrastructure priorities. This is because infrastructure priorities that are not part of an overall health strategy do not significantly increase the cost-effectiveness and efficiency of health systems.²⁰ **Infrastructure investments** in the Member States are therefore mainly supported as an **integral part of the health system reforms**.

¹⁹ Conclusions are derived from the mapping in the EU Member States, analysis of the Member States’ Partnership Agreements and Operational Programmes.

²⁰ Commission Guide for Health Investments under the European Structural and Investment Funds 2014-2020
http://ec.europa.eu/health/health_structural_funds/docs/esif_guide_en.pdf.

Other areas of support are now deinstitutionalization and the **development of community-based care**, promotion of **active and healthy ageing, improving access to and quality of health care services, health promotion and disease prevention**, continued **education of medical staff** and increased efforts in the field of **e-health**.

In comparison with the 2007-2013 programming period, the **differences between areas of health supported** by the individual Member States **through ESIF are slightly decreasing**. This is signified by the fact that **active and healthy ageing** as well as the **support of e-health** are priorities for both the more developed and the less developed regions. **Community-based care** and **health promotion and disease prevention** are mainly important under ESIF in the less developed regions. However, just like **active and healthy ageing**, they have grown in importance which is in accordance with the strategy of empowering the patient (and citizen) as a key to sustainable health systems.²¹

The roles of the health ministries of different countries remained mostly unchanged between the two periods. In approximately half of the countries, the Ministries of Health played no formal role in the implementation of ESIF and, in the other half of the countries, the Ministries of Health acted as the Intermediate Bodies for some operational programmes. The Ministries of Health were often a beneficiary of the ESIF. The roles of the health ministry only changed for a few countries. For example, in Hungary in the 2007-2013 programming period, the National Institute for Quality and Organisational Development in Health Care and Medicines (GYEMSZI) was responsible for implementing health projects under some OPs; however, in the 2014-2020 programming period, the Ministry of Human Capacities (which is responsible for the health agenda in the country) became the Managing Authority as well as an Intermediate Body for the Human Resources Development OP 2014-2020.

Finally, although there have been some changes in the country allocations in each Member State, **utilization of ESIF for health investments** (all categories of investment 053, 081, 107 and 112) **overall seems to be increasing** (see Chart 12). In most of the countries, the allocation for health priorities as well as its share of the total country allocation increased in the 2014-2020 programming period.

The following charts compare the data about the planned health investments related to health infrastructure (cat. 053) in the 2014-2020 programming period and the realized health infrastructure investments in the 2007-2013 programming period expressed in absolute as well as relative terms. Comparison shows that the investments in health infrastructure in absolute terms in 2014–2020 decreased compared to 2007-2013 period (except for Poland, Romania, Slovakia and France).

²¹ Commission Guide for Health Investments under the European Structural and Investment Funds 2014-2020:
http://ec.europa.eu/health/health_structural_funds/docs/esif_guide_en.pdf

Chart 12: Comparison of SF / ESIF allocated to investments in health infrastructure in the 2007-2013 and 2014-2020 programming periods.²²

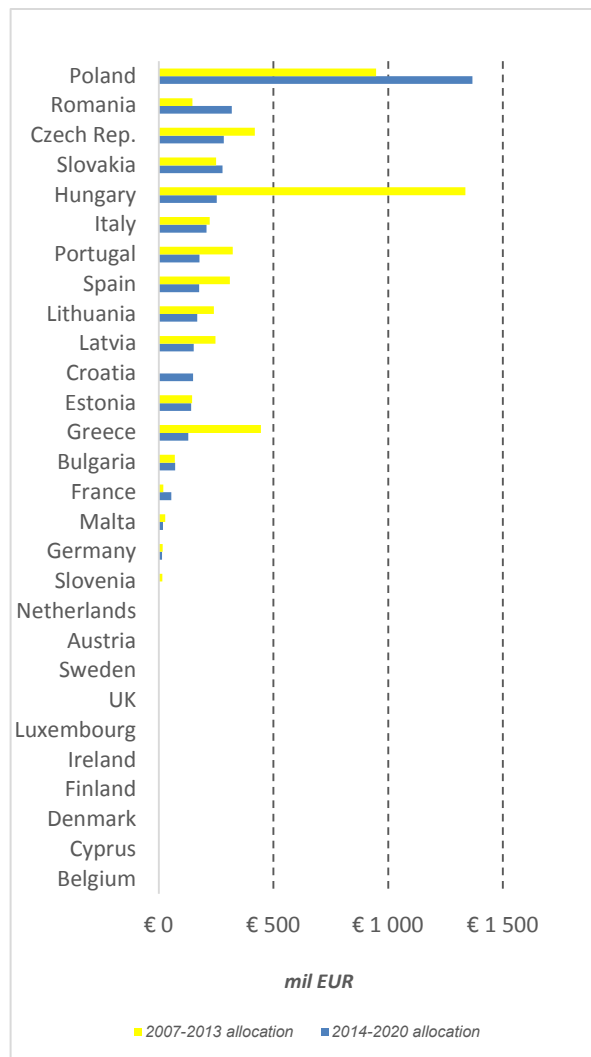
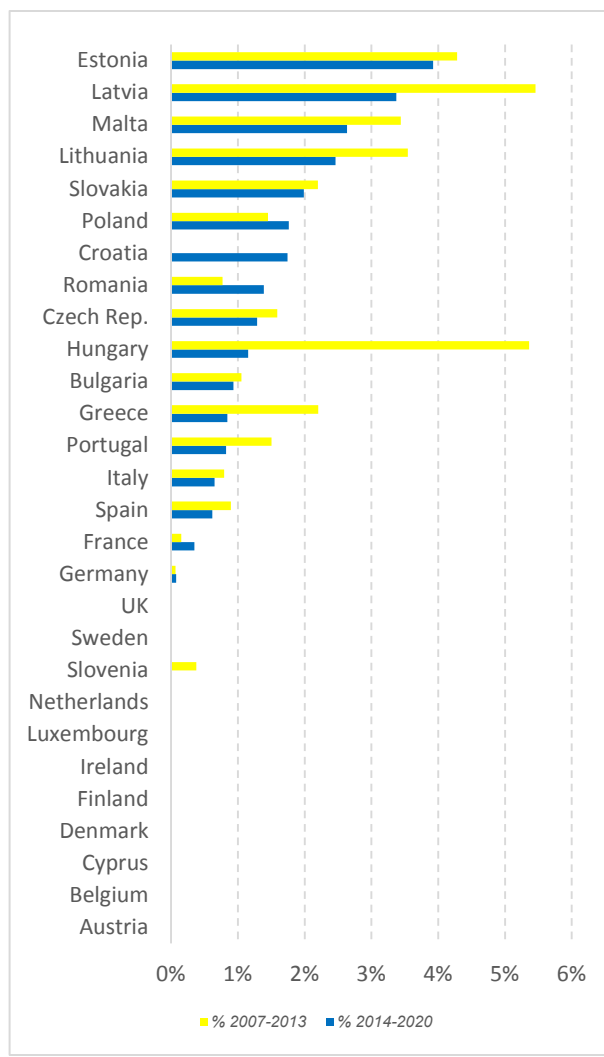


Chart 13: Comparison of SF / ESIF allocations in health infrastructure as a percentage of total allocations in the 2007-2013 and 2014-2020 programming periods.²³



Source: Analysis of operational programmes for the 2014-2020 programming period and the *Health and structural funds in 2007 to 2013: country and regional assessments*²⁴ document.

²² The numbers represent financial allocations to health in individual Member States in absolute figures.

²³ The numbers represent the share of ESIF allocation to potential health related interventions in individual Member States as a percentage of total ESIF allocation to these countries.

²⁴ The summary report is available at http://ec.europa.eu/health/health_structural_funds/docs/watson_report.pdf. Individual country info sheets are available at http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm.

2 Country fact sheets

This part of the report presents outline information about health investments planned for the 2014-2020 programming period as well as investments performed during the 2007-2013 programming period in individual Member States.

(i) Structure of the country factsheets

Within the country factsheets, data about the 2014-2020 programming period is introduced first, followed by an overview of the 2007-2013 programming period.

The structure of the information presented on individual country fact sheets is as follows:

- ▶ General country statistics (GDP, health sector spending as a % of GDP, healthy life expectancy)²⁵
- ▶ Operational Programme scheme, i.e. number of OPs that include health vs. total number of OPs adopted for 2014-2020 programming period. *[specific health relevant OPs are listed within 'Source of funding of health investments']*
- ▶ Role of the Ministry of Health in SF / ESIF implementation
- ▶ Financial allocation which includes health (planned allocation for health priorities)
- ▶ Scope of investments (areas of health investments and specific activities supported)²⁶
- ▶ Source of funding of health investments (identification of health relevant Operational Programmes)

Specifically for the 2014-2020 programming period, the country fact sheet also provides more detailed information about the scheme of relevant OPs and allocations for health issues at the level of individual priority axes.

(ii) Methodology of data collection

▶ 2007-2013 programming period

Information about the 2007-2013 OP scheme, health allocations and scope of health investments are based on information collected by the Commission report "Health and structural funds in 2007 to 2013: country and regional assessments".²⁷ In some cases, information about the scope of investments was adjusted on the basis of interviews conducted with representatives of the Ministries of Health or other relevant institutions in the Member States. This is mainly the case for countries with no planned health priorities where some individual projects in health were traced.

▶ 2014-2020 programming period

Information about the 2014-2020 programming period was collected on the basis of a detailed analysis of the final versions of the programming documents, i.e. the Partnership Agreement and individual operational programmes

²⁵ Sources of information (respectively): Eurostat, The Economist; Health in Europe: Information and Data Interface. All indicators apply for 2012, the most current data available.

²⁶ Developed based on information collected in "Health and the Structural Funds in 2007 to 2013: country and regional assessment" (for the 2007-2013 programming period) and analysis of the 2014-2020 operational programmes and description of specific activities under relevant specific objectives (for the 2014-2020 programming period).

²⁷ The summary report is available at http://ec.europa.eu/health/health_structural_funds/docs/watson_report.pdf. Individual country info sheets are available at http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm.

developed in individual Member States for the 2014-2020 programming period, coordinated with and adopted by the European Commission. The Mapping report covers 309 national and regional operational programmes.

In order to identify the planned allocation of ESIF sources for health priorities, the following categories of interventions were considered as relevant²⁸:

- ▶ 053 Health Infrastructure
Within category 053, infrastructural (and equipment) investments in health care facilities are to be supported. These investments are usually realized as an integral part of health system reforms.
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-health services and applications (including e-care and ambient assisted living)
Within category 081, various ICT investments within health system and concepts aiming at active and healthy ageing are to be supported.
- ▶ 107 Active and healthy ageing
Within category 107, various activities designed to help elderly people to remain active and healthy and prevent social exclusion of elderly people are to be supported.
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest.
Within category 112, various concepts and projects aiming at improving access to and quality of health care services (e.g. deinstitutionalisation of care, development of community-based care, improvement of care accessibility, procurement of modern medical solutions, concepts supporting social inclusion etc.) are to be supported.

Categories 107 and 112 may in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories were taken into account in the calculations of the planned health-related allocation, as they all include, at least to some extent, health investments. Even though their total sum cannot be called "health allocation", the global amount shows the volume of investments which contain health-related investments.

In some countries, specific types of investments (also introduced earlier as indirect investments—see chapter 1.2) could be identified. These investments represent investments under priority axes not directly related to health issues, but where some health related actions can still be supported and / or health entities are considered possible beneficiaries. Only indirect investments with at least some linkage to health were included in the country fact sheets. Examples of indirect health investments identified during the analysis of operational programmes and reflected in the country fact sheets are as follows:

- ▶ Modernization of public administration and strengthening the institutional management capacities, e.g. improving strategic and analytical capacities in the Ministry of Health (among other public institutions), and optimisation of health sector policies
- ▶ Support for R&D in various areas, e.g. pharmaceutical research, biomedicine, biotechnology, nanotechnology, technology innovation, etc.

²⁸ For more details about categories of intervention and their classification, see an Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

- ▶ Support for SMEs doing business in various health-relevant areas, e.g. R&D and construction of medical devices, software for e-health solutions / digital health care development, health or medical tourism etc.
- ▶ Strengthening of lifelong learning and education of the workforce, e.g. strengthening the qualifications of staff to better meet the challenges of the ageing population, promoting employment in health professions etc.
- ▶ Supporting employment as a means of preventing social exclusion for disadvantaged groups such as people with mental health problems, disabled people, etc.
- ▶ Activities aimed at a healthy workforce and safe working conditions

Most of the above are indirect investments covering predominantly non-health interventions where the planned health allocation cannot be unambiguously and a priori assessed. Therefore this 'health' allocation is marked as 'n/a' in the country factsheets. These investments do not enter in the total health allocation figures calculated as described above.

(iii) Data captured

▶ Scope of analysis

For the scope of analysis and data sources please see the Introduction part.

▶ Level of detail of the country fact sheets

In countries with a large number of regional operational programmes (specifically in France, Italy, Spain, Germany, Poland, and Greece), information from the individual regional operational programmes has been aggregated. Individual regional operational programmes were analysed to capture the total amount of planned health investments in the country at regional level; however, specific health activities and investments addressed in individual regional operational programmes were not listed in the country fact sheet. Only in countries with no national operational programmes (i.e. Belgium and UK), regional operational programmes were analysed in greater detail.

(iv) Summary statistics

▶ Financial allocations in all EU Member States

Detailed and summarized statistics on health allocation from ESIF among the EU Member States in the 2014-2020 programming period is depicted in Table 1. Amount of health investments is summarized and sorted by categories of intervention which contain health (053, 081, 107, and 112) for each EU Member State, as well as for the whole EU28. Information on total allocation within the ERDF and ESF is also provided. As explained, it is not possible to identify one global sum of all ESIF health investments 2014-2020. Therefore the total sum obtained from the following chart has to be interpreted with caution. Even though the amounts from the ERDF investments are devoted to health infrastructure and e-health (where the latter include also e-care and ambient assisted living), the European Social Fund investments in active and healthy ageing and access to health and social services may include also non-health related interventions, linked with social investments or with active ageing investments.

Table 1: Overview of four ESIF health-related allocations in each of the EU 28 Member States²⁹

Member State	Health infrastructure (cat.053)	E-health (cat.081)	Total ERDF	Active and healthy Ageing (cat. 107)	Access to healthcare (cat. 112)	Total ESF	Total of health-related allocations	Total country ESIF allocation	Share of health-related allocations in the total ESIF allocation
<i>Austria</i>	€ -	€ -	€ -	€ 23 700 000	€ -	€ 23 700 000	€ 23 700 000	€ 1 235 000 000	1.92%
<i>Belgium</i>	€ -	€ -	€ -	€ -	€ -	€ -	€ -	€ 2 280 000 000	0%
<i>Bulgaria</i>	€ 71 057 716	€ -	€ 71 057 716	€ -	€ 145 414 251	€ 145 414 251	€ 216 471 967	€ 7 600 000 000	2.85%
<i>Croatia</i>	€ 150 000 000	€ 38 486 057	€ 188 486 057	€ -	€ 180 000 000	€ 180 000 000	€ 368 486 057	€ 8 600 000 000	4.28%
<i>Cyprus</i>	€ -	€ -	€ -	€ -	€ -	€ -	€ -	€ 735 600 000	0%
<i>Czech Republic</i>	€ 283 518 885	€ 13 209 914	€ 296 728 799	€ -	€ 213 506 743	€ 213 506 743	€ 510 235 542	€ 22 000 000 000	2.32%
<i>Denmark</i>	€ -	€ -	€ -	€ -	€ -	€ -	€ -	€ 553 000 000	0%
<i>Estonia</i>	€ 140 841 755	€ -	€ 140 841 755	€ -	€ -	€ -	€ 140 841 755	€ 3 590 000 000	3.92%
<i>Finland</i>	€ -	€ -	€ -	€ -	€ -	€ -	€ -	€ 1 470 000 000	0%
<i>France</i>	€ 55 444 417	€ 60 534 620	€ 115 979 037	€ 37 795 071	€ 13 721 780	€ 51 516 851	€ 167 495 888	€ 15 900 000 000	1.05%
<i>Germany</i>	€ 14 302 500	€ 14 302 500	€ 28 605 000	€ -	€ 6 444 399	€ 6 444 399	€ 35 049 399	€ 19 200 000 000	0.18%
<i>Greece</i>	€ 129 141 524	€ 2 595 601	€ 131 737 125	€ -	€ 235 719 322	€ 235 719 322	€ 367 456 447	€ 15 350 000 000	2.39%
<i>Hungary</i>	€ 252 966 731	€ 14 549 815	€ 267 516 546	€ -	€ 215 210 267	€ 215 210 267	€ 482 726 813	€ 21 900 000 000	2.20%
<i>Ireland</i>	€ -	€ -	€ -	€ -	€ -	€ -	€ -	€ 1 190 000 000	0%
<i>Italy</i>	€ 208 686 057	€ 49 302 282	€ 257 988 339	€ 6 920 159	€ 400 003 280	€ 406 923 439	€ 664 911 778	€ 32 200 000 000	2.06%
<i>Latvia</i>	€ 152 136 253	€ 7 000 000	€ 159 136 253	€ -	€ 133 119 918	€ 133 119 918	€ 292 256 171	€ 4 510 000 000	6.48%
<i>Lithuania</i>	€ 167 889 782	€ 24 012 860	€ 191 902 642	€ -	€ 106 904 236	€ 106 904 236	€ 298 806 878	€ 6 820 000 000	4.38%
<i>Luxembourg</i>	€ -	€ -	€ -	€ -	€ -	€ -	€ -	€ 59 700 000	0%
<i>Malta</i>	€ 19 200 000	€ 4 299 328	€ 23 499 328	€ -	€ 4 000 000	€ 4 000 000	€ 27 499 328	€ 729 000 000	3.77%
<i>Netherlands</i>	€ -	€ -	€ -	€ 101 000 000	€ -	€ 101 000 000	€ 101 000 000	€ 1 400 000 000	7.21%
<i>Poland</i>	€ 1 366 477 348	€ 348 612 169	€ 1 715 089 517	€ 329 017 128	€ 910 084 361	€ 1 239 101 489	€ 2 954 191 006	€ 77 600 000 000	3.81%
<i>Portugal</i>	€ 177 528 642	€ 38 087 204	€ 215 615 846	€ -	€ 454 942 713	€ 454 942 713	€ 670 558 559	€ 21 600 000 000	3.10%
<i>Romania</i>	€ 319 148 936	€ 30 000 000	€ 349 148 936	€ -	€ 457 100 000	€ 457 100 000	€ 806 248 936	€ 23 000 000 000	3.51%
<i>Slovakia</i>	€ 278 000 000	€ 70 000 598	€ 348 000 598	€ -	€ 142 484 990	€ 142 484 990	€ 490 485 588	€ 14 000 000 000	3.50%
<i>Slovenia</i>	€ -	€ -	€ -	€ 34 480 625	€ 25 047 323	€ 59 527 948	€ 59 527 948	€ 3 070 000 000	1.94%
<i>Spain</i>	€ 176 589 366	€ 257 058 622	€ 433 647 988	€ -	€ 67 011 854	€ 67 011 854	€ 500 659 842	€ 28 600 000 000	1.75%
<i>Sweden</i>	€ -	€ 6 847 340	€ 6 847 340	€ -	€ -	€ -	€ 6 847 340	€ 2 100 000 000	0.33%
<i>United Kingdom</i>	€ -	€ -	€ -	€ -	€ -	€ -	€ -	€ 11 800 000 000	0%
Total EU28	€ 3 962 929 912	€ 978 898 910	€ 4 941 828 822	€ 532 912 983	€ 3 710 715 437	€ 4 243 628 420	€ 9 185 457 242	€ 349 092 300 000	2,63%
Average EU28	€ 141 533 211	€ 34 960 675	€ 176 493 887	€ 19 032 607	€ 132 525 551	€ 151 558 158	€ 328 052 044	€ 12 467 582 143	2,63%

²⁹ The '0' figure means that these countries do not present any budget associated to the 4 health-related categories of intervention. However, these countries are investing ESIF in health within investments falling under one or other sectors –R&D, support to SMEs, employment, education and institutional capacity building. These sectors are linked to broader budget categories where health investments cannot be isolated.

Note: The categories 107 and 112 financed by ESF contain health but may include also social (112) and active ageing (107) related investments, whereas the categories 053 and 081 financed by ERDF contain specific health investments.

Below, main figures from the table presented on the previous page are illustrated graphically.

Chart 14: Total allocation to categories 053, 081, 107 and 112 in each Member State of the EU

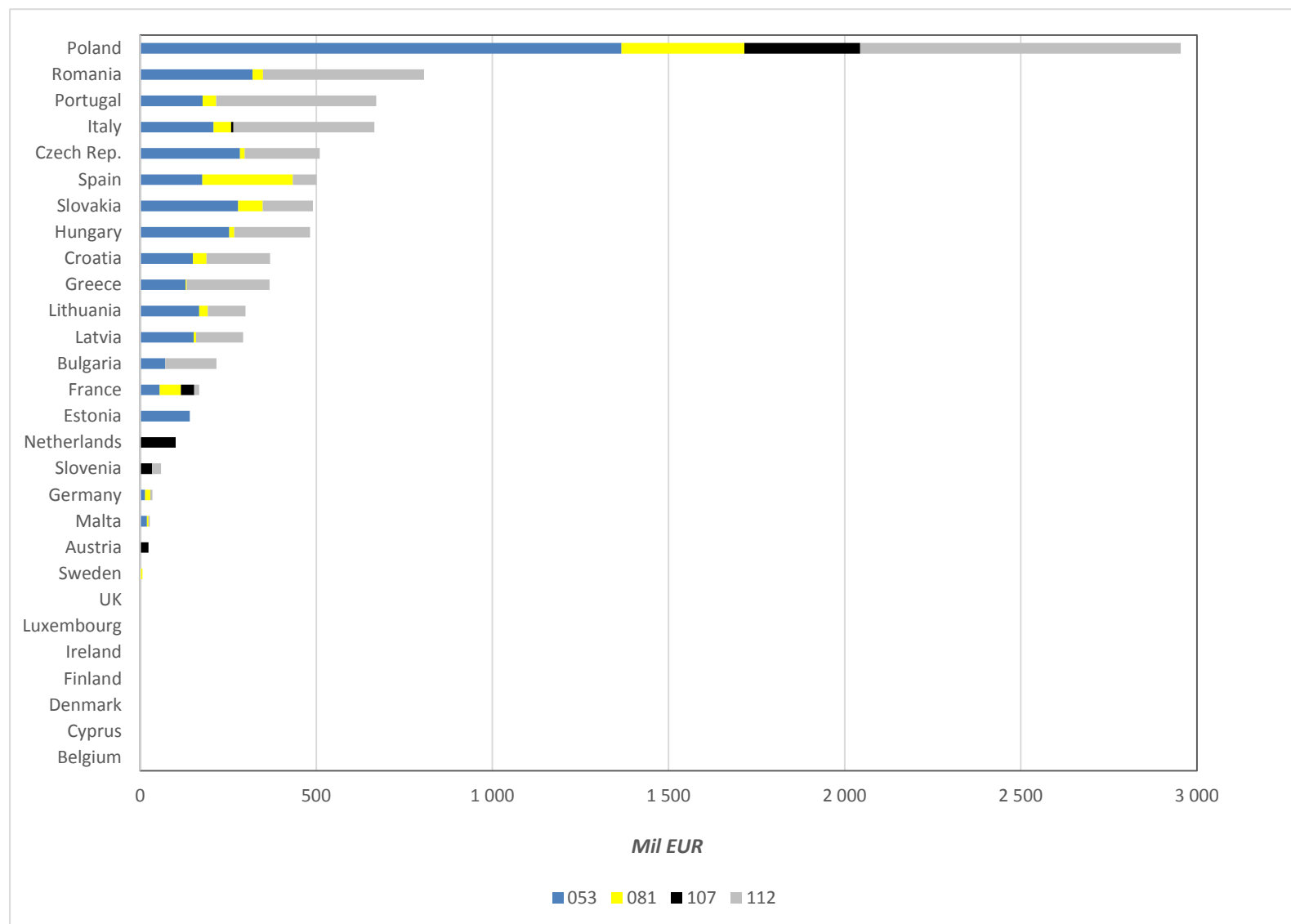
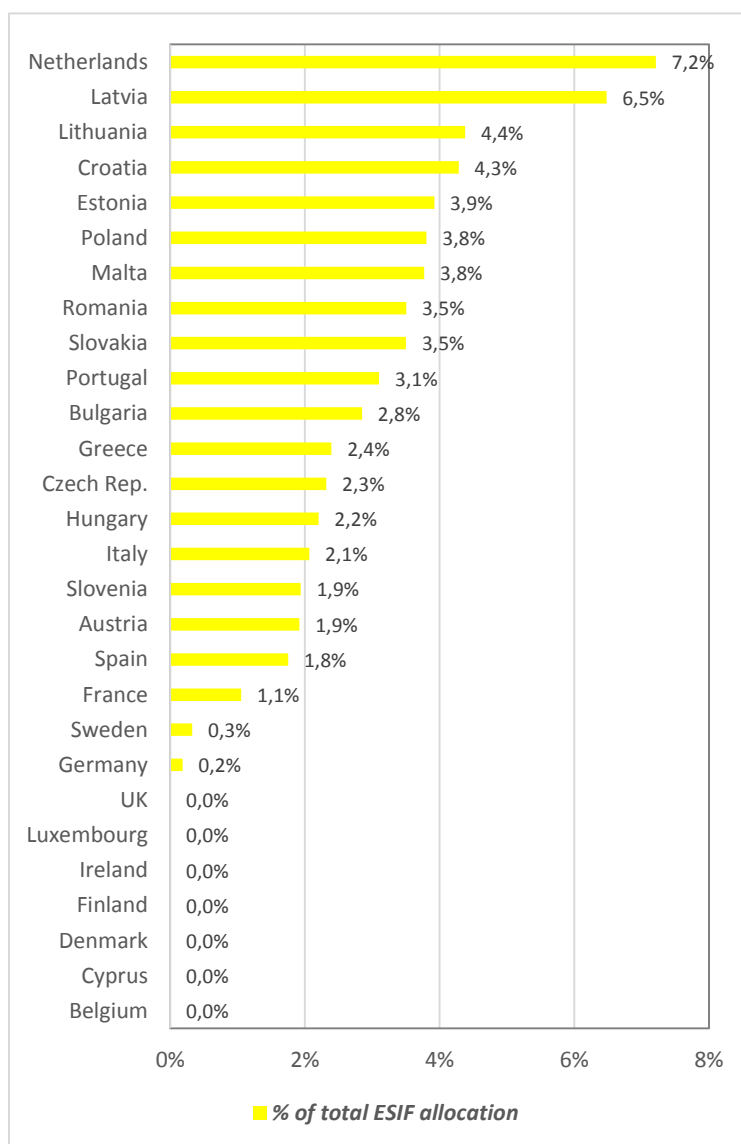


Chart 15: Allocation of ESIF with a health component as a percentage of total country allocation in the 2014-2020 programming period



On the basis of the analytical part, one can conclude that health is a sector overlapping with many different areas, such as social investments, education, employment, R&D. The categories of interventions, enabling to calculate the financial resources, are not health-specific (with the exception of health infrastructure and e-health). Therefore the exact scope of health-related ESIF investments and financial resources allocated for these investments are difficult to identify on the basis of the programming documents.

The individual country sheets, presented on the following pages, give more details about programmed investments in all EU Member States. Even though financial figures are focused on four categories of intervention with a health component the analysis outlines a deeper view on possible investments in health care area and shows also other related fields (such as social area, R&D etc.).



AUSTRIA

GDP of Austria amounts to €307b. Austrian GDP per capita (in PPS) represents 130% of the EU28 average.

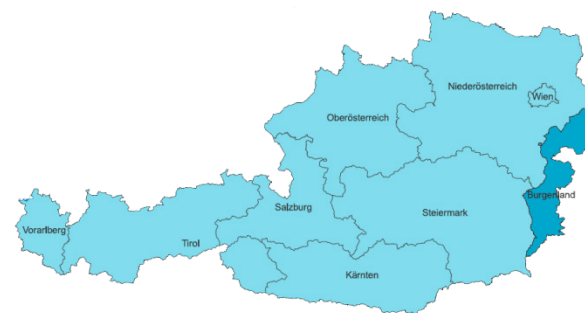
Health sector spending amounts to ca. 11.5% of the country's GDP.

Healthy life expectancy of males / females reaches 78.4 / 83.6 years which represents 103% / 101.7% of the EU28 average.*

Programming period 2014-2020

All but one of the Austrian regions are categorized as 'more developed regions.' The Burgenland region is categorized as a 'transition region.' Compared to the 2007-2013 programming period, there has been a change in the organizational scheme of ESIF management from individual Regional Operational Programmes (ERDF) towards one country-wide ERDF national programme. There is also one country-wide ESF national programme.

OP scheme	1 / 2 national OPs **			0 / 0 regional OPs **	
Role of MoH in ESIF implementation:	To a limited extent, the Austrian Federal Ministry of Health is to be involved in development and implementation of ESIF in 2014-2020. Yet, the Ministry is not to act as a Managing Authority or an Intermediate Body for implementation of health priorities under ESIF.				
Financial allocations which include health:	Category 053:	€ n/a	Category 107:	€ 23 700 000	Total: € 23 700 000
	Category 081:	€ n/a	Category 112:	€ n/a	
Scope of investments:	Active and healthy ageing ^[1] ▶ Support of R&D activities, provision of information and consultancy services in the design of 'age-friendly' and healthy workplaces ▶ Provision of counselling to companies and employees about long-term health maintenance and primary prevention ▶ Supporting businesses in establishing generational health management in the context of secondary prevention				



■ Less developed regions
■ Transition regions
■ More developed regions

Source of funding: [1] Operational Programme Employment Austria 2014-2020 (source: ESF)

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

* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



AUSTRIA

[1] Operational Programme Employment Austria 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Promotion of sustainable and quality employment and supporting labour mobility	ESF	107	€22 500 000	Active and Healthy Ageing	1.8vi.3 Adapting jobs and the workplace to the life cycle by improving working conditions for older employees 1.8vi.4 Integration support for disabled people who are returning to work after long-term sick leave
4. ESF funding in the transition region of Burgenland	ESF	107	€1 200 000	Active and Healthy Ageing	4.8vi.16 Continued retention and reintegration of older people in employment through counselling and training provided to participating institutions

Managing Authority	Contacts
Federal Ministry of Labour, Social Affairs and Consumer Protection Konsumentenschutz Stubenring 1, 1010 Wien Republic of Austria	http://www.sozialministerium.at/cms/siteEN/post@sozialministerium.at +43 (1) 711 00 - 0

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the respective national operational programme and its programme's Managing Authority see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF).

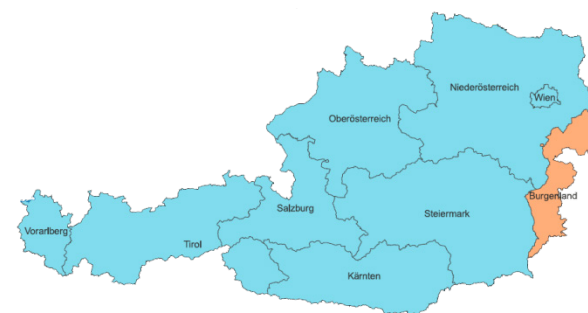


AUSTRIA

Programming period 2007-2013

In the 2007-2013 programming period, all but one of the Austrian regions fell under the 'competitiveness and employment objective.' The Burgenland region was categorized as a 'phasing-out region'.

OP scheme:	0 / 1 national OP* 2 / 10 regional OPs*
Role of MoH in SF implementation:	The Austrian Federal Ministry of Health had no formal role in implementation of the Structural Funds in 2007-2013.
Financial allocation which include health**:	€ 0
Scope of investments:	Although no allocation to health projects was identified or planned, some projects with health-relevance were implemented in the following area(s): Health tourism^[1,2] ► Health tourism initiative supporting development of wellness or health services in the Burgenland region ► Health tourism initiative developed in the mountains of Austria aimed at helping those suffering from asthma and / or allergies



- Convergence regions
- Phasing-out regions
- Phasing-in regions
- Competitiveness and employment regions

Source of funding:	[1] Operational Programme Phasing Out Burgenland 2007-2013 (sources: ERDF and ESF) [MA: Regional Management Burgenland] [2] Strengthening of the regional competitive ability of Salzburg 2007-2013 (source: ERDF) [MA: Government Office of the Land Salzburg]
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* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



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 Wallonia Brabant region is categorized as 'more developed'; other Wallonia regions fall within 'transition regions' (Hainaut, Namur, Liège, and Luxembourg).

OP scheme: 0 / 0 national OPs** 7 / 7 regional OPs**

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 €

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^[1,2]

- ▶ 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^[4,5,6,7]

- ▶ 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^[4]

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

Education and training of medical staff^[4,7]

- ▶ 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^[3]

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

Source of funding:

[1] ERDF Operational Programme Wallonia - 2020.eu (source: ERDF)

[2] ERDF Operational Programme Flanders 2014-2020 (source: ERDF)

[3] ERDF Operational Programme 2014-2020 of the Brussels-Capital Region

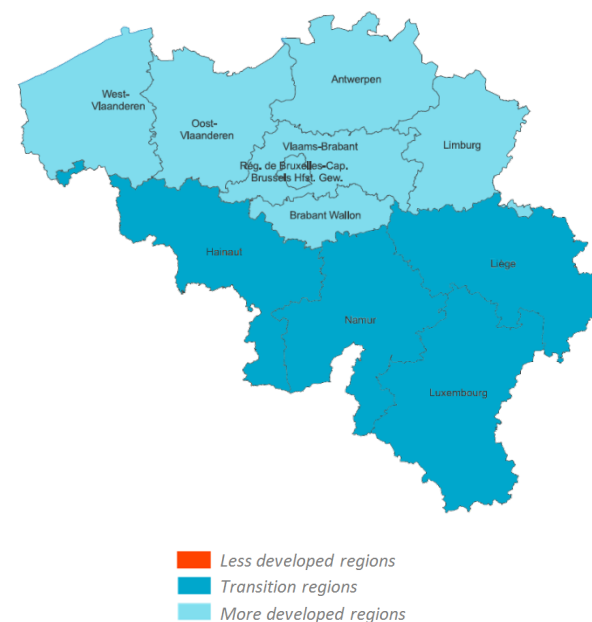
[4] European Social Fund 2014-2020 – German Speaking Community of Belgium (source: ESF)

[5] ESF Operational Programme Wallonie-Bruxelles 2020.eu (source: ESF and YEI)

[6] Operational programme ESF 2014-2020 of the Brussels-Capital Region : "Investment for growth and jobs" (source: ESF and YEI)

[7] Operational Programme ESF Flanders 2014-2020 (source: ESF)

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



* 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.



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[1] ERDF Operational Programme Wallonia - 2020.eu

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Innovation 2020	ERDF	n/a	n/a***	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	2.1a.1 Strengthening R&D capacities of research organizations in areas useful to SMEs* *Medical R&D concentrated in BIOWIN – 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			Contacts		
The Walloon Government Rue Mazy, 25-27, 5100 Namur Kingdom of Belgium			http://gouvernement.wallonie.be/ +32 (0)81.331.211		

[2] ERDF Operational Programme Flanders 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Promote research, technological development and innovation	ERDF	n/a	n/a*** ²	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	1.1a.1 Promoting cooperation in regards to R&D activities in order to maximize their value
Managing Authority			Contacts		
Enterprise Flanders Ellipse Building, King Albert II 35, box 12, 1030 Brussels Kingdom of Belgium			http://www.sozialministerium.at/cms/siteEN/economie.europa@vlaanderen.be ; werner.vandenstockt@agentschapondernemen.be +32 02 553 38 63		

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- 053 Health Infrastructure
- 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- 107 Active and healthy ageing
- 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Belgium, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not have been unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



BELGIUM

[3] ERDF Operational Programme 2014-2020 of the Brussels-Capital Region

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Strengthening research, technological development and innovation	ERDF	n/a	n/a*** ³	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	1.1 Increase the capacity for applied research related to the priority challenges identified in the diagnosis
Managing Authority		Contacts			
Gouvernement de la Région de Bruxelles-Capitale Rue Ducale 7-9 1000 Bruxelles		http://be.brussels/a-propos-de-la-region/le-gouvernement-regional +32/(0)250 32 52			

[4] European Social Fund 2014-2020 – German Speaking Community of Belgium

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Employment	ESF	n/a	n/a***	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	1.8i.1 Improving the employability of the long-term unemployed 1.8i.2 Improving the employability of older job seekers
2. Social Inclusion	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	2.9i.1 Improving the employability of people with multiple barriers to integration

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
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- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Belgium, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not have been unambiguously assessed and were marked as 'n/a'.

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BELGIUM

3. Education	ESF	n/a	n/a*** ⁴	Enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings, upgrading the knowledge, skills and competences of the workforce, and promoting flexible learning pathways including through career guidance and validation of acquired competences	3.10iii.1 Increasing the skills of the workforce 3.10iii.2 Increasing participation in vocational training measures, especially of older people and youth 3.10iii.3 Improving the permeability of education systems
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Managing Authority	Contacts
Ministerium der Deutschsprachigen Gemeinschaft Gospertstrasse 1, B - 4700 Eupen Kingdom of Belgium	http://www.dgeuropa.be/esf +32 (0)87 78 96 21

[5] ESF Operational Programme Wallonie-Bruxelles 2020.eu

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
3. Social Inclusion and Promoting Employment	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	3.9i.1 Provide access to integration measures and training in Wallonia and Brussels to people at risk of social exclusion 3.9i.2 Provide training and support to job seekers and vulnerable people so they can integrate into the labour market 3.9i.3 Assisting job seekers in finding employment

Managing Authority	Contacts
Ministre Président du Gouvernement Wallon Rue Mazy 25., 5100 Jambes Kingdom of Belgium	http://www.fse.be/ +32 (081) 331 495

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BELGIUM

[6] Operational programme ESF 2014-2020 of the Brussels-Capital Region : "Investment for growth and jobs"

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
3. Improvement of the vocational integration of persons who are excluded or threatened with exclusion	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	3.9i.1 Increasing the labour force participation rate among vulnerable groups by reducing their barriers to employment and by providing guidance 3.9i.2 Promoting integration of the most vulnerable people into the labour market and promoting diversity and combating discrimination
Managing Authority		Contacts			
Actiris (Department of Partnerships and Networking) Anspachlaan 65, 1000 Brussel Kingdom of Belgium		http://www.actiris.be/ +32 (0)25 05 14 35			

[7] Operational Programme ESF Flanders 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Curative career policy	ESF	n/a	n/a***	Access to employment for job-seekers and inactive people, incl. the long-term unemployed and people far from the labour market, also through local employment initiatives and support for labour mobility	1.8i.1 Increasing the labour force participation rate among vulnerable groups
2. Preventive career policy	ESF	n/a	n/a***	Enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings, upgrading the knowledge, skills and competences of the workforce, and promoting flexible learning pathways incl. through career guidance and validation of acquired competences	2.10iii.3 Improving skill levels, including the assessment and certification of skills acquired in the non-formal and informal system of unemployed and inactive people
3. Social inclusion and poverty reduction	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability Socio-economic integration of marginalized communities such as the Roma	3.9i.1 Providing assistance to the vulnerable target groups to be integrated into the labour force 3.9ii.2 Increasing the labour force participation rate among the Roma minority
Managing Authority		Contacts			
DSE – Afdeling ESF Gasthuisstraat 31, 1000 Brussel Kingdom of Belgium		http://www.esf-agentschap.be/ +32 (0)25 46 22 11			

*** 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.

Note:

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Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Belgium, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not have been unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catid=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



BELGIUM

Programming period 2007-2013

In the 2007-2013 programming period, all but one of the Belgian regions fell under the 'competitiveness and employment objective.' Only the Hainaut region in Wallonia was categorized as a 'phasing-out region.'

OP scheme:	0 / 1 national OP [*]	n/a / 9 regional OPs [*]
Role of MoH in SF implementation:	The Ministry of Social Affairs, Public Health & Environment had no formal role in the implementation of the Structural Funds in 2007-2013.	
Financial allocation which include health^{**}	€0	
Scope of investments:	Although the allocation to health priorities could not be assessed, Belgium put great emphasis on innovations and R&D in the Life Sciences sectors. The following types of projects were eligible for funding in Belgium in the 2007-2013 programming period: Medical R&D^[1] ▶ Participation of Life Sciences R&D organizations in university-business collaboration projects ▶ Setting-up or improving functioning of highly specialized LS institutes ▶ Establishment of training centres supporting research and development in the field of biomedical sciences	



Source of funding: [1] Regional operational programmes (source: mainly ERDF)
[MAS: regional administrations]

^{*} Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

^{**} Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



BULGARIA

GDP of Bulgaria amounts to €40b. Bulgarian GDP per capita (in PPS) represents 47% of the EU28 average.

Health sector spending amounts to ca. 7.4% of the country's GDP.

Healthy life expectancy of males / females reaches 70.9/ 77.9years which represents 93.2% / 94.8% of the EU28 average.*

Programming period 2014-2020

There is no change in Bulgarian regions' categorization but reflecting the new nomenclature; all of its regions fall under the category of 'less developed regions.'

OP scheme: 4 / 7 national OPs** 0 / 0 regional OPs**

Role of MoH in ESIF implementation: The Bulgarian Ministry of Health is to be a beneficiary of projects implemented under Operational Programmes Human Resource Development and Regions in Growth in 2014-2020.

Financial allocations which include health:	Category 053: € 71 057 716	Category 107: € n/a	Total: € 216 471 967
	Category 081: € n/a	Category 112: € 145 414 251	

- Scope of investments:**
- E-health^[2,3]**
- Establishment of a national health information system
 - Investment into the ICT/Communication systems (including telemedicine) used by emergency health services
- Community-based care^[1,3]**
- Provision of support services, including integrated cross-sectoral services in the community or at home services for early childhood development, prevention and early intervention for children, the elderly and for people with disabilities and other vulnerable groups
 - Provision of the necessary resources and services to eliminate the institutional model of care for children and the elderly by creating networks of social services and cross-community services
 - Development of foster care and other preventive and alternative forms of care and services
 - Provision of support to socially or medically challenged (e.g. disabled) people to get back to work
- Increase the number of persons from vulnerable ethnic groups involved in health and social services^[1]**
- Improving the access to and provision of quality health and social services, including integrated cross-sectoral services, according to the specific needs of the target group
 - Personalized advice and social health mediation of representatives of the target groups
 - Raising awareness about the social and health rights, promoting family planning and responsible parenthood
 - Improving access to employment thorough psychological support and other types of support
 - Supporting health education and other health programmes directed at the Roma minority
- Transnational cooperation^[1]**
- Promoting transnational cooperation by exchanging experience, best practices and models about long-term care of people who are unable to look after themselves, about people with disabilities, and about reduction of the number of children, young people and adults who are placed in institutions
- Education and training^[1]**
- Training and professional development of human resources engaged in the health sector
 - Increasing effectiveness of administrative and executive staff in public administration and health sector
- Support for SMEs in health sector^[4]**
- Promotion of SMEs in the area of creative and cultural industries with focus on enterprises developing new products and services related to the ageing population, health care, social entrepreneurship

Source of funding:

[1] Operational Programme Human Resources Development (sources: ESF and YEI)
 [2] Operational Programme Good Governance (source: ESF)
 [3] Operational Programme Regions in Growth (source: ERDF)
 [4] Operational Programme Innovations and Competitiveness (source: ERDF)

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



* Sources of information (respectively): Eurostat Statistics Database, 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.



BULGARIA

[1] Operational Programme Human Resources Development

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Improving employability and quality of the workplace	ESF	n/a	n/a*** ²	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	1.8ii.3 Increase the number of employees working in sectors such as technology and ICT, sustainability, personal services, processing industries with high added value of labour and creative cultural sectors, improving their knowledge and skills with the support of HRD OP
3. Modernization of institutions dealing with social inclusion, health, equal opportunities, non-discrimination, and working conditions	ESF	n/a	n/a***	Investment in institutional capacity and in efficiency of public administrations and public services at the national, regional and local levels with a view to reforms, better regulation and good governance	3.11iii.1 Increased knowledge skills and competencies of employees in the administration in the field of social inclusion, health, equal opportunities and non-discrimination and working conditions 3.11iii.2 Introduction of new processes to improve the processes of planning, implementation, monitoring, control and evaluation of policies in the institutions in the field of social inclusion, health, equal opportunities and non-discrimination and working conditions
2. Reducing poverty and promoting social inclusion	ESF	112	€ 143 663 453	Socio-economic integration of marginalized communities such as the Roma Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	2.1.1 Increasing participation and promoting access to employment, education, training, health and social services among vulnerable groups such as the Roma community or immigrants 2.2.1 Providing integrated social inclusion services to families with children and disabled people, aimed at increasing the labour force participation rate 2.2.2 Providing integrated services to people with disabilities including the provision of social and health services as means of increasing labour force participation rate among this target group 2.3.1 Improving access to social and health services to people with disabilities and to people over 65 who are unable to take care of themselves 2.3.2 Reducing the number of elderly and disabled people living in institutions by providing social and health services in the community, including long-term care services 2.3.3 Reducing the number of children and young people placed in institutions by providing social and health services in the community
4. Transnational cooperation	ESF	112	€ 1 750 798	Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	4.9.1 Promoting transnational cooperation by exchanging experience, best practices and models about long-term care of people who are unable to look after themselves, about people with disabilities, and about reduction of the number of children, young people and adults who are placed in institutions
Managing Authority				Contacts	
Ministry of Labour and Social Policy Triaditsa 2, 1051 Sofia Republic of Bulgaria				http://www.mlsp.government.bg/en/ efipp@mlsp.government.bg +359 2 8119 443	

*** Although the priority axis of respective OP refers to some health related investments, financial allocation for health related investments could not have been unambiguously assessed.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Bulgaria, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



BULGARIA

[2] Operational Programme Good Governance

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Administrative services and e-Governance	ESF	n/a	n/a*** ³	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	1.1.2 Increasing access to electronically provided services for citizens and business
Managing Authority				Contacts	
Yet to be announced					

[3] Operational Programme Regions in Growth

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Sustainable and integrated urban development	ERDF	n/a	n/a***	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	1.9vii.1 Improving the housing conditions for marginalised groups of population including the Roma 1.9vii.2 Improving conditions for modern social services 1.9vii.3 Improving the access for sports for all and cultural services in cities
4. Regional health infrastructure	ERDF	053	€71 057 716	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	4.9vii.1 Increased access to emergency medical care with the possibility of emergency diagnosis, treatment and monitoring within 24 hours 4.9vii.2 Reducing the number of hospitalisations in the health system
5. Regional social infrastructure	ERDF	n/a	n/a***	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	5.9vii.1 Improving regional social infrastructure for deinstitutionalisation of social services for children and the elderly
Managing Authority				Contacts	
Ministry of Regional Development and Public Works 17-19 St.St. Kiril i Metodi Str, 1202 Sofia Republic of Bulgaria				http://www.bgregio.eu/en/programming-and-evaluation/programming.aspx +359 2 9405 443	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Bulgaria, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



BULGARIA

[4] Operational Innovations and Competitiveness

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Entrepreneurship and capacity for growth	ERDF	n/a	n/a*** ⁴	Promoting entrepreneurship, in particular by facilitating the economic exploitation of new ideas and fostering the creation of new firms, including through business incubators	2.3a.1 Improving the survival rate of SMEs including through stimulating entrepreneurship
Managing Authority				Contacts	
Ministry of Economy - European Funds for Competitiveness Directorate General Sofia 21, BG-1000 Sofia Republic of Bulgaria				http://www.opcompetitiveness.bg/index.php?lid=2 + 359 2 9329 220	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Bulgaria, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



BULGARIA

Programming period 2007-2013

All of the Bulgarian regions fell under the 'convergence objective.'

OP scheme:	3 / 7 national OPs*	0 / 0 ROPs*
Role of MoH in SF implementation:	In the 2007-2013 programming period, the Ministry of Health was a beneficiary of projects implemented under the Operational Programmes Regional Development and Human Resource Development.	
Financial allocation which include health**:	€ 70 163 857	
Scope of investments:	E-health^[3] - Investment in e-health concepts Health infrastructure^[1] - Strengthening of the social infrastructure in the underdeveloped regions - Development of sustainable, local and approachable city centres through modernization of infrastructure and equipment of the health care institutions for primary, emergency, specialized outpatient, and hospital aid Health services^[2] - Restructuring inpatient specialist care - Development of monitoring systems, evaluation of the efficiency, and evaluation of the influence of health care services, and also introduction of good practices and activities of institutions and suppliers in the area of health care services Health promotion and prevention^[2] - Public informational promotional and preventive health care campaigns - Development and implementation of campaigns with screening and early diagnosis of socially significant diseases	
Source of funding:	[1] Operational Programme Regional Development (source: ERDF) [MA: Ministry of Regional Development and Public Works Directorate General 'Programming of Regional Development'] [2] Operational Programme Human Resource Development (source: ESF) [MA: European Funds, International Programmes and Projects Directorate within the Ministry of Labour and Social Policy] [3] Operational Programme Administrative Capacity (source: ESF) [MA: Management of Projects and Programmes Directorate]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



CROATIA

GDP of Croatia amounts to €46b. Croatian GDP per capita (in PPS) represents 61% of the EU28 average.

Health sector spending amounts to ca. 7.3% of the country's GDP.

Healthy life expectancy of males / females reaches 73.9 / 80.6 years which represents 97.1% / 98.1% of the EU28 average.*

Programming period 2014-2020

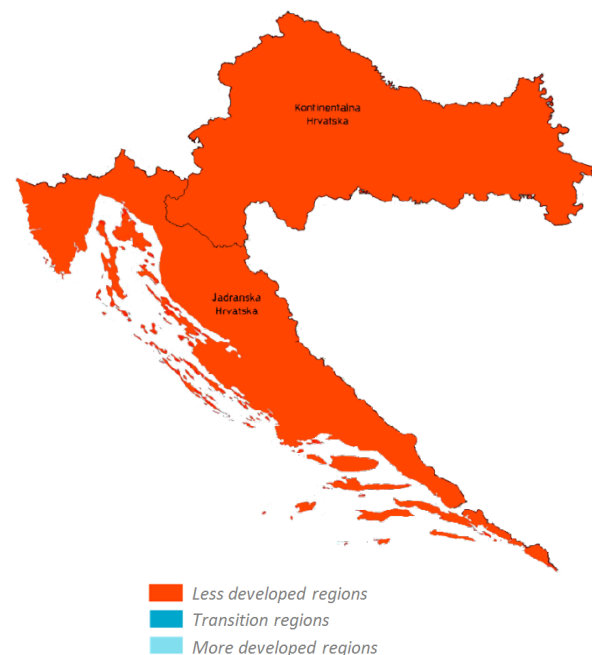
Both Croatian regions fall under the category of 'less developed regions.'

OP scheme:	2 / 2 national OPs**		0 / 0 regional OPs**	
Role of MoH in ESIF implementation:	The Croatian Ministry of Health is to act as an Intermediate Body for the Operational Programme Efficient Human Resources. At the same time the Ministry of Health is to act as a beneficiary of health projects implemented under the Operational Programme Competitiveness and Cohesion.			
Financial allocations which include health:	Category 053:	€ 150 000 000	Category 107:	€ 23 700 000
	Category 081:	€ 38 486 057	Category 112:	€ 180 000 000
				Total: € 368 486 057
Scope of investments:	Medical R&D^[2]			
	▶ Creation of Medical Sciences research infrastructural platform (RIP) to engage in R&D activities related to health and medicine (biotechnology, nano-medicine)			
	E-health^[1,2]			
	▶ Development of integrated information system for the Croatian Health Insurance Company, development of e-directives, e-drug prescription, implementation and upgrade of the DRG payment system			
	▶ Relevant education and training of staff in areas such as telemedicine or mHealth			
	Improving access to primary and emergency health care^[2]			
	▶ Investments in primary health care infrastructure and equipment, improving emergency health care services			
	▶ Acquiring the medical equipment and vehicles necessary to provide primary health care			
	▶ Renovation or construction of infrastructure necessary for ensuring efficient operations of PHC team			
	Medical & health education^[1]			
	▶ Support of education in family medicine, radiology and emergency medicine in Community Health Centres in the target areas and stimulation of professionals to accept the employment in less attractive areas			
	▶ Support of vocational education and training (VET) schools to ensure relevance of VET in line with labour market needs and improved access to higher education			
	▶ Support of continuous professional development of VET teachers			
	Improving employability of vulnerable groups^[1]			
▶ Activities increasing the labour force participation rate of people with health issues, e.g. disabled people, war veterans, or the Roma minority				
Increasing effectiveness and capacity in public administration^[1]				
▶ Support of the accreditation process of health facilities				
▶ Capacity building of social partners related to specialisation in different areas, e.g. health and social services				
Healthy workforce^[1]				
▶ Programmes aimed at increasing occupational health and safety including collecting and analysing data and providing guidance based on the results of studies				
▶ Support of occupational health and safety of health professionals by providing training and necessary equipment for their protection at work				

Source of funding: [1] ESF Operational Programme Efficient Human Resources 2014-2020 (source: ESF)

[2] Competitiveness and Cohesion Operational Programme (source: ERDF)

For more detailed information about the health-relevant OP(s) listed above, please, see the following pages.



* Sources of information (respectively): Eurostat Statistics Database, 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.



CROATIA

[1] ESF Operational Programme Efficient Human Resources 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. High employment and labour mobility	ESF	n/a	n/a***	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	1.8vii.1 Enhance the capacity of local partnerships for employment and increase the labour force participation rate among the most vulnerable groups within the local labour market 1.8vii.2 Increase accessibility and quality of publicly provided labour market information and services, including ALMP
2. Social inclusion	ESF	112	€180 000 000	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest	2.9i.1 Combating poverty and social exclusion by promoting labour market and social integration of vulnerable groups, and combating any form of discrimination 2.9i.2 Enhancing active inclusion through the implementation of integrated pathways to the regeneration of 5 deprived pilot areas 2.9iv.1 Sustainably improving access to health care and promoting health in the poor areas and among the vulnerable groups 2.9iv.2 Improving access to high-quality social services, as well as supporting the shift from institutional to community-based care
3. Education and lifelong learning	ESF	n/a	n/a***	Improving the labour market relevance of education and training systems, facilitating the transition from education to work, and strengthening vocational education and training systems and their quality, including through mechanisms for skills anticipation, adaptation of curricula and the establishment and development of work-based learning systems, including dual learning systems and apprenticeship schemes	3.10iv.1 Modernising of VET provision and improving its quality in order to increase employability of students and their entry into further education
4. Good governance	ESF	n/a	n/a*** ²	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 Capacity building for all stakeholders delivering education, lifelong learning, training and employment and social policies, including through sectoral and territorial pacts to mobilise for reform at the national, regional and local levels	4.11i.1 Increase effectiveness and capacity in the public administration through improving service delivery and human resources management 4.11i.2 Enhancing capacity and performance of the judiciary through improving management and competencies 4.11ii.1 Developing capacities of civil society organisations, especially NGOs and social partners, and enhancing civil and social dialogue for better governance

Managing Authority

Ministry of Labour and Pension System

Directorate for Coordination of Programmes and Projects of the European Union in the
Petračićeva 4, 10 000 Zagreb
Republic of Croatia

Contacts

<http://www.mrms.hr>
+385 1 3696 464

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Croatia, also indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



CROATIA

[2] Competitiveness and Cohesion Operational Programme

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Strengthening the Economy through Application of Research and Innovation	ERDF	n/a	n/a*** ³	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	1.1a.1 Increased the R&D capabilities for conducting top quality research and strengthening cooperation on national and international levels 1.1a.2 Centres of Research Excellence performing excellent science 1.1a.3 Research organizations conducting R&D projects directed towards the needs of the economy
2. Use of Information and Communication Technologies	ERDF	081	€38 486 057	Extending broadband deployment and the roll-out of high-speed networks and supporting the adoption of emerging technologies and networks for the digital economy Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	2.2a.1 Development of NGN broadband infrastructure in areas without sufficient commercial interest for investments in NGN broadband infrastructure, for maximum increase of social and economic benefits 2.2c.1 Increase of the use of ICT in communication between the citizens and the public administration through establishment of ICT coordination structure and software solutions
8. Social Inclusion and Health	ERDF	053	€150 000 000	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 Providing support for physical, economic and social regeneration of deprived communities in urban and rural areas	8.9a.1 Improving access to primary and emergency health care, with focus on isolated and deprived areas 8.9a.2 Improving efficiency and access to hospital care 8.9a.3 Promoting social inclusion and reducing inequalities by transition from institutional to community-based services through improved social infrastructure 8.9b.1 Sustainable physical, social and economic regeneration of 5 deprived pilot areas aiming at reducing social inequalities, exclusion and poverty
Managing Authority				Contacts	
Ministry of Regional Development and European Union Funds Directorate for Strategic Planning Račkoga 6, 10 000 Zagreb Republic of Croatia				http://www.mrrfeu.hr fondovi@mrrfeu.hr +385 1 4569 205	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Croatia, also indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



CYPRUS

GDP of Cyprus amounts to €17.7b. Cypriot GDP per capita (in PPS) represents 91% of the EU28 average.

Health sector spending amounts to ca. 5.8% of the country's GDP.

Healthy life expectancy of males / females reaches 78.9 / 83.4 years which represents 103.7% / 101.5% of the EU28 average.*

Programming period 2014-2020

Cyprus as a country represents one region and it is classified as 'more developed region.'

OP scheme:	2 / 2 national OPs**	0 / 0 regional OPs**
Role of MoH in ESIF implementation:	The Ministry of Health will not act as a Managing authority or an Intermediate Body for implementation of health priorities under ESIF.	
Financial allocations which include health:	€ 0	
Scope of investments:	Although no direct allocation to health priorities has been identified, some health-relevant projects could be implemented in the following areas: E-health^[1] ► Computerization of public hospitals and health centres with the expansion of the Integrated Health Information System and the creation of a data centre and digitization of patients' files ► Development of IT systems for the introduction and support of the GHS (ΓΕΣΥ – Global Healthcare System) Improving employability of vulnerable groups^[2] ► Activities improving employability of vulnerable groups and of young people who do not have professional experience ► Among other programmes, subsidized internships will be supported (also internship focused on the health sector)	



■ Less developed regions
■ Transition regions
■ More developed regions

Source of funding:	[1] Operational Programme Competitiveness and sustainable development (sources: ERDF and CF)
	[2] Operational Programme Employment, Human Capital and Social Cohesion (Source: ESF)

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

* Sources of information (respectively): Eurostat Statistics Database, 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.



CYPRUS

[1] Operational Programme Competitiveness and sustainable development

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Promoting the use of ICT	ERDF	n/a	n/a***	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	2.c.1 Utilizing ICT to improve public services

Managing Authority

Directorate General for European Programmes, Coordination and Development
 Vyronos 29, 1096 Nicosia
 Republic of Cyprus

Contacts

<http://www.dgepcd.gov.cy/>
contactus@dgepcd.gov.cy
 +357 22602900

[2] Operational Programme Employment, Human Capital and Social Cohesion

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Increasing employability of young people	ESF	n/a	n/a***	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	2.8ii.1 Inclusion of young people aged 15-24 who are not in employment, education or training into the labour market through their placement in paid positions employment and work experience 2.8ii.2 Inclusion of young people aged 15-29 who are not in employment, education or training into the labour market through their placement in paid positions employment and work experience
3. Preventing poverty and social exclusion				Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	3.9i.1 Integration into the labour market or improving the employment prospects of vulnerable population at high risk of poverty by placing them in subsidized job

Managing Authority

Directorate General for European Programmes, Coordination and Development
 Vyronos 29, 1096 Nicosia
 Republic of Cyprus

Contacts

<http://www.dgepcd.gov.cy/>
contactus@dgepcd.gov.cy
 +357 22666810

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Cyprus, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
 For more details about the national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

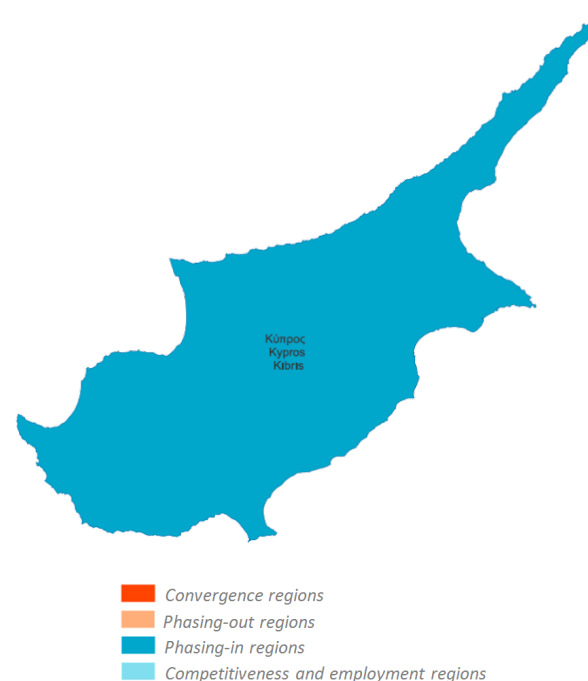


CYPRUS

Programming period 2007-2013

Cyprus as a country represented one region which fell under the 'phasing-in region.'

OP scheme:	2 / 2 national OPs*	0 / 0 regional OPs*
Role of MoH in SF implementation:	The Ministry of Health of the Republic of Cyprus had no formal role in the implementation of Structural Funds in 2007-2013. Health investments managed by the Ministry were mainly financed from the EU community action programmes (Interreg IIIA and IIIB).	
Health allocation**:	€n/a***	
Scope of investments:	Although there was no allocation to health projects identified or planned, some projects with health-relevance were implemented in the following area(s): E-health^[1] ► Promotion of e-health through interventions that involve linking central hospitals to medical centres in rural areas and that also foster the implementation of important measures included in the National Reform Programme, such as expansion of the broadband network, e-commerce, etc. Health infrastructure strengthening^[1] ► Strengthening of primary and secondary care in rural areas ► Strengthening of independent and hospital specialist secondary and / or tertiary care centres / infrastructures in large towns Medical staff training^[2] ► Promotion of specific interventions to upgrade health workers' skills within an integrated system of continuing training for medical staff and health professionals in general, especially in view of the needs created by the introduction of the National Health System Health tourism^[1] ► Development of health tourism through interventions which help to enrich the tourist product and upgrade services	
Source of funding:	[1] Sustainable development and competitiveness Operational Programme (source: ERDF and CF) [MA: Planning Bureau] [2] Employment, Human Capital and Social Cohesion Operational Programme (source: ESF) [MA: will be specified later]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

*** Only indirect health sector investments; health sector % of total allocated SF is unknown.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



CZECH REPUBLIC

GDP of Czech Republic amounts to €152b. Czech GDP per capita (in PPS) represents 81% of the EU28 average.

Health sector spending amounts to ca. 7.7% of the country's GDP.

Healthy life expectancy of males / females reaches 75.1 / 81.2 years which represents 98.7% / 98.8% of the EU28 average.*

Programming period 2014-2020

Czech regions fall under the category of 'less developed regions,' with an exception of the capital which is a 'more developed region.'

OP scheme: 5 / 7 national OPs**

0 / 0 regional OPs**

Role of MoH in ESIF implementation:

In 2014-2020, the Czech Ministry of Health is to be involved as a subject-matter expert body in implementation of health priorities under selected operational programmes. Yet, the Ministry will no longer act as an Intermediate Body in ESIF implementation. At the same time the Ministry is to be a beneficiary of some projects implemented under OP Employment and Integrated Regional Operational Programme.

Financial allocations which include health:

Category 053:	€ 283 518 885	Category 107:	€ n/a
Category 081:	€ 13 209 914	Category 112:	€ 213 506 743

Total:	€ 510 235 542
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Scope of investments:

E-health^[1,3,4]

- ▶ Improved ICT applications within the health sector
- ▶ Aim to improve interoperability of health systems in order to provide easier access to information, decrease costs, and improve efficiency of the system

Community-based care^[4]

- ▶ Developing community based support to help disadvantaged groups enter the labour force
- ▶ Supporting the development of community centres, social housing, and social enterprises
- ▶ Deinstitutionalization of psychiatric care
- ▶ Development of community based health care infrastructure

Preventing social exclusion of people with social or medical challenges^[1,2,4,5]

- ▶ Supporting socially excluded and vulnerable groups (including Roma, disabled people, and people with issues related to substance abuse) to become more engaged in the society, supported programs include community activities, counselling, career guidance^[1,2]
- ▶ Providing resources to socially excluded groups to obtain education and enter the workforce^[1,2]
- ▶ Strengthening the competencies of teaching staff at all levels for inclusive education^[5]
- ▶ Provision of social and health care services^[1,2]
- ▶ Programmes promoting healthy ageing^[4]
- ▶ Programmes for prevention of crime and socially pathological phenomena; programmes for people leaving prisons and for people serving sentences in prisons, probation or social rehabilitation programmes; programmes for social and legal protection^[1]

Enhancing emergency services as part of disaster preparedness^[4]

- ▶ Emergency services are potential beneficiaries of disaster preparedness programmes

Source of funding:

- [1] Operational Programme Employment (source: ESF and YEI)
- [2] Operational Programme Prague - Growth Pole (source: ESF and ERDF)
- [3] Operational Programme Enterprise and Innovation for Competitiveness (source: ERDF)
- [4] Integrated Regional Operational Programme (source: ERDF)
- [5] Operational Programme Research, Development and Education (source: ESF and ERDF)

For more detailed information about the health-relevant OP(s) listed above, please, see the following pages.



■ Less developed regions
■ Transition regions
■ More developed regions

* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



CZECH REPUBLIC

[1] Operational Programme Employment

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Employment and work force adaptability promotion	ESF	n/a	n/a***	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 Adaptation of workers, enterprises and entrepreneurs to change 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	1.8i.1 Increasing employment among the target group including the elderly, non-qualified and disadvantaged people 1.8v.2 Increasing employment among the target group including the elderly, non-qualified and disadvantaged people 1.8ii.1 Increasing employment rate among young people who are not in the process of obtaining education, working or professional preparation in region NUTS II North-West
2. Social inclusion and fight against poverty	ESF	112	€200 201 796	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	2.9i.1 Increasing social value of persons in danger of social exclusion or socially excluded in society and on labour market 2.9i.2 Developing a social economic sector 2.9iv.2 Increasing availability and efficiency of health care services and moving the centre of psychiatric care to the community
4. Effective public administration	ESF	n/a	n/a*** ²	Investing in institutional capacity and effective public administration and public services on national, regional and local level for a purpose of reforms, legal environment enhancement and proper administration	4.11i.1 Optimize processes and procedures in public administration especially through strengthening of strategic organisation management and quality enhancement and lowering administrative burden 4.11i.2 Professionalize public administration especially through knowledge and skills enhancement of administrative workers, policy and strategy development in the field of human resources and Service Act implementation (skills development in the area of eHealth referenced)
Managing Authority				Contacts	
Ministry of Labour and Social Affairs Na Poříčním právu 1/376, 128 01 Praha 2 Czech Republic				http://www.esfcr.cz +420 221 921 111	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- 053 Health Infrastructure
- 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- 107 Active and healthy ageing
- 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In the Czech Republic, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not have been unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



CZECH REPUBLIC

[2] Operational Programme Prague - Growth Pole

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
3. Social inclusion and fight against poverty	ESF	112	€13 304 947	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	3.9vii.1 Strengthening social infrastructure for integration, community services and prevention
				Providing support for social enterprises	3.9ix.2 Strengthening the infrastructure for social entrepreneurship
				Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	3.9iv.3 Strengthening activities for integration, community services and prevention
Managing Authority				Contacts	
The Department of EU funds - Prague City Hall Jungmannova 35/29, 111 21 Praha 1 Czech Republic				http://www.praha.eu/jnp/cz/o_meste/magistrat/odbory/index.html?divisionId=172 +420 236 00 2552	

[3] Operational Programme Enterprise and Innovation for Competitiveness

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
4. Development of high-speed access networks to the Internet and information and communication technologies	ERDF	n/a	n/a*** ³	Developing ICT products and services, e-commerce, and enhancing demand for ICT	4.2ii.2 Increasing utilization of ICT in order to enhance economic competitiveness
Managing Authority				Contacts	
Ministry of Industry and Trade Politických vězňů 20, 110 15 Praha Czech Republic				http://www.mpo.cz/cz/podpora-podnikani/oppik/ +420 224 852 917	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- 053 Health Infrastructure
- 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- 107 Active and healthy ageing
- 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In the Czech Republic, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not have been unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



CZECH REPUBLIC

[4] Integrated Regional Operational Programme

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Competitive, accessible and safe regions	ERDF	n/a	n/a*** ⁴	Promoting investment to address specific risks, ensuring disaster resilience and developing disaster management systems	1.5b.3 Improving ability to deal with disasters and manage risk
2. Better public services and living conditions for residents of regions	ERDF	053	€283 518 885	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability Combating all forms of discrimination and promoting equal opportunities Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	2.9i.1 Increasing the quality and availability of services leading to social inclusion 2.9iii.2 The emergence of new and expansion of existing business activities in the field of social entrepreneurship 2.9i.1 Development of infrastructure for the delivery of health services and health care
3. Good governance areas and streamline public institutions	ERDF	081	€13 209 914	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	3.2c.2 Increasing the efficiency and transparency of public administration through the development and use and quality ICT systems
4. Community-led local development	ERDF	n/a	n/a***	Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	4.9iv.1 Strengthening community-led local development to improve the quality of life in rural areas and realizing the local potential
Managing Authority				Contacts	
Ministry for Regional Development of the Czech Republic Staroměstské náměstí 6, 110 15 Praha 1 Czech Republic				http://www.mmr.cz +420 22486 1379	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In the Czech Republic, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not have been unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



CZECH REPUBLIC

[5] Operational Programme Research, Development and Education

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Development of higher education and human resources for research and development	ESF ERDF	n/a	n/a***	Improving the quality and efficiency of, and access to, tertiary and equivalent education with a view to increasing participation and attainment levels, especially for disadvantaged groups	1.10b.2 Increase the participation of students with special needs, from socio-economically disadvantaged groups and ethnic minorities in higher education and reduce student academic failure
3. Equal access to quality early-childhood, primary and secondary education	ESF	n/a	n/a*** ⁵	Combating all forms of discrimination and promoting equal opportunities	3.9c.1 Quality conditions for inclusive education
				Socio-economic integration of marginalized communities such as the Roma	3.9b.1 Social integration of children and students, including the integration of Roma children in education
Managing Authority				Contacts	
Ministry of Education, Youth and Sports Karmelitská 7, 118 12 Praha 1 Czech Republic				http://www.msmt.cz +420 234 811 111	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In the Czech Republic, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not have been unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

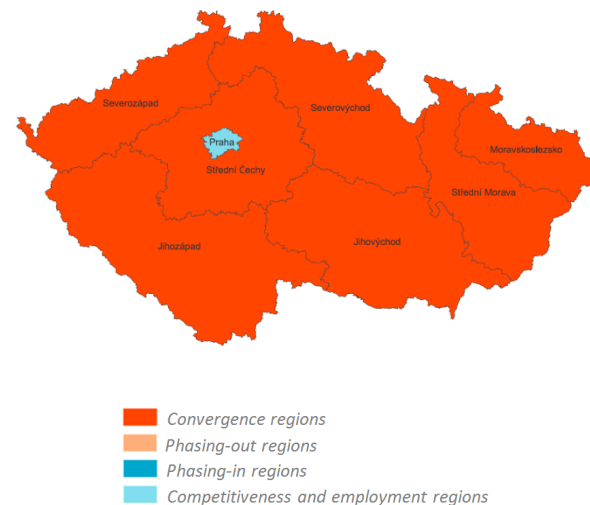


CZECH REPUBLIC

Programming period 2007-2013

All but one of the Czech regions fell under the 'convergence objective.' The region of the capital Praha was a region under the 'competitiveness and employment objective.'

OP scheme:	2 / 8 national OP* 9 / 9 regional OPs*
Role of MoH in SF implementation:	The Czech Ministry of Health acted as an Intermediate Body for the Integrated Operational Programme. The Ministry of Health was also a beneficiary of projects implemented under Integrated OP.
Financial allocation which include health**:	€ 418 193 524
Scope of investments:	Health infrastructure^[3] - Redevelopment and reconstruction of existing buildings, modernisation and redevelopment of public services infrastructure, equipment purchase with a view to technological developments and increasing the quality of services - Modernisation and revision of equipment in regional health institutions - Reconstruction, modernisation of, and equipment purchase for, institutions caring for the elderly citizens E-health^[1] - ICT solutions in health care - Development of information society and smart administration, implementation of direct material support such as development of applications Healthy workforce and healthy lifestyle^[2,3] - Improving occupational health and safety and promoting healthy lifestyles - Improving health protection and illness prevention, helping to increase the number of healthy workforce among the Czech population and to extend the productive lives of employees
Source of funding:	[1] Integrated OP (sources: ERDF) [MA: Ministry for Regional Development] [2] OP Human Resources and Employment (sources: ESF) [MA: Ministry of Labour and Social Affairs] [3] ROPs (sources: ERDF) [MAs: regional councils]



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



DENMARK

GDP of Denmark amounts to €245b. Danish GDP per capita (in PPS) represents 126% of the EU28 average.

Health sector spending amounts to ca. 11.2% of the country's GDP.

Healthy life expectancy of males / females reaches 78.1/ 82.1 years which represents 102.6% / 99.9% of the EU28 average.*

Programming period 2014-2020

Denmark is newly divided into five NUTS-2 regions, with all but one falling under the category of 'more developed regions.' Sjælland is a 'transition region.'

OP scheme: 1 / 2 national OPs**

0 / 0 regional OPs**

Role of MoH in ESIF implementation: The independent Ministry of Health was established in 2011, overtaking health-related responsibilities from the prior Ministry of Interior and Health. The Danish Ministry of Health will not act as a Managing Authority or as an Intermediate Body for implementation of health priorities under ESIF.

Financial allocations which include health: € 0

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

Helping the disabled^[1]

- ▶ People incapable of employment will be offered disability pension but also a help in terms of social services and health specialists

Education and training^[1]

- ▶ Competency of staff in cooperation with other companies within selected areas, which contributes to achieving the company's growth potential, such as internationalization, low-carbon economy, resource recovery, climate change adaptation, automation / digitization, health and welfare solutions or information and communications.



Source of funding: [1] Operational Programme Educational and Entrepreneurial Growth (source: ESF)

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

* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



DENMARK

[1] OP Educational and Entrepreneurial Growth

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Entrepreneurship and job creation	ESF	n/a	n/a***	Adaptation of workers, enterprises and entrepreneurs to change	1.8v.1 Increasing employment in ESF-funded enterprises
3. Inclusion through training and employment	ESF	n/a	n/a*** ²	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	3.9i.1 Increasing employment of people far from the labour market
Managing Authority				Contacts	
Business Authority Department of Business Development and International Relations, Area of Regional Business Vejlshøjvej 29, 8600 Silkeborg Kingdom of Denmark				http://www.regionalt.dk +45 35 29 10 00	

** Planned allocations are predominantly covering non-health interventions; the planned health allocation could not be assessed.

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Denmark, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the national operational programme and its respective programme's Managing Authority see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF).



DENMARK

Programming period 2007-2013

The whole country of Denmark was classified as one region which was under the 'competitiveness and employment objective.'

OP scheme:	2 / 2 national OPs*	0 / 0 regional OPs* (country level = NUTS 2 level)
Role of MoH in SF implementation:	By 2011, the health agenda was under the Ministry of Interior and Health. The Ministry had no formal role in the implementation of the Structural Funds in 2007-2013.	
Financial allocation which include health**:	€0	
Scope of investments:	Although there was no allocation to health projects identified or planned, some projects with health-relevance were implemented in the following area(s): E-health^[1] ▸ Maintaining high level of public service through measures such as developing and increasing digital health care Healthy workforce^[2] ▸ Focusing on the use of scarce Structural Fund resources on the part of the occupational safety and health concept that directly results in reduced absence due to illness ▸ Efforts to reduce absence due to illness could potentially contribute both to increasing the effective supply of labour and quality of work for seniors and other groups	



Source of funding:	[1] Operational Programme Innovation and Knowledge (source: ERDF) [MA: Danish Authority for Enterprise and Construction] [2] Operational Programme More and Better Jobs (source: ESF) [MA: Ministry for Economic and Business Affairs]
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- Convergence regions
- Phasing-out regions
- Phasing-in regions
- Competitiveness and employment regions

* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



ESTONIA

GDP of Estonia amounts to €17.4b. Estonian GDP per capita (in PPS) represents 71% of the EU28 average.

Health sector spending amounts to ca. 5.9% of the country's GDP.

Healthy life expectancy of males / females reaches 71.4 / 81.5 years which represents 93.8% / 99.1% of the EU28 average.*

Programming period 2014-2020

Estonia represents one region under the category of 'less developed regions.'

OP scheme:	1 / 1 multi-fund national OP**		0 / 0 regional OPs** (country level = NUTS 2 level)	
Role of MoH in ESIF implementation:	In Estonia, the health agenda is under the Ministry of Social Affairs. The Ministry of Social Affairs in Estonia is to act as an Intermediate Body for the Operational Programme for Cohesion Policy Funds 2014-2020.			
Financial allocations which include health:	Category 053: € 140 841 755	Category 107: € n/a	Total: € 140 841 755	
	Category 081: € n/a	Category 112: € n/a		
Scope of investments:	Improving access to primary health care^[1] ▶ Investment in regional hospitals, new technology, and technology development ▶ Development of competency centres (pathology, psychiatry, children's clinic, ear clinic) ▶ Creation of additional nursery and childcare places ▶ Support of networking between competence centres and smaller hospitals ▶ Continuation of the "Back to health care" project through which doctors and nurses with relevant diploma but no registration will be brought back to health care sector ▶ Follow-up care provision to young people to ensure smooth transition to labour market ▶ Early detection of alcohol abuse, brief counselling, alcohol addiction treatment and internet-based counselling will be provided to alcohol abusers and their relatives Availability and diversity of childcare services^[1] ▶ Development of services across municipal boundaries (day care, social transportation, support persons) ▶ Increased employment of parents who have received childcare services and support services for children with disabilities E-health^[1] ▶ Introduction of new technology and the development of e-services in cooperation with different parties and sectors ▶ Promotion of the reusability of data and technology ▶ Activities to support the interoperability of institutions and sectors both domestically and internationally Community-based care^[1] ▶ Support for temporary replacement of family physicians and nurses ▶ Deinstitutionalisation through community-based services such as day care centres, building family houses ▶ Development of welfare infrastructure (social transportation, day care, personal assistant, home care)			
Source of funding:	[1] Operational Programme for Cohesion Policy Funds 2014-2020 (source: ERDF, ESF and CF)			



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



ESTONIA

[1] Operational Programme for Cohesion Policy Funds 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective	
2. Increasing social inclusion	ERDF	053	€140 841 755	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	2.9a.1 Modern, regionally accessible and optimal primary health care and acute care networks offer high quality and sustainable health care services	
	ESF	n/a	n/a***		2.9a.2 Higher quality and integrated welfare services supporting community, for people with mental disorders and disabilities to have better opportunities to cope in their home environment	
					2.9iv.3 Increased employment of parents who have received childcare services and support services for children with disabilities	
					2.9iv.4 Increased employment of people with special needs, care burden or those who have are receiving social services	
9. Sustainable urban development	ERDF	n/a	n/a***	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	2.9iv.5 Reducing alcohol consumption among people who are receiving social services	
					9.9a.1 Residents of larger urban areas are provided with nursery school and childcare options near home	
11. Infrastructure for ICT services	ERDF	n/a	n/a*** ²	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	11.2c.1 The basic infrastructure for services supports the activities of residents and enterprises both within the state and abroad (incl. e-health activities)	
Managing Authority				Contacts		

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Estonia, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the national operational programme and its respective programme's Managing Authority see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) or http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



ESTONIA

Programming period 2007-2013

Estonia represented one region which fell under the 'convergence objective.'

OP scheme:	3 / 3 national OPs*	0 / 0 regional OPs*
Role of MoH in SF implementation:	In Estonia, the health agenda is under the Ministry of Social Affairs. The Ministry of Social Affairs in Estonia acted as an Intermediate Body for the Operational Programme Human resources development.	
Financial allocation which include health**:	€145 716 641	
Scope of investments:	E-health^[1] ▸ To facilitate information exchange between the service providers and to improve the quality and availability of data necessary for monitoring and planning ▸ Development of infrastructure (computerisation, IT-developments, security systems), standardising (implementation of international classifications, implementation of medical standards, integration of clinical guidelines into information systems), ensuring the protection of personal data and security (security requirements, legal system, supplementing of legal space) Health infrastructure^[2] ▸ Optimisation of the central and regional hospital infrastructure by concentrating specialized medical care stationary into one complex, and thereby reducing the duplication of technology and personnel ▸ Priority was given to hospitals located in regions with less favourable socioeconomic situation Health promotion and disease prevention^[3] ▸ Preparation of health strategies and development and implementation of action plans at county level according to the analysis of the public health situation and local needs ▸ Activities aimed at promoting healthy lifestyles and addressing the low physical activity of people, unhealthy nutrition, consumption of addictive substances (including tobacco, alcohol, drugs) ▸ Improvement of availability of services, means, information and knowledge on local level and strengthening of cooperation among public, private, and third sectors Access to health care and improved health services^[3] ▸ Decline of the share of hospital treatment and increase of the need for illness prevention, chronic disease monitoring and treatment-related primary care level services, according to the demographic and epidemiological trends and technological development ▸ Strengthening of family doctor care, nursing care, rehabilitation and disease-preventive health care services	
Source of funding:	[1] Operational Programme Development of the economic environment (source: ERDF) [MA: Ministry of Finance of the Republic of Estonia] [2] Operational Programme Development of the living environment (source: ERDF) [MA: Ministry of Finance of the Republic of Estonia] [3] Operational Programme Human resource development (source: ESF) [MA: Ministry of Finance of the Republic of Estonia]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.



FINLAND

GDP of Finland amounts to €193b. Finnish GDP per capita (in PPS) represents 115% of the EU28 average.

Health sector spending amounts to ca. 9.1% of the country's GDP.

Healthy life expectancy of males / females reaches 77.7 / 83.7 years which represents 102.1% / 101.8% of the EU28 average.*

Programming period 2014-2020

All Finnish regions fall under the category of 'more developed regions'.

OP scheme:	1 / 1 national OP**	0 / 1 regional OP**
Role of MoH in ESIF implementation:	In the 2014-2020 programming period, the Ministry of Social Affairs and Health is to act as an Intermediate Body for the ESF component of the OP Sustainable growth and jobs 2014-2020.	
Financial allocations which include health:	€ 0	
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^[1] ► Support of regional R&D activities including in fields such as biotechnology, nanotechnology, well-being and health Preventing social exclusion of people with disabilities^[1] ► Provision of health services, substance abuse services, and other social services to persons with disabilities, chronically ill, and ethnic minorities ► Support for strengthening of own resources, peer support, community-service solutions, and self-reliance ► Rehabilitation service providers will be one of the beneficiaries	
Source of funding:	[1] Sustainable growth and jobs 2014-2020 - Structural Funds Programme of Finland (sources: ERDF and ESF) For more detailed information about the health-relevant OP, please, see the following page.	



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



FINLAND

[1] Sustainable growth and jobs 2014-2020 - Structural Funds Programme of Finland

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Production and use of the latest information and knowledge	ERDF	n/a	n/a*** ²	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	2.1a.4 Research, Knowledge and Innovation focus on the development of regional strengths
				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	2.1b.5 Business strengthening and innovations
				Promoting energy efficiency and renewable energy use in enterprises	2.4ii.3 Renewable energy and energy-efficient solutions
5. Social inclusion and fight against poverty	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	5.9i.1 Supporting life outside of work including capacity-building
Managing Authority				Contacts	
Ministry of Employment and the Economy Aleksanterinkatu 4, P.O. Box 32, FI-00023 GOVERNMENT, Helsinki Republic of Finland				http://www.tem.fi/ kirjaamo@tem.fi +358 29 516001	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Finland, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the national regional operational programmes and their respective programme's Managing Authority see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) or http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



FINLAND

Programming period 2007-2013

All but one of Finnish regions fell under the 'competitiveness and employment objective.' Itä-Suomi was a 'phasing-in region.'

OP scheme:	0 / 0 national OP*	1 / 7 regional OPs*
Role of MoH in SF implementation:	In the 2007-2013 programming period, the Ministry of Social Affairs and Health acted as an Intermediate Body for the ESF Operational Programme for Continental Finland 2007-2013. The Ministry of Social Affairs and Health has not been a beneficiary of ESF funding.	
Financial allocation which include health^{**}:	€ 0	
Scope of investments:	Although there was no allocation to health projects identified or planned, some projects with health-relevance were implemented in the following area(s): Cooperation with SMEs^[1] ► Promotion of cooperation in nationally important clusters, which have internationalisation potential (e.g. social and health services)	

Source of funding: [1] ROP Eastern Finland (source: ERDF)
[MA: Ministry of Employment and the Economy]



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



FRANCE

GDP of France amounts to €2032b. French GDP per capita (in PPS) represents 108% of the EU28 average.

Health sector spending amounts to ca. 11.7% of the country's GDP.

Healthy life expectancy of males / females reaches 78.7 / 85.4 years which represents 103.4% / 103.9% of the EU28 average.*

Programming period 2014-2020

The inland regions of France fall under the category of 'more developed regions' (11) or 'transition regions' (10). The overseas territories Martinique, French Guyana, Réunion, Guadeloupe and Mayotte are 'less developed regions.'

OP scheme: 2 / 3 national OPs**

25 / 37 regional OPs**

Role of MoH in ESIF implementation:

In France, health agenda is under the Ministry of Social Affairs, Health and Women's Rights. The Ministry is not to act as a Managing Authority nor as an Intermediate Body for implementation of health priorities under ESIF.

Financial allocations which include health:

Category 053:	€ 55 444 417	Category 107:	€ 37 795 071	Total:	€ 167 495 888
Category 081:	€ 60 534 620	Category 112:	€ 13 721 780		

Scope of investments:

Active and healthy ageing^[1]

- Development of tools, practices and favourable plans for continued employment of senior citizen, second career management programmes
- Launch and implementation of experimental and innovative actions related to active ageing

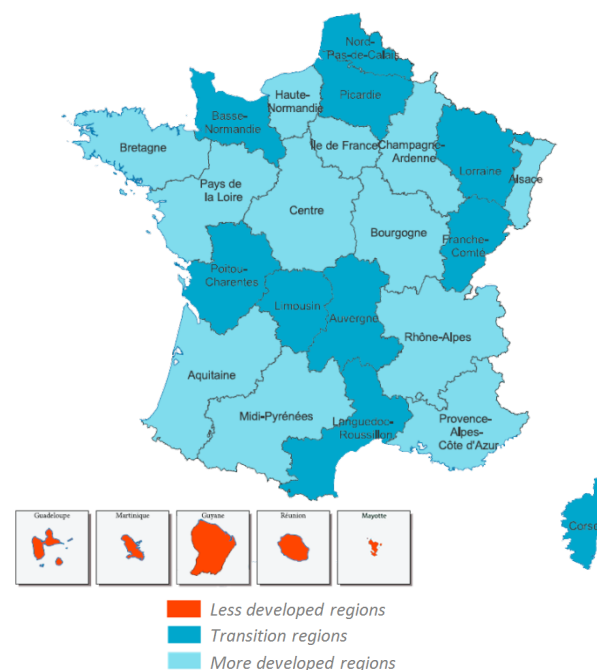
Improving employability of vulnerable groups^[2]

- Provide personalized and comprehensive support tailored to vulnerable youth (college dropouts)
- Offer professional training (or experience via internship) and social support (health, housing, mobility)

Types of investments under regional operational programmes^[3]

- Investments in health infrastructure
- ICT applications strengthening (e-health)
- Access to sustainable and high-quality services
- Active and healthy ageing

Note: ROPs cover approx. 82% of funding allocated for health investments from ESIF in France.



Source of funding:

[1] National Operational Programme ESF Employment and Social Inclusion 2014-2020 (sources: ESF)

[2] Operational Programme for the implementation of YEI in mainland France and outermost regions (sources: ESF and YEI)

[3] ROPs (sources: ERDF, ESF)

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

* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



FRANCE

[1] National Operational Programme ESF Employment and Social Inclusion 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Anticipation of changes and securing career paths	ESF	107	€29 969 071	Active and healthy ageing	2.8vi.1 Establishing age management actions including companies aimed at improving working conditions for seniors
Managing Authority				Contacts	
General Delegate for Employment and Vocational Training				http://www.fse.gouv.fr	
Square Max Hymans 7, F-75741 Paris Cedex 15				(33-1) 43 19 30 16 / 29 09	
French Republic					

[2] Operational Programme for the implementation of YEI in mainland France and outermost regions

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Supporting career growth for young people NEET	ESF	n/a	n/a***	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	1.8ii.1 Providing experience, job, internship, training, or learning through early identification, personalized support, or opportunities for the employability of youth (NEET)
Managing Authority				Contacts	
General Delegate for Employment and Vocational Training				http://www.fse.gouv.fr	
Square Max Hymans 7, F-75741 Paris Cedex 15				(33-1) 43 19 30 16 / 29 09	
French Republic					

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



FRANCE

[3] ROPs

No.	Name of the programme	Source	Cat. of intervention	Health allocations by category	Total health allocation	Types of investments under ROPs
1	Regional Operational Programme Alsace 2014-2020	ERDF	081	€297 298	€297 298	
2	Regional Operational Programme Réunion Conseil Régional 2014-2020	ERDF	053; 081	€9 980 000; €4 990 000	€14 970 000	
3	Regional Operational Programme Martinique Etat 2014-2020	ESF	112	€10 000 000	€10 000 000	
4	Regional Operational Programme Centre 2014-2020	ERDF	081	€1 652 500	€1 652 500	
5	Regional Operational Programme Limousin 2014-2020	ERDF	081	€1 500 000	€1 500 000	
6	Regional Operational Programme Midi-Pyrénées et Garonne 2014-2020	ERDF	081	€1 982 010	€1 982 010	
7	Regional Operational Programme Nord-Pas de Calais 2014-2020	ERDF	081	€14 000 000	€14 000 000	
8	Regional Operational Programme Picardie 2014-2020	ERDF	053; 081	€1 000 000; €1 500 000	€2 500 000	
9	Regional Operational Programme Mayotte 2014-2020	ERDF	053	€28 330 918	€32 052 698	
10	Regional Operational Programme Guyane Conseil Régional 2014-2020	ESF	112	€3 721 780		
11	Regional Operational Programme Rhône Alpes 2014-2020	ERDF	081	€3 844 532	€3 844 532	
12	Regional Operational Programme Poitou Charentes 2014-2020	ERDF	081	€2 000 000	€2 000 000	
13	Regional Operational Programme Pays de la Loire 2014-2020	ERDF	053	€5 890 000	€5 890 000	
14	Regional Operational Programme Lorraine et Vosges 2014-2020	ERDF	053	€2 000 000	€2 000 000	► Investments in health infrastructure [053]
15	Regional Operational Programme Franche-Comté et Jura 2014-2020	ERDF	081	€3 100 000	€3 100 000	► ICT applications strengthening (e-health) [081]
16	Regional Operational Programme Bretagne 2014-2020	ERDF	081	€1 482 280	€1 482 280	► Active and healthy ageing [107]
17	Regional Operational Programme Basse-Normandie 2014-2020	ERDF	081	€2 500 000	€2 500 000	► Access to sustainable and high-quality services [112]
18	Regional Operational Programme Provence Alpes Côte d'Azur 2014-2020	ERDF	053; 081	€2 750 000; €1 500 000	€4 250 000	
19	Regional Operational Programme Martinique Conseil Régional 2014-2020	ERDF	053; 081	€5 000 000; €2 000 000	€7 000 000	
20	Regional Operational Programme Ile de France et Bassin de la Seine 2014-2020	ERDF	081	€7 500 000	€7 500 000	
21	Regional Operational Programme Aquitaine 2014-2020	ERDF	081	€5 800 000	€5 800 000	
22	Regional Operational Programme Auvergne 2014-2020	ERDF	081	€900 000	€900 000	
23	Regional Operational Programme Languedoc-Roussillon 2014-2020	ERDF	053	€493 499	€493 499	
24	Regional Operational Programme Champagne-Ardenne 2014-2020	ERDF	081	€986 000	€986 000	
25	Regional Operational Programme Guadeloupe et St Martin 2014-2020	ESF	107	€7 826 000	€7 826 000	
Summary information						
Total allocation through ROPs		ERDF ESF	053; 081 107; 112	€55 444 417; €60 534 620 €7 826 000; €13 721 780	€137 526 817	

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- 053 Health Infrastructure
- 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- 107 Active and healthy ageing
- 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

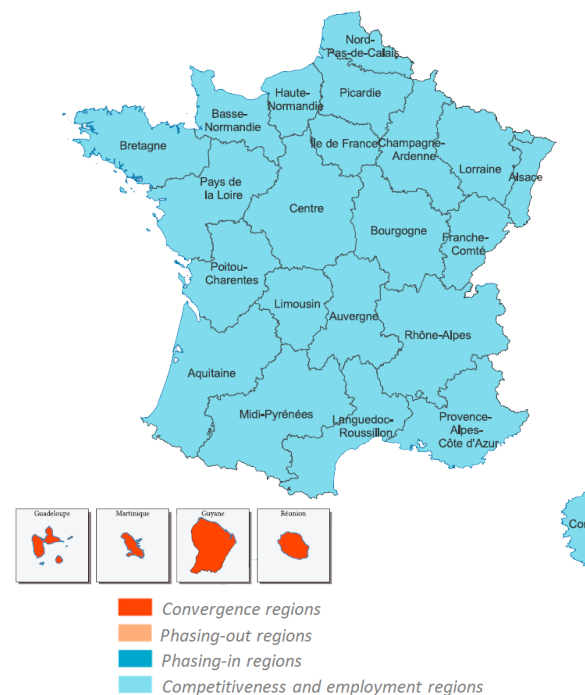


FRANCE

Programming period 2007-2013

All French regions, except for the overseas territories, fell under the 'competitiveness and employment objective.' The overseas territories Martinique, French Guyana, Réunion and Guadeloupe were regarded as 'convergence regions.'

OP scheme: (health relevant / total)	0 / 1 national OP *	n/a / 34 regional OPs*
Role of MoH in SF implementation:	Minister of Social Affairs, Health and Women's Rights in France had no formal role in the implementation of the Structural Funds in 2007-2013.	
Financial allocation which include health**:	€ 20 728 000	
Scope of investments:	Health infrastructure^[1] - Modernisation of existing structures, particularly in rural areas and regarding groups at risk Access to health^[1] - Improving access to health care services for older people and those with disabilities in the four overseas territories	
Source of funding:	[1] ROPs (sources: ERDF) [MAs: regional administrations]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



GERMANY

GDP of Germany amounts to €2666b. German GDP per capita (in PPS) represents 123% of the EU28 average.

Health sector spending amounts to ca. 11.3% of the country's GDP.

Healthy life expectancy of males / females reaches 78.6 / 83.3 years which represents 103.3% / 101.3 % of the EU28 average.*

Programming period 2014-2020

Most of the German regions fall under the category of 'more developed regions.' Lüneburg, Mecklenburg-Vorpommern, Brandenburg, Sachsen-Anhalt, Thüringen, Chemnitz and Dresden are 'transition regions.'

OP scheme: 1 / 1 national OP**

2 / 31 regional OPs**

Role of MoH in ESIF implementation: The Federal Ministry of Health in Germany is not directly involved in the implementation of ESIF in 2014-2020.

Financial allocations which include health:	Category 053: € 14 302 500	Category 107: € n/a	Total : € 35 049 399
	Category 081: € 14 302 500	Category 112: € 6 444 399	

Scope of investments:

- Disease prevention and healthy workforce^[1]**
 - Testing in the area of disease prevention
 - Preventive measures for safe and healthy work
- Improving employability of vulnerable groups^[1]**
 - Activities increasing employability of people with health issues, e.g. mental or other health problems
- Education and training^[1]**
 - Strengthening of lifelong learning, particularly sensitive to demographic research work, media literacy and the networking of local / regional educators (improvements expected in areas of disease prevention, innovation capability of SMEs, and other areas)
- Types of investments under regional operational programmes^[2]**
 - Investments in health infrastructure
 - ICT applications strengthening (e-health)
 - Access to sustainable and high-quality services

Note: ROPs cover approx. 100% of funding allocated for direct health investments from ESIF in Germany.



Source of funding: [1] Operational Programme ESF Federal Germany 2014-2020 (sources: ESF)

[2] ROPs (sources: ERDF and ESF)

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

Less developed regions
Transition regions
More developed regions

* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



GERMANY

[1] Operational Programme ESF Federal Germany 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
B. Promoting social inclusion and fighting poverty and all forms of discrimination	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability <i>[within this investment priority also target groups of people with health problems will be supported]</i>	B.9i.1 Sustainable integration of long-term unemployed into the labour market B.9i.2 Sustainable placement of immigrants into work or education B.9i.3 Improving access to employment, training and education for the disadvantaged, and for youth NEET
C. Investment in education, training, and supporting lifelong learning	ESF	n/a	n/a*** ²	Enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings, upgrading the knowledge, skills and competences of the workforce, and promoting flexible learning pathways including through career guidance and validation of acquired competences	C.10iii.3 Strengthening of lifelong learning, particularly sensitive to demographic research work, media literacy and the networking of local and regional educators
Managing Authority Federal Ministry of Labour and Social Affairs Division VI, Group European Funds, Unit 1 EF Rochusstraße 1, D - 53123 Bonn Federal Republic of Germany				Contacts http://www.esf.de +49 (0) 30 221 911 007	

[2] ROPs

No.	Name of the programme	Source	Cat. of intervention	Health allocations by category	Total health allocation	Types of investments under ROPs
1	Regional Operational Programme Sachsen 2014-2020	ERDF	053; 081	€14 302 500; €14 302 500	€28 605 000	- Investments in health infrastructure [053] - ICT applications strengthening (e-health) [081]
2	Regional Operational Programme Niedersachsen 2014-2020	ESF	112	€6 444 399	€6 444 399	Access to sustainable and high-quality services [112]
Summary information						
Total allocation through ROPs		ERDF	053; 081	€14 302 500; €14 302 500	€35 049 399	
		ESF	112	€6 444 399		

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Germany, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF)



GERMANY

Programming period 2007-2013

German regions' level of development followed the former division of the country. All but one of the former Western regions fell under the 'competitiveness and employment objective.' Lüneburg, Brandenburg-Südwest, Halle and Leipzig were 'phasing-out regions.' Mecklenburg-Vorpommern, Brandenburg-Nordost, Magdeburg, Dessau, Thüringen, Chemnitz and Dresden were 'convergence regions.'

OP scheme:	0 / 3 national OP*	n/a / 34 regional OPs*
Role of MoH in SF implementation:	The Federal Ministry of Health in Germany had no formal role in the implementation of the Structural Funds in 2007-2013.	
Financial allocation which include health**:	€17 550 000	
Scope of investments:	Health infrastructure^[1] - Development of infrastructure (including health infrastructure) to promote sustainable growth Health promotion^[1] - Health promotion at work and occupational health and safety programmes to improve the general conditions of employees in less-developed areas	



Source of funding: [1] ROPs (source: ERDF, ESF)
[MAs: Bundesland Ministries]

* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



GREECE

GDP of Greece amounts to €194b. Greek GDP per capita (in PPS) represents 76% of the EU28 average.

Health sector spending amounts to ca. 9.3% of the country's GDP.

Healthy life expectancy of males / females reaches 78/ 83.4 years which represents 102.5% / 101.5% of the EU28 average.*

Programming period 2014-2020

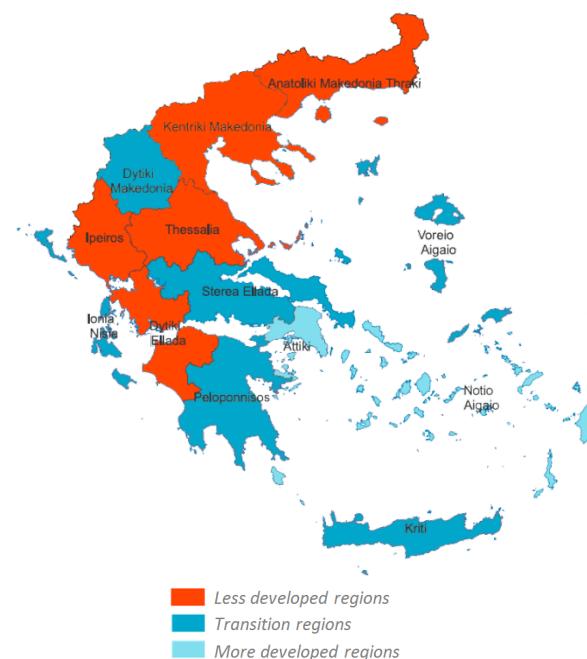
Greek regions fall under various objectives of Cohesion Policy. Attiki and Notio Aigaio are 'more developed regions.' Dytiki Makedonia, Sterea Ellada, Peloponnisos, Ionia Nisia, Kriti and Voreio Aigaio are 'transition regions.' Anatoliki Makedonia Thraki, Kentriki Makedonia, Thessalia, Ipeiros and Dytiki Ellada are 'less developed regions.'

OP scheme:	3 / 5 national OPs**		13 / 13 regional OPs**	
Role of MoH in ESIF implementation:	Ministry of Health has a steering function for both national and regional OPs in 2014-2020 period (i.e. “executive unit” for ESIF). MoH is also to act as a beneficiary in case of national OPs.			
Financial allocations which include health:	Category 053:	€ 129 141 524	Category 107:	€ n/a
	Category 081:	€ 2 595 601	Category 112:	€ 235 719 322
Scope of investments:	Total: € 367 456 447			
	E-health^[1] ▶ Operation of the Primary Health Care Information System, development of Electronic Patient File ▶ Import of modern purchasing procedures–procurement centralization Quality management^[1] ▶ Strengthening the National Strategy for Health Protection and Empowerment of the Established Unified Healthcare Fund (EOPYY), design and implementation of System of Measurement and Evaluation of Effectiveness in the Health Sector ▶ Internal Control Systems and Process Support Actions will be completed where necessary with e-Government infrastructure, support for systems and procedures for internal audit Health services^[2] ▶ Improvement of services in health (strengthening of health infrastructure and public services, operational support, information system and digital modernization of the health system) Health tourism^[3] ▶ Promoting spa-health tourism, increasing service offering, prolonging active season, quality improvement Medical R&D^[3] ▶ Development of internationally competitive pharmaceutical products, medical technologies advanced systems, applications, and services in the health sector (innovative products and innovative health, medical, diagnostic and imaging services, bio-informatics, micro / nano biomedical systems and devices) Types of investments under regional operational programmes^[4] ▶ Investments in health infrastructure ▶ ICT applications strengthening (e-health) ▶ Access to sustainable and high-quality services			

Note: ROPs cover approx. 100% of funding allocated for direct health investments from ESIF in Greece.

Source of funding:	[1] Reform of the Public Sector Operational Programme (sources: ERDF and ESF)
	[2] Human Resources Development, Education and Lifelong Learning Operational Programme (sources: ESF and YEI)
	[3] Competitiveness, entrepreneurship and innovation Operational Programme (sources: ERDF and ESF)
	[4] ROPs (sources: ERDF and ESF)

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



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



GREECE

[1] Reform of the Public Sector

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Administrative and organizational reform to increase the efficiency and effectiveness of the public sector in 11 regions	ESF	n/a	n/a*** ²	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 under the ESF to strengthen the institutional capacity and the efficiency of public administration	1.11i.2 Increasing the number of public sector institutions where operational restructuring plans are applied and where administrative procedures are being simplified 1.11.i.3 Increasing the number of public sector entities where evaluation and internal control is applied to improve efficiency and transparency in public administration
2. Administrative and organizational reform to increase the efficiency and effectiveness of the public sector in Central Greece	ESF	n/a	n/a***	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 under the ESF to strengthen the institutional capacity and the efficiency of public administration	2.11i.2 Increasing the number of public sector institutions where operational restructuring plans are applied and where administrative procedures are being simplified 2.11.i.3 Increasing the number of public sector entities where evaluation and internal control is applied to improve efficiency and transparency in public administration
3. Administrative and organizational reform to increase the efficiency and effectiveness of the public sector in South Aegean	ESF	n/a	n/a***	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 under the ESF to strengthen the institutional capacity and the efficiency of public administration	3.11i.2 Increasing the number of public sector institutions where operational restructuring plans are applied and where administrative procedures are being simplified 3.11.i.3 Increasing the number of public sector entities where evaluation and internal control is applied to improve efficiency and transparency in public administration
4. Strengthening e-Government in 11 regions	ERDF	n/a	n/a***	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	4.2c.1 Increasing the use of efficient e-Government methods in the public sector organizations and systems 4.2c.2 Increasing the number of e-Government services and applications provided to citizens
5. Strengthening e-Government in Central Greece	ERDF	n/a	n/a***	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	5.2c.1 Increasing the use of efficient e-Government methods in the public sector organizations and systems 5.2c.2 Increasing the number of e-Government services and applications provided to citizens
6. Strengthening e-Government in South Aegean	ERDF	n/a	n/a***	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	6.2c.1 Increasing the use of efficient e-Government methods in the public sector organizations and systems 6.2c.2 Increasing the number of e-Government services and applications provided to citizens
Managing Authority				Contacts	
Managing Authority of the OP Public Sector Reform 18, Theofilopoulou st & Menaixmou, Athens Hellenic Republic				www.mou.gr +30 213 2018000	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Greece, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



GREECE

[2] Human Resources Development, Education and Lifelong Learning

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Improving employability and development of skills and human resources	ESF	n/a	n/a***	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	2.8i.1 Helping the unemployed get back to work, focus on the long-term unemployed, the women and the unemployed of 30-44 years
Managing Authority		Contacts			
Managing Authority of the OP Human Resources Development 4, Korai Str., 10564 Athens Hellenic Republic		http://www.epanad.gov.gr/ +30 210 5201200			

[3] Competitiveness, entrepreneurship and innovation OP

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Entrepreneurship development with sectoral priorities	ERDF	n/a	n/a***	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 Promoting entrepreneurship, in particular by facilitating the economic exploitation of new ideas and fostering the creation of new firms, including through business incubators Supporting the creation and the extension of advanced capacities for product and service development Supporting the capacity of SMEs to grow in regional, national and international markets, and to engage in innovation processes	1.1b.1 Increasing business initiatives and partnerships for the development of innovative entrepreneurship in accordance with national research and development strategy for smart specialization (RIS3 strategy) 1.3a.3 Development of entrepreneurship through new innovative ideas primarily focused on the nine strategic areas of the country 1.3c.4 Upgrading the level of business organization and operation of SMEs, primarily focusing on the nine strategic areas of the country 1.3d.5 Increasing Greek export business, primarily focusing on the nine strategic areas of the country
3. Develop support mechanisms for entrepreneurship	ERDF	n/a	n/a*** ³	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 Extending broadband deployment and the roll-out of high-speed networks and supporting the adoption of emerging technologies and networks for the digital economy	3.1.a.1 Improving and/or developing research and innovation infrastructure to improve the country's innovation capacity to support entrepreneurship 3.2.a.2 Expanding broadband infrastructure and high-speed networks
Managing Authority		Contacts			
Special Managing Authority for the OP Competitiveness, Entrepreneurship and Innovation 2014-2020 56 Mesogion Ave, 11527 Athens Hellenic Republic		http://www.antagonistikotita.gr/english/secretariat1.asp (0030) 801 11 36 300			

[4] ROPs

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

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GREECE

No.	Name of the programme	Source	Cat. of intervention (see details in the footnote)	Health allocations by category	Total health allocation	Types of investments under ROPs
1	Regional Operational Programme Attica 2014-2020	ERDF ESF	053 112	€15 970 586 €52 980 335	€68 950 921	
2	Regional Operational Programme Central Macedonia 2014-2020	ERDF ESF	053 112	€19 200 000 €47 200 000	€66 400 000	
3	Regional Operational Programme Continental Greece 2014-2020	ERDF ESF	053 112	€3 279 877 €4 563 939	€7 843 816	
4	Regional Operational Programme Crete 2014-2020	ERDF ESF	053 112	€10 800 000 €19 200 000	€30 000 000	
5	Regional Operational Programme Eastern Macedonia 2014-2020	ERDF ESF	053 112	€22 055 061 €15 625 687	€37 680 748	
6	Regional Operational Programme Epirus 2014-2020	ERDF ESF	053; 081 112	€5 804 000; €400 000 €12 126 769	€18 330 769	► Investments in health infrastructure [053]
7	Regional Operational Programme Ionian Islands 2014-2020	ERDF ESF	053; 081 112	€12 632 000; €945 600 €7 200 000	€20 777 600	► ICT applications strengthening (e-health) [081]
8	Regional Operational Programme Northern Aegean 2014-2020	ERDF ESF	053 112	€10 000 000 €11 358 647	€21 358 647	► Access to sustainable and high-quality services [112]
9	Regional Operational Programme Peloponnese 2014-2020	ERDF ESF	053 112	€2 000 000 €28 332 315	€30 332 315	
10	Regional Operational Programme South Aegean 2014-2020	ERDF ESF	053; 081 112	€4 000 000; €250 001 €7 431 630	€11 681 631	
11	Regional Operational Programme Thessaly 2014-2020	ERDF ESF	053 112	€5 000 000 €11 900 000	€16 900 000	
12	Regional Operational Programme Western Greece 2014-2020	ERDF ESF	053 112	€8 000 000 €12 800 000	€20 800 000	
13	Regional Operational Programme Western Macedonia 2014-2020	ERDF ESF	053; 081 112	€10 400 000; €1 000 000 €5 000 000	€16 400 000	
Summary information						
Total allocation through ROPs		ERDF ESF	053; 081 112	€129 141 524; €2 595 601 €235 719 322	€367 456 447	

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- 053 Health Infrastructure
- 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- 107 Active and healthy ageing
- 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Greece, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

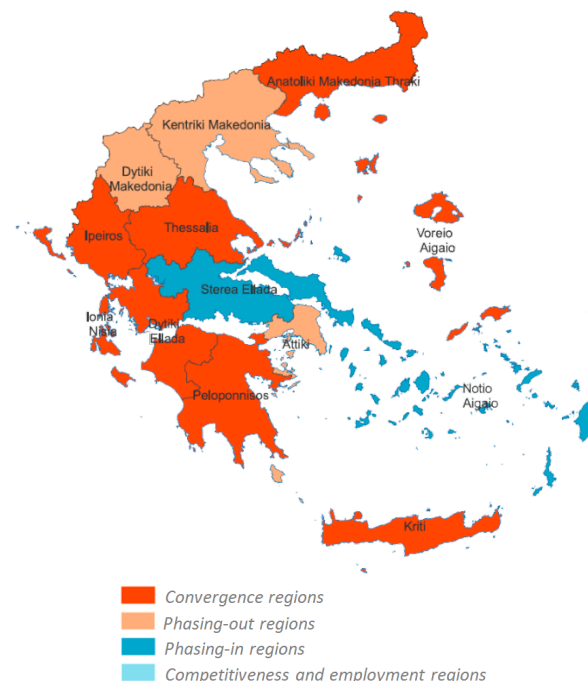


GREECE

Programming period 2007-2013

Majority of Greece's regions fell under the 'convergence objective.' Attiki, Dytiki Makedonia and Kentriki Makedonia were 'phasing-out regions.' Notio Aigaio and Sterea Ellada were 'phasing-in regions.'

OP scheme:	3 / 9 national OPs*	n/a / 5 regional OPs*
Role of MoH in SF implementation:	n/a	
Financial allocation which include health**:	€445 682 500	
Scope of investments:	Health infrastructure^[3,4] - Improving the responsiveness of secondary health care and the quality of services provided - Construction support of hospital infrastructure to lift regional disparities and develop special services Health services^[1,4] - Interventions in primary health care focusing on the development of city health centres in big urban complexes, as well as on the improvement of equipment and conditions of care prevailing in the rural health centres - Public health network development through activating existing structures – staffing of Regional Public Health Laboratories (PEDY), prompt operation of the coordinating central laboratory (Central Public Health Laboratory – KEDY), activation of the National Public Health Council (ESYDY), development of the National Centre for Health Operations (EKEPY) – and by activation of the National Blood Donation Centre (EKEA), as well as by training professionals of the public health sector - Mental health reform, community-based care promotion, and development of reintegration policies E-health^[2,4] - Introduction of e-health services (home treatment, smart electronic cards, e-learning, e-procurement, infrastructures, high-tech devices, telemedicine, etc.) Health promotion and disease prevention^[1,2,4] - Synergy of the public and voluntary sector with targeted training and communication actions within the framework of the National Health System (ESY) Education and training^[3] - Training, specialization and further training of human resources engaged in the health sector Health monitoring^[1] - Development of a system to monitor key health factors Health tourism^[3] - Development of skills of medical professionals, supporting private investments in the tourism sector, including plans to enhance and support health tourism, and to develop health tourism centres	
Source of funding:	[1] Human Resources Development (sources: ESF) [MA: The General Secretariat for the Management of European Funds at the Ministry of Labour] [2] OP Digital Convergence (sources: ERDF) [MA: Ministry of Infrastructure, Transport and Network, Special Managing Service of the OP Digital Convergence] [3] OP Improvement of Accessibility (sources: ERDF and CF) [MA: Ministry of Infrastructure, Transport and Network, Special Managing Service of the OP Reinforcement of Accessibility] [4] ROPs (sources: ERDF) [MA: Ministry of Development and Competitiveness + Special Managing Service of the Regional Operational Programmes]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



HUNGARY

GDP of Hungary amounts to €97b. Hungarian GDP per capita (in PPS) represents 67% of the EU28 average.

Health sector spending amounts to ca. 7.8% of the country's GDP.

Healthy life expectancy of males / females reaches 71.6 / 78.7 years which represents 94.1% / 95.7% of the EU28 average.*

Programming period 2014-2020

There is no change in the categorization of Hungarian regions but reflecting the new nomenclature; all but one of its regions fall under the category of 'less developed regions.' The Közép-Magyarország region is a 'more developed region.'

OP scheme:	3 / 6 national OPs**	1 / 1 regional OP**
Role of MoH in ESIF implementation:	In Hungary, the Ministry of Human Capacities is responsible for the health agenda. The Ministry is to act as the Managing Authority and to be responsible Intermediate Body for the Human Resources Development Operational Programme 2014-2020.	
Financial allocations which include health:	Category 053: € 252 966 731 Category 081: € 14 549 815	Category 107: € n/a Category 112: € 215 210 267
Scope of investments:	Total: € 482 726 813	
	Increasing health awareness^[1] - Awareness-raising programs aimed at prevention and reduction of drug use and disease and injury prevention - Central and local events promoting public health and healthy lifestyles	
	Improving health services^[1,2,3] - Investments in disease screening and treatment measures - Chronic diseases management programs - Development of the root inpatient care services (e.g. outpatient care, day surgery) - Modernization of the child health care institutions, and development of the missing child and youth health care centres - Modernization of local government's primary health care services - Purchase of equipment, taking into account the use of environmentally friendly technologies and materials - Improving access to health care, disease prevention and health promotion systems associated with healthy lifestyle opportunities	
	Community-based care^[3] Modernization of residential service institutions	
	Education and training of medical staff^[3] - 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	
	E-health^[4] Development of community access points, targeted at groups lacking digital competencies and vulnerable citizens mainly in towns with less than 5 000 people	
	Health tourism^[4] Increasing demand for health tourism services using a range of special tools	
Source of funding:	[1] Human Resources Development Operational Programme (sources: ERDF and ESF) [2] Territorial and settlement development Operational Programme (sources: ERDF and ESF) [3] Competitive Central-Hungary Operational Programme (sources: ERDF and ESF) [4] Economic Development and Innovation Operational Programme (sources: ERDF, ESF and YEI)	

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



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



HUNGARY

[1] Human Resources Development Operational Programme

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Cooperative society	ESF	112	€175 916 874	Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	1.9iv.F Increasing health awareness especially in deprived areas and among the vulnerable groups 1.9iv.G Providing health and social services in order to improve regional economies and support employment
2. Infrastructure investments enhancing social cooperation	ERDF	053 081	€184 670 731 €14 549 815	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	2.9a.B Improving the access to quality public services in the field of health and social inclusion
5. Use of financial instruments in order to strengthen social cooperation and social innovation and transnational cooperation	ESF	112	€8 545 220	Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	5.9iv.B Improving social innovation and expansion of transnational cooperation

Managing Authority

Ministry of Human Capacities
Akadémia u. 3, 1054 Budapest
Republic of Hungary

Contacts

<http://www.kormany.hu/en/ministry-of-human-resources>
+36-1-795-1200

[2] Territorial and settlement development Operational Programme

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
4. Developing and improving social services in the community	ERDF	053	€63 673 785	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	4.9a.A Development of accessible and high quality municipal services

Managing Authority

Ministry of National Economy
Managing Authority for Regional Development Programmes
József nádor tér 2-4, 1051 Budapest
Republic of Hungary

Contacts

http://palvazat.gov.hu/rop_ih
+36-1-795-1400

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Hungary, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



HUNGARY

[3] Competitive Central-Hungary Operational Programme

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
6. Urban environment and public service development	ERDF	053	€4 622 215	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	6.9a.3 Improving the access to and the quality of public health services and social care
7. Access to social support and expansion of human resource development programs	ESF	112	€30 748 173	Enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings, upgrading the knowledge, skills and competences of the workforce, and promoting flexible learning pathways including through career guidance and validation of acquired competences Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	7.10iii.5 To improve employability competences of the disadvantaged people, excluded from the labour market, and abilities of human public service workers 7.9iv.2 Improving access to social inclusion and health services, particularly targeting the vulnerable groups

Managing Authority

Ministry of National Economy
Managing Authority for Regional Development Programmes
József nádor tér 2-4, 1051 Budapest
Republic of Hungary

Contacts

http://palyazat.gov.hu/rop_ih
+36-1-795-1400

[4] Economic Development and Innovation Operational Programme

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Improving the competitiveness of SMEs	ERDF	n/a	n/a*** ²	Supporting the capacity of SMEs to grow in regional, national and international markets, and to engage in innovation processes	1.3iv3. Creating marketable and collaborative SME sector
3. Information and Communication development	ERDF	n/a	n/a***	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	3.2c.5 Improving access to ICT

Managing Authority

Ministry of National Economy
Managing Authority for Regional Development Programmes
József nádor tér 2-4, 1051 Budapest
Republic of Hungary

Contacts

http://palyazat.gov.hu/rop_ih
+36-1-795-1400

** Planned allocations are predominantly covering non-health interventions; the planned health allocation could not be assessed.

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Hungary, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF)



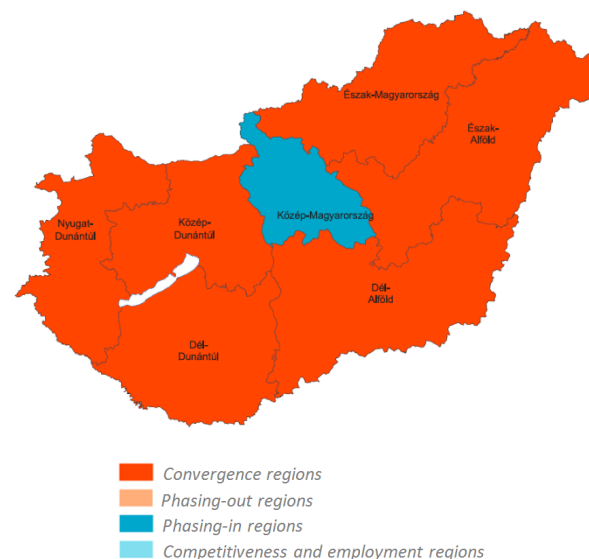
HUNGARY

Programming period 2007-2013

All but one of Hungarian regions fell under the 'convergence objective.' The Közép-Magyarország region was a 'phasing-in region.'

OP scheme:	2 / 8 national OPs *	n/a / 7 regional OPs*
Role of MoH in SF implementation:	In the 2007-2013 programming period, implementation of health projects supported from the Structural Funds was in competency of the National Institute for Quality and Organisational Development in Health Care and Medicines (GYEMSZI). GYEMSZI was an executing agency mandated to implement health projects under the Social Renewal Operational Programme and Social Infrastructure Operational Programme.	
Financial allocation which include health **:	€1 336 461 888	
Scope of investments:	Health infrastructure^[1,3] ▸ Infrastructural development of cardiovascular care ▸ Infrastructure development in universities and top institutions aimed at restructuring the specialist care structure (beyond Budapest, including the University of Debrecen, the University of Sciences of Pécs, and the University of Sciences of Szeged) Inpatient and outpatient care^[1,3] ▸ Procurement and development of imaging and other diagnostic machines and equipment and the replacement of outdated devices ▸ Implementation of a modern regional oncological network, modernisation of tumour-diagnostics; establishment of databanks; laying the foundations of the tele-pathological network; modernisation and accreditation of the asset base of radiation therapy centres; development of domiciliary cares (hospice) within the integrated oncological in-patient-specialist care system ▸ Network coordination tasks performed by county outpatient-specialist care centres in direct communication with smaller regional outpatient-specialist care centres using ICT and telemedicine ▸ Definitive care, general and special diagnostic services, screening programmes, specialist consultation hours, and day care (surgery, therapy, diagnostics, cure-like cares) Emergency services^[1] ▸ Integration and modernization of services provided at scattered sites with obsolete and outdated facilities E-health^[1] ▸ Development of intramural patient identification systems (patient access control, eligibility data upgrading, patient exit control) ▸ Development of Electronic Certified Public Records and Sectoral Portal Health promotion^[2,3] ▸ Development of life-style programmes promoting health, and knowledge related to modern health development based on evidence for various levels of education Education and training^[2] ▸ Improvement of employability, integration of workers into the labour market, keeping the health care workers within the sector, and preparing them for meeting local needs	

Source of funding:	[1] OP Social Infrastructure (sources: ERDF) [MA: National Development Agency, Directorate General Managing Authority for Human Resources Programmes] [2] OP Social Renewal (sources: ESF) [MA: National Development Agency, Directorate General Managing Authority for Human Resources Programmes] [3] ROPs (source: ERDF) [MA: National Development Agency, Directorate General Managing Authority for Regional Operational Programmes]	
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* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



IRELAND

GDP of Ireland amounts to €164b. Irish GDP per capita (in PPS) represents 128% of the EU28 average.

Health sector spending amounts to ca. 8.1% of the country's GDP.

Healthy life expectancy of males / females reaches 78.7 / 83.2 years which represents 103.4% / 101.2% of the EU28 average.*

Programming period 2014-2020

Both Irish regions fall under the category of 'more developed regions.'

OP scheme:	1 / 1 national OPs**	2 / 2 regional OPs**
Role of MoH in ESIF implementation:	In Ireland, the health agenda is under the Department of Health. The Department of Health is not to act as a Managing Authority or as an Intermediate Body for implementation of health priorities under ESIF.	
Financial allocations which include health:	€ 0	
Scope of investments:	Although no direct allocation to health priorities has been identified, some health-relevant projects could be implemented in the following areas: E-health^[1,2] - Investing in broadband infrastructure as an important facilitator of activities important to society - Aims to reduce operating costs by allowing more flexible work patterns to be put into effect Improving employability of vulnerable groups^[3] - Activities increasing employability of people with health problems, e.g. disabled people - Work with young people to address issues such as drug and alcohol abuse, or emotional and mental health	



Source of funding:	[1] Border, Midland and Western Regional Operational Programme 2014-2020 (source: ERDF) [2] Southern & Eastern Regional Operational Programme (source: ERDF) [3] ESF Programme for Employability Inclusion and Learning Operational Programme 2014-2020 (source: ESF and YEI) <i>For more detailed information about the health-relevant OP, please, see the following page.</i>
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* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



IRELAND

[1] Border, Midland and Western Regional Operational Programme 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. ICT Infrastructure	ERDF	n/a	n/a***	Extending broadband deployment and the roll-out of high-speed networks and supporting the adoption of emerging technologies and networks for the digital economy	2.2a.1 Increasing the provision of fibre optic links to all unserved towns and villages in the BMW Region
Managing Authority				Contacts	
Border, Midland and Western Regional Assembly The Square, Ballaghaderreen, Co Roscommon Republic of Ireland				http://nwra.ie/ + 353 (0) 94 986 2970	

[2] Southern & Eastern Regional Operational Programme

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. ICT Infrastructure	ERDF	n/a	n/a***	Extending broadband deployment and the roll-out of high-speed networks and supporting the adoption of emerging technologies and networks for the digital economy	2.2a.1 Increasing the provision of fibre optic links to all unserved settlements in the S&E Region
Managing Authority				Contacts	
Southern & Eastern Regional Assembly Southern Regional Assembly, Assembly House, O'Connell Street, Waterford Republic of Ireland				http://www.southernassembly.ie/ info@southernassembly.ie + 353 (0) 51 860700	

[3] ESF Programme for Employability Inclusion and Learning Operational Programme 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Promoting Social Inclusion and combating discrimination in the labour market	ESF	n/a	n/a*** ²	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	2.9i.1 To engage unemployed and/or inactive persons, including young people, from disadvantaged groups and in or at risk of poverty and social exclusion in a process of learning and development in order to ultimately increase their employability
Managing Authority				Contacts	
ESF Managing Authority, ESF Policy and Operations Unit, Department of Education and Skills Department of Education and Skills, ESF Managing Authority, Floor 2, Block 2, Marlborough Street, Dublin 1 Republic of Ireland				www.esf.ie hciop@education.gov.ie +353 (0) 18 892040	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Ireland, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



IRELAND

Programming period 2007-2013

The two Irish regions fell under various objectives of Cohesion Policy. Southern and Eastern region falls under the 'competitiveness and employment objective.' Border, Midland and Western region falls under the 'phasing-in policy.'

OP scheme:	1 / 1 national OP*	0 / 2 regional OPs*
Role of MoH in SF implementation:	The Health Department had no formal role in the implementation of the Structural Funds in 2007-2013.	
Financial allocation which include health**:	€ 0	
Scope of investments:	Although there was no allocation to health projects identified or planned (health sector priorities in Ireland were funded from national resources), some projects with health-relevance were implemented in the following area(s): Promotion and prevention ^[1] Occupational health and safety training	



Source of funding: [1] Operational Programme Human Capital Investment (source: ESF)
[MA: Department of Enterprise, Trade and Employment]

* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



ITALY

GDP of Italy amounts to €1567b. Italian GDP per capita (in PPS) represents 100% of the EU28 average.

Health sector spending amounts to ca. 9.2% of the country's GDP.

Healthy life expectancy of males / females reaches 79.8 / 84.8 years which represents 104.9 % / 103.2 % of the EU28 average.*

Programming period 2014-2020

Almost all of the Italian regions fall under the category of 'more developed regions.' Abruzzo, Molise and Sardegna are 'transition regions.' Puglia, Campania, Basilicata, Calabria and Sicilia are 'less developed regions.'

OP scheme:	7 / 12 national OPs**			26 / 39 regional OPs**
Role of MoH in ESIF implementation:	The Ministry of Health is to be a beneficiary of ESIF co-financing.			
Financial allocations which include health:	Category 053: Category 081:	€ 208 686 057 € 49 302 282	Category 107: Category 112:	€ 6 920 159 € 400 003 280
Scope of investments:	Social inclusion ^[1,7] - Strengthening community-based care, incl. active policy measures focusing on social and health services^[1] - Infrastructure interventions regarding housing and health and social support measures for homeless people in the path toward autonomy (focus on marginalized communities including the Roma minority) Improving employability of vulnerable groups ^[1,4,5] - Activities increasing employability of people with health issues, e.g. mental or other health problems - Activities increasing employability of youth (focus on disabled or disadvantaged youth), including internships and support of development of skills and gaining experience (also in areas such as human services, and social and health services) Quality management ^[2,3,4] - Interventions of innovation in the management of health services that provide support to the development of functional skills to the implementation of innovation processes ("Patto per la salute") - Training, standard setting and experimental implementation of organizational models for planning and organization of government innovation, including implementing best practices - Measures for development and strengthening of cooperation in inter-institutional network and involvement of stakeholders, with particular reference to, e.g. services for the protection of health^[3 / 11.3.6] Types of investments under regional operational programmes ^[7,8] - ICT applications strengthening (eHealth) - Access to sustainable and high quality services - Active and healthy ageing Research and Innovations ^[6] - Support of R&I clusters, their creation and activities			Total € 664 911 778

Note: ROPs cover approx. 98% of funding allocated for direct health investments from ESIF in Italy.

Source of funding:	[1] National Operational Programme on Social Inclusion (sources: ESF)
	[2] National Operational Programme on Governance and Institutional Capacity (sources: ERDF and ESF)
	[3] National Operational Programme on Education (sources: ERDF and ESF)
	[4] National Operational Programme on Youth Employment (sources: YEI)
	[5] National Operational Programme on Systems for Active Employment Policies (sources: ESF)
	[6] National Operational Programme on Research and Innovations (sources: ERDF)
	[7] National Operational Programme on Metropolitan Cities (sources: ERDF and ESF)
	[8] ROPs (source: ERDF, ESF)

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



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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] National Operational Programme on Social Inclusion

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
3. Systems and models of social intervention	ESF	112	€4 311 433	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	3.9i.1 Reduction of poverty, social exclusion and promoting social innovation
					3.9i.2 Increase employability and participation in the labour market through integrated pathways and multidimensional active inclusion of those most vulnerable
				Socio-economic integration of marginalized communities such as the Roma	3.9i.7 Strengthening the social economy
				Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	3.9ii.5 Reduction of extreme marginality and inclusion interventions in favour of homeless people and of Roma, Sinti and ethnic minority of Camminanti in line with the national strategy of inclusion
					3.9iv.3 Increase / consolidation / qualification of the socio-educational services and infrastructures for children's care and for people with limited autonomy, strengthening local infrastructure and offer of sanitary and socio-sanitary local services
4. Administrative capacity	ESF	n/a	n/a*** ²	Capacity building for all stakeholders delivering education, lifelong learning, training and employment and social policies, including through sectoral and territorial pacts to mobilise for reform at the national, regional and local levels	4.11i.3 Improved performance of public administration
Managing Authority				Contacts	
Ministry of Labour and Social Affairs				http://europalavoro.lavoro.gov.it/coesione@lavoro.gov.it	
Division II Policies for Inclusion and Promotion of Social Cohesion				+39 06 4683 1	
Via Fornovo, 8, Roma RM					

[2] National Operational Programme on Governance, Networks, Special Projects and Technical Assistance

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Development of administrative and institutional capacity for the modernization of public administration	ESF	n/a	n/a***	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	1.11i.3 Improved performance of public administration
Managing Authority				Contacts	
Department of Development and Economic Cohesion				http://www.dps.gov.it	
Via Sicilia 162/C, 00187 Roma				+39 06 96517742	

*** 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.

Note:

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- 053 Health Infrastructure
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In Italy, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

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[3] National Operational Programme on Education

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
3. Institutional and administrative capacity	ESF	n/a	n/a***	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	3.10i.3 Improved performance of public administration
Managing Authority				Contacts	
Ministry of Labour and Social Affairs Department of Planning and Management of Human Resources, Division IV Viale Trastevere, 76/a, I-00187 Roma				http://hubmiur.pubblica.istruzione.it/web/istruzione/pon +39 06 58492953-3405-2770	

[4] National Operational Programme on Youth Employment

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Employing Youth NEET	YEI	n/a	n/a***	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	1.8ii.1 Increasing the employment of young people NEET
Managing Authority				Contacts	
Ministry of Labour and Social Policies Via Fornovo 8, 00192 Roma				http://europalavoro.lavoro.gov.it/EuropaLavoro/default.aspx +39 (0)6 4683 5828	

[5] National Operational Programme on System for Active Employment Policies

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Employment	ESF	n/a	n/a***	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	1.8ii.1 Increase youth employment in line with the recommendation on European youth guarantee
				Equality between men and women in all areas, including in access to employment, career progression, reconciliation of work and private life and promotion of equal pay for equal work	1.8iv.1 Increase female employment
Managing Authority				Contacts	
Ministry of Labour and Social Policies – Direzione Generale per le politiche attive, i servizi per il lavoro e la formazione Via Fornovo 8, 00192 Roma				http://europalavoro.lavoro.gov.it +39 06 4683 5500	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

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- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Italy, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

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For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

[6] National Operational Programme on Research and Development

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Thematic projects	ERDF	n/a	n/a***	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	1 -The specific objective is to strengthen the regional innovation system through thematic projects of R & I , the increase in cooperation between enterprises and public research structures and the strengthening of the latter
Managing Authority				Contacts	
Ministry of Education, Universities and Research - Direzione Generale per il Coordinamento, la Promozione Via Michele Carcani, 61 00153 - Roma				segreteria.adg@miur.it http://www.miur.it	

[7] National Operational Programme on Metropolitan Cities

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Metropolitan Digital Agenda	ERDF	n/a	n/a***	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	1.1. - Digitalization of administrative processes and dissemination of digital services
3 Social inclusion services	ESF	n/a	n/a***	Active inclusion, including the promotion of equal opportunities and active participation, and improving employability Socio economic integration of marginalised communities such as the Roma Promoting social entrepreneurship and vocational integration in social enterprises and the social and solidarity economy in order to facilitate access to employment	3.1 - Reduction of number of families with special social and economic fragility in poor housing conditions 3.2 - Reduction of the extreme marginalization and inclusion interventions in favour of homeless people and of Roma , Sinti and ethnic minority of Camminanti 3.3 - Increase lawfulness in areas of high exclusion and focus on urban areas with low rate of legality
4 - Infrastructures for social inclusion	ERDF	n/a	n/a****	Providing support for physical, economic and social regeneration of deprived communities in urban and rural areas	4.1 - Reduction in the number of families with special social and economic fragility in poor housing conditions
Managing Authority				Contacts	
Agency for territorial cohesion Via Sicilia, 162/C, 00187 Roma				dps.cittametro2014-2020@agenziacoersione.gov.it http://www.dps.gov.it/it/Agenzia/	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Italy, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

[8] ROPs

No.	Name of the programme	Source	Cat. of intervention (see details in the footnote)	Health allocations by category	Total health allocation	Types of investments under ROPs
1	Regional Operational Programme Calabria ERDF/ESF	ESF	112	€ 15 000 000	€ 15 000 000	
2	Regional Operational Programme Molise ERDF/ESF	ERDF	081	€ 2 674 555	€ 2 674 555	
3	Regional Operational Programme Puglia ERDF/ESF	ERDF ESF	053; 081; 112	€ 192 002 006; € 24 000 000; € 92 500 000	€ 308 502 006	
4	Regional Operational Programme Basilicata ESF	ESF	112	€ 6 732 314	€ 6 732 314	
5	Regional Operational Programme Province Bolzano ESF	ESF	107	€ 3 100 000	€ 3 100 000	
6	Regional Operational Programme Campania ESF	ESF	112	€ 31 456 500	€ 31 456 500	
7	Regional Operational Programme Emilia-Romagna ESF	ESF	112	€ 6 683 128	€ 6 683 128	
8	Regional Operational Programme Friuli Venezia Giulia ESF	ESF	112	€ 6 634 268	€ 6 634 268	
9	Regional Operational Programme Lazio ESF	ESF	112	€ 50 000 000	€ 50 000 000	
10	Regional Operational Programme Liguria ESF	ESF	112	€ 7 090 896	€ 7 090 896	
11	Regional Operational Programme Lombardia ESF	ESF	112	€ 47 830 000	€ 47 830 000	
12	Regional Operational Programme Marche ESF	ESF	112	€ 14 620 180	€ 14 620 180	▸ Health infrastructure [053]
13	Regional Operational Programme Piemonte ESF	ESF	112	€ 20 000 000	€ 20 000 000	▸ ICT applications strengthening (eHealth) [081]
14	Regional Operational Programme Sardegna ESF	ESF	112	€ 4 448 000	€ 4 448 000	▸ Active and healthy ageing [107]
15	Regional Operational Programme Sicilia ESF	ESF	112	€ 40 500 000	€ 40 500 000	▸ Access to sustainable and high quality services [112]
16	Regional Operational Programme Toscana ESF	ESF	112	€ 40 312 977	€ 40 312 977	
17	Regional Operational Programme Province Trento ESF	ESF	112	€ 3 500 000	€ 3 500 000	
18	Regional Operational Programme Umbria ESF	ESF	112	€ 7 083 584	€ 7 083 584	
19	Regional Operational Programme Valle d'Aosta ESF	ESF	112	€ 1 300 000	€ 1 300 000	
20	Regional Operational Programme Veneto ESF	ESF	107	€ 3 820 159	€ 3 820 159	
21	Regional Operational Programme Basilicata ERDF	ERDF	053; 081	€ 8 500 000; € 5 000 000	€ 13 500 000	
22	Regional Operational Programme Campania ERDF	ERDF	081	€ 7 077 227	€ 7 077 227	
23	Regional Operational Programme Lazio ERDF	ERDF	081	€ 2 000 000	€ 2 000 000	
24	Regional Operational Programme Liguria ERDF	ERDF	081	€ 2 000 000	€ 2 000 000	
25	Regional Operational Programme Sardegna ERDF	ERDF	053; 081	€ 4 122 000; € 1 300 500	€ 5 422 500	
26	Regional Operational Programme Sicilia ERDF	ERDF	053; 081	€ 4 062 051; € 5 250 000	€ 9 312 051	
Summary information						
Total allocation through ROPs		ERDF ESF	053; 081 107; 112	€ 208 686 057; € 49 302 282; € 6 920 159; € 395 691 847	€ 660 600 345	

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- 053 Health Infrastructure
- 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- 107 Active and healthy ageing
- 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Italy, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

Programming period 2007-2013

Almost all of the Italian regions fell under the 'competitiveness and employment objective.' Sardegna was a 'phasing-in region'. Basilicata was a 'phasing-out region.' Campania, Puglia, Calabria and Sicilia were 'convergence regions.'

OP scheme:	3 / 10 national OP *	n/a / 42 ROPs*
Role of MoH in SF implementation:	In Italy, the Ministry of Health was a beneficiary of projects implemented under the National Operational Programme Governance and Technical Assistance 2007-2013 for the Convergence Objective.	
Financial allocation which include health **:	€222 129 708	
Scope of investments:	Health infrastructure^[1] - Investment in social and health services, including strengthening technological innovation - Strengthening infrastructure networks and improving accessibility to social and health services Access to health services^[1] - Increasing care services to individuals and families - Reinforcing innovative urban networks, disseminating high-quality services, and improving the well-being of the local population Health promotion and prevention^[1,2] - Prevention and environmental protection, which is fundamentally important for guaranteeing hygiene and public health - Preventing health risks and overcoming the shortcomings in health infrastructures Education and training^[1] - Training strategies and high-level training, including training in the field of research and technological innovation - Cycles of training seminars aimed at health personnel, training activities for professionals in the social / health fields, training initiatives to support and consolidate the skills of professionals in the social / health fields - Taking advantage of university institutions in the relevant region and centres of excellence for research and innovation Strengthening of public health capacities^[4] - Project aimed at support of programming and governance competencies of the Convergence Objective of Regional Governments	
Source of funding:	[1] ROPs (source: ERDF, ESF) [MA: various institutions] [2] Security Operational Programme (source: ERDF) [MA: Ministry of Interior, Director of the Coordination and Planning of Police Forces] [3] National Operational Programme Research & Competitiveness (source: ERDF) [MA: Ministry of Education, University and Research] [4] National Operational Programme Governance and Technical Assistance 2007-2013 for the Convergence Objective [MA: Ministry of Economic Development]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



LATVIA

GDP of Latvia amounts to €22.1b. Latvian GDP per capita (in PPS) represents 64% of the EU28 average.

Health sector spending amounts to ca. 6% of the country's GDP.

Healthy life expectancy of males / females reaches 68.9 / 78.9 years which represents 90.5 % / 96 % of the EU28 average.*

Programming period 2014-2020

Latvia as a whole country represents one single region which falls under the category of 'less developed regions'.

OP scheme:	1 / 1 multi-fund national OPs**		0 / 0 regional OPs** (country level = NUTS 2 level)			
Role of MoH in ESIF implementation:	The Latvian Ministry of Health is to act as an Intermediate Body for implementation of health priorities under the Operational Programme Growth and Employment.					
Financial allocations which include health:	Category 053: € 152 136 253	Category 107: € n/a	<table><tr><td>Total:</td><td>€ 292 256 171</td></tr></table>		Total:	€ 292 256 171
Total:	€ 292 256 171					
Scope of investments:	Category 081: € 7 000 000	Category 112: € 133 119 918				
E-health^[1] Common e-health portal, e-booking visits referral, electronic health records, e-prescriptions and integration platform solutions, as well as industry statistics and data analysis information system						
Improving access to primary health care^[1] - 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 - In-house training program development and implementation, including the development of specific skills related to the knowledge and skills needed for the implementation of the four priority systems, including medical treatment and medical aid to persons for social work specialists						
Health promotion and prevention^[1] Health promotion and disease prevention measures (cardiovascular, oncology, perinatal and neonatal period care and mental health)						
Improving employability of vulnerable groups^[1] Activities aimed at improving employability of people with health issues, e.g. disabled people						
Community-based care^[1] - Development of a deinstitutionalization plan - Informational and educational activities - VSAC (State Social Care Centres of Latvia) client preparation for the transition to living in the community, community-based service establishment and its provision - Focusing on children and young people, potential guardians, adoptive parents, foster families, adults with mental disabilities receiving services in long-term social care institutions, as well as persons who can potentially become VSAC clients						
Active and healthy ageing^[1] - Ability, skills and health assessment of older employees - Establishment of a pilot-system supporting employees with identified health problems that limiting their work, programs include necessary rehabilitation, etc.						
Source of funding:	[1] OP Growth and Employment (sources: ERDF, ESF, CF, and YEI)					

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



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



LATVIA

[1] OP Growth and Employment

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. The availability of ICT and e-government services	ERDF	081	€7 000 000	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	2.2.1. Enhancing the use of the growing public data and improving effectiveness of public administration and its interactions with the private sector
7. Employment and labour mobility	ERDF	n/a	n/a*** ²	Adaptation of workers, enterprises and entrepreneurs to change	7.3.2. Improving ability of seniors to remain in the labour force and supporting those who are willing to re-enter the labour force
9. Social inclusion and combating poverty	ERDF ESF	053 112	€152 136 253 €133 119 918	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 Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	9.3.1. Development of infrastructure which helps provide services for child care and to disabled people who are living independently and want to be included in the society 9.3.2. Promoting social inclusion and reducing inequalities by improving health and social infrastructure 9.1.1. Helping the disadvantaged people enter the labour force 9.1.3. Improving the effectiveness of social integration programmes 9.1.4. Reducing the discrimination of people at risk of social exclusion and poverty and helping them enter the labour market and integrate into the society 9.2.1. Improving the effectiveness of social integration programmes aimed at people at risk of social exclusion and poverty 9.2.2. Increasing the quality of alternative and community based care with focus on families with children and persons with disabilities 9.2.3. Supporting access to health services (cardiovascular, oncology, perinatal and neonatal period care and mental health), especially focused on those at risk of social exclusion and poverty 9.2.4. Improving access to health promotion and disease prevention services, especially focused on those at risk of social exclusion and poverty 9.2.5. Improving access to treatment and medical support for persons providing health services to people who live outside of Riga 9.2.6. Enhancing qualifications of the treatment and medical support staff
Managing Authority				Contacts	
Ministry of Finance of the Republic of Latvia Smilšu iela 1, LV-1919 Riga Republic of Latvia				http://www.fm.gov.lv/pasts@fm.gov.lv +371-67095405	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Latvia, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the national operational programme and its respective programme's Managing Authority see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) or http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

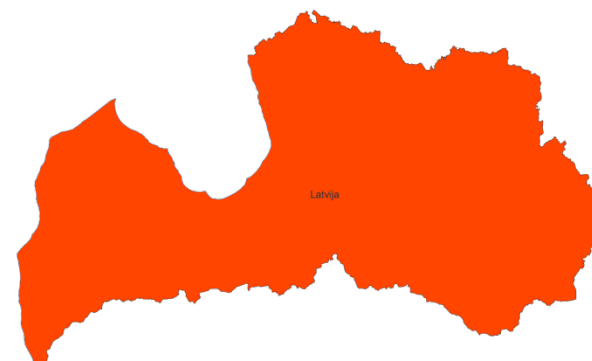


LATVIA

Programming period 2007-2013

Latvia as a whole country formed a sole region which fell under the 'convergence objective.'

OP scheme:	2 / 3 national OPs*	0 / 0 regional OPs* (country level = NUTS 2 level)
Role of MoH in SF implementation:	In the 2007-2013 programming period, the Ministry of Health acted as an Intermediate Body and was also a beneficiary from existing operational programmes.	
Financial allocation which include health**:	€247 272 580	
Scope of investments:	E-health^[1] ▸ Providing the necessary ICT infrastructure and Internet access to public administration bodies ▸ Development of e-services Health infrastructure^[1] ▸ Improvement of the infrastructure of providers of the ambulatory health care services ▸ Ensuring and developing ambulatory health care services, including primary health care providers network Access to health care and improved health services^[1] ▸ Improvement of the emergency medical assistance services available, in order to provide quick and effective medical assistance in pre-hospital care ▸ Optimisation of the network of providers of hospital health care services ▸ Improvement and concentration of medical equipment required for the treatment of patients Health research^[2] ▸ Performing studies and surveys analysing relationship between health status at work, health status of inhabitants in working age, health services and the employment situation ▸ Analysis of the present situation in order to forecast situation in the next years and to elaborate new guidelines and programmes for improving the health of workers Education and training of medical staff^[2] ▸ Enhancing qualification and skills and inclusion in labour market, to obtain quality health care services, diagnostic of illness, medical rehabilitation, preventive actions, sector administration of full value, and to promote cooperation between health care institutions and employers	
Source of funding:	[1] OP Infrastructure and services (ERDF) [MA: Ministry of Finance of the Republic of Latvia] [2] OP Human resources and employment (ESF) [MA: Ministry of Finance of the Republic of Latvia]	



- Convergence regions
- Phasing-out regions
- Phasing-in regions
- Competitiveness and employment regions

* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.
** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



LITHUANIA

GDP of Lithuania amounts to €33b. Lithuanian GDP per capita (in PPS) represents 71% of the EU28 average.

Health sector spending amounts to ca. 6.7% of the country's GDP.

Healthy life expectancy of males / females reaches 68.4 / 79.6 years which represents 89.9% / 96.8% of the EU28 average.*

Programming period 2014-2020

As in the period 2007-2013, Lithuania represents one region under the category of 'less developed regions.'

OP scheme:	1 / 1 multi-fund national OP**			0 / 0 regional OPs** (country level = NUTS 2 level)		
Role of MoH in ESIF implementation:	In the 2014-2020 programming period, the Ministry of Health is to act as an Intermediate Body under the Operational Programme for the European Union fund's investments in 2014-2020.					
Financial allocations which include health:	Category 053: € 167 889 782	Category 107: € n/a	<table><tr><td>Total:</td><td>€ 298 806 878</td></tr></table>		Total:	€ 298 806 878
Total:	€ 298 806 878					
	Category 081: € 24 012 860	Category 112: € 106 904 236				
Scope of investments:	E-health^[1] - Expansion of the electronic health system and electronic health services Transition to community-based services^[1] - Development of infrastructure of transitional services and non-institutional social services - Development of non-institutional service centres (e.g. psycho-social assistance institutions for people addicted to psychoactive substances, victims of human trafficking and violence, day centres for people with disabilities, except for mental disabilities) - Modernisation and development of infrastructure of social care homes for the elderly in the community - Integration of public health-care services with personal health care and social services Reduction of health inequalities^[1] - Enhancing accessibility and quality of health services for population of target groups and target territories with a view to strengthening the prevention and management of risk factors of the main chronic diseases - Attracting required health professionals to health care institutions in regions with the largest disparities Health prevention and promotion^[1] - Development of infrastructure for the prevention and early diagnostics of diseases associated with ageing, renovation of infrastructure for the development of geriatric services, medical rehabilitation, and more effective and faster health recovery - Improving health literacy and forming healthy lifestyle skills for the identified target groups Improving employability of vulnerable groups^[1] - Activities increasing employability of people with health issues, e.g. disabled people					
Source of funding:	[1] Operational Programme for the European Union fund's investments in 2014-2020 (sources: ERDF, ESF, CF and YEI)					



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



LITHUANIA

[1] Operational Programme for the European Union fund's investments in 2014–2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Promoting information society	ERDF	081	€24 012 860	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	2.3.1. Increasing the accessibility and quality of public and administrative services
7. Promoting qualified employment and participation in the labour market	ESF	n/a	n/a*** ²	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	7.3.1 Increase employment, especially among the long-term and unskilled unemployed and people with disabilities
8. Promoting social inclusion and combating poverty	ERDF	053	€167 889 782	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	8.1.1. Increasing the share of community-based social services through transition from institutional to community-based services
	ESF	112	€106 904 236		8.1.3. Improving health care quality and accessibility for target groups and reducing health inequalities
				Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	8.4.1. Improving access to and quality of community-based services, development of family services 8.4.2. Reducing health inequalities by improving health care quality and accessibility for target population and promotion of healthy ageing
Managing Authority				Contacts	
Ministry of Finance of the Republic of Lithuania European Union Structural Assistance Management Department Lukiškių 2, 01512 Vilnius Republic of Lithuania				http://www.finmin.lt/web/finmin/home finmin@finmin.lt + 370 5 239 0268	

** Planned allocations are predominantly covering non-health interventions; the planned health allocation could not be assessed.

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Lithuania, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
 For more details about the national operational programme and its respective programme's Managing Authority see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) or http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



LITHUANIA

Programming period 2007-2013

Lithuania as a whole represented one region, which fell under the 'convergence objective.'

OP scheme:	3 / 4 national OPs*	0 / 0 regional OPs* (country level = NUTS 2 level)
Role of MoH in SF implementation:	In the 2007-2013 programming period, the Ministry of Health acted as an Intermediate Body for Operational Programme for Promotion of Cohesion for 2007-2013.	
Financial allocation which include health**:	€240 086 875	
Scope of investments:	Health infrastructure modernization^[1] - Modernisation of the infrastructure of health care services and improvement of the quality and access of services (preventive medicine, diagnostics, and modern treatment) - Reorganization of about 40 district hospitals in accordance to modern requirements - Introduction of modern medicine technologies in health care establishments where medical specialists of the highest qualification are employed - Investments improving infrastructure of radiation therapy with special attention given to renewal of infrastructure of hospitals where radiation therapy methods are applied and investments in modernization of other treatment methods – surgical treatment, chemotherapy - Investments in development of emergency medical services and development of personal health care institutions functioning as a trauma centres - Development of infrastructure of flexible mental health care services by establishing day-centres of mental health care in addition to already created infrastructure of mental health centres on municipal level E-health^[2] - Development and implementation of e-health services (electronic medical files, patient health monitoring systems, medical research e-centres) Health prevention and promotion^[1] - Strengthening of health monitoring and education and society's health care in communities by establishing institutions providing health care services Medical staff training^[1,3] - Training of medical staff related to use of new technologies (e-solutions, most advanced diagnostic equipment, etc.)	

Source of funding:	[1] Operational Programme for Promotion of Cohesion for 2007-2013 (source: ERDF) [MA: Ministry of Finance of the Republic of Lithuania] [2] Operational Programme for Economic Growth for 2007-2013 (source: ERDF) [MA: Ministry of Finance of the Republic of Lithuania] [3] Operational Programme Development of Human Resources (source: ESF) [MA: Ministry of Finance of the Republic of Lithuania]
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* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



LUXEMBOURG

GDP of Luxembourg amounts to €42.9b. Luxembourgian GDP per capita (in PPS) represents 263% of the EU28 average.

Health sector spending amounts to ca. 6.8% of the country's GDP.

Healthy life expectancy of males / females reaches 79.1 / 83.8 years which represents 103.9% / 1019% of the EU28 average.*

Programming period 2014-2020

Luxembourg represents one region which falls under the category of 'more developed regions.'

OP scheme:	2 / 2 national OPs**	0 / 0 regional OPs** (country level = NUTS 2 level)
Role of MoH in ESIF implementation:	The Ministry of Health in Luxembourg is not to act as a Managing Authority or as an Intermediate Body for implementation of health priorities under ESIF.	
Financial allocations which include health:	€0	
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^[1] ▸ Increasing the number of jobs in the public research and the number of new SMEs involved in R&D, covering health (biotechnology, life sciences), biotechnology, and other areas of social interest Improving employability of vulnerable groups^[2] ▸ Provision of support to socially or medically challenged (e.g. disabled) people to get back to work	

Source of funding:	[1] Operational Programme ERDF Luxembourg 2014-2020 (sources: ERDF)
	[2] Operational Programme ESF 2014-2020 (sources: ESF)

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



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



LUXEMBOURG

[1] Operational Programme ERDF Luxembourg 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Strengthening research, technological development and innovation	ERDF	n/a	n/a*** ²	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	1.1a.1 Increasing the number of jobs in public research
				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	1.1b.2 Increasing the number of new SMEs involved in R&D
Managing Authority				Contacts	
Ministry of Economy and Foreign Trade Directorate for Regional Policy 19-21, boulevard Royal, L-2449 Luxembourg Grand Duchy of Luxembourg				http://www.feder.lu +352 247-84325	

[2] Operational Programme ESF 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Enhancing social inclusion	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	2.9i.1 Increasing activation of people who are disadvantaged and far from the labour market, including the beneficiaries of the guaranteed minimum income
Managing Authority				Contacts	
Ministry of Labour, Employment and Social and Solidarity Economy 26, rue Sainte-Zithe, L - 2763 Luxembourg Grand Duchy of Luxembourg				http://www.mte.public.lu +352 247-86100	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Luxembourg, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) or http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

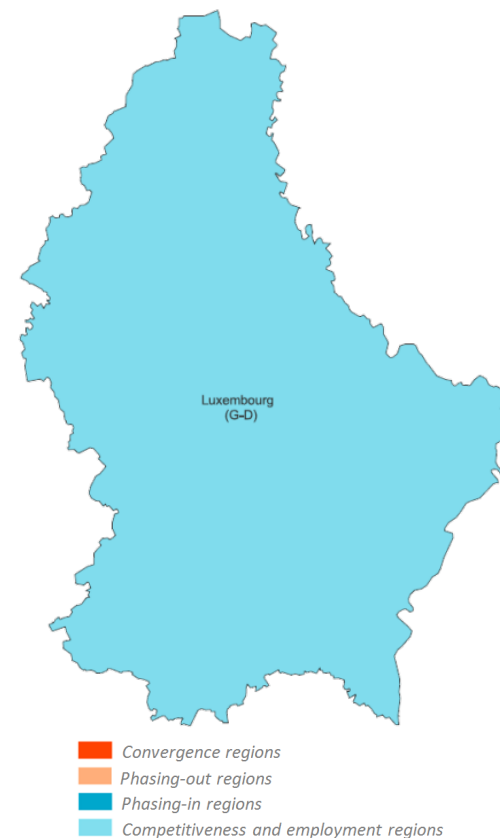


LUXEMBOURG

Programming period 2007-2013

Luxembourg represented one region which fell under the 'competitiveness and employment objective.'

OP scheme:	1 / 2 national OP*	0 / 0 regional OPs* (country level = NUTS 2 level)
Role of MoH in SF implementation:	Ministry of Health in Luxembourg had no formal role in the implementation of the Structural Funds in 2007-2013.	
Financial allocation which include health**:	€0	
Scope of investments:	Although there was no allocation to the identified or planned health projects, some projects with health-relevance were implemented in the following area(s): Healthy workforce^[1] - Under the priority 'Improving access to sustainable employment,' maintaining the elderly workforce in the labour market is mentioned, including health and social security aspects - Projects aiming at elderly employees, health and security at the workplace or employment of handicapped persons were supported	



Source of funding: [1] Operational Programme Luxembourg 2 (source: ESF)
[MA: n/a]

* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



MALTA

GDP of Malta amounts to €6.8b. Maltese GDP per capita (in PPS) represents 86% of the EU28 average.

Health sector spending amounts to ca. 9.1% of the country's GDP.

Healthy life expectancy of males / females reaches 78.6 / 83 years which represents 103.3% / 101% of the EU28 average.*

Programming period 2014-2020

Malta is again one region, but now it falls under the category of 'transition regions.'

OP scheme:	2 / 3 national OPs**		0 / 0 regional OPs** (country level = NUTS 2 level)			
Role of MoH in ESIF implementation:	In Malta, the health agenda is in competency of the Ministry for Energy and Health. The Ministry is not to act as a Managing Authority nor as an Intermediate Body for implementation of health priorities under ESIF.					
Financial allocations which include health:	Category 053: Category 081:	€ 19 200 000 € 4 299 328	Category 107: Category 112:	€ n/a € 4 000 000		
Scope of investments:	<table border="1"><tr><td>Total:</td><td>€ 27 499 328</td></tr></table>				Total:	€ 27 499 328
Total:	€ 27 499 328					
	Medical R&D^[1] ▶ Support of indigenous research in the health sector ▶ Development of a centre of excellence to promote bio-banking or cell / tissue harvesting and manipulation E-health^[1] ▶ Investment in IT platforms and facilities in key sectors for efficient service delivery ▶ Facilitation of accessibility of health and clinical data through electronic means Primary care strengthening^[1,2] ▶ Investment in infrastructure for primary health care services ▶ Optimisation of capacity in the provision of health services and establishment of a more sustainable primary health care system ▶ Development and / or modernisation of primary health care infrastructure, improvement of the regional health facilities in Gozo (aimed at providing services to ageing population) Active and healthy ageing^[1,2] ▶ Support of social, cultural, and recreational facilities providing services aimed at promoting healthy and active lifestyle, particularly amongst children, youths, elderly, and other vulnerable groups ▶ Empowerment of individuals to pursue healthy lifestyles and promote their own health Healthy workforce^[2] ▶ Promoting awareness of occupational health and safety with aims of fostering employability in particular of older and ageing workers Education and training of medical staff^[1,2] ▶ 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 and in Gozo Improving employability of vulnerable groups^[2] ▶ Activities increasing employability of people with health issues, e.g. disabled people					
Source of funding:	[1] Operational Programme I Fostering a competitive and sustainable economy to meet our challenges (sources: ERD [2] Operational Programme II Investing in human capital to create more opportunities and promote the wellbeing of <i>For more detailed information about the health-relevant OP, please, see the following page.</i>					



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



MALTA

[1] Operational Programme I Fostering a competitive and sustainable economy to meet our challenges

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Investing in research, technological development and innovation	ERDF	n/a	n/a*** ²	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	1.1a.1 Stimulating participation in R&D&I through the development of the necessary public infrastructure in line with the Smart Specialisation Strategy
2. Consolidating investment within the ICT sector	ERDF	081	€4 299 328	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	2.2c.2 Consolidating and further developing the provision of e-government services for G2C, G2B and G2G
8. Investing towards a more socially-inclusive society	ERDF	053	€19 200 000	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	8.9a.1 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 8.9a.2 Support the integration of vulnerable persons within the community through public infrastructure and community based centres intended to provide necessary social services to vulnerable groups and to bring vulnerable persons closer to the labour market
				Providing support for physical, economic and social regeneration of deprived communities in urban and rural areas	8.9b.3 Integration of deprived families through the upgrading of public social housing
9. Developing our future through education, training and lifelong learning	ERDF	n/a	n/a***	Investing in education, training and vocational training for skills and lifelong learning by developing education and training infrastructure	9.10a.1 Invest in public infrastructure aimed to provide education and training facilities for academic and vocational education and training (VET) to reduce early school leavers as well as improve tertiary education attainment
Managing Authority				Contacts	
Ministry for European Affairs and the Implementation of the Electoral Manifesto Planning and Priorities Coordination Division Triq il-Kukkanja, MT-SVR 1411 Valletta Republic of Malta				https://eufunds.gov.mt/en/Pages/Home.aspx info.ppcd@gov.mt +356 22001142	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- 053 Health Infrastructure
- 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- 107 Active and healthy ageing
- 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Malta, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the regional and national operational programmes' respective programmes Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



MALTA

[2] Operational Programme II Investing in human capital to create more opportunities and promote the wellbeing of society

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Investing in the employability and adaptability of human capital	ESF	n/a	n/a*** ³	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 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	1.8i.1 Improve the employment levels and labour mobility through incentives for employers and support measures for jobseekers / workers 1.8i.2 Enhancing the employability of older workers in the labour market 1.8i.3 Improving the labour market participation of women through financial support for the care of dependents in order to facilitate retention and return of women into the labour market as well as campaigns 1.8i.4 Increase the prevalence of self-employment and entrepreneurship as an alternative form of employment through financial incentives and other non-financial support 1.8ii.1 Smoothing the transition of youth from education to employment.
2. Towards a more inclusive society	ESF	112	€4 000 000	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest	2.9i.1 Enhancing active inclusion by creating opportunities for all 2.9iv.1 Enhancing the health and care service delivery through training for the health and care professionals/workers as well as measures intended to reduce health inequalities through actions to promote healthier lifestyles, and health and safety at work
Managing Authority				Contacts	
Office of the Deputy Prime Minister Planning and Priorities Coordination Division Triq il-Kukkanja, Santa Venera Republic of Malta				www.odpm.gov.mt +356 22001140	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Malta, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional and national operational programmes' respective programmes Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

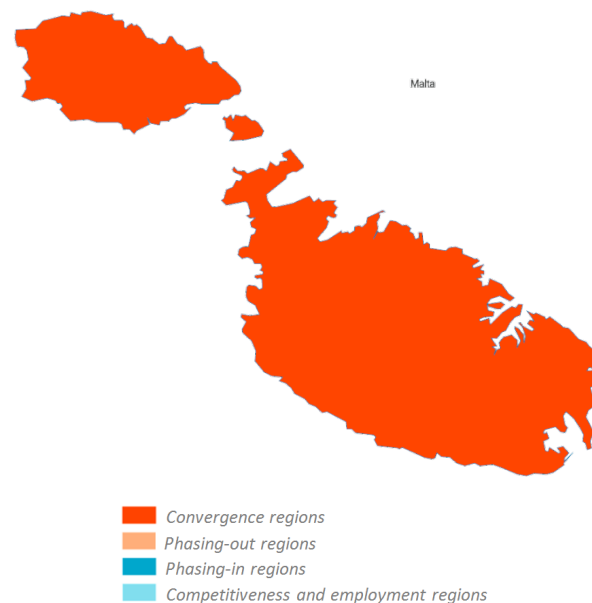


MALTA

Programming period 2007-2013

Malta as a whole fell under the 'convergence objective.'

OP scheme:	2 / 2 national OPs*	0 / 0 regional OPs* (country level = NUTS 2 level)
Role of MoH in SF implementation:	Prior to the establishment of the Ministry for Energy and Health, the health agenda was under the Ministry of Health, the Elderly and Community Care. The Ministry had no formal role in the implementation of the Structural Funds in 2007-2013.	
Financial allocation which include health**:	€ 28 900 000	
Scope of investments:	E-health^[1] ► Promotion of e-society ► Improvement of the national health services through a deployed holistic information system and various other initiatives implemented, as part of the national e-health strategy Health infrastructure^[1] ► Relocation of oncology and dermatology departments to other premises offering enhanced facilities to patients Occupational health^[1] ► Investments at the public information level ► Investments at the micro level of enterprises Social inclusion^[2] ► Access to education and training and sustainable employment opportunities for disadvantaged communities and groups at risk of poverty, including persons with mental health difficulties or disabled persons	
Source of funding:	[1] OP 1 Investing in competitiveness for a better quality of life (sources: ERDF and CF) [MA: Ministry for European Affairs and Implementation of the Electoral Manifesto, Planning and Priorities Coordination Division] [2] OP 2 Empowering people for more jobs and a better quality of life (sources: ESF) [MA: Office of the Prime Minister, Planning and Priorities Coordination Division]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



NETHERLANDS

GDP of the Netherlands amounts to €599b. Dutch GDP per capita (in PPS) represents 127% of the EU28 average.

Health sector spending amounts to ca. 12.4% of the country's GDP.

Healthy life expectancy of males / females reaches 79.3 / 83 years which represents 104.2% / 101% of the EU28 average.*

Programming period 2014-2020

There is no change in Dutch regions categorization but reflecting the new nomenclature; all of its regions fall under the category of 'more developed regions.'

OP scheme:	1 / 1 national OP**		3 / 4 regional OPs**			
Role of MoH in ESIF implementation:	In the Netherlands, the health agenda is in competency of the Ministry of Health, Welfare and Sport. The Ministry is not to act as a Managing Authority or as an Intermediate Body for implementation of health priorities under ESIF.					
Financial allocations which include health:	Category 053:	€ n/a	Category 107:	€ 101 000 000		
	Category 081:	€ n/a	Category 112:	€ n/a		
			<table><tr><td>Total:</td><td>€ 101 000 000</td></tr></table>		Total:	€ 101 000 000
Total:	€ 101 000 000					
Scope of investments:	Active and healthy ageing^[1] ▶ Advising companies and governmental institutions on how to increase vitality and skills of employees Medical R&D^[2,3,4,5] ▶ Project grants and loans on cooperation between universities and companies focused on new products and support services, e.g. biomedical science producing new drugs ▶ Grants and loans are available for setting up and conducting pilot projects					
Source of funding:	[1] Operational Programme ESF 2014-2020 (source: ESF) [2] Operational Programme West Netherlands ERDF 2014-2020 (source: ERDF) [3] Operational Programme South Netherlands ERDF 2014-2020 (source: ERDF) [4] Operational Programme North Netherlands ERDF 2014-2020 (source: ERDF) [5] Operational Programme East Netherlands ERDF 2014-2020 (source: ERDF)					

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



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



NETHERLANDS

[1] Operational Programme ESF 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Promoting sustainable and quality employment and support labour mobility	ESF	107	€101 000 000	Active and healthy ageing	2.8vi.3 Promoting sustainable labour of workers

Managing Authority	Contacts
Ministry of Social Affairs SZW Agency Wilhelmina van Pruysenweg 52, NL-2595 AN Den Haag Kingdom of the Netherlands	http://www.agentschapszw.nl (31-70) 315 20 00

[2] Operational Programme West Netherlands ERDF 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Strengthening research, technological development and innovation	ERDF	n/a	n/a*** ²	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	1.1b.1 Valorisation, increasing the share of innovative products and services (especially with internationally marketable potential) in the total turnover of companies 1.1b.2 Capital investment, improving access to an increased supply of finance for innovation in SMEs in sectors specified in the national strategy including health sector

Managing Authority	Contacts
City of Rotterdam Wilhelminakade 179, 3072AP Rotterdam Kingdom of the Netherlands	http://www.kansenvoorwest.nl

*** 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.

Note:

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- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In the Netherlands, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



NETHERLANDS

[3] Operational Programme South Netherlands ERDF 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Innovation promotion	ERDF	n/a	n/a***	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	1.1b.1 Strengthening and widening the southern Dutch open innovation in crossovers between the international top clusters and between national and international top clusters with greater participation of SMEs 1.1b.2 Strengthening the valorisation potential of SMEs within the national and international top clusters in order to contribute to solving the identified societal challenges and strengthening the top clusters 1.1b.3 Sustainable strengthening of the system within which labour -and offer within the RIS3 top clusters are aligned to exploit the innovation potential of the top clusters optimally
Managing Authority				Contacts	
Province of Noord-Brabant County Hall Brabantlaan 1, 5216 TV 's-Hertogenbosch Kingdom of the Netherlands				http://www.europaomdehoek.eu 00 31 73 681 28 12	

[4] Operational Programme North Netherlands ERDF 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Human capital, knowledge and innovation	ERDF	n/a	n/a*** ³	Promoting business investment in R&I, developing links and synergies between enterprises, research and development centres and the higher education...	1.1b.B Better knowledge position of SMEs by collaborating with other companies and / or research institutions to tap knowledge, generate and retrieve inwards within the identified social challenges in RIS3 1.1b.C Increased innovation and exploitation in SMEs within the social challenges identified in the RIS3
Managing Authority				Contacts	
Samenwerkingsverband Noord Nederland Postbus 779, 9700 AT Groningen Kingdom of the Netherlands				http://www.europaomdehoek.eu 00 31 50 52 24 900	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
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In the Netherlands, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



NETHERLANDS

[4] Operational Programme East Netherlands ERDF 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Innovation	ERDF	n/a	n/a***	Promoting business investment in R&I, developing links and synergies between enterprises, research and development centres and the higher education...	1.1b.A Increasing the percentage of companies that cooperate with cluster and networks. 1.1b.B Increasing the proportion of sales from new products by companies promoting experimental development of new products including the development and testing of prototypes in SMES.
Managing Authority				Contacts	
Samenwerkingsverband Noord Nederland Postbus 779, 9700 AT Groningen Kingdom of the Netherlands				http://www.europaomdehoek.eu 00 31 50 52 24 900	

*** 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.

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For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



NETHERLANDS

Programming period 2007-2013

Dutch regions fell under the 'competitiveness and employment objective.'

OP scheme:	0 / 1 national OP* 4 / 4 regional OPs*
Role of MoH in SF implementation:	The Ministry of Health, Welfare and Sport had no formal role in the implementation of the Structural Funds in 2007-2013.
Financial allocation which include health**:	€0
Scope of investments:	Although there was no allocation to health projects identified or planned, some projects with health-relevance were implemented in the following area(s): Spatial quality of living and working environment^[1] - Physical investments in the attractiveness and safety of public areas and green areas open to the public - Environmental measures focusing on improving the air quality in order to contribute to the quality of the living environment Innovation and entrepreneurship^[1] - Opportunities to exchange knowledge and arrive at new innovations especially at the borderline between sectors / fields of technology, for example between nanotechnology and food - SMEs can be involved through public authorities subcontracting research to them



Source of funding: [1] ROPs North Netherlands, West Netherlands, South Netherlands and East Netherlands (source: ERDF)
[MAs: regional administrations]

* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



POLAND

GDP of Poland amounts to €381b. Polish GDP per capita (in PPS) represents 67% of the EU28 average.

Health sector spending amounts to ca. 6.7% of the country's GDP.

Healthy life expectancy of males / females reaches 72.7 / 81.1 years which represents 95.5% / 98.7% of the EU28 average.*

Programming period 2014-2020

All but one of Polish regions fall under the category of 'less developed regions.' Mazowieckie is a 'more developed region.'

OP scheme:	3 / 6 national OPs**			16 / 16 regional OPs**	
Role of MoH in ESIF implementation:	In the 2014-2020 programming period, the Ministry of Health is to be an Intermediate Body of Operation for Programmes Infrastructure and Environment 2014-2020 and Knowledge Education Development 2014-2020. The Ministry is to implement measures under Operational Programmes Knowledge Education Development 2014-2020, Infrastructure and Environment 2014-2020, and Digital Poland 2014-2020 Operational Programme.				
Financial allocations which include health:	Category 053:	€ 1 366 477 348	Category 107:	€ 329 017 128	Total: € 2 954 191 006
	Category 081:	€ 348 612 169	Category 112:	€ 910 084 361	
Scope of investments:	Improving access to primary and emergency health care^[1] - Investments in emergency medical infrastructure and infrastructure of supra-therapeutic entities - Support of existing and creation of new hospital emergency departments and trauma centres - Medical transport infrastructure development and modernization - Support for branches and other organizational units of supra-regional hospitals - Support for diagnostic laboratories and other entities involved in the diagnosis Prevention programs for diseases negatively affecting labour force^[2] - Pilot projects in the field of testing and prevention programs, including research, education and encouraging cooperation between highly specialized centres and primary care physicians and general hospitals, in order to counteract the phenomenon of fragmentation of patient care Access to affordable, sustainable and high quality health services^[2] - Deinstitutionalization of care for dependents (incl. the elderly), through development of alternative care - Training of the administrative staff and managers of therapeutic entities to improve efficiency of health care, with particular emphasis on the development of analytical capacity and internal audit units - Creation of a system for mapping of health needs New solutions in formation and implementation of public policies^[2] - Micro-innovation: to reach out for potential social innovators, and subsequently to support development, testing and dissemination of new ideas - Macro-innovation: to provide opportunities to make changes to existing practice by entities with greater potential and projects enabling the development of innovation policy - Cooperation, exchange of information and experience, with foreign partners Improving employability of vulnerable groups^[2] - Activities increasing employability of youth and people aged 50+ (focus on the disabled or disadvantaged) E-health^{[3][4]} - Improving effectiveness of public administration by implementing and improving IT solutions - Digitisation of entities from the health sector and their resources Types of investments under regional operational programmes^[4] - Investments in health infrastructure - ICT applications strengthening (e-health) - Active and healthy ageing - Access to sustainable and high-quality services <i>Note: ROPs cover approx. 77% of funding allocated for health investments from ESIF in Poland.</i>				
Source of funding:	[1] Operational Programme Infrastructure and Environment (sources: ERDF and CF) [2] Operational Programme Knowledge Education Growth (sources: ESF and YEI) [3] OP Digital Poland (sources: ERDF) [4] ROPs (sources: ERDF and ESF) <i>For more detailed information about the health-relevant OP, please, see the following page.</i>				



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



POLAND

[1] Operational Programme Infrastructure and Environment

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
9. Strengthening strategic health infrastructure	ERDF	053	€468 275 027	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	9.9a.1 Providing public access to infrastructure health care and improving the efficiency of health care system
Managing Authority				Contacts	
Ministry of Infrastructure and Development Wspólna 2/4, 00-926 Warsaw Republic of Poland				http://www.mir.gov.pl/english/sekretariatDKF@mir.gov.pl +48 22 273 79 00	

[2] Operational Programme Knowledge Education Growth

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Effective public policy for the labour market, economy and education	ESF	112	€43 846 660	Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	2.9iv.1 Increasing the powers of local government units and personnel support system of family and foster care 2.9iv.2 Standardization of quality assistance services and care for people with varying degrees of dependence 2.9iv.3 The development of supported housing for people at risk of social exclusion as a form of deinstitutionalization
				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	2.8iv.1 Standardization activities undertaken by labour market institutions 2.8iv.2 Improving human resources and the qualifications and competence of key employees in labour market institutions 2.8iv.3 Equipping the labour market institutions with information resources to increase the efficiency of their operation 2.8iv.4 Increase the scope and relevance of the incentives offered to young people far from the labour market 2.8iv.5 Set up a system of monitoring the effectiveness of labour market institutions
				Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	2.9i.1 Strengthening of monitoring and evaluation of policies for social inclusion and the fight against poverty 2.9i.2. Strengthening the capacity of institutions promoting social inclusion 2.9i.3 Increasing employment opportunities for people who are socially excluded 2.9i.4 Increasing the ability of public policies to implement the UN Convention on the rights of persons with disabilities

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Poland, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF)



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4. Social innovation and transnational cooperation	ESF	107	€19 330 318	All investment priorities under thematic objectives 8-11* *The list shall be specified by the Managing Authority in the implementation phase and will be linked to the themes of transnational cooperation	2.9i.5 Improving the quality of the work carried out by public and private entities aimed at social and professional inclusion of disabled persons
		112	€19 330 318		4.1 The increased use of social innovations to improve the effectiveness of selected aspects of public policies in the area of influence of the ESF (social innovation)
					4.2 Strengthening skills and key people from the transnational mobility programs (transnational mobility programs)
					4.3 Implementation of new solutions, in particular in the field of professional activation, lifelong learning and the formation and implementation of public policies, in cooperation with foreign partners (transnational cooperation)
5. Support for health area	ESF	107	€41 106 244	Active and healthy ageing Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	5.8vi.1 Implementation of prevention programs for diseases negatively affecting the workforce
		112	€73 492 694		5.9iv.1 Implementation of quality activities and organization in the health system to facilitate access to affordable, sustainable and high quality health services

Managing Authority	Contacts
Ministry of Infrastructure and Development	http://www.mir.gov.pl/english/
Wspólna 2/4, 00-926 Warsaw	sekretariatDZF@mir.gov.pl
Republic of Poland	+48 22 273 80 50

[3] OP Digital Poland

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. E-government and open government	ERDF	n/a	n/a*** ²	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	2.2c.2 High availability and quality of public e-services 2.2c.3 The digitization of back-office processes in government 2.2c.4 Digital accessibility and usability of public sector information
3. Digitally competent society				Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	2.2c.5 Increase the level and to improve the ability to use the Internet, including e-services

Managing Authority	Contacts
Ministerstwo Infrastruktury i Rozwoju Departament Rozwoju Cyfrowego	http://www.mir.gov.pl/
ul. Wspólna 2/4, 00-926 Warszawa	sekretariatDRC@mir.gov.pl
Republic of Poland	+48 22 273 75 00/01

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

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For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF)



POLAND

[4] ROPs

No.	Name of the programme	Source	Cat. of intervention	Health allocations by category	Total health allocation	Types of investments under ROPs
1	Regional Operational Programme for Dolnośląskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€56 608 280; €17 996 288 €28 287 888; €35 000 000	€137 892 456	
2	Regional Operational Programme for OP Kujawsko-Pomorskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€117 889 427; €21 288 155 €28 763 959; €58 340 443	€226 281 984	
3	Regional Operational Programme for Łódzkie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€53 349 247; €11 405 829 €19 259 356; €44 323 929	€128 338 361	
4	Regional Operational Programme for Lubelskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€61 257 020; €6 000 000 €18 647 802; €49 727 472	€135 632 294	
5	Regional Operational Programme for Lubuskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€19 601 052; €7 840 421 €5 053 806; €5 053 806	€37 549 085	
6	Regional Operational Programme for Małopolskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€131 000 000; €41 000 000 €26 000 000; €115 000 000	€313 000 000	
7	Regional Operational Programme for Mazowieckie Voivodeship 2014-2020	ERDF ESF	053, 081 112	€55 684 051; €69 119 929 €79 577 765	€214 381 745	► Investments in health infrastructure [053] ► ICT applications strengthening (e-health) [081]
8	Regional Operational Programme for Opolskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€22 860 000; €3 000 000 €8 400 000; €13 700 000	€47 960 000	► Active and healthy ageing [107] ► Access to sustainable and high-quality services [112]
9	Regional Operational Programme for Podkarpackie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€57 439 745; €11 405 882 €5 389 061; €63 356 719	€137 591 407	
10	Regional Operational Programme for Podlaskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€27 000 000; €13 500 000 €10 000 000; €11 000 000	€61 500 000	
11	Regional Operational Programme for Pomorskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€58 036 770; €38 691 180 €15 657 454; €20 575 250	€132 960 654	
12	Regional Operational Programme for Śląskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€57 249 768; €45 000 000 €47 458 483; €88 811 405	€238 519 656	
13	Regional Operational Programme for Świętokrzyskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€31 494 449; €15 705 219 €13 620 341; €56 790 868	€117 610 877	
14	Regional Operational Programme for Warmińsko-Mazurskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€22 062 512; €19 259 266 €3 942 416; €25 183 327	€70 447 521	
15	Regional Operational Programme for Wielkopolskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€86 670 000; €26 400 000 €31 100 000; €87 973 705	€232 143 705	
16	Regional Operational Programme for Zachodniopomorskie Voivodeship 2014-2020	ERDF ESF	053, 081 107, 112	€40 000 000; €1 000 000 €7 000 000; €19 000 000	€67 000 000	
Summary information						
Total allocation through ROPs		ERDF ESF	053, 081 107, 112	€898 202 321; €348 612 169 €268 580 566; €773 414 689	€2 288 809 745	

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- 053 Health Infrastructure
- 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- 107 Active and healthy ageing
- 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Poland, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF)



POLAND

Programming period 2007-2013

All Polish regions fell under the 'convergence objective.'

OP scheme:	2 / 6 national OPs*	n/a / 16 regional OPs*
Role of MoH in SF implementation:	In the 2007-2013 period, the Ministry of Health acted as an Intermediate Body for Operational Programme Infrastructure and Environment 2007-2013. The Ministry of Health was also a beneficiary of Operational Programmes Human Capital 2007-2013, Infrastructure and Environment 2007-2013 and Innovative Economy 2007-2013.	
Financial allocation which include health[†]:	€947 554 977	
Scope of investments:	Health infrastructure^[1,3] ▶ Achieving an integrated system of Emergency Medical Services with a common communications network, rescue procedures and medical equipment ▶ Renovation, modernisation and creation of new of general hospitals as well as specialised inpatient facilities such as diagnostic centres Healthy working lives^[2] ▶ Development of preventive programmes adapted to the needs of specific groups of employees, in particular oriented at reducing the occurrence of occupational diseases ▶ Development of programmes oriented at supporting the target groups (employees with diagnosed occupational diseases) to get back to work Increasing qualifications and skills of medical personnel^[2] ▶ Professional education for nurses and midwives, in particular within bridging studies ▶ Education within the specialisation process for physicians of deficit specialities, such as: oncology, cardiology, occupational medicine ▶ Postgraduate education of representatives in other medical professions Enhancing quality management in health care^[2] ▶ Development of certification and accreditation systems in health care institutions ▶ Training of managerial staff and public resources administrators in the health sector ▶ Development of qualification standards for the staff that manages the health care	
Source of funding:	[1] Operational Programme Infrastructure and environment (source: ERDF) [MA: Department for the Management of the Competitiveness and Innovativeness Programmes, Ministry of Regional Development] [2] Operational Programme Human capital (source: ESF) [MA: Department for European Social Fund Management, Ministry of Regional Development] [3] ROPs (source: ERDF) [MAs: regional administrations]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.
** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



PORTUGAL

GDP of Portugal amounts to €165b. Portuguese GDP per capita (in PPS) represents 76% of the EU28 average.

Health sector spending amounts to ca. 9.4% of the country's GDP.

Healthy life expectancy of males / females reaches 77.3 / 83.6 years which represents 101.6% / 101.7% of the EU28 average.*

Programming period 2014-2020

There is no change in Portuguese regions categorization but reflecting the new nomenclature; almost all of its regions fall under the category of 'less developed regions.' Algarve is a 'transition region.' The region of the capital Lisboa is a 'more developed region.'

OP scheme: 2 / 4 national OPs**

7 / 7 regional OPs**

Role of MoH in ESIF implementation:

The Ministry of Health in Portugal is not to act as a Managing Authority or as an Intermediate Body for implementation of health priorities under ESIF; however, its subordinate body—Central Administration of the Health System (ACSS)—is to act as an Intermediate Body for Operational Programme Social Inclusion and Employment and in Regional Operational Programme in matters related to health.

Financial allocations which include health:

Category 053:	€ 177 528 642	Category 107:	€ n/a	Total: € 670 558 559
Category 081:	€ 38 087 204	Category 112:	€ 454 942 713	

Scope of investments:

Community-based care^[1,3]

- ▶ Support of Models of Independent Living (MAVI)
- ▶ Strengthening the national helpdesk and support network, particularly with training and support to parents and caregivers, and through self-help groups (face-to-face or electronic platforms)
- ▶ Extending the network of rehabilitation therapies for children / young people with disabilities
- ▶ Creation of community-based services to support people with disabilities in their daily activities and promote social inclusion
- ▶ Integrated intervention model for Double Diagnosis situations (DD)—to suit response to people with intellectual disabilities and mental illness, an increase in the number of responses from caregivers institutions and their qualification
- ▶ Support of the patient at home / in the community through the use of technology aimed at people living in isolated places far away from hospitals
- ▶ Support of SNIPI, program with mission of early childhood Intervention, set of integrated support measures focused on children and family, including prevention, health and social care, and education

Active and healthy ageing^[1]

- ▶ Diversification program services promoting quality of life, well-being of older people and active and healthy ageing

E-health^[2]

- ▶ Digital assisted care services
- ▶ Increased efficiency and rationalization costs relating to technological infrastructure, communication and information systems to support the provision of online public services

Education and training of medical staff^[1,3]

- ▶ Training and development of professional skills of people working in the health sector (training related to modernization of the health infrastructure, care of those with addictive behaviours or mentally ill)

Types of investments under regional operational programmes^[3]

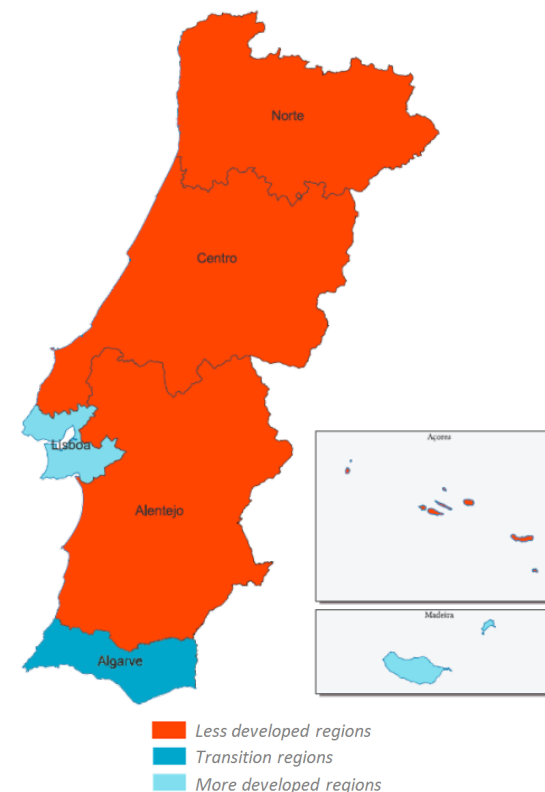
- ▶ Investments in health infrastructure
- ▶ ICT applications strengthening (e-health)
- ▶ Access to sustainable and high-quality services

Note: ROPs cover approx. 33% of funding allocated for health investments from ESIF

Source of funding:

- [1] OP Social Inclusion and Employment (sources: ESF and YEI)
- [2] OP Competitiveness and Internationalisation (sources: ERDF, ESF and CF)
- [3] OP Human Capital (source: ESF)
- [4] ROPs (source: ERDF)

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



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



PORTUGAL

[1] OP Social Inclusion and Employment

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
3. Promoting social inclusion and combating poverty and discrimination	ESF	112	€418 272 713	Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	3.9iv.5 Broadening the range of social and health services, adapting them to emerging needs, enhancing the transition from institutional care to community-based care as well as improving access and quality of solutions in the context of health and social care systems, and care and protection of children
Managing Authority Agency for Development and Cohesion Av. 5 de Outubro, 153, P 1050-053 Lisboa Portuguese Republic				Contacts http://www.adcoesao.pt +351 218 814 000	

[2] OP Competitiveness and Internationalisation

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Enhancing competitiveness of SMEs and reduction of public context costs	ERDF	081	€29 979 750	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	2.2c.4 Reducing the context costs through enhanced availability and promoting the use of network services to the public administration and improving management efficiency
Managing Authority Agency for Development and Cohesion Av. 5 de Outubro, 153, P 1050-053 Lisboa Portuguese Republic				Contacts http://www.pofc.qren.pt/duarte.rodrigues@adcoesao.pt +351 218 814 000	

[3] OP Human Capital

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Promotion of educational success, to combat school dropout and enhancing the skills of youth for employability	ERDF	n/a	n/a***	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	1.10i.1 Increase the number of young graduates in teaching methods and training, with further training in the workplace

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Portugal, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



PORTUGAL

ERDF	n/a	n/a*** ²	Improving the labour market relevance of education and training systems, facilitating the transition from education to work, and strengthening vocational education and training systems and their quality, including through mechanisms for skills anticipation, adaptation of curricula and the establishment and development of work-based learning systems, including dual learning systems and apprenticeship schemes	1.10iv.4 Increase school success and reducing dropout rates, improving the quality and efficiency of education system and training and learning conditions at the level of pre-school, primary and secondary education
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Managing Authority	Contacts
Agency for Development and Cohesion Av. 5 de Outubro, 153, P 1050-053 Lisboa Portuguese Republic	http://www.pofc.gren.pt/ duarte.rodrigues@adcoesao.pt +351 218 814 000

[4] ROPs

No.	Name of the programme	Source	Cat. of intervention	Health allocations by category	Total health allocation	Types of investments under ROPs
1	Regional Operational Programme Alentejo 2014-2020	ERDF	053	€34 045 378	€34 045 378	
2	Regional Operational Programme Algarve 2014-2020	ERDF	053; 081	€1 000 000; €1 000 000	€11 000 000	
3	Regional Operational Programme Açores 2014-2020	ERDF	053; 081	€39 500 000; €1 500 000	€53 100 000	
4	Regional Operational Programme Centro 2014-2020	ERDF	053; 081	€36 925 718; €2 685 506	€39 611 224	▶ Investments in health infrastructure [053] ▶ ICT applications strengthening (e-health) [081]
5	Regional Operational Programme Lisboa 2014-2020	ERDF	053	€33 000 000	€46 000 000	▶ Access to sustainable and high-quality services [112]
6	Regional Operational Programme Madeira 2014-2020	ERDF	053; 081	€6 000 000; €1 480 000	€10 050 000	
7	Regional Operational Programme Norte 2014-2020	ERDF	053; 081	€27 057 546; €1 441 948	€28 499 494	
Summary information						
Total allocation through ROPs		ERDF	053, 081	€177 528 642; €8 107 454	€222 306 096	
		ESF	112	€36 670 000		

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Portugal, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

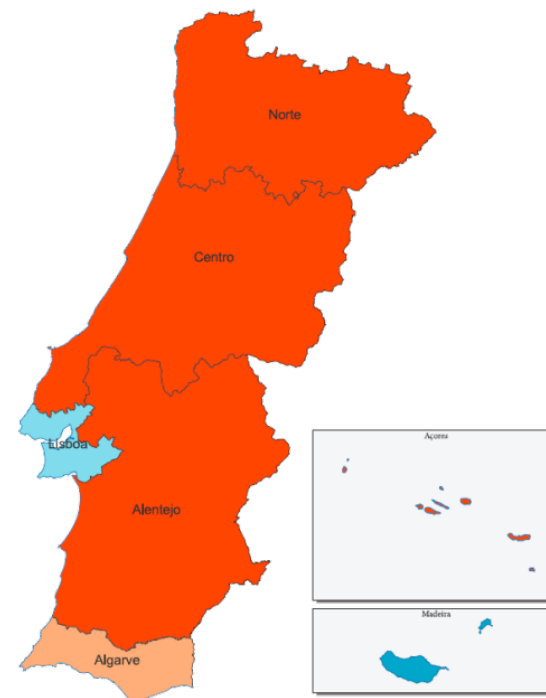


PORTUGAL

Programming period 2007-2013

Almost all of Portuguese regions fell under the 'convergence objective.' Algarve is a 'phasing-out region.' The region of the capital Lisboa is a 'competitiveness and employment region.'

OP scheme:	2 / 5 national OPs*	n/a / 9 regional OPs*
Role of MoH in SF implementation:	The Ministry of Health in Portugal was not directly involved in the implementation of the Structural Funds in 2007-2013.	
Financial allocation which include health**:	€ 321 985 695	
Scope of investments:	Health services^[1] ▸ Upgrading emergency services, restructuring primary health care, and improving the access to consultations and surgery E-health^[2,3] ▸ Modernisation of public administration Health system efficiency^[2,3] ▸ Modernisation of public administration, using organisational models of central administrations Health care for vulnerable social groups^[2] ▸ Promotion of equal opportunities for all ▸ Improvements in the quality of life of people with disabilities	



Source of funding:	[1] Operational Programme Territorial Enhancement (sources: ERDF and CF) [MA: Thematic Operational Programme Territorial Enhancement (POVT)] [2] Operational Programme Human potential (sources: ESF) [MA: Agency for Development and Cohesion] [3] ROPs (sources: ERDF) [MAs: regional administrations]
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- Convergence regions
- Phasing-out regions
- Phasing-in regions
- Competitiveness and employment regions

* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.
** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



ROMANIA

GDP of Romania amounts to €131b. Romanian GDP per capita (in PPS) represents 53% of the EU28 average.

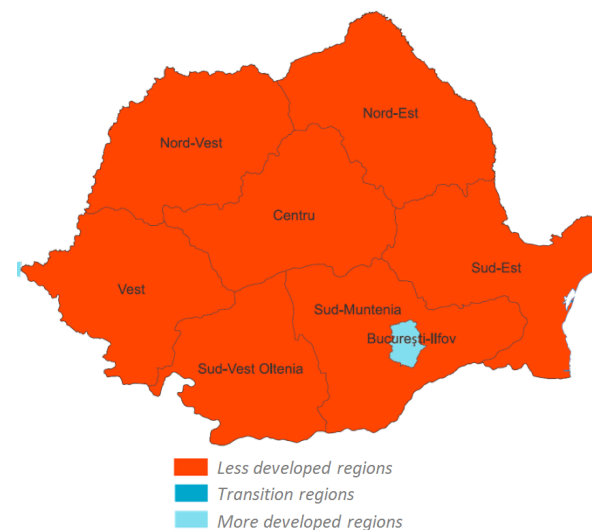
Health sector spending amounts to ca. 5.1% of the country's GDP.

Healthy life expectancy of males / females reaches 71 / 78.1 years which represents 93.3% / 95% of the EU28 average.*

Programming period 2014-2020

All but one of Romanian regions fall under the category of 'less developed regions.' Bucuresti-Ilfov is a 'more developed region.'

OP scheme:	4 / 6 national OPs**		0 / 0 regional OPs**			
Role of MoH in ESIF implementation:	The Romanian Ministry of Health is to be a beneficiary of some projects implemented under the Operational Programmes Human Capital, Regional OP – infrastructure, Administrative Capacity, and Competitiveness OP.					
Financial allocations which include health:	Category 053: € 319 148 936	Category 107: € n/a	<table><tr><td>Total:</td><td>€ 806 248 936</td></tr></table>		Total:	€ 806 248 936
Total:	€ 806 248 936					
	Category 081: € 30 000 000	Category 112: € 454 942 713				
Scope of investments:	Health promotion and prevention^[1] ▶ Provision of essential health programs and services with a strong component geared to prevention, early detection (screening), early diagnosis and treatment of socially significant diseases (e.g. heart disease, cancer, diabetes, chronic kidney disease, chronic hepatitis, tuberculosis, and HIV-AIDS), including the training and development of professionals involved in the methodological framework ▶ Provision of preventive / early diagnosis for mother and child eHealth^[1,2] ▶ Implementation of ICT solutions (eHealth, telemedicine, exchange of best practices / supply necessary training programs for staff involved in the use of new equipment and technologies) Community-based care^[1,3] ▶ Support for assistance programs provided to young people ▶ Development of foster care for children with disabilities ▶ Development or modernization of social and community centres ▶ Investments in buildings for public use for educational, cultural and recreational activities , in order to create, improve or expand basic public services Education and training of medical staff^[1] ▶ 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 Medical R&D^[2] ▶ Investment in creating and equipping new laboratories, research centres, or upgrading the existing ones, for both public institutions / universities and research firms ▶ Development of specific IT cloud infrastructure common to all public sector organizations ▶ Creation of online social platforms and data centres, developing unique web portal with access to all public services on websites of public institutions					



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



ROMANIA

Improving employability of vulnerable groups^[1,3]

- Activities increasing employability of vulnerable groups (e.g. disabled people, older workers, people with low levels of education, the Roma minority)

Improving access to and quality of health care in regions^[3]

- Construction/ modernisation / expansion of regional emergency hospitals
- Restoration / modernization / expansion of patient departments , including those arising from the reorganization / rationalization of small regional hospitals
- Restoration / modernization / expansion of ICU infrastructure
- Equipping social infrastructure including community centres

Increasing effectiveness and capacity in public administration^[4]

- Reducing administrative burden by simplifying legislation in areas including health (pharmaceutical certification, health inspection) and employment (occupational health and safety)

Source of funding:

[1] Operational Programme Human Capital (sources: ESF and YEI)

[2] Competitiveness Operational Programme (sources: ERDF)

[3] Regional Operational Programme (sources: ERDF)

[4] Operational Programme Administrative Capacity (sources: ESF)

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



ROMANIA

[1] Operational Programme Human Capital

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
3. Jobs for all	ESF	n/a	n/a*** ²	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 Adaptation of workers, enterprises and entrepreneurs to change	3.8i.1 Increasing employment of unemployed and inactive people, focusing on the long-term unemployed, older workers (55-64 years), persons with disabilities, persons with low levels of education 3.8i.2 Employment growth Romanian citizens of Roma minority 3.8i.4 Improving skill levels, including the assessment and certification of skills acquired in non-formal and informal system of unemployed and inactive people, with a focus on long-term unemployed, older workers (55-64 years), persons with disabilities, persons with low educational 3.8i.5 Improving skill levels, including the assessment and certification of skills acquired in non-formal and informal system of Romanian citizens of Roma minority 3.8v.1 Increasing employment of unemployed and inactive people, focusing on the long-term unemployed, older workers (55-64 years), persons with disabilities, persons with low levels of education 3.8v.2 Increasing labour force participation rate among the Roma minority 3.8v.4 Improving skill levels, including the assessment and certification of skills acquired in non-formal and informal system of unemployed and inactive people, with a focus on long-term unemployed, older workers (55-64 years), persons with disabilities, and people with low levels of education 3.8v.5 Improving skill levels, including the assessment and certification of skills acquired in non-formal and informal system with focus on the Roma minority
4. Social inclusion and combating poverty	ESF	112	€457 100 000	Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	4.9iv.5 Increasing the quality of the social assistance system by introducing tools / procedures / mechanisms etc. and by improving the skills of professionals in the system 4.9iv.6 Increasing the number of people receiving social care services in the community 4.9iv.7 Increasing the use / application of ICT solutions (e-social, electronic services, etc.) in providing social services 4.9iv.8 Improving the skills of professionals in the medical sector 4.9iv.9 Increasing the number of people receiving health programs and services aimed at prevention, early detection (screening), early diagnosis and treatment for major diseases 4.9iv.10 Increasing the number of people receiving health care services in the community 4.9iv.11 Increasing the use / application of ICT solutions (e-health, telemedicine, etc.) in providing medical services 4.9iv.12 Reducing the number of children and youth placed in institutions by

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- 053 Health Infrastructure
- 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- 107 Active and healthy ageing
- 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Romania, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



ROMANIA

4. Social inclusion and combating poverty	ESF	n/a	n/a*** ³	Socio-economic integration of marginalized communities such as the Roma	providing community-based alternatives
					4.9iv.13 Increasing the number of young people leaving social institutions (aged 18 years) prepared to lead independent lives 4.9iv.14 Increasing the number of foster parents and social community 4.9iv.15 Reducing the number of older people and people with disabilities placed in institutions by providing health and social services in the community, including long-term services 4. 9ii.1 Reducing the number of people at risk of poverty and social exclusion of marginalized communities where there are Roma minority population (those communities where Roma minority population represents at least 10% of the population in the community) by implementing integration measures 4. 9ii.2 Reducing the number of people at risk of poverty and social exclusion of marginalized communities (non-Roma), by implementing integration measures 4. 9ii.3 Improving digital literacy of the population in disadvantaged communities by supporting the training process within the network PAPI (e-inclusion) 4. 9ii.4 Reducing the number of persons belonging to vulnerable groups by providing social services / health / socio-professional / vocational training appropriate to their needs

Managing Authority	Contacts
Ministry of European Funds Bd. Carol I, nr. 34-36, Bucuresti, Sector 2 Romania	http://www.fonduri-ue.ro 021 315 02 14/118

[2] Competitiveness Operational Programme

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Research, Technological Development and Innovation (RDI) in support of economic competitiveness and business development	ERDF	n/a	n/a***	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	1.1a.1 Increasing capacity in the areas of smart specialization, CDI and health
2. Information and communication technology (ICT) for a competitive digital economy	ERDF	081	€30 000 000	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	2.2c.3 Increasing use of e-government

Managing Authority	Contacts
Ministry of European Funds Bd. Ion Mihalache, nr 15-17, Tower Center, Bucuresti Romania	http://www.fonduri-ue.ro

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Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
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- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Romania, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.

For more details about the national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



ROMANIA

[3] Regional Operational Programme

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
4. Supporting sustainable urban development	ERDF	n/a	n/a***	Providing support for physical, economic and social regeneration of deprived communities in urban and rural areas	4.9viii.3 Improving physical, economic and social regeneration within marginalized communities in the county capital cities in Romania 4.9viii.4 Investments in education, training , including training for acquiring skills and lifelong learning by developing infrastructure for all education and training
8. Health and social infrastructure development	ERDF	053	€319 148 936	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	8.9vii.1 Increasing affordability of community health, particularly for poor and isolated areas 8.9vii.2 Improving quality and efficiency of hospital emergency care 8.9vii.2 Increase coverage of social services
9. Supporting economic and social regeneration of deprived urban communities	ERDF	n/a	n/a***	Community-led local development strategies	9.9vi.1 Reducing the number of people at risk of poverty and social exclusion

Managing Authority

ROP Management Authority
Ministry of Regional Development and Public Administration
 Str. Apolodor nr. 17, București, Sector 5
 Romania

Contacts

<http://www.mdrap.ro>
info@mdrap.ro
 (+40 37) 211 14 09

[4] Operational Programme Administrative Capacity

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Effective public administration and judicial system	ESF	n/a	n/a*** ⁴	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	1.11iii.1 Development and implementation of systems and standards in public administration that optimize decision-making processes and citizen-oriented business environment according to the Strategy 2014-2020 on strengthening public administration (SCAP)

Managing Authority

Ministry of Regional Development and Public Administration
 Piața Revoluției nr. 1A, București, Sector 1
 Romania

Contacts

<http://www.mdrap.ro>
info@mdrap.ro
 (+40 37) 211 14 09

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

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- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

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In Romania, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

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For more details about the national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

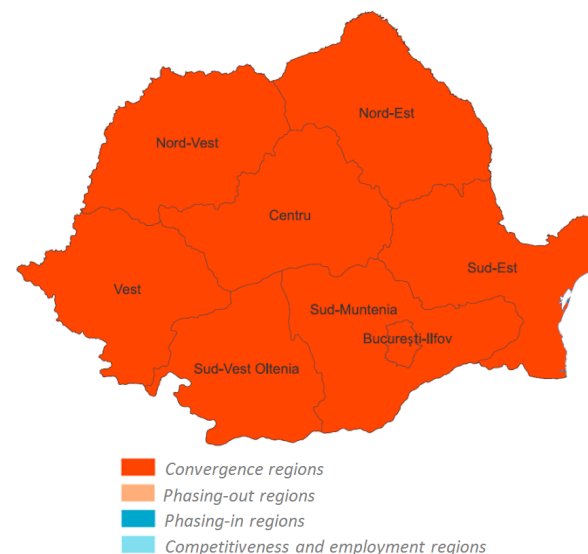


ROMANIA

Programming period 2007-2013

All Romanian regions fell under the 'convergence objective.'

OP scheme:	4 / 7 national OPs*	0 / 0 regional OPs*
Role of MoH in SF implementation:	The Ministry of Health was a beneficiary of projects implemented under the operational programmes identified below.	
Financial allocation which include health**:	€ 147 550 460	
Scope of investments:	Health infrastructure^[1,3] - Rehabilitation and modernisation of infrastructure in education, health care services, social services, and public emergency services with aim to bring them to the European standard - National health strategy for infrastructure improvement in hospitals and polyclinics, including buildings and equipment Emergency care^[3] - Investment in the national network for emergency and public safety services eHealth^[2] - Development and effective use of electronic public services Quality management^[4] - Strengthening the institutional management capacity of the central and local administration by implementing a strategic management approach to the allocation of resources and the measurement of performance - Strengthening the policy formulation, accountability, organisational effectiveness, and quality and efficiency of service delivery on a decentralised basis Promotion of health and safety work conditions^[1,3] - Campaigns on preventing health risks, such as on the need to undertake regular medical check-ups, the damaging effects of tobacco or alcohol, on the need to preserve a proper work environment, free of risk factors, including stress, noise and pollution - Support for cross-sector activities in environmental education, health care, and healthy work environment	
Source of funding:	[1] Regional Operational Programme (sources: ERDF) [MA: Ministry of Regional Development and Public Administration] [2] Increase of economic competitiveness (sources: ERDF) [MA: Ministry of Economy, Trade and Business Environment] [3] Human resources development (sources: ESF) [MA: Ministry of Labour, Social Solidarity and Family] [4] Administrative capacity development (sources: ESF) [MA: Ministry of Administration and Interior]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



SLOVAKIA

GDP of Slovakia amounts to €71b. Slovak GDP per capita (in PPS) represents 76% of the EU28 average.

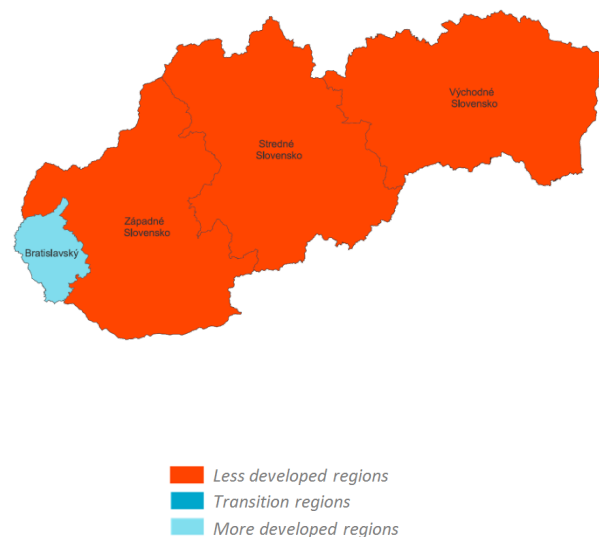
Health sector spending amounts to ca. 7.8% of the country's GDP.

Healthy life expectancy of males / females reaches 72.5 / 79.9 years which represents 95.3% / 97.2% of the EU28 average.*

Programming period 2014-2020

There is no change in the categorization of Slovak regions but reflecting the new nomenclature. All but one of its regions fall under the category of 'less developed regions.' The region of the capital Bratislava is a 'more developed region.'

OP scheme:	4 / 7 national OPs**	0 / 0 regional OPs**
Role of MoH in ESIF implementation:	In 2014-2020, the Ministry of Health of the Slovak Republic is to act as an Intermediate Body for the Integrated Regional Operational Programme. The Ministry of Health of the Slovak Republic is also to be a beneficiary of the national projects financed from the Operational Programme Human Resources and several other operational programmes.	
Financial allocations which include health:	Category 053: € 278 000 000	Category 107: € n/a
Scope of investments:	Category 081: € 70 000 598	Category 112: € 142 484 990
	Total: € 490 485 588	
	Transition to community-based services^[1] - Deinstitutionalization of existing facilities providing social services, alternative and psychiatric care, etc. - Development of personnel resources for the management of deinstitutionalisation processes - Development of community-based care	
	Integration of care^[3] - Modernisation of health infrastructure to support transition to community-based care - Modernization of health infrastructure for the integration of primary health care	
	Creating standard clinical procedures^[1] - Design and introduction of new and innovated standard clinical procedures, with primary focus on most frequent and most serious types of diseases - Education of health care professionals to ensure correct application of standardized procedures	
	Promoting access to health care to marginalized communities^[1] Support of health education programs in the segregated and separated Roma settlements	
	E-health^[2] - Introduction of telemedicine services on a larger scale - Support of meeting European standards, interoperability testing, and certification of health care systems	
	Strengthening of institutional capacities^[4] - Optimisation of sector policies and methodologies—e.g. opening the system of integrated health care, functional model of regional management of health care, and public health and other public services - Improved strategic and analytical capacities of the Ministry of Health	
	Planning of human resources in health care^[1] Forecasting and monitoring labour market needs and development and implementation of educational programs to develop competences of adults, as to satisfy the labour market demand	
Source of funding:	[1] Operational Programme Human Resources (sources: ERDF, ESF, CF and YEI) [2] Operational Programme Integrated Infrastructure (sources: ERDF, CF) [3] Integrated Regional Operational Programme (source: ERDF) [4] Operational Programme Effective Public Administration (source: ESF)	



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

* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



SLOVAKIA

[1] Operational Programme Human Resources

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Education	ESF	n/a	n/a***	Enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings, upgrading the knowledge, skills and competences of the workforce, and promoting flexible learning pathways including through career guidance and validation of acquired competences	1.4.1 Improving the quality and effectiveness of lifelong learning with an emphasis on the development of core competences and enhancing and upgrading skills
4. Social inclusion	ESF	112	€142 484 990	Enhancing access to affordable, sustainable and high quality services, including health care and social services of general interest	4.2.1 Transition from institutional to community-based care 4.2.2 Creating standard clinical procedures and standard prevention procedures and incorporating them in the national health care system
5. Integration of Marginalized Roma Communities	ERDF ESF	n/a n/a	n/a*** n/a*** ²	Socio-economic integration of marginalised communities such as the Roma	5.1.3 Promoting access to health care and public health, including preventive care, health education and increased hygiene standards of housing

Managing Authority

Ministry of Labour, Social Affairs and Family of the Slovak Republic
ESF Management Department
Špitálska 4, 816 43 Bratislava
Slovak Republic

Contacts

<http://www.employment.gov.sk/en/>
+421 2/ 2046 2942

[2] Operational Programme Integrated Infrastructure

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
7. Information society	ERDF	081	€70 000 598	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	7.3 Improving the quality, standard and availability of e-Government services for businesses 7.4 Improving the quality, standard and availability of e-government services for citizens

Managing Authority

Ministry of Transport, Construction and Regional Development of the Slovak Republic
Department of EU Affairs
Námestie slobody č. 6, 810 05 Bratislava
Slovak Republic

Contacts

<http://www.telecom.gov.sk/index/index.php?lang=en>
cpr@mindop.sk

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
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In Slovakia, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

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SLOVAKIA

[3] Integrated Regional Operational Programme 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Easier access to public services (more effective and higher quality services)	ERDF	053	€278 000 000	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 proved access to social, cultural and recreational services and the transition from institutional to community-based services	2.1.1 To promote the transition of social services and securing performance measures of child protection as well as social care facilities from institutional forms to community care, and promoting the development of community based child care for children up to three years of age 2.1.2 Modernising health infrastructure for the integration of primary health care 2.1.3 Upgrades of institutional infrastructure, in particular the facilities providing acute medical care, in order to increase their productivity and efficiency
Managing Authority				Contacts	
Ministry of Agriculture and Rural Development Dobrovičova 12, 812 66 Bratislava Slovak Republic				http://www.mpsr.sk/en/ info@land.gov.sk	

[4] Operational Programme Effective Public Administration

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Strengthening institutional capacities and efficiency of public administration	ESF	n/a	n/a*** ³	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	1.1 Improved systems and optimised processes of public administration
Managing Authority				Contacts	
Ministry of Environment of the Slovak Republic Námestie Ľudovíta Štúra 1 812 35 Bratislava Slovak Republic				http://www.minzp.sk/en/ +421 (2) 5956 1111	

** Planned allocations are predominantly covering non-health interventions; the planned health allocation could not be assessed.

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Slovakia, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the regional and national operational programmes and their respective programmes Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

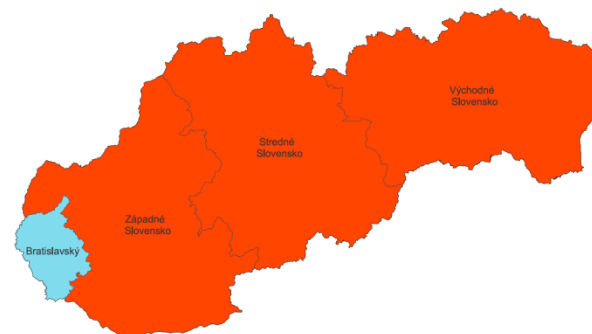


SLOVAKIA

Programming period 2007-2013

All but one of the Slovak regions fell under the 'convergence objective.' The region of the capital Bratislava was a 'competitiveness and employment region.'

OP scheme:	4 / 12 national OPs*	1 / 2 regional OPs*
Role of MoH in SF implementation:	In 2007-2013, the Ministry of Health of the Slovak Republic acted as the Managing Authority of the Operational Programme Health. The Ministry was also an Intermediate Body for the Operational Programme Education and beneficiary of the national project of the Operational Programme Employment and Social Inclusion.	
Financial allocation which include health**:	€250 000 000	
Scope of investments:	Health infrastructure modernisation^[1,5] - Elimination of old capacities and construction of new ones, reconstruction and modernization of health care infrastructure of operational units and hospital buildings, and securing of the newest technical, health care, diagnostic, surgical, technological, information, and other instrumental equipment - Reconstruction and modernization of the infrastructure of outpatient health care, support of introduction of new methods and technologies Quality management in health care institutions^[1] - Stimulating managerial methods and orienting attention of health care providers to productivity increase Medical staff training^[2,3] - Development of specific medical knowledge and practical skills to perform highly demanding and complex professional, specialised and certified activities in the health sector as well as to satisfy the emerging requirements of the various regions of Slovakia in terms of staffing health facilities that are lacking human resources E-health^[1,3] - Procurement of ICT equipment as well as realization of building and technical adjustments for the ICT infrastructure in all facilities of health infrastructure Health promotion and health risks prevention^[1] - Supporting specialized programmes focused on tele-diagnostics, (as a response to rising occurrence of diseases) - Procurement of mobile mammography units - Ensuring national self-sufficiency in terms of the required production volume of blood products	
Source of funding:	[1] Operational Programme Health (source: ERDF) [MA: Ministry of Health of the Slovak Republic] [2] Operational Programme Education (source: ESF) [MA: Ministry of Education of the Slovak Republic] [3] Operational Programme Information Society (source: ERDF) [MA: Office of the Government of the Slovak Republic] [4] Operational Programme Employment and Social Inclusion [MA: Ministry of Employment and Social Affairs of the Slovak Republic] [5] Regional Operational Programme (source ERDF) [MA: Ministry of Agriculture and Rural Development of the Slovak Republic]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



SLOVENIA

GDP of Slovenia amounts to €35b. Slovenian GDP per capita (in PPS) represents 84% of the EU28 average.

Health sector spending amounts to ca. 8.8% of the country's GDP.

Healthy life expectancy of males / females reaches 77.1 / 83.3 years which represents 101.3% / 1013% of the EU28 average.*

Programming period 2014-2020

Slovenia is newly separated into two NUTS-2 regions. Zahodna Slovenija falls under the category of 'more developed regions' and Vzhodna Slovenija is a 'less developed region.'

OP scheme:	1 / 1 multi-fund national OP**			0 / 0 regional OPs**	
Role of MoH in ESIF implementation:	The role of MoH is not available yet.				
Financial allocations which include health:	Category 053:	€ n/a	Category 107:	€ 34 480 625	Total: € 59 527 948
	Category 081:	€ n/a	Category 112:	€ 25 047 323	
Scope of investments:	Reducing early retirement^[1] - Development of analyses, models, information systems to support the active and healthy ageing, and exchange of best practices with other EU Member States - Promotion, awareness-raising, motivation, and provision of information to the public, workers, and employers about the importance of active and healthy ageing Promotion of programmes designed to ensure health and safety at work^[1] - Programmes promoting occupational health and safety - Support for the introduction of risk assessment tools in the area of health occupational health and safety - Training of employers to use the introduced tools, and promoting a culture of injury / disease prevention Improving the quality of community-based services^[1] - Development of integrated community-based forms of social and health care services in the area of long-term care - Establishment and operation of single entry points; training of professional staff; development of ICT support services and structures - Modernisation of the network of nursing homes and mobile units - Construction or acquisition of a network of community and individual housing units - Establishment of day and intergenerational centres at which integrated social and health care services will be provided Increased social inclusion of vulnerable groups^[1] <i>(e.g. persons suffering from alcohol or drug abuse, or from mental health disorders, disabled people, the Roma minority)</i> - Upgrade of existing and development and implementation of new programmes of health care centres to make them more responsive to the needs of the target groups, including education and training of the health care providers - Upgrade of programmes at health care centres for managing chronic diseases and risk factors, including support for behavioural changes and connections to social services - Empower target groups to bring them closer to the labour				



Source of funding: [1] Operational Programme for the Implementation of the EU Cohesion Policy in the period 2014 – 2020 (sources: ERDF, ESF, CF and YEI)

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

* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



SLOVENIA

[1] Operational Programme for the Implementation of the EU Cohesion Policy in the period 2014 – 2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
8 Promoting employment and supporting transnational labour mobility	ESF	107	€34 480 625	Active and healthy ageing	8.vi.1 Prolong and improve labour force participation of the older population
9 Social inclusion and poverty reduction	ESF	112	€25 047 323	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	9.i.3 Prevent slipping into poverty or social exclusion and reduce health inequalities
				Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest	9.iv.1 Pilot testing of approaches for improved integration of long-term care services
	ERDF	n/a	n/a***	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	9.a.1 Improving the quality of community-based services
	ERDF	n/a	n/a***	Investment under CLLD strategies	9.d.1 Improved economic and social inclusion in areas of local action groups (LAGs)
11 Rule of law, enhancing institutional capacity, efficient public administration and capacity building of NGOs and social partners	ESF	n/a	n/a*** ²	Capacity building for all stakeholders delivering education, lifelong learning, training and employment and social policies, including through sectoral and territorial pacts to mobilise for reform at the national, regional and local levels	11.ii.1 Strengthen capacity of NGOs for advocacy and provision of public services
Managing Authority				Contacts	
Government Office for Development and European Cohesion Policy				http://www.svrk.gov.si/en/	
Kotnikova 5, 1000 Ljubljana				gp.svrk@gov.si	
Republic of Slovenia				+386 1 400 36 80	

*** 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.

Note:

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For more details about the national operational programme and its respective programme's Managing Authority see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) or http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



SLOVENIA

Programming period 2007-2013

The one Slovenian region fell under the 'convergence objective.'

OP scheme:	2 / 3 national OPs*	0 / 0 regional OPs* (country level = NUTS 2 level)
Role of MoH in SF implementation:	n/a [will be updated]	
Financial allocation which include health**:	€15 486 000	
Scope of investments:	E-health^[1] ▶ Linking of all health care information systems into a single system called eZIS ▶ Incorporation of a single entry health care information point into the national health system by introducing the concept ZVEM (health care—one-stop-shop) for all target groups and a simultaneous setting-up of a system of authorisation and authentication of the users of digital medical data ▶ Setting-up and introduction of electronic medical record (EZZ) and training for its effective use Health infrastructure^[2] ▶ Co-financing of investments into cultural, health, social-protection and other infrastructures of regional importance Medical staff training^[1] ▶ Development and on-going maintenance of the programmes of professional training in the field of: ▶ Quality in health care ▶ Health care informatics ▶ Special knowledge such as the one in public health, i.e., for responsiveness to health threats and studying of key public health problems including safety and health at work ▶ Management and governance Quality management^[1] ▶ Enforcing the use of modern managerial techniques for managing changes and achieving business excellence in the public sector ▶ Development of human resources and knowledge management ▶ Development of a system for strategic planning and for monitoring the achievement of the set objectives and results	
Source of funding:	[1] OP Human Resources Development (source: ESF) [MA: Ministry of Economic Development and Technology] [2] OP Strengthening regional development potential (source: ERDF) [MA: Government Office for Local Self- Government and Regional Policy]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.

GDP of Spain amounts to €1029b. Spanish GDP per capita (in PPP) represents 95% of the EU28 average.

Health sector spending amounts to ca. 9.6% of the country's GDP.

Healthy life expectancy of males / females reaches 79.5 / 85.2 years which represents 104.5% / 103.6% of the EU28 average.*

Programming period 2014-2020

Majority of Spanish regions fall under the category of 'more developed regions.' Castilla-La Mancha, Región de Murcia, Andalucía and Canarias are 'transition regions.' Extremadura is a 'less developed region.'

OP scheme: 4 / 7 national OPs** 22 / 38 regional OPs**

Role of MoH in ESIF implementation: The Ministry of Health, Social Services and Equality is not to act as a Managing Authority or as an Intermediate Body for implementation of health priorities under ESIF.

Financial allocations which include health:

Category 053:	€ 176 589 366	Category 107:	€ n/a	Total:	€ 500 659 842
Category 081:	€ 257 058 622	Category 112:	€ 67 011 854		

Scope of investments: **Medical R&D^[1]**

- Support of R&D and singular performances linked to medical challenges, including promotion of translational research and structures cooperative research
- Research projects and innovation in health of proven quality, aimed at the transfer and application of scientific and technical knowledge to improve the prevention, diagnosis and treatment of diseases
- Designing research and non-commercial clinical innovation aimed at development of pharmaceutical drugs
- Integrated excellence in Biomedical Research Consortia Network (CIBER) and the Health Research Institutes (IIS)

E-health^[1,5]

- ICT promotion in the management of chronic diseases as well as telemedicine and telecare projects
- Encouraging innovation in ICT application for the prevention of chronic conditions and dependency
- Integration of health and social information systems, to provide different services and tools for health care and social services

Support for SMEs in health sector^[1]

- Creation of 12 centres each specialized in different areas, including biotechnology, food industry, and health sciences

Improving employability of vulnerable groups^[2,4]

- Activities increasing employability of people with health issues, e.g. disabled people (focus on young people)

Types of investments under regional operational programmes^[3]

- Investments in health infrastructure
- ICT applications strengthening (e-health)

Note: ROPs cover approx. 70% of funding allocated for direct health investments from ESIF in Spain.

Source of funding: [1] Smart growth ERDF 2014-2020 OP (sources: ERDF)



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

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- [2] OP ESF 2014 Youth Employment (source: ESF and YEI)
 [3] Sustainable growth ERDF 2014-20 OP (source: ERDF)
 [4] OP ESF 2014 Social Inclusion and Social Economy (source: ESF)
 [5] ROPs (source: ERDF)

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

[1] Smart growth ERDF 2014-2020 OP

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Strengthening research, technological development and innovation	ERDF	n/a	n/a***	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	OE112-OE010102 Strengthening institutions and R&D building, consolidating and improving the scientific and technological infrastructure
				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	OE121-OE010201 Impulse and promotion of R&D&I businesses and supporting creation of innovative companies OE122-OE010202 Knowledge transfer and cooperation between companies and research organizations OE123-OE010203 Promotion of knowledge generation and cutting edge research aimed at solving the challenges of society, development of new technologies
2. Improving the quality and access to ICT	ERDF	081	€69 658 741	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	OE231-OE020301 Promoting digital public services, digital literacy, e-learning, e-inclusion and e-health
3. Improve the competitiveness of SMEs	ERDF	n/a	n/a*** ²	Promoting entrepreneurship, in particular by facilitating the economic exploitation of new ideas and fostering the creation of new firms, including	OE312-OE030102 Creating new businesses and business incubators, including improving access to finance and advanced support services

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through business incubators

Managing Authority	Contacts
Ministry of Finance and Public Administration General Management Branch ERDF Paseo de la Castellana, 162, 28071 Madrid Spain	http://www.dgfc.sgpg.meh.es/sitios/DGFC/es-ES/Paginas/inicio.aspx +3491 583 52 23

[2] OP ESF 2014 Youth Employment

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
Miscellaneous	ERDF	n/a	n/a*** ³	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	Miscellaneous

Managing Authority	Contacts
Ministry of Employment and Social Security Unidad Administradora del Fondo Social Europeo (UAFSE) C/Pío Baroja, 6, E-28009 Madrid Spain	http://www.empleo.gob.es/uafse/ +34 -91 / 363 - 18 00

[3] Sustainable growth ERDF 2014-20 OP

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
12 - EP12.Eje URBANO	ERDF	81	€31 494 374	Strengthening ICT applications for e-government, e-learning, e-inclusion, e-culture and e-health	OE233 - Promote ICT in integrated urban development strategies through actions

Managing Authority	Contacts
The Ministry of the Finance and Public Administrations General Management Branch ERDF Paseo de la Castellana, 162, 28071 Madrid, Spain	http://www.dgfc.sgpg.meh.es/sitios/DGFC/es-ES/Paginas/inicio.aspx +3491 583 52 23

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[4] OP ESF 2014 Social Inclusion and Social Economy

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2A - Promote social inclusion , fight poverty and all forms of discrimination in more developed regions with a co-financing rate of 50%	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	9.1.1 - Improve the socio- labour insertion of people at risk of social exclusion through the activation and integrated and personalized itineraries of insertion
				Socio economic integration of marginalised communities such as the Roma	9.1.2 - Increase recruitment of people at risk of social exclusion 9.2.1. - Increase social and labor integration , recruitment and self-employment of people from marginalized communities, such as the Roma
				Promoting social entrepreneurship and vocational integration in social enterprises and the social and solidarity economy in order to facilitate access to employment	9.5.2 - Increase in hiring and maintaining employment to people belonging to groups or at risk of social exclusion by entities social economy.
2B - Promote social inclusion , fight poverty and all forms of discrimination in more developed regions with a co-financing rate of 80%	ESF	n/a	n/a*** ⁴	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	9.1.1 - Improve the socio- labour insertion of people at risk of social exclusion through the activation and integrated and personalized itineraries of insertion
				Socio economic integration of marginalised communities such as the Roma	9.1.2 - Increase recruitment of people at risk of social exclusion 9.2.1. - Increase social and labor integration , recruitment and self-employment of people from marginalized communities, such as the Roma
				Promoting social entrepreneurship and vocational integration in social enterprises and the social and solidarity economy in order to facilitate access to employment	9.5.2 - Increase in hiring and maintaining employment to people belonging to groups or at risk of social exclusion by entities social economy.
2C - Promote social inclusion , fight poverty and all forms of discrimination in transition regions with a co-financing rate of 80%	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	9.1.1 - Improve the socio- labour insertion of people at risk of social exclusion through the activation and integrated and personalized itineraries of insertion

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				Socio economic integration of marginalised communities such as the Roma	9.1.2 - Increase recruitment of people at risk of social exclusion 9.2.1. - Increase social and labour integration , recruitment and self-employment of people from marginalized communities, such as the Roma
				Promoting social entrepreneurship and vocational integration in social enterprises and the social and solidarity economy in order to facilitate access to employment	9.5.2 - Increase in hiring and maintaining employment to people belonging to groups or at risk of social exclusion by entities social economy.
2D - Promote social inclusion , fight poverty and all forms of discrimination in less developed regions with a co-financing rate of 80%	ESF	n/a	n/a*** ⁵	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	9.1.1 - Improve the socio- labour insertion of people at risk of social exclusion through the activation and integrated and personalized itineraries of insertion
				Socio economic integration of marginalised communities such as the Roma	9.1.2 - Increase recruitment of people at risk of social exclusion 9.2.1. - Increase social and labour integration , recruitment and self-employment of people from marginalized communities, such as the Roma
				Promoting social entrepreneurship and vocational integration in social enterprises and the social and solidarity economy in order to facilitate access to employment	9.5.2 - Increase in hiring and maintaining employment to people belonging to groups or at risk of social exclusion by entities social economy.
6A - Social Innovation in more developed regions with a co-financing rate of 50%	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	9.1.1 - Improve the socio- labour insertion of people at risk of social exclusion , through experimentation and generalization
6B - Social Innovation in more developed regions with a co-financing rate of 80%	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	9.1.1 - Improve the socio- labour insertion of people at risk of social exclusion , through experimentation and generalization
6C - Social Innovation in transition regions with a co-financing rate of 80%	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	9.1.1 - Improve the socio- labour insertion of people at risk of social exclusion , through experimentation and generalization
6D - Social Innovation in less developed regions with a co-financing rate of 80%	ESF	n/a	n/a*** ⁶	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	9.1.1 - Improve the socio- labour insertion of people at risk of social exclusion , through experimentation and generalization

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Spain, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG. For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).

Managing Authority	Contacts
Ministry of Employment and Social Security Unidad Administradora del Fondo Social Europeo (UAFSE) C/Pío Baroja, 6, E-28009 Madrid, Spain	http://www.empleo.gob.es/uafse/ +34 -91 / 363 - 18 00

[5] ROPs

No.	Name of the programme	Source	Cat. of intervention	Health allocations by category	Total health allocation	Types of investments under ROPs
1	Regional Operational Programme Aragon 2014-2020	ESF	112	€8 033 994	€8 033 994	▸ Access to sustainable and high quality services [112]
2	Regional Operational Programme Cataluña 2014-2020	ESF	112	€23 000 000	€23 000 000	
3	Regional Operational Programme Extremadura 2014-2020	ESF	112	€19 535 860	€19 535 860	
4	Regional Operational Programme Galicia 2014-2020	ESF	112	€7 000 000	€7 000 000	
5	Regional Operational Programme Illes Balears 2014-2020	ESF	112	€3 669 000	€3 669 000	
6	Regional Operational Programme Madrid 2014-2020	ESF	112	€5 125 000	€5 125 000	
7	Regional Operational Programme Murcia Region 2014-2020	ESF	112	€648 000	€648 000	
8	Regional Operational Programme Andalusia 2014-2020	ERDF	053; 081	€45 473 077; €15 121 024	€ 60 594 101	▸ Investments in health infrastructure [053] ▸ ICT applications strengthening (e-health) [081]
9	Regional Operational Programme Asturias 2014-2020	ERDF	053; 081	€17 000 287; €2 800 000	€ 19 800 287	
10	Regional Operational Programme Canarias 2014-2020	ERDF	053; 081	€71 883 604; €425 000	€ 72 308 604	
11	Regional Operational Programme Cantabria 2014-2020	ERDF	053	€2 793 915	€2 793 915	
12	Regional Operational Programme Castilla y Leon 2014-2020	ERDF	081	€7 467 149	€7 467 149	
13	Regional Operational Programme Castilla-La Mancha 2014-2020	ERDF	081	€13 492 266	€13 492 266	
14	Regional Operational Programme Cataluña 2014-2020	ERDF	081	€5 348 468	€5 348 468	
15	Regional Operational Programme Extremadura 2014-2020	ERDF	081	€3 191 130	€3 191 130	
16	Regional Operational Programme Galicia 2014-2020	ERDF	053; 081	€39 438 483; €30 800 000	€70 238 483	
17	Regional Operational Programme Illes Balears 2014-2020	ERDF	081	€16 723 039	€16 723 039	
18	Regional Operational Programme La Rioja 2014-2020	ERDF	081	€4 630 500	€4 630 500	
19	Regional Operational Programme Madrid 2014-2020	ERDF	081	€5 000 000	€5 000 000	
20	Regional Operational Programme Murcia 2014-2020	ERDF	081	€1 291 436	€1 291 436	
21	Regional Operational Programme Navarra 2014-2020	ERDF	081	€1 715 495	€1 715 495	
22	Regional Operational Programme Valenciana 2014-2020	ERDF	081	€47 900 000	€47 900 000	
Summary information						

Note:

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Programming period 2007-2013

Spanish regions fell under various objectives of Cohesion Policy. Illes Balears, Cataluña, Aragón, Comunidad de Madrid, Comunidad Foral de Navarra, La Rioja, País Vasco and Cantabria were regions under the 'competitiveness and employment objective.' Comunidad Valenciana, Castilla y León and Canarias were 'phasing-in regions.' Región de Murcia, Principado de Asturias, Ciudad Autónoma de Ceuta and Ciudad Autónoma de Melilla were 'phasing-out regions.' Galicia, Castilla-La Mancha, Extremadura and Andalucía were regions under the 'convergence objective.'

OP scheme: 2 / 12 national OP* n/a / 42 regional*

Role of MoH in SF implementation: Prior to the establishment of the Ministry of Health, Social Services and Equality, the health agenda was under the Ministry of Health and Consumers. The Ministry had no formal role in the implementation of the Structural Funds in 2007-2013.

Financial allocation which include health:** €310 681 155

Scope of investments:

E-health^[1,2]

- Towards information society through e-business, e-administration, e-health, e-learning

Health infrastructure^[3]

- Access to education and health systems and extension of the welfare infrastructure and services to all members of society
- Improvement of health facilities and equipment
- Support to children who are less than three years of age

Health promotion^[3]

- Increased investments in health promotion in the work environment
- Promotion occupational health and safety through programmes, education, incentives for the implementation of work risks prevention, and health improvement plans
- Implementation of technical aid as a complement for innovation applied to social integrity, autonomy, health, and quality of life



Source of funding:

[1] OP Research, Development and Innovation for and by Enterprises (sources: ERDF)
[MA: Dirección General de Fondos Comunitarios, Subdirección General de Administración del FEDER, Ministerio de Economía y Hacienda - Madrid, España]

[2] OP Knowledge-based economy (sources: ERDF)
[MA: Dirección General de Fondos Comunitarios, Subdirección General de Administración del FEDER, Ministerio de Economía y Hacienda - Madrid, España]

[3] ROPs (sources: ERDF, ESF)
[MA: Ministry of Finance]

* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.
** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



SWEDEN

GDP of Sweden amounts to €408b. Swedish GDP per capita (in PPS) represents 126% of the EU28 average.

Health sector spending amounts to ca. 9.6% of the country's GDP.

Healthy life expectancy of males / females reaches 79.9 / 83.6 years which represents 105% / 101.7% of the EU28 average.*

Programming period 2014-2020

There is no change in Swedish regions categorization; all its regions fall under the category of 'more developed regions.'

OP scheme:	1 / 3 national OPs**		3 / 8 ROPs**			
Role of MoH in ESIF implementation:	In Sweden, the health agenda is in competency of the Ministry of Health and Social Affairs. The Ministry is not to act as a Managing Authority or as an Intermediate Body for implementation of health priorities under ESIF.					
Financial allocations which include health:	Category 053:	€ n/a	Category 107:	€ n/a	Total:	€ 6 847 340
	Category 081:	€ 6 847 340	Category 112:	€ n/a		
Scope of investments:	Improving employability of vulnerable groups ^[1] ▶ Efforts directed at women and men who are unemployed or detached from the labour market, programmes are focused at people with disability that reduces work capacity, or those who have been sick and are in need of support in order to get back to work					
	Types of investments under regional operational programmes ^[2] ▶ ICT applications strengthening (e-health)					
	Note: ROPs cover approx. 100% of funding allocated for direct health investments from ESIF in Sweden.					



Source of funding: [1] National Operational Programme ESF for investments in growth and employment 2014 – 2020 (sources: ESF and YEI)
[2] ROPs (source: ERDF)

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

* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



SWEDEN

[1] National Operational Programme ESF for investments in growth and employment 2014-2020

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Increased transitions to work	ESF	n/a	n/a*** ²	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	2.8i.1 Improving employability of disadvantaged women and men
				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	2.8ii.2 Promoting education and increasing labour participation rate among young (15-24 years) women and men
				Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	2.9i.3 Improving employability of disadvantaged women and men

Managing Authority

Swedish ESF Council
Liljeholmsvägen 30, 3 tr, 117 61 Stockholm
Sweden

Contacts

<http://www.esf.se/>
+47 020-33 33 90

[2] ROPs

No.	Name of the programme	Source	Cat. of intervention (see details in the footnote)	Health allocations by category	Total health allocation	Types of investments under ROPs
1	Regional Operational Programme Central Norrland 2014-2020	ERDF	081	€ 1 505 666	€1 505 666	► ICT applications strengthening (e-health) [081]
2	Regional Operational Programme East-Central Sweden 2014-2020	ERDF	081	€3 361 038	€3 361 038	
3	Regional Operational Programme Småland and islands 2014-2020	ERDF	081	€1 980 636	€1 980 636	
Summary information						
Total allocation through ROPs		ERDF	081	€6 847 340	€6 847 340	

*** 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.

Note:

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- 053 Health Infrastructure
- 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- 107 Active and healthy ageing
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Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In Sweden, also possible indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional and national operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



SWEDEN

Programming period 2007-2013

Swedish regions fell under the 'competitiveness and employment objective.'

OP scheme:	1 / 1 national OP*	n/a / 8 regional OPs*
Role of MoH in SF implementation:	The Ministry of Health and Social Affairs had no formal role in the implementation of the Structural Funds in 2007-2013.	
Financial allocation which include health**:	€ 0	
Scope of investments:	Although there was no allocation to the identified or planned health projects, some projects with health-relevance were implemented in the following area(s): Medical R&D^[2] - Enhancing successful interaction between research, business, public sector, and political institutions - Focus on sustaining and developing Sweden's competitiveness; areas of the focus are IT, pharmaceuticals, biotechnology, and medical technology Healthy workforce^[1,2] - Projects aimed at preventing long-term sick leave	



Source of funding:	[1] National Social Fund Operational Programme (sources: ESF) [MA: Swedish ESF Council] [2] ROPs (sources: ERDF) [MA: Swedish Agency for Economic and Regional Growth]
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* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.



GDP of United Kingdom amounts to €1926b. British GDP per capita (in PPS) represents 104% of the EU28 average.

Health sector spending amounts to ca. 9.4% of the country's GDP.

Healthy life expectancy of males / females reaches 79.1 / 82.8 years which represents 103.9% / 100.7% of the EU28 average.*

Programming period 2014-2020

Almost all of the British regions fall under the category of 'more developed regions.' Highlands and Islands, Northern Ireland, Cumbria, Tees Valley and Durham, Lancashire, South Yorkshire, East Yorkshire and Northern Lincolnshire, Lincolnshire, Shropshire and Staffordshire and Devon are 'transition regions.' West Wales and the Valleys and Cornwall are 'less developed regions.'

OP scheme: 0 / 0 national OPs**

10 / 12 regional OPs**

Role of MoH in ESIF implementation:	The governmental body responsible for health issues is the Department of Health. The Department of Health is not to act as a Managing Authority or as an Intermediate Body for implementation of health priorities under ESIF and is not to be a beneficiary.
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Financial allocations which include health: € 0

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^[2,4,6,8]

- Strengthening the specialised research infrastructure, in East and West Wales, with the intent of increasing the capacity and capability to undertake world class research, including nano-health research
- Support, through grants, of stratified medicine and connected health
- Support of SMEs business aimed at medical devices and digital health care

Healthy workforce^[3]

- ▶ Activities with employers to address health related issues within the workforce and to develop or improve appropriate occupational health and safety programmes, adopting collaborative approaches in the delivery of occupational health services

Improving employability of vulnerable groups^[1,3,5,7,9,10]

- ▶ Activities increasing employability of people with health issues, e.g. disabled people

Source of funding:

- [1] United Kingdom - ESF East Wales (source: ESF)
- [2] United Kingdom - ERDF East Wales (source: ERDF)
- [3] United Kingdom - ESF West Wales and the Valleys (source: ESF)
- [4] United Kingdom - ERDF West Wales and the Valleys (source: ERDF)
- [5] United Kingdom - ESF Scotland (source: ESF and YEI)
- [6] United Kingdom - ERDF Scotland (source: ERDF)
- [7] United Kingdom - ESF Northern Ireland (source: ESF)
- [8] United Kingdom - ERDF Northern Ireland (source: ERDF)
- [9] United Kingdom - ESF Gibraltar (source: ESF)
- [10] United Kingdom - ESF England (sources: ESF)

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



* Sources of information (respectively): Eurostat Statistics Database; The Economist Data, unless otherwise indicated, refer 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.



UNITED KINGDOM

[1] United Kingdom - ESF East Wales

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Tackling Poverty through Sustainable Employment	ESF	n/a	n/a*** ²	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	1.9i.1 To increase the employability of Economically Inactive and Long Term Unemployed people aged 25 and over, who have complex barriers to employment
2. Skills for Growth	ESF	n/a	n/a***	Enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings, upgrading the knowledge, skills and competences of the workforce, and promoting flexible learning pathways including through career guidance and validation of acquired competences Equality between men and women in all areas, including in access to employment, career progression, reconciliation of work and private life and promotion of equal pay for equal work	2.10iii.1 To increase the skills levels, including work relevant skills, of those in the workforce with no or low skills 2.10iii.2 To increase the number of people in the workforce with technical and job specific skills at an intermediate and higher level 2.8iv.3 To improve the position of women in the workforce
3. Youth Employment	ESF	n/a	n/a***	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 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	3.8ii.1 To reduce the number of 16-24 year olds who are Not in Employment Education or Training (NEET) 3.10i.2 To reduce the number of those at risk of becoming NEET amongst 11-24 year olds
Managing Authority				Contacts	
Welsh European Funding Office (WEFO)				http://wefo.wales.gov.uk	
Welsh Government, Rhydycar, Merthyr Tydfil CF48 1UZ				+44 845 010 3355	
United Kingdom					

*** 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.

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UNITED KINGDOM

[2] United Kingdom - ERDF East Wales

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Research and Innovation	ERDF	n/a	n/a***	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	1.1a.1 - To increase the success of Welsh research institutions in attracting competitive and private research funding
Managing Authority				Contacts	
Welsh European Funding Office (WEFO) Welsh Government, Rhydycar, Merthyr Tydfil CF48 1UZ United Kingdom				http://wefo.wales.gov.uk +44 845 010 3355	

[3] United Kingdom - ESF West Wales and the Valleys

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Tackling Poverty through Sustainable Employment	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	1.9i.1 To increase the employability of those closest to the labour market at most risk of poverty 1.9i.2 To increase the employability of Economically Inactive and Long Term Unemployed people aged 25 and over who have complex barriers to employment 1.9i.3 To reduce underemployment or absence rates for employed individuals with work limiting health conditions and / or other barriers to sustainable engagement with the labour market
2. Skills for Growth	ESF	n/a	n/a***	Enhancing equal access to lifelong learning for all age groups in formal, non-formal and informal settings, upgrading the knowledge, skills and competences of the workforce, and promoting flexible learning pathways including through career guidance and validation of acquired competences Equality between men and women in all areas, including in access to employment, career progression, reconciliation of work and private life and promotion of equal pay for equal work	2.10iii.1 To increase the skills levels, including work relevant skills, of those in the workforce with no or low skills 2.10iii.2 To increase the number of people in the workforce with technical and job specific skills at intermediate and higher level 2.10iii.3 To increase the number of people with graduate degrees or equivalent undertaking research and innovation activities with enterprise 2.8iv.4 To improve the position of women in the workforce

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UNITED KINGDOM

3. Youth Employment and Attainment

ESF

n/a

n/a***

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

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

3.10ii.1 To reduce the number of 16-24 year olds who are Not in Employment Education or Training (NEET)

3.10i.2 To reduce the number of those at risk of becoming NEET, amongst 11-24 year olds

3.10i.3 To increase the take up of and attainment levels in STEM subjects amongst 11-19 year olds

3.10i.4 To increase the skills of the Early Years and Childcare workforce

Managing Authority

Welsh European Funding Office (WEFO)

Welsh Government, Rhydycar, Merthyr Tydfil CF48 1UZ
United Kingdom

Contacts

<http://wefo.wales.gov.uk>
+44 845 010 3355

[4] United Kingdom - ERDF West Wales and the Valleys

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Research and Innovation	ERDF	n/a	n/a*** ⁴	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	1.1a.1 - To increase the success of Welsh research institutions in attracting competitive and private research funding

Managing Authority

Welsh European Funding Office (WEFO)

Welsh Government, Rhydycar, Merthyr Tydfil CF48 1UZ
United Kingdom

Contacts

<http://wefo.wales.gov.uk>
+44 845 010 3355

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- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In the UK, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



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[5] United Kingdom - ESF Scotland

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Supporting Sustainable and Quality Employment and Supporting Labour Market Mobility	ESF	n/a	n/a***	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	1.8i.1 Provide direct routes to sustainable employment for unemployed and inactive with multiple barriers 1.8i.2 Increase the skills and labour market opportunities of employed with multiple barriers
2. Promoting Social Inclusion, combating poverty and any discrimination	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability Promoting social entrepreneurship and vocational integration in social enterprises and the social and solidarity economy in order to facilitate access to employment	1.9i.1 Increase the financial capacity of the most disadvantaged individuals and households 1.9i.2 Increase the number of disadvantaged participants from workless, lone parent and low income households with positive employment or training outcomes 1.9i.3 Enable disadvantaged communities to develop long-term solutions to increase active inclusion and reduce poverty 2.9v.4 Increase the sustainability and capacity of the social economy to deliver support to the most disadvantaged areas and groups 2.9v.5 Support and encourage social innovation ideas and solutions
Managing Authority				Contacts	
Scottish Government, European Structural Funds Division 5 Atlantic Quay, 150 Broomielaw, Glasgow G2 8LU United Kingdom				http://www.scotland.gov.uk/Topics/Business-Industry/support/17404 0300 244 4000	

[6] United Kingdom - ERDF Scotland

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
3. Enhancing the Competitiveness of SMEs	ERDF	n/a	n/a*** ⁵	Supporting the capacity of SMEs to grow in regional, national and international markets, and to engage in innovation processes	1.3iv.3 support SME internationalisation as a route to growth and increasing employment, particularly in Smart Specialisation sectors and regionally important sectors in fragile areas
Managing Authority				Contacts	
Scottish Government, European Structural Funds Division 5 Atlantic Quay, 150 Broomielaw, Glasgow G2 8LU United Kingdom				http://www.scotland.gov.uk/Topics/Business-Industry/support/17404 0300 244 4000	

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In the UK, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



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[7] United Kingdom - ESF Northern Ireland

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
2. Social inclusion	ESF	n/a	n/a***	Active inclusion, including with a view to promoting equal opportunities and active participation, and improving employability	2.9i.3 Enhance social inclusion by reducing unemployment in people with a disability 2.9i.4 Enhance social inclusion by reducing the number of NEET participants aged 16 and over within families receiving Community Family Support (CFSP)

Managing Authority	Contacts
Department for Employment and Learning 1st Floor, Waterfront Plaza, 8 Laganbank Road, Belfast BT1 3LR United Kingdom	http://www.delni.gov.uk/index/esf.htm 028 9025 7777

[8] United Kingdom - ERDF Northern Ireland

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Strengthening Research, Technical Development and Innovation	ERDF	n/a	n/a*** ⁶	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	1.1b.1 Increase total NI Business Expenditure on Research & Development (NI BERD) 1.1b.2 To engage more NI businesses in Research and Development

Managing Authority	Contacts
Department of Enterprise, Trade and Investment (DETI) Netherleigh, Massey Avenue, BT4 2JP Belfast United Kingdom	http://www.detini.gov.uk/information@detini.gov.uk 028 9052 9900

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
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Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

In the UK, only indirect health investments were identified. In case of indirect health investments covering predominantly non-health interventions, the planned health allocation could not be unambiguously assessed and were marked as 'n/a'.

For more details about the categories of intervention and their classification, see the Annex to the COMMISSION IMPLEMENTING REGULATION (EU) No 215/2014 of 7 March 2014 available at http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG.
For more details about the regional operational programmes and their respective programmes' Managing Authorities see: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en> (for ESF) and http://ec.europa.eu/regional_policy/en/atlas/programmes/ (for ERDF).



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[9] United Kingdom – ESF Gibraltar

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Employment & Education	ESF	n/a	n/a*** ⁷	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	1.8i.1 To increase the number of individuals over 25 years of age, not in employment, education or training, accessing the labour market 1.8i.2 To increase the number of young people accessing the labour market
Managing Authority European Union Programmes Secretariat HM Government of Gibraltar Bleak House, Bleak House Road, Europa, GX11 1AA Gibraltar				Contacts http://www.eufunding.gi/ +350 20073255	

[10] United Kingdom – ESF England

Priority axis	Source	Cat. of intervention	Health allocation	Investment priority	Specific objective
1. Inclusive labour market	ESF	n/a	n/a***	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 Community-led local development strategies	1.1.2 To provide individuals from groups which face particular labour market disadvantages with additional support so that they can compete effectively in the labour market 1.5.1 - To deliver additional, localised support to people in particularly deprived areas, so that they move towards or into employment
Managing Authority Department for Work and Pensions Caxton House, Tothill Street, London SW1H 9NA				Contacts http://www.dwp.gov.uk +44 1142948419	

** Planned allocations are predominantly covering non-health interventions; the planned health allocation could not be assessed.

*** 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.

Note:

The information about the planned health allocation and scope of health investments presented on the previous sheets was identified based on analysis of the final versions of the 2014-2020 programming documents.

The following categories of interventions were considered as relevant for quantification of country allocation to health:

- ▶ 053 Health Infrastructure
- ▶ 081 ICT solutions addressing the healthy active ageing challenge and e-Health services and applications (including e-Care and ambient assisted living)
- ▶ 107 Active and healthy ageing
- ▶ 112 Enhancing access to affordable, sustainable and high-quality services, including health care and social services of general interest

Categories 107 and 112 might in some cases also include non-health related interventions. However, for the purposes of this mapping, these categories are involved in calculations of the planned health allocations of the Member States as categories with the closest link to health, when compared to other categories under intervention field VI. Promoting social inclusion, combating poverty and any discrimination.

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UNITED KINGDOM

Programming period 2007-2013

Almost all of the regions of the United Kingdom fell under the 'competitiveness and employment objective.' South Yorkshire and Merseyside were 'phasing-in regions.' The region of Highlands and Islands was 'phasing-out region.' West Wales & The Valleys and Cornwall were under the 'convergence objective.'

OP scheme:	0 / 0 national OPs*	n/a / 22 regional OPs*
Role of MoH in SF implementation:	The Department of Health had no formal role in the implementation of the Structural Funds in 2007-2013.	
Financial allocation which include health**:	€0	
Scope of investments:	Although there was no allocation to health projects identified or planned, some projects with health-relevance were implemented in the following area(s): Community-based care^[1] - Promoting social enterprises - Developing local connections Increasing child care provision^[1] Health services and quality management^[1] - Contribution to the development of skills of public services managers, including the skills needed to lead and manage regeneration programmes - Improvements of efficiency and effectiveness of the public service delivery, including through the development of shared services and electronic access to services by individuals and businesses	
Source of funding:	[1] ROPs (sources: ERDF, ESF) [MAS: regional administrations]	



* Number of OPs that include health vs. total number of OPs adopted for 2007-2013 programming period.

** Presented financial figures refer to health infrastructure allocation only.

Note:

The information related to the 2007-2013 health allocation and scope of health investments builds on information presented on the web by DG Sante [http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm]. Any further country-specific information was mainly collected through interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level and from open public sources.

Sources

European Commission sources

- ▶ Health and Structural Funds in 2007-2013, Country and Regional assessment, 18 May 2015. Available at: http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm
- ▶ Fact Sheets including Country profiles. 10 January 2015. Available at: http://ec.europa.eu/regional_policy/information/cohesion-policy-achievement-and-future-investment/index.cfm
- ▶ Thematic Guidance Fiche for Desk Officers: Health. 10 March 2014. Available at: http://ec.europa.eu/regional_policy/sources/docgener/informat/2014/thematic_guidance_fiche_health_investments.pdf
- ▶ DG SANCO website and available materials provided by the website. Available at: http://ec.europa.eu/dgs/health_food-safety/
- ▶ List of Operational Programmes with general facts about the OPs 30 April 2015. Available at: <http://ec.europa.eu/esf/main.jsp?catId=576&langId=en>

National sources (Structural funds websites)

- ▶ Austria:
<http://www.esf.at/>
<https://www.bka.gv.at/site/6033/default.aspx>
- ▶ Belgium:
<http://www.fse.be/>
- ▶ Bulgaria:
<http://eufunds.bg/>
- ▶ Croatia:
<http://www.strukturnifondovi.hr/>
- ▶ Cyprus:
<http://www.structuralfunds.org.cy/>
- ▶ Czech Republic:
<http://www.strukturalni-fondy.cz/>
- ▶ Denmark:
<http://regionalt.erhvervsstyrelsen.dk/>
- ▶ Estonia:
<http://www.struktuurifondid.ee/>
- ▶ Finland:
<http://www.rakennerahastot.fi/>
- ▶ France:
<http://www.europe-en-france.gouv.fr/>
- ▶ Germany:
<http://www.efre-thueringen.de>
<http://www.bmwi.de/EN/Topics/Europe/structural-funds.html>
- ▶ Greece:
<http://www.espa.gr/>
- ▶ Hungary:
<http://palyazat.gov.hu/>
- ▶ Ireland:
<http://eustructuralfunds.gov.ie>

- ▶ Italy:
<http://www.opencoesione.gov.it/fonti-di-finanziamento>
- ▶ Latvia:
<http://www.esfondi.lv/>
- ▶ Lithuania:
<http://www.esparama.lt/>
<http://www.esf.lt>
- ▶ Luxembourg:
<http://www.fonds-europeens.public.lu>
- ▶ Malta:
<https://eufunds.gov.mt>
- ▶ Netherlands:
<http://www.structuurfondsen.nl/>
<http://www.rijksoverheid.nl/onderwerpen/europese-subsidies>
- ▶ Poland:
<http://www.funduszeuropejskie.gov.pl>
- ▶ Portugal:
<http://www.qren.pt/np4/home>
- ▶ Romania:
<http://www.structural-funds-romania.ro/>
<http://www.fonduri-structurale.ro>
- ▶ Slovakia:
<http://www.nsrr.sk/en/operational-programmes>
- ▶ Slovenia:
<http://www.eu-skladi.si>
- ▶ Spain:
<http://pagina.jccm.es/fondosestructurales/en/home>
- ▶ Sweden:
<http://eu.tillvaxtverket.se>
- ▶ United Kingdom:
<https://www.gov.uk/government/policies/making-european-funding-work-better-for-the-uk-economy>

Other sources

- ▶ Commission Implementing Regulation (EU) No 215/2014 of 7 March 2014 laying down rules for implementing Regulation (EU) No 1303/2013 of the European Parliament and of the Council laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund with regard to methodologies for climate change support, the determination of milestones and targets in the performance framework and the nomenclature of categories of intervention for the European Structural and Investment Funds. Available at: http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2014.069.01.0065.01.ENG
- ▶ Health and structural funds in 2007 to 2013: country assessment; data provided by Eurostat
- ▶ Interviews conducted with relevant contacts at the Ministry of Health or other institutions involved in the implementation of the EU Structural Funds at a national level
- ▶ Eurostat Statistics Database
- ▶ The Economist

- ▶ WP 3 (4) COMPENDIUM OF (NEW) CONCEPTS AND MODELS FOR INNOVATIVE, EFFECTIVE AND SUSTAINABLE HEALTH CARE and/or by WP 2 GUIDE FOR EFFECTIVE INVESTMENTS IN HEALTH UNDER ESI FUNDS in chapter 2. Health funding in 2014-2020 programming period
- ▶ GUIDE FOR EFFECTIVE INVESTMENTS IN HEALTH UNDER ESI FUNDS in Part I of the Guide
- ▶ Analysis of approved OPs conducted by EY
- ▶ Information considering Belgium regions:
 - Brussels capital: <http://be.brussels/a-propos-de-la-region/bruxelles-internationale/feder-obtenir-une-aide-europeenne>
 - Wallonie: <http://europe.wallonie.be/>
 - Flanders: <http://www.agentschapondernemen.be/themas/erdf-flanders>

Appendix: Overview of analysed operational programmes

Country	Name of operational programme (EN)	Name of operational programme (original)
Austria	Operational Programme Employment Austria 2014-2020 Investments in Growth and Employment Austria 2014-2020 - Operational Programme for the use of the ERDF funds	<i>Operationelles Programm Beschäftigung Österreich 2014-2020</i> <i>EFRE-Programm Investitionen in Wachstum und Beschäftigung Österreich 2014-2020 - Operationelles Programm für den Einsatz der EFRE-Mittel</i>
Belgium	ESF Operational Programme Wallonie-Bruxelles 2020.eu Operational programme ESF 2014-2020 of the Brussels-Capital Region : "Investment for growth and jobs" European Social Fund 2014-2020 – German Speaking Community of Belgium Operational Programme ESF Flanders 2014-2020 OP Brussels Capital Region OP Flanders OP Wallonia	Programme opérationnel FSE Wallonie-Bruxelles 2020.eu Programme opérationnel FSE 2014-2020 de la Région de Bruxelles-Capitale : "Investissement pour la croissance et l'emploi" Europäischer Sozialfonds 2014-2020, Deutschsprachige Gemeinschaft Belgiens Operationeel Programma ESF Vlaanderen 2014-2020 FEDER PO Bruxelles Région Capitale/ EFRO OP Brussel Hoofdstedelijk Gewest EFRO Operationeel Programma Vlaanderen 2014-2020 Programme opérationnel FEDER Wallonie-2020.eu
Bulgaria	Operational Programme Science and Education for Smart Growth Operational Programme Human Resources Development Operational Programme Good Governance Operational programme Transport and transport infrastructure Operational programme Environment Operational programme Regions in Growth Operational programme Innovations and Competitiveness	<i>Оперативна програма „Наука и образование за интелигентен растеж“</i> <i>Оперативна програма „Развитие на човешките ресурси“</i> <i>Оперативна програма „Добро управление“</i> <i>Оперативна програма „Транспорт и транспортна инфраструктура“</i> <i>Оперативна програма „Околна среда“</i> <i>Оперативна програма « Региони в растеж »</i> <i>Оперативна програма « Иновации и конкурентоспособност »</i>
Croatia	ESF Operational Programme Efficient Human Resources 2014-2020 Operational Programme Competitiveness and Cohesion 2014 - 2020	<i>ESF Operativni program Učinkoviti ljudski potencijali 2014.-2020.</i> <i>Operational Programme Competitiveness and Cohesion 2014 - 2020</i>
Cyprus	Employment, Human Capital and Social Cohesion Competitiveness and sustainable development	<i>Απασχόληση, Ανθρώπινοι Πόροι και Κοινωνική Συνοχή</i> <i>Ανταγωνιστικότητα και αειφόρος ανάπτυξη</i>
Czech Rep.	OP Research, Development and Education Operational Programme Employment OP Transport OP Environment OP Prague – Growth Pole OP Enterprise and Innovation for Competitiveness Integrated Regional Operational Programme Growth through education and entrepreneurship. National Programme for the European Social Fund 2014-2020 Innovation and Sustainable Growth in Businesses. National Programme for the European Regional Fund – 2014-2020	<i>Operační program Výzkum, vývoj a vzdělávání</i> <i>Operační program Zaměstnanost</i> <i>Operační program Doprava</i> <i>Operační program Životní prostředí</i> <i>Operační program Praha - pól růstu ČR</i> <i>Operační program Podnikání a inovace pro konkurenceschopnost 2014 - 2020</i> <i>Integrovaný regionální operační program</i>
Denmark	Growth through education and entrepreneurship. National Programme for the European Social Fund 2014-2020 Innovation and Sustainable Growth in Businesses. National Programme for the European Regional Fund – 2014-2020	<i>Vækst via uddannelse og iværksætteri</i> <i>Innovation og bæredygtig vækst i virksomheder. Nationalt program for Den Europæiske Regionalfond - 2014-2020</i>
Estonia	Operational Programme for Cohesion Policy Funding 2014-2020	<i>Ühtekuuluvuspoliitika fondide rakenduskava 2014-2020</i>
Finland	Entrepreneurship and skills, Åland Structural Fund Programme 2014-2020 Sustainable growth and jobs 2014-2020 - Structural Funds Programme of Finland	<i>Entrepreneurskap och kompetens, Ålands strukturfondsprogram 2014-2020</i> <i>Kestävää kasvua ja työtä 2014-2020 - Suomen rakennerahasto-ohjelma</i>
France	Regional programme Ile de France et Bassin de la Seine 2014-2020 Operational Programme ERDF-ESF Guadeloupe et St Martin Etat 2014-2020 Operational Programme for the implementation of YEI in mainland France and outermost regions National Operational Programme ESF Employment and Social Inclusion 2014-2020 Operational Programme ESF Alsace 2014-2020 Operational Programme ESF Guyane Etat 2014-2020 Operational Programme ESF Martinique Etat 2014-2020 Operational Programme ESF Réunion Etat 2014-2020 Regional programme Aquitaine 2014-2020 Regional programme Auvergne 2014-2020 Regional programme Centre 2014-2020 Regional programme Champagne-Ardenne 2014-2020 Regional programme Haute-Normandie 2014-2020	<i>Programme Opérationnel FEDER-FSE Ile-de-France et Bassin de Seine 2014-2020</i> <i>Programme Opérationnel FEDER-FSE Guadeloupe et st Martin Etat 2014-2020</i> <i>PROGRAMME OPÉRATIONNEL NATIONAL POUR LA MISE EN ŒUVRE DE L'INITIATIVE POUR L'EMPLOI DES JEUNES EN METROPOLE ET OUTRE-MER</i> <i>Programme Opérationnel National FSE Emploi et Inclusion 2014-2020</i> <i>Programme Opérationnel FSE Alsace 2014-2020</i> <i>Programme Opérationnel FSE Guyane Etat 2014-2020</i> <i>Programme Opérationnel FSE Martinique Etat 2014-2020</i> <i>Programme Opérationnel FSE Réunion Etat 2014-2020</i> <i>Programme Opérationnel FEDER-FSE Aquitaine 2014-2020</i> <i>Programme Opérationnel FEDER-FSE Auvergne 2014-2020</i> <i>Programme Opérationnel FEDER-FSE Centre 2014-2020</i> <i>Programme Opérationnel FEDER-FSE Champagne-Ardenne 2014-2020</i> <i>Programme Opérationnel FEDER-FSE Haute-Normandie 2014-2020</i>

France	Regional programme Languedoc-Roussillon 2014-2020	<i>Programme Opérationnel FEDER-FSE Languedoc-Roussillon 2014-2020</i>
	Regional programme Midi-Pyrénées et Garonne 2014-2020	<i>Programme Opérationnel FEDER-FSE Midi-Pyrénées et Garonne 2014-2020</i>
	Regional programme Picardie 2014-2020	<i>Programme Opérationnel FEDER-FSE Picardie 2014-2020</i>
	Regional programme Guadeloupe Conseil Régional 2014-2020	<i>Programme Opérationnel FEDER-FSE Guadeloupe Conseil Régional 2014-2020</i>
	Regional programme Martinique Conseil Régional 2014-2020	<i>Programme Opérationnel FEDER-FSE Martinique Conseil Régional 2014-2020</i>
	Regional programme Nord-Pas de Calais 2014-2020	<i>Programme Opérationnel FEDER-FSE Nord-Pas de Calais 2014-2020</i>
	Regional programme Provence Alpes Côte d'Azur 2014-2020	<i>Programme Opérationnel FEDER-FSE Provence Alpes Côte d'Azur 2014-2020</i>
	Regional programme Basse-Normandie 2014-2020	<i>Programme Opérationnel FEDER-FSE Basse-Normandie 2014-2020</i>
	Regional programme Bourgogne 2014-2020	<i>Programme Opérationnel FEDER-FSE Bourgogne 2014-2020</i>
	Regional programme Bretagne 2014-2020	<i>Programme Opérationnel FEDER-FSE Bretagne 2014-2020</i>
	Regional programme Corse 2014-2020	<i>Programme Opérationnel FEDER-FSE Corse 2014-2020</i>
	Regional programme Franche-Comté et Jura 2014-2020	<i>Programme Opérationnel FEDER-FSE Franche-Comté et massif du Jura 2014-2020</i>
	Regional programme Limousin 2014-2020	<i>Programme Opérationnel FEDER-FSE Limousin 2014-2020</i>
	Regional programme Lorraine et Vosges 2014-2020	<i>Programme Opérationnel FEDER-FSE Lorraine et Vosges 2014-2020</i>
	Regional programme Pays de la Loire 2014-2020	<i>Programme Opérationnel FEDER-FSE Pays de la Loire 2014-2020</i>
	Regional programme Poitou Charentes 2014-2020	<i>Programme Opérationnel FEDER-FSE Poitou Charentes 2014-2020</i>
	Regional programme Rhône Alpes 2014-2020	<i>Programme Opérationnel FEDER-FSE Rhône- Alpes 2014-2020</i>
	Regional programme Guyane Conseil Régional 2014-2020	<i>Programme Opérationnel FEDER-FSE Guyane Conseil Régional 2014-2020</i>
	Regional programme Mayotte 2014-2020	<i>Programme Opérationnel FEDER-FSE Mayotte 2014-2020</i>
	National technical assistance programme 2014-2020	<i>Programme Opérationnel National d'Assistance Technique Interfonds Europ'Act 2014-2020</i>
	Interregional programme Alpes 2014-2020	<i>Programme Opérationnel Interrégional FEDER Alpes 2014-2020</i>
	Interregional programme Loire 2014-2020	<i>Programme Opérationnel Interrégional FEDER Loire 2014-2020</i>
	Interregional programme Massif Central 2014-2020	<i>Programme Opérationnel Interrégional FEDER Massif Central 2014-2020</i>
	Interregional programme Pyrénées 2014-2020	<i>Programme Opérationnel Interrégional FEDER Pyrénées 2014-2020</i>
	Interregional programme Rhône Saône 2014-2020	<i>Programme Opérationnel Interrégional FEDER Rhône Saône 2014-2020</i>
	Interregional programme Alsace 2014-2020	<i>Programme Opérationnel FEDER Alsace 2014-2020</i>
	Interregional programme Réunion Conseil Régional 2014-2020	<i>Programme Opérationnel FEDER Réunion Conseil Régional 2014-2020</i>
Germany	OP Schleswig-Holstein ESF 2014-2020	<i>OP Schleswig-Holstein ESF 2014-2020</i>
	Operational Programme ESF Federal Germany 2014-2020	<i>Operationelles Programm ESF Bund Deutschland 2014-2020</i>
	Operational Programme ESF Baden-Württemberg 2014-2020	<i>Operationelles Programm ESF Baden-Württemberg 2014-2020</i>
	Operational Programme ESF Bayern 2014-2020	<i>Operationelles Programm ESF Bayern 2014-2020</i>
	Operational Programme ESF Berlin 2014-2020	<i>Operationelles Programm ESF Berlin 2014-2020</i>
	Operational Programme ESF Brandenburg 2014-2020	<i>Operationelles Programm des Landes Brandenburg für den Europäischen Sozialfonds (ESF) in der Förderperiode 2014 - 2020</i>
	Operational Programme ESF Hamburg 2014-2020	<i>Operationelles Programm ESF Hamburg 2014-2020</i>
	Operational Programme ESF Hessen 2014-2020	<i>Operationelles Programm ESF Hessen 2014-2020</i>
	Operational Programme ESF Mecklenburg-Vorpommern 2014-2020	<i>Operationelles Programm ESF Mecklenburg-Vorpommern 2014-2020</i>
	Operational Programme ESF Nordrhein-Westfalen 2014-2020	<i>Operationelles Programm ESF Nordrhein-Westfalen 2014-2020</i>
	Operational Programme ESF Saarland 2014-2020	<i>Operationelles Programm ESF Saarland 2014-2020</i>
	Operational Programme ESF Sachsen 2014-2020	<i>Operationelles Programm ESF Sachsen 2014-2020</i>
	Operational Programme ESF Sachsen-Anhalt 2014-2020	<i>Operationelles Programm ESF Sachsen-Anhalt 2014-2020</i>
	Operational Programme ESF Thüringen 2014-2020	<i>Operationelles Programm ESF Thüringen 2014-2020</i>
	Operational Programme ESF Rheinland-Pfalz 2014-2020	<i>Operationelles Programm ESF Rheinland-Pfalz 2014-2020</i>
	Operational Programme ESF Bremen 2014-2020	<i>Operationelles Programm ESF Bremen 2014-2020</i>
	OP Niedersachsen ERDF-ESF 2014-2020	<i>OP Niedersachsen EFRE-ESF 2014-2020</i>
	OP Baden-Württemberg ERDF 2014-2020 Innovation and Energy transition	<i>OP Baden-Württemberg EFRE 2014-2020 Innovation und Energiewende</i>
	OP Bayern ERDF 2014-2020	<i>OP Bayern 2014-2020 des EFRE</i>
	OP Berlin ERDF 2014-2020	<i>OP Berlin EFRE 2014-2020</i>
	OP Brandenburg ERDF 2014-2020	<i>OP Brandenburg EFRE 2014-2020</i>
	OP Bremen ERDF 2014-2020	<i>OP Bremen EFRE 2014-2020</i>
	OP Hamburg ERDF 2014-2020	<i>OP Hamburg EFRE 2014-2020</i>
	OP Hessen ERDF 2014-2020	<i>OP Hessen EFRE 2014-2020</i>
	OP Mecklenburg-Vorpommern ERDF 2014-2020	<i>OP Mecklenburg-Vorpommern EFRE 2014-2020</i>
	OP Nordrhein-Westfalen ERDF 2014-2020	<i>OP Nordrhein-Westfalen EFRE 2014-2020</i>

Germany	OP Rheinland-Pfalz ERDF 2014-2020 OP Saarland ERDF 2014-2020 OP Sachsen ERDF 2014-2020 OP Sachsen-Anhalt ERDF 2014-2020 OP Schleswig-Holstein ERDF 2014-2020 OP Thüringen ERDF 2014-2020	OP Rheinland-Pfalz EFRE 2014-2020 OP Saarland EFRE 2014-2020 OP Sachsen EFRE 2014-2020 OP Sachsen-Anhalt EFRE 2014-2020 OP Schleswig-Holstein EFRE 2014-2020 OP Thüringen EFRE 2014-2020
Greece	Reform of the Public Sector Human Resources Development, Education and Lifelong Learning Transport infrastructure, environment and sustainable development OP Competitiveness, entrepreneurship and innovation OP CENTRAL MACEDONIA OP Thessaly OP EPIRUS OP WESTERN GREECE OP WESTERN MACEDONIA OP CONTINENTAL GREECE OP PELOPONNESUS OP IONIAN ISLANDS OP NORTH AEGEAN OP Crete OP Attica OP SOUTH AEGEAN OP EASTERN MACEDONIA-THRACE OP Technical Assistance Programme Human Resources Development OP Economic Development and Innovation OP Environmental and Energy Efficiency OP Integrated Transport OP Territorial and settlement development OP Competitive Central-Hungary OP OP Public administration and Civil Service Development	Μεταρρύθμιση Δημόσιου Τομέα Ανάπτυξη Ανθρώπινου Δυναμικού, Εκπαίδευση και Δια Βίου Μάθηση Υποδομές Μεταφορών, Περιβάλλον και Αειφόρος Ανάπτυξη Ανταγωνιστικότητα Επιχειρηματικότητα και Καινοτομία Κεντρική Μακεδονία ΠΕΡΙΦΕΡΕΙΑΚΟ ΕΠΙΧΕΙΡΗΣΙΑΚΟ ΠΡΟΓΡΑΜΜΑ ΘΕΣΣΑΛΙΑΣ 2014 - 2020 Ήπειρος Δυτική Ελλάδα Δυτική Μακεδονία Στερεά Ελλάδα Πελοπόννησος Ιόνια Νησιά Βόρειο Αιγαίο Κρήτη Αττική Νότιο Αιγαίο Ανατολική Μακεδονία Θράκη Τεχνική Βοήθεια Emberi Erőforrás Fejlesztési Operatív Program Gazdaságfejlesztési és Innovációs Operatív Program Környezet- és Energetikai Hatékonyági Operatív Program Integrált Közlekedésfejlesztési Operatív Program Terület- és Településfejlesztési Operatív Program Versenyképes Közép-Magyarország Operatív Program Közigazgatás-és Köszolgáltatás-fejlesztés Operatív Program
Hungary	ESF Programme for Employability Inclusion and Learning Operational Programme 2014-2020 Border, Midland and Western Regional Operational Programme 2014-2020 Southern & Eastern Regional Operational Programme	ESF Programme for Employability Inclusion and Learning Operational Programme 2014-2020 Border, Midland and Western Regional Operational Programme 2014-2020 Southern & Eastern Regional Operational Programme
Ireland	National Operational Programme on Education National Operational Programme on Governance and Institutional Capacity National Operational Programme on Youth Employment National Operational Programme on Social Inclusion National Operational Programme on Systems for Active Employment Policies National Operational Programme on Culture National Operational Programme on Enterprises and Competitiveness National Operational Programme on Legality National Operational Programme on Metropolitan Cities National Operational Programme on Research and Innovations National Operational Programme on Infrastructure and networks National Operational Programme SME Initiatives ROP Abruzzo ERDF ROP Abruzzo ESF ROP Basilicata ERDF ROP Basilicata ESF ROP Calabria ERDF ESF ROP Campania ERDF ROP Campania ESF ROP Emilia Romagna ERDF	PON Istruzione PON Governance e Capacità Istituzionale PON Iniziativa Occupazione Giovani PON Inclusione PON Sistemi di politiche attive per l'occupazione PON Cultura e Sviluppo PON Imprese e competitività PON Legalità PON Città metropolitane PON Ricerca e innovazione PON Infrastrutture e Reti Programma operativo nazionale Iniziativa PMI POR Abruzzo FESR POR Abruzzo FSE POR Basilicata FESR POR Basilicata FSE POR Calabria FESR FSE POR Campania FESR POR Campania FSE POR Emilia Romagna FESR

Italy	ROP Emilia-Romagna ESF ROP ESF Veneto 2014-2020 ROP Friuli Venezia Giulia ESF ROP Lazio ERDF ROP Lazio ESF ROP Liguria ERDF ROP Liguria ESF ROP Lombardia ERDF ROP Lombardia ESF ROP Marche ERDF ROP Marche ESF ROP Molise ERDF ESF 2014-2020 ROP PA Bolzano ERDF ROP PA Bolzano ESF 2014-2020 ROP PA Trento ERDF ROP PA Trento ESF ROP Piemonte ERDF ROP Piemonte ESF ROP Puglia ERDF ESF ROP Sadegna ERDF ROP Sardegna ESF ROP Sicilia ERDF ROP Sicilia ESF ROP Toscana ERDF 2014-2020 ROP Toscana ESF ROP Umbria ERDF ROP Umbria ESF ROP Valle d'Aosta ERDF ROP Valle d'Aosta ESF ROP Veneto ERDF ROP Venezia Friuli ERDF 2014-2020	POR Emilia Romagna FSE POR FSE Veneto 2014-2020 POR Friuli Venezia Giulia FSE POR Lazio FESR POR Lazio FSE POR Liguria FESR POR Liguria FSE POR Lombardia FESR POR Lombardia FSE POR Marche FESR POR Marche FSE POR Molise FESR FSE 2014-2020 POR PA Bolzano FESR Provincia autonoma di Bolzano - Programma Operativo Fondo Sociale Europeo 2014-2020 POR PA Trento FESR ROP PA Trento FSE POR Piemonte FESR POR Piemonte FSE POR Puglia FESR FSE POR Sardegna FESR POR Sardegna FSE POR Sicilia FESR POR Sicilia FSE POR Toscana FESR 2014-2020 POR Toscana FSE POR Umbria FESR POR Umbria FSE Programma investimenti per la crescita e l'occupazione 2014/20 (FESR) ROP Valle d'Aosta ESF POR Veneto FESR PROGRAMMA OPERATIVO FESR 2014-2020 DELLA REGIONE FRIULI VENEZIA GIULIA
Latvia	OP Growth and Employment	Izaugsme un nodarbinātība
Lithuania	OP for EU Structural Funds Investments for 2014-2020	2014-2020 metų Europos Sąjungos fondų investicijų veiksmų programa
Luxembourg	Operational Programme ESF 2014-2020 Operational Programme ERDF Luxembourg 2014-2020	Programme opérationnel FSE 2014-2020 Programme Opérationnel FEDER Luxembourg 2014-2020
Malta	Investing in human capital to create more opportunities and promote the wellbeing of society Fostering a competitive and sustainable economy to meet our challenges Stimulating private sector investment for economic growth	Ninvestu fir-riżorsi umani sabiex noħolqu aktar opportunitajiet filwaqt li nippromwovu t-tishh tas-soċjeta Fostering a competitive and sustainable economy to meet our challenges Stimulating private sector investment for economic growth
Netherlands	Operational Programme ESF 2014-2020 OP North Netherlands ERDF 2014-2020 OP West Netherlands ERDF 2014-2020 OP South Netherlands ERDF 2014-2020 OP East Netherlands ERDF 2014-2020	Operational Programme ESF 2014-2020 Operationeel Programma EFRO 2014-2020 Noord-Nederland Operationeel Programma EFRO 2014-2020 West-Nederland Operationeel Programma EFRO 2014-2020 Zuid-Nederland Operationeel Programma EFRO 2014-2020 Oost-Nederland
Poland	OP Knowledge Education Growth OP Infrastructure and Environment ROP 1 Regional Operational Programme for Dolnośląskie Voivodeship 2014-2020 ROP 2 Regional Operational Programme for Kujawsko-Pomorskie Voivodeship 2014-2020 ROP 3 Regional Operational Programme for Lubelskie Voivodeship 2014-2020 ROP 4 Regional Operational Programme for Lubuskie Voivodeship 2014-2020 ROP 5 Regional Operational Programme for Łódzkie Voivodeship 2014-2020 ROP 6 Regional Operational Programme for Małopolskie Voivodeship 2014-2020 ROP 7 Regional Operational Programme for Mazowieckie Voivodeship 2014-2020 ROP 8 Regional Operational Programme for Opolskie Voivodeship	Program Operacyjny "Wiedza Edukacja Rozwój" (PO WER) Program Operacyjny Infrastruktura i Środowisko Regionalny Program Operacyjny Województwa Dolnośląskiego 2014-2020 Regionalny Program Operacyjny Województwa Kujawsko-Pomorskiego na lata 2014-2020 Regionalny Program Operacyjny Województwa Lubelskiego na lata 2014 - 2020 Regionalny Program Operacyjny Województwa Lubuskiego na lata 2014-2020 Regionalny Program Operacyjny Województwa Łódzkiego na lata 2014-2020 Regionalny Program Operacyjny Województwa Małopolskiego na lata 2014-2020 Regionalny Program Operacyjny Województwa Mazowieckiego na lata 2014-2020 Regionalny Program Operacyjny Województwa Opolskiego na lata 2014-2020

Poland	ROP 9 Regional Operational Programme for Podkarpackie Voivodeship ROP 10 Regional Operational Programme for Podlaskie Voivodeship ROP 11 Regional Operational Programme for Pomorskie Voivodeship ROP 12 Regional Operational Programme for Śląskie Voivodeship ROP 13 Regional Operational Programme for Świętokrzyskie Voivodeship ROP 14 Regional Operational Programme for Warmińsko-Mazurskie Voivodeship ROP 15 Regional Operational Programme for Wielkopolskie Voivodeship ROP 16 Regional Operational Programme for Zachodniopomorskie Voivodeship OP Smart growth OP Digital Poland OP Development of Eastern Poland	<i>Regionalny Program Operacyjny Województwa Podkarpackiego na lata 2014-2020</i> <i>Regionalny Program Operacyjny Województwa Podlaskiego na lata 2014-2020</i> <i>Regionalny Program Operacyjny Województwa Pomorskiego na lata 2014-2020</i> <i>Regionalny Program Operacyjny Województwa Śląskiego na lata 2014-2020</i> <i>Regionalny Program Operacyjny Województwa Świętokrzyskiego na lata 2014-2020</i> <i>Regionalny Program Operacyjny Województwa Warmińsko-Mazurskiego na lata 2014-2020</i> <i>Wielkopolski Regionalny Program Operacyjny na lata 2014 - 2020</i> <i>Regionalny Program Operacyjny Województwa Zachodniopomorskiego 2014–2020</i> <i>Program operacyjny Inteligentny rozwój</i> <i>Program Operacyjny Cyfrowa Polska</i> <i>Program operacyjny Polska Wschodnia</i>
Portugal	OP Social Inclusion and Employment OP Human Capital ROP Norte ROP Centro ROP Alentejo ROP Azores ROP Lisboa ROP Madeira ROP Algarve Competitiveness and Internationalisation OP OP Technical Assistance	<i>PO Inclusão Social e Emprego</i> <i>PO Capital Humano</i> <i>Programa Operacional Regional do Norte 2014-2020</i> <i>Programa Operacional Regional do Centro 2014-2020</i> <i>Programa Operacional Regional do Alentejo 2014-2020</i> <i>Programa Operacional Regional dos Açores 2014-2020</i> <i>Programa Operacional Regional de Lisboa 2014-2020</i> <i>Programa Operacional Regional da Madeira 2014-2020</i> <i>Programa Operacional Regional do Algarve 2014-2020</i> <i>Programa Operacional da Competitividade e Internacionalização</i> <i>Programa Operacional de Assistência Técnica</i>
Romania	Operational Programme Human Capital Operational Programme Administrative Capacity Competitiveness Operational Programme Regional Operational Programme Large Infrastructure Operational Programme Technical Assistance Operational Programme	<i>Program Operational Capital Uman</i> <i>Program Operational Capacitate Administrativa</i> <i>Program Operational Competitivitate</i> <i>Program Operational Regional</i> <i>Program Operational Infrastructura Mare</i> <i>Program Operational Asistentă Tehnică</i>
Slovakia	Operational Programme Human Resources Operational Programme Effective Public Administration OP Integrated Infrastructure OP Quality of Environment OP Research and Innovation Integrated Regional Operational Programme OP Technical Assistance	<i>Operačný program Ľudské zdroje</i> <i>Operačný program Efektívna verejná správa</i> <i>Integrovaná infraštruktúra</i> <i>Kvalita životného prostredia</i> <i>Operačný program Výskum a inovácie</i> <i>Integrovaný regionálny operačný program</i> <i>Technická pomoc</i>
Slovenia	Operational Programme for the Implementation of the EU Cohesion Policy in the period 2014 – 2020	<i>Operativni program za izvajanje Evropske kohezijske politike v obdobju 2014-2020</i>
Spain	OP Employment, Training and Education ESF OP Smart growth ERDF OP SME Initiative ERDF OP Social Inclusion and Economy ESF OP Sustainable Growth ERDF 2014-2020 OP Technical Assistance ESF OP Youth Employment ESF ROP Andalucía ERDF ROP Aragón ERDF ROP Asturias ERDF ROP Canarias ERDF ROP Cantabria ERDF ROP Castilla-La Mancha ERDF ROP Castille and Leon ERDF ROP Cataluña ERDF ROP Ceuta ERDF ROP Extremadura ERDF	<i>PO FSE 2014 EMPLEO, FORMACION Y EDUCACION</i> <i>Crecimiento Inteligente FEDER 2014-20 PO</i> <i>Iniciativa PYMEs FEDER 2014-20 PO</i> <i>PO FSE 2014 INCLUSION SOCIAL Y ECONOMIA SOCIAL</i> <i>Crecimiento Sostenible FEDER 2014-20 PO</i> <i>PO FSE 2014 ASISTENCIA TECNICA</i> <i>Programa operativo EMPLEO JUVENIL</i> <i>Andalucía FEDER 2014-20 PO</i> <i>Aragón FEDER 2014-20 PO</i> <i>Asturias FEDER 2014-20 PO</i> <i>Canarias FEDER 2014-20 PO</i> <i>Cantabria FEDER 2014-20 PO</i> <i>Castilla-La Mancha FEDER 2014-20 PO</i> <i>Castilla y León FEDER 2014-20 PO</i> <i>Cataluña FEDER 2014-20 PO</i> <i>Ceuta FEDER 2014-20 PO</i> <i>Extremadura FEDER 2014-20 PO</i>

Spain	ROP Galicia ERDF	<i>Galicia FEDER 201-20 PO</i>
	ROP Illes Balears ERDF	<i>BALEARS FEDER 2014-20 PO</i>
	ROP La Rioja ERDF	<i>La Rioja FEDER 2014-20 PO</i>
	ROP Madrid ERDF	<i>Madrid FEDER 2014-20 PO</i>
	ROP Melilla ERDF	<i>Melilla FEDER 2014-20 PO</i>
	ROP Murcia ERDF	<i>Mursia FEDER 201-20 PO</i>
	ROP Navarra ERDF	<i>Navarra FEDER 2014-20 PO</i>
	ROP País Vasco ERDF (Basque)	<i>País Vasco FEDER 2014-20 PO</i>
	ROP Valencian community ERDF	<i>Comunidad Valenciana FEDER 2014-20 PO</i>
	ROP Andalucía ESF	<i>PO FSE 2014 C.A. ANDALUCIA</i>
	ROP Aragón ESF	<i>PO FSE 2014 C.A. Aragón</i>
	ROP Asturias ESF	<i>PO FSE 2014 Principado de Asturias</i>
	ROP Canarias ESF	<i>PO FSE 2014 C.A. Canarias</i>
	ROP Cantabria ESF	<i>PO FSE 2014 C.A. Cantabria</i>
	ROP Castilla y León ESF	<i>PO FSE 2014 C.A. Castilla y León</i>
	ROP Castilla-La Mancha ESF	<i>PO FSE 2014 C.A. Castilla La Mancha</i>
	ROP Cataluña ESF	<i>PO FSE 2014C.A. Cataluña</i>
	ROP Ciudad de Ceuta ESF	<i>PO FSE 2014 CIUDAD A. DE CEUTA</i>
	ROP Ciudad de Melilla ESF	<i>PO FSE 2014 CIUDAD A. DE MELILLA</i>
	ROP Extremadura ESF	<i>PO FSE 2014C.A. Extremadura</i>
	ROP Foral de Navarra ESF	<i>PO FSE 2014 C. Foral de Navarra</i>
	ROP Galicia ESF	<i>PO FSE 2014 C.A. Galicia</i>
	ROP Illes Balears ESF	<i>PO FSE 2014 Illes Balears</i>
	ROP La Rioja ESF	<i>PO FSE 2014 C.A. La Rioja</i>
	ROP Madrid ESF	<i>PO FSE 2014 C. DE MADRID</i>
	ROP Murcia region ESF	<i>PO FSE 2014 REGION DE MURCIA</i>
	ROP País Vasco ESF (Basque)	<i>PO FSE 2014 C.A. PAIS VASCO</i>
	ROP Valencian community ESF	<i>PO FSE 2014 Comunitat Valenciana</i>
Sweden	National Operational Programme ESF for investments in growth and employment 2014 – 2020	<i>Nationellt socialfondsprogram för investering för tillväxt och sysselsättning 2014-2020</i>
	OP South Sweden	<i>Skåne-Blekinge</i>
	OP Småland and islands	<i>Småland och Öarna</i>
	OP West Sweden	<i>Västsverige</i>
	OP East-Central Sweden	<i>Östra Mellansverige</i>
	OP Stockholm	<i>Stockholm</i>
	OP North-Central Sweden	<i>Norra Mellansverige</i>
	OP Central Norrland	<i>Mellersta Norrland</i>
	OP Upper Norrland	<i>Övre Norrland</i>
	National regional fund programme for investments in growth and jobs 2014-2020	<i>Nationellt regionalfondsprogram</i>
UK	Community-led local development OP 2014-2020	<i>Lokalt ledd utveckling med stöd från Regionala utvecklingsfonden och Socialfonden 2014-2020</i>
	<i>United Kingdom - ESF Scotland</i>	<i>United Kingdom - ESF Scotland</i>
	<i>United Kingdom - ESF West Wales and the Valleys</i>	<i>United Kingdom - ESF West Wales and the Valleys</i>
	<i>United Kingdom - ESF East Wales</i>	<i>United Kingdom - ESF East Wales</i>
	<i>ESF Northern Ireland</i>	<i>ESF Northern Ireland</i>
	<i>ESF Gibraltar</i>	<i>ESF Gibraltar</i>
	<i>United Kingdom -ERDF England</i>	<i>United Kingdom -ERDF England</i>
	<i>United Kingdom - ERDF Gibraltar</i>	<i>United Kingdom - ERDF Gibraltar</i>
	<i>United Kingdom - ERDF Northern Ireland</i>	<i>United Kingdom - ERDF Northern Ireland</i>
	<i>United Kingdom - ERDF Scotland</i>	<i>United Kingdom - ERDF Scotland</i>
	<i>United Kingdom - ERDF West Wales and The Valleys</i>	<i>United Kingdom - ERDF West Wales and The Valleys</i>
	<i>United Kingdom - ERDF East Wales</i>	<i>United Kingdom - ERDF East Wales</i>
	<i>United Kingdom -ESF England</i>	<i>United Kingdom -ESF England</i>