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European support for improving health and care systems

Nick Fahy
Nicole Mauer
Dimitra Panteli
How can European health systems support investment in eHealth to improve care for people with multimorbidity in Europe?

Innovation  

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A policy brief is a short publication specifically designed to provide policy makers with evidence on a policy question or policy priority. Policy briefs:

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- Use systematic methods and make these transparent so that users can have confidence in the material.
- Tailor the way evidence is identified and synthesised to reflect the nature of the policy question and the evidence available.
- Are underpinned by a formal and rigorous open peer review process to ensure the independence of the evidence presented.

This policy brief is one of a new series to meet the needs of policy-makers and health systems managers. The aim is to develop key messages to support informed policy-making and the editors will continue to strengthen the series by working with authors to improve the coherence and effectiveness of policy options and implementation.

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European support for improving health and care systems

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Key messages

- Although the primary responsibility for health systems within the European Union (EU) lies with its Member States, the EU also has many tools that can support the strengthening of health systems.

- Many of the EU’s tools can provide support even though strengthening health systems is not their primary objective, such as the European Semester, the Cohesion Policy Funds, Horizon Europe and the Recovery and Resilience Facility.

- The available tools address different parts of change processes. Making best use of these instruments typically requires combining various EU tools with different objectives across multiple stages of the change process.

- The need to combine diverse tools creates the challenge for Member States of being aware of many different tools and their potential to support health systems, and in aligning objectives and processes between health objectives and the requirements of those tools. There are some examples of technical assistance from the EU to help with doing this, although none are specifically focused on health systems strengthening.

- There is potential to combine support from the EU with support from other sources, such as national and regional instruments or other international bodies like the World Health Organization (WHO), although this also presents countries with the challenge of combining instruments with diverse objectives and processes.

- The EU’s support to health systems respects the primary responsibility of EU countries for their own health systems. Nevertheless, being able to draw on EU support has been increasingly important, in particular for Member States that have joined since 2004, and will become even more vital in the coming years.

- As health systems across Europe deal with the consequences of the COVID-19 pandemic, there is scope for greater collaboration between individual countries and at EU level to make best use of EU tools to strengthen health systems.
Executive summary

The European Union (EU) has many tools that can help to improve the health and care systems of its Member States, even though they are mostly not dedicated to health. Improving health and care systems is primarily the responsibility of Member States within the EU. Nevertheless, the EU does provide a lot of potential support to Member States that can help to improve health systems.

However, this potential support comes from a wide range of instruments, providing different types of support, and for most of them health systems strengthening is not among their principal objectives. This can make it challenging to identify and make best use of the different instruments, as well as to combine the tools as part of an overall process of improving a health system.

This policy brief helps to address this by providing an overall mapping of these tools and how they relate to the challenges faced by health policy-makers in Member States. It sets out the wide range of potential support instruments and illustrates how these might be combined in pursuit of a specific process of health system improvement.

European health systems share common values and aims, and can benefit from European support in addressing these, especially with the additional pressure from COVID-19.

European health systems share common values and objectives, such as universality, access to good-quality care, equity and solidarity. Moreover, the COVID-19 pandemic has underlined the importance of resilience, which includes ensuring that health systems are able to manage and learn from the shock of the COVID-19 pandemic.

In the immediate future, health systems across Europe will face the demands of the ongoing COVID-19 crisis combined with the increased needs for care that has not been provided during the pandemic period. Addressing this will take place within the wider context of much increased pressure on public finances from the pandemic. This is likely to make it all the more important for Member States to make best use of potential EU support.

Different available tools address distinct parts of change processes. Making best use of these various instruments typically requires combining different EU tools at different stages and with different objectives.

The range of EU tools that can help to strengthen health systems has grown up over decades, and most potential EU support is incorporated within instruments that have wider objectives. This creates an additional need for proposals to use these tools to bridge between the health objectives and those of the instruments concerned.

Moreover, different tools provide various kinds of support that is of help for distinct parts of the change process. For example, initial ideas might come from European policy statements, research projects, or insights from other countries. For the next stage of planning how to turn these high-level ideas into concrete options other tools might help, with pilots and tests and then large-scale implementation potentially obtaining support from different sources again. This also creates the challenge for decision-makers of being aware of the various tools and the potential support they can provide. This policy brief provides an overall mapping of potential EU support to strengthen health systems – the overall instruments, different strands within them, and examples of relevant individual resources and projects.

There is potential to combine support from the EU with support from other sources, such as national and regional instruments, or other international bodies like the World Health Organization. Other sources of support are also available to European countries. The World Health Organization (WHO) – and in particular its Regional Office for Europe – also provides guidance and advice at the global and regional levels, as well as through individual country offices including for some EU Member States. The potential synergy has been demonstrated through the cooperation of the WHO and the EU in supporting Greece following the 2008–09 global financial crisis. The Organisation for Economic Co-operation and Development (OECD) and the Council of Europe are also active in the area of improving different aspects of health systems and the World Bank has provided funding to European countries.

This is a pivotal time for establishing EU support for health systems, with a new multiannual financial framework and post-pandemic policy orientations emerging.

This policy brief is being produced at the transition to a new set of multiannual financial perspectives for the EU over the period 2021–2027, and thus in particular a corresponding new set of financial instruments. The COVID-19 pandemic has been a period of enormous disruption to health systems and far beyond, which has led to reappraisal of policy goals and objectives. As health systems across Europe deal with the consequences of the COVID-19 pandemic, there is scope for individual countries and the EU to work more together to make best use of EU tools to strengthen health systems.
POLICY BRIEF

Introduction

Within the EU, the organization and delivery of health services and medical care is primarily the responsibility of the Member States. Nevertheless, there is an increasing EU dimension, in three ways. First, there is increasing policy pressure to reform particular aspects of health and care systems through EU policy processes such as the European Semester. Second, there is a wide range of EU instruments that can potentially support health systems, from research projects to infrastructure financing from the Cohesion Policy Funds (previously the European Structural and Investment Funds) and the European Investment Bank (EIB). Third, there is increasing cooperation and collective action between health systems at the European level, such as through joint procurement and the cross-border dimension of purchasing and providing care.

However, given that the primary responsibility for health and care systems lies with Member States rather than the EU, these elements of EU support have grown organically over decades. Much of the potential support to health and care systems is incorporated within instruments that have wider objectives; for example, although the Cohesion Policy Funds do provide investment to health and care infrastructure, health is not a primary objective of these funds and this creates an additional need for Member States to make a case for the link between the health objectives and those of the instruments concerned. Overall, this means that the EU’s potential support to health and care systems can be fragmented and hard for Member States to navigate.

The aim of this policy brief is to help make it easier for decision-makers to make best use of the EU’s potential support to health and care systems by providing a map of the different forms of support that are available.

What are the challenges?

European health care systems share broadly common values and objectives. Their aims have been expressed in different ways, with a common core around shared values of universality, access to good-quality care, equity and solidarity (Council of the European Union, 2006, 2011). COVID-19 has underlined the importance of also ensuring resilience, which had already been highlighted in 2014 by the European Commission (European Commission, 2014b). Resilience can be understood as the “ability to prepare for, manage (absorb, adapt and transform) and learn from shocks” (Thomas et al., 2020, p.8). Resilient health systems are able to operate at each of these stages, whether the inflicted shock is predictable or not (EU Expert Group on Health System Performance Assessment, 2020).

These overall values then translate into specific policy challenges for health policy-makers. Bringing about reforms to strengthen health systems is especially difficult in policy terms, combining technical complexity, political sensitivity, many different stakeholders, and high levels of expenditure in a context of limited resources.

For example, the general challenge of access might in practice mean that a particular group lacks access to care. While virtually all EU systems have universal access to health care in principle, specific groups can still lack access, such as particular ethnic or linguistic minorities, people living in remote geographical areas, or people who lack the resources to get to the health care they need. More broadly, even when care is in principle available, limits in supply might mean there are delays or waiting lists for care.

Even when care is available, ensuring that it is of good quality is another frequent challenge. The constant evolution of medical care means that health systems need to be continually adapting and improving their services, as well as benchmarking them against other providers, including in other countries. More than new technologies, though, critical to quality is having enough of the health professionals required and ensuring that they have the necessary skills.

Sustainability is a constant challenge, with budgets rising in perpetual tension with the available resources. This may be focused on specific new issues, such as particular drugs or other therapies that are painfully expensive in relation to the available resources. Alternatively, it might be a more general issue with sustainable income sources to be able to maintain funding for the health system in the long term.

Ensuring the resilience of health systems raises a wide range of challenges, such as how to ensure the availability of timely information for responding to rapidly changing situations for policy-makers and how to balance local adaptability with central steering and accountability.

Given the abiding public interest in health systems, their governance is a constant challenge. For example, when reforming or restructuring local services, resistance from both the public and professionals is a frequent issue. How can policy-makers best engage with different stakeholders and develop changes in a way that ensures support for them? When policy-makers are faced with difficult and fast-moving issues, where can they get advice and evidence to inform their decisions?

In reviewing the different tools available from the EU, this policy brief looks at how they can be applied to these kinds of practical challenges.

Recovering from Covid

The COVID-19 pandemic has had a profound impact on health and on health systems. As well as the enormous pressures of the pandemic and the lives lost to it, the necessary refocusing of health systems on this overwhelming priority has also affected the care provided to everyone.

In their rapid response to the pandemic, European health systems have demonstrated a remarkable capacity for innovation and adaptation. One example is the much-increased use of digital health tools for remote care and to support restructured care processes that reduced the risk of

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infection. At the same time, the staff and resources of health systems have been placed under prolonged stress, and this is likely to continue for at least some years to come due to the accumulation of unmet need from delays to normal care together with the continuing demands of COVID-19. The financial response to the pandemic also means that the wider macroeconomic context is worse across European countries, which will also create greater challenges in sustaining financing for health systems in the years ahead.

Even before the pandemic, health systems faced the challenges of meeting their aims, constant adaptation, change and limited resources. The COVID-19 pandemic does not fundamentally change these challenges, but it does introduce specific new issues concerning COVID-19 in particular, while also increasing the broader pressures on health systems and thus their need for support.

Process of change

In order to understand what kinds of support are provided at the European level, it is useful to break down the different stages of the processes of change involved, as outlined in Figure 1. Although this suggests a linear and sequential process, in practice change is a constant cycle, within which different parts of the health system may be at different points in the process at the same time, and feedback from some parts of the system may affect the outcomes in others. Nevertheless, these stages are a useful way of breaking down different types of activities and thus the support associated with them.

Box 1 - The process of change

Idea
The ideas stage represents the initial formulation of high-level concepts for policy. As well as sources from within a given country, this might include: insight from elsewhere across the ‘natural laboratory’ of Europe; interactions between different policy-makers; or input from formal processes, such as the European Semester.

Plan
The planning stage is where overall concepts or aims are translated into detailed options that could be put into practice. This is where issues such as the different technical models for change have to be considered, including how these might be financed and taking the attitudes of different stakeholders into account. This can be a complex and technical process, where specific advice and input from relevant experts is essential, both on the content of planning and the process of developing and evaluating options.

Test
As health systems are highly complex, it is impossible to fully anticipate the consequences and impacts of different plans without testing them in practice. This might mean small-scale pilots of preferred options, or formal trials to gather evidence on, for example, a different technology or practice. However, the time taken for piloting can create tensions with the typically rapid timetable for policy-making, and thus this is the stage of change that is most frequently left out – or, what is termed a ‘pilot’ in fact already represents a political commitment and would more accurately be thought of as a demonstration rather than a test. Recently, there has been heightened interest in implementation research, an integrated approach that attempts to bridge the gaps between the planning and implementation stages by merging processes. Nevertheless, testing remains a crucial stage for effective policy-making, especially where innovations for change have been inspired by different contexts in other health systems.

Implementation
Implementation represents the final stage and comprises large-scale processes of change. This has been a persistent challenge within health systems, with a typical gap of more than a decade between the establishment of good practice and its adoption throughout a health system. This underlines the difficulty of implementing change within health systems as well as the need for support in doing so.

How might European tools help?
The European Union is a group of countries who have agreed in treaties to work together in certain areas through its shared institutions. The powers and tools of the EU are therefore only those that have been granted through those treaties. As this policy brief will describe below, although the specific powers granted to the EU for the purposes of health are rather limited, there are many other areas where the EU has powers that can also contribute to health objectives.

Box 2 - What does the EU do on health and how?
The European Union’s action on health is wide-ranging and complicated, involving almost all areas of EU policy. It complements national health policy action through specific European institutions, in particular the executive (European Commission) and two legislatures: the directly elected European Parliament; and representatives of national governments in the Council of Ministers. For those who are not familiar with the EU, this can be a confusing picture. If you would like a broader – but still short – introduction to what the EU does on health and the institutions and processes involved, this is provided in the Observatory’s book ‘Everything you always wanted to know about European Union health policies but were afraid to ask’ (Greer et al., 2019).
The main tools through which the EU works are laws and money. The EU is highly unusual in international terms in that it can create laws – meaning binding legislation that applies throughout the European Union. However, although this is the main tool for the EU on most topics, EU law plays only a very minor role in health because of the very limited legal powers granted to the EU to legislate on health. In particular, the Treaty on the Functioning of the European Union delineates the division of powers in the area of Public Health, stating that the EU may only “support, coordinate or supplement” Member States’ action to enable the “protection and improvement of human health”. Thus, in practice the main EU tools for improving health and care systems are softer, and include policy statements, funding, information and technical assistance.

For this brief, we describe policy statements, meaning the various ways in which the EU makes a collective statement about what should be done, but without the binding force of law. Sometimes these statements are adopted formally through the same institutions as for law-making (the Council and the Parliament) even though they are not binding, as with the European Semester (explained further below). On other occasions, they may be made through statements of the opinions of individual institutions (such as Commission Communications), or through other bodies (such as the Council or Parliament, or processes such as the Open Method of Communication). On health systems, these policy recommendations typically provide high-level orientations about policy, but – reflecting the primary responsibility of the Member States for the organization and delivery of health services – do not go into detail.

Funding comes through a wide variety of EU programmes, which we describe further below. Although there is no EU programme dedicated to health systems as such, there are still many potential sources of financial support from other EU funding tools. Again though, reflecting the primary responsibility of countries, these do not provide direct budgetary support to the running costs of health systems; rather, they can fund related functions such as research, infrastructure, or cooperation between countries.

For this brief, we distinguish information from technical assistance. Information comes in many formats, such as models from research projects, examples of good practice from other systems, or comparative performance data that enables benchmarking. The key difference between information and technical assistance is whether there is active adaptation to the local context. Providing material about what has worked in another country we describe as information; adapted support to a specific context and challenge we describe as technical assistance. EU tools provide more information than technical assistance, but both are available, as we describe below.

Figure 2 provides a visual mapping of the different EU tools, the principal types of support they provide and the stages of change for which they can be used. Many of these tools contribute across different areas; they are categorized here according to their principal contribution, and more detail on the variety of support they provide is described below.

A more detailed description of this overview is provided in Appendix 1.

**Figure 2: Overview of different EU instruments along the process of change**

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<tr>
<th>STAGE OF CHANGE</th>
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<td>Ideas</td>
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<td>EU Policy Statements</td>
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<td>Tests</td>
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<td>Cohesion Policy Funds</td>
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<td>Implementation</td>
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Source: author compilation.
Especially for funding tools, the size of the different tools varies widely. Figure 3 illustrates the relative sizes of EU financing tools that can help to improve health systems.

When can these tools be changed?

The EU works according to multi-year cycles of policy and planning. There are two long-term cycles that are key in deciding the overall shape of the EU’s tools: the political cycle of appointing EU institutional representatives in the European Parliament and Commission, and the financial cycle of the EU’s multiannual financial framework (see Figure 4).

The political cycle works in five-year rotations, with the election every five years of the members of the European Parliament and the consequent appointment of the European commissioners. The current Parliament was elected in 2019, with the next elections planned for 2024. The third key institution, the Council, is made up of ministers elected according to national processes and thus its membership does...
not follow a common European cycle. However, the Council rotates which country chairs Council meetings and thus sets agendas and organizes Council events every six months. This rotating chair role of the Council is called the Presidency of the Council.

The EU’s financial instruments are organized within an overall budget framework set out in a seven-year multiannual financial framework (MFF). The EU’s current MFF runs from 2021 to 2027. Although there are annual EU budgets, these budgets are set within the overall amounts agreed through the MFF. Alongside these budgetary allocations, each item of EU expenditure requires a specific basis in law. These are normally provided by specific legal instruments (normally regulations) adopted by the Council and the Parliament that define their objectives and how they work. The implementation of these instruments is then carried out by the European Commission, within the framework defined by the legal instruments and the amounts made available by the annual budgets within the overall MFF.

The legal instruments establishing funding programmes are typically also aligned with the MFF period, which means that the main opportunity to reshape the tools available to the EU for a given area comes with the definition of a new MFF and accompanying set of programmes. Once these are agreed, the scope for changing the EU’s approach to supporting particular objectives is much reduced for the rest of that MFF period, although programmes do typically include provision for a mid-term review and realignment.

This policy brief is being prepared in 2021; part-way into a political cycle, and at the start of a financial cycle. Thus, the overall framework of the EU’s financial tools is now likely to remain relatively stable until at least the mid-point of the current financial framework, although the exceptional circumstances of the COVID-19 pandemic may mean more adaptation in its aftermath than is typically the case. Figure 4 illustrates how the different cycles relate to each other over time and which periods offer windows of opportunity to influence the shaping of the different EU tools.

**Figure 4: The relationship between different EU institutional cycles over time**

Source: author compilation.
**How do different tools relate to different objectives?**

The following sections provide more detail on the major programmes and areas of support. These include the support mechanisms under each, and examples of particularly relevant projects to illustrate the kinds of support that are available. Many of these programmes have supported many hundreds or even thousands of projects, and thus it is not useful to provide a comprehensive listing. Links to the relevant databases are provided where full details are available.

**EU policy statements**

**European Semester**

Established in 2010 in the aftermath of the global economic crisis, the European Semester is a cyclical governance framework designed to assist Member States in planning, aligning and regularly monitoring their economic and fiscal policies. The cycle is subject to EU regulations and surveillance tools, such as the Stability and Growth Pact and the Macroeconomic Imbalances Procedure, which warrant the effective integration, stability and convergence of Member State economies. Over time, the coordination of broader macroeconomic and social policies, including health care, has also become a crucial component of the evaluation process.

The cycle repeats in yearly intervals and consists of a series of publications, which include Member States’ National Reform and budgetary plans and the so-called packages developed by the European Commission, which are released at specific times throughout the year (Figure 5).

The yearly cycle is kicked off by the Autumn Package released in November. Its key publication is the Annual Sustainable Growth Survey, which serves as a guide to subsequent cycle publications and summarizes the EU’s economic and employment policy priorities for the next 12 to 18 months. As of 2020, priorities are clustered around four main themes: environmental sustainability, productivity, fairness and macroeconomic stability. Other reports included in the Autumn Package are the Alert Mechanism Report, which forecasts Member States that may be affected by economic imbalances and require further in-depth analysis, and the Joint Employment Report, which gives an outlook on the employment and social policy landscape in Europe.

The package also includes a set of documents restricted to euro area countries, which analyse the functioning of the single currency area and review the budgetary plans of every country for the coming year.

The first package is followed by the release in the Winter Package of individual Country Reports, which provide an in-depth review of the progress made by each country over the past year. These reports measure how countries have responded to the previous year’s country-specific recommendations submitted by the Commission.

At this stage, Member States refer to the Autumn and Winter packages to shape their policy priorities around the progress made and the EU’s objectives for the coming year. This results in the publication of 1-year National Reform Programmes and 3-year Stability or Convergence Programmes, depending on whether the country is in the euro area or not, detailing the specific policies each country will implement to comply with fiscal regulations and recommendations, as well as boost growth and employment.

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**Figure 5: The European Semester cycle**

[Diagram showing the cycle of the European Semester with the following key steps: Draft budgetary plans, Annual Sustainable Growth Survey, Country Reports, National Reform Programmes, Country-specific recommendations.]

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Source: author compilation.
In follow-up to the Country Reports, the Commission publishes tailored recommendations for each country within a Spring Package in May. The recommendations reflect EU priorities pinpointed in the Annual Sustainable Growth Survey, while also providing context-specific guidance for growth and investment over the next 12 to 18 months. The cycle is completed in autumn, when euro area countries submit their draft budgetary plans for the following year, which the Commission subsequently assesses to shape the next round in conjunction with countries’ National Reform plans and the collective evidence from documents published throughout the Semester (European Commission, 2021q).

By promoting an open policy dialogue and producing context-specific technical recommendations in a structured surveillance framework, the European Semester has proved an effective mechanism to better steer public finances at the national level and facilitate the synchronization of economic and fiscal policies across the EU.

Health is one of the largest areas of public expenditure in Member States. In 2019, EU countries spent an average 8.3% of their gross domestic product on health systems and this is likely to increase considerably in the aftermath of the COVID-19 emergency (OECD, 2020). However, there is also an opportunity to reduce health system costs through targeted investment in cost-effective models of care (Cylus, Figueras & Normand, 2019). The transformation of health systems is hence increasingly acknowledged as a key element of fiscal and economic policies.

The country-specific recommendations issued by the EU are a key tool to spur public reform and investment as health system gaps are progressively being identified as national investment and policy priorities. The recommendations have changed character over time, from an initial focus on the economic efficiency of health systems towards more holistic health and social policy goals. Once recommendations have been made, they are integrated into National Budgetary and Reform plans and their implementation is monitored in the following Semester cycle.

Based on the reform and investment gaps identified in the European Semester, Member States can formulate national priorities and evolve plans for their implementation. At every stage of the process of change, policy-makers may seek technical assistance through the Commission’s advisory hubs and Technical Support Instrument (TSI) (described in further detail in the section on ‘Technical assistance’), as well as apply for financial support through one or more of the financial instruments presented in this brief.

**Box 3 - European Semester 2020/2021: Two cycles out of the ordinary**

For the first time since their inception, all of the European Semester’s flagship country recommendations contained suggestions to reform health systems in 2020. Specifically, the 2020 recommendations highlighted the need to increase the resilience and capacity of health systems to respond to crises such as the COVID-19 pandemic in the future (European Commission, 2020f). Although the recommendations are context-specific and tailored to each country, some common challenges and proposals emerged:

- **Address shortages and balance geographical distribution of health workers** (Bulgaria, Croatia, Czechia, Denmark, Estonia, Finland, France, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Romania, Slovakia, Slovenia, Spain, Sweden).
- **Enhance supply of critical medical products** (Belgium, Denmark, Estonia, France, Hungary, Italy, Lithuania, Malta, Romania, Slovakia, Slovenia, Spain, Sweden).
- **Improve access to and strengthen primary health care** (Austria, Czechia, Estonia, Hungary, Ireland, Malta, Slovakia).
- **Step up the deployment of eHealth tools** (Croatia, Czechia, France, Germany, Luxembourg, Netherlands, Poland).

As in each year, the 2021 Semester cycle was kicked off in autumn 2020 with the release of the Annual Sustainable Growth Strategy. However, in response to the economic consequences instigated by the COVID-19 pandemic, the current cycle is temporarily undergoing changes and is being delivered in close coordination with the EU’s Recovery and Resilience Facility (RRF). In practice, Member States are required to submit Recovery and Resilience plans in addition to the usual National Reform programmes, setting out how the additional funds will be utilized for reform and investment. During this cycle, there have been no country reports or structural country-specific recommendations in the form of Winter and Spring packages.

Alternatively, the Commission will focus on monitoring the current and future risk of macroeconomic imbalances and on providing feedback with regards to budget and contents of the Recovery and Resilience plans. The plans lay out how countries will invest the sum allocated to them under the RRF. With a budget of 672.5 billion euros, the RRF is the largest of the instruments envisioned to drive the economic recovery of EU countries post-COVID. It has a strong focus on reforming public infrastructures to better meet the challenges of climate change and the digital transformation. The funds will be progressively disbursed, but Member States will be required to reach pre-approved milestones. As the Commission sets out to monitor the implementation of these reforms, it is likely that the Semester will become instrumental to the process and will remain intrinsically linked to the RRF over the coming years.

**Commission and Council statements**

Despite health policy being a national competence, it is heavily influenced by EU law as health systems involve the free movement of patients, goods and services within the EU’s internal market. There is little EU legislation dedicated exclusively to health, although, for example, the cross-border dimension of health has resulted in the formulation of legislation on patients’ rights in accessing care abroad and on the management of serious cross-border health threats. EU citizens’ right to seek health care anywhere within the EU has also created some pressure for Member States to harmonize and better coordinate their health policies and services. Article 168 of the Treaty on the Functioning of the European Union states that the Commission may “take any useful initiative to promote [such] coordination, in particular initiatives aiming at the establishment of guidelines and indicators, the organization of exchange of best practice, and the preparation of the


necessary elements for periodic monitoring and evaluation\textsuperscript{a}. Furthermore, the Council of the EU may “on proposal from the Commission, also adopt recommendations\textsuperscript{a,b} to propose coordinated health actions.

One way in which the institutions fulfil this supporting role is through the release of policy statements known as Commission Communications, Council Recommendations and Council Conclusions. These statements aim to identify areas of priority and set out plans for coordinated Community actions, informing the other EU institutions and the Member States accordingly. Although not legally binding, these can provide direction and frame the wider objectives of other EU instruments, such as the health and research programmes. Recent policy statements include the Communication on building a European Health Union to strengthen the resilience to cross-border health threats in response to COVID-19 (2020) and the Communication on the digital transformation of health and care systems (2018).

In the area of pharmaceuticals, the Commission has proposed a new pharmaceutical strategy. The strategy is based on four work strands and aims to: make medicines accessible and affordable; secure supply chains and medical reserves for a more robust crisis response; enhance the EU’s production standards, and strengthen its pharmaceutical industry (European Commission, 2020d). The pharmaceutical strategy is intended to work in close alignment with the EU’s Beating Cancer Plan (European Commission, 2021i). In combination, they set out to meet objectives of other EU instruments, such as the health and research programmes. Recent policy statements include the Communication on building a European Health Union to strengthen the resilience to cross-border health threats in response to COVID-19 (2020) and the Communication on the digital transformation of health and care systems (2018).

In February 2021, the Commission published a Communication to inform the Parliament and the Council on the new EU Beating Cancer Plan’s framework and objectives. Based on four key areas of action (prevention, early diagnosis, treatment and quality of life), the plan will be implemented through multiple flagship initiatives and 4 billion euros have been dedicated to cancer actions under the EU4Health, Horizon Europe and Digital Europe programmes. The EU aims to support Member States in the fight against cancer through targeted initiatives addressing every stage of the disease pathway and, amongst other things, by setting up:

- An EU Cancer Screening scheme to ensure 90% of the EU population are offered access to breast, cervical and colorectal cancer screening by 2025.
- An EU Network of National Comprehensive Cancer Centres, to which 90% of eligible patients should have access by 2030.
- A European Cancer Imaging Initiative and Knowledge Centre on Cancer to coordinate research and scientific cancer-related initiatives, as well as develop innovative computer-based tools for cancer imaging.
- A Cancer Inequalities Registry to monitor trends and identify inequalities between regions and Member States.
- A Better Life for Cancer Patients initiative to improve the follow-up care of cancer patients.

The open method of coordination (OMC) is another intergovernmental regulatory instrument to pursue common objectives, which is not legally binding and does not require countries to amend their national laws (EUR-Lex, 2021). In the OMC framework, Member States are jointly responsible for setting common policy objectives, devising instruments to monitor them (e.g. indicators, guidelines) and for benchmarking by comparing national performance and exchanging best practices. Its ultimate objective is to promote mutual learning from experiences and transform non-binding exchanges into effective and converging policies at the EU level without compromising national autonomy. Consequently, the OMC has found a wide range of applications in those areas of policy where competences still primarily rest with national governments, including health care, research and development, and social policy. In the area of health, several EU instruments, including the Health Programme, have drawn inspiration from the OMC in pursuing the definition of common objectives (e.g. Annual Work Plan) and comparable health indicators (e.g. European Core Health Indicators), as well as in promoting the exchange of best practices for mutual learning (e.g. voluntary exchanges in the State of Health in the EU cycle).

In policy areas in which national systems are extremely diverse, such as health care and welfare systems, and the EU has limited executive powers, these policy tools can provide direction and stimulate coordinated mechanisms for health system reform and transformation at the Member State level.

**European Health Union proposals**

As part of its response to the COVID-19 pandemic, the European Commission made proposals for a ‘European Health Union’, which include specifically strengthened provisions for pandemic preparedness and response over the coming years (European Commission, 2020a). This entails: a substantial budgetary expansion of the Health Programme (EU4Health) for the new financial cycle (2021–2027); provisions for greater coordination at the European level in responding to cross-border threats to health; strengthened powers on surveillance (in particular for the European Centre for Disease Prevention and Control, ECDC), and on medical countermeasures (in particular for the European Medicines Agency, EMA); and a forthcoming new agency to strengthen the EU’s response overall (Health Emergency Preparedness and Response Authority). However, these European Health Union proposals do not include major new initiatives in relation to strengthening health systems.

Information and benchmarking
In this section we review key instruments that provide information, such as new models, ideas, examples or good practices, and which facilitate benchmarking and comparison between EU countries. The most obvious EU instrument is the EU’s Health Programme, which is centred around this type of collaboration. The research and technological development programme also includes a strong element of research related to health. We also describe here the role provided by some of the EU agencies that are particularly related to health systems strengthening. All of these instruments cover a variety of actions; we focus here on those most relevant to improving health and care systems.

Health Programme
The Treaty provisions for a European Union mandate on public health were only established by the Maastricht Treaty of 1992.1 However, reflecting the primary responsibility of the Member States for health and health systems, the EU’s role was restricted to stimulating the cooperation between Member States and to lending support for national actions (Duncan, 2002). The mandate has since been expanded to a limited degree, with the definition of common health objectives and the establishment of dedicated funding mechanisms focused on health, including the Health Programme. To date, it has supported more than 1000 Public Health projects, with a particular focus on knowledge-sharing, recommendations and the development of strategic frameworks. However, transcending the planning and proposal stages to find a practical implementation within national health systems, while respecting Member States’ autonomy in determining and delivering health services, remains a continuous tension.

How does the Health Programme work?
The European Commission’s Directorate-General for Health and Food Safety (DG SANTE) consults with EU Member States on a yearly basis to define common health priorities and adopt them within an Annual Work Programme (AWP), which serves as a guide to identify initiatives for funding within the Health Programme. The executive agency mandated with the implementation of the Health Programme launches calls for proposals to which a wide range of institutions, including universities, research institutions, non-governmental organizations, private entities and public authorities in participating countries can apply. The proposals submitted to the European Commission are evaluated and selected for funding in cooperation with external experts, while progress monitoring is conducted jointly with DG SANTE. Although all EU countries are currently participating in the programme, there are substantial variations in the number and types of organizations that are active at the national level.

Aside from projects selected through calls for proposals, which last up to 3 years and whose deliverables usually include the formulation of reports or frameworks, the Health Programme also funds initiatives with a broader scope. These include Joint Actions and Partnerships, which involve multiple stakeholders and address EU-wide objectives. These usually aim to solve a problem common to all Member States, such as reducing tobacco consumption or improving the interoperability of digital tools. The Programme also supports online resources, such as databases and interactive portals, to enable the exchange of information and best practices across Member States (e.g. Health Policy Platform, blogs, chats, workshops, interactive tools). These are complemented by joint publications and intelligence activities, which include collective reports, common health indicators and events organized to provide comparative analyses of health systems and population health (e.g. comparing differences in life expectancy across countries). Finally, there are Expert Committees, which comprise various groups of experts from academic institutions and national governments, supplying technical expertise to the European Commission. Additional funds are available for direct grant agreements with international organizations. A selection of initiatives funded by the last Health Programme (2014–2020) can be found in Table 1. For an exhaustive list of initiatives, the Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA) Programme database can be consulted.

The third Health Programme, which officially ended at the end of 2020, had a total budget of 449.4 million euros and supported more than 350 projects (European Commission, 2021g). On the eve of its fourth Health Programme (2021–2027), EU4Health, the EU’s role in health appears to be at a turning point. With a budget of 5.1 billion euros, the new EU4Health programme is more than ten times the size of its predecessors, although still very modest in comparison to national health budgets: Germany, Europe’s largest economy, spent over 400 billion euros on health care in 2019 (Federal Statistical Office of Germany, 2021). Of course, the EU’s programme has quite different aims and, unlike national expenditure, the EU’s health funds are not used for the direct provision of health care, but this illustrates the relatively limited scope of the Health Programme to complement national funds.

Aside from prompting the Health Programme’s budgetary expansion, the ongoing global COVID-19 pandemic has highlighted EU countries’ shared vulnerability to cross-border health threats and generated an unprecedented consensus for more coordinated transnational health response systems. For this reason, the focus of the upcoming Health Programme lies on strengthening preparedness and response capacities to better protect EU citizens from cross-border health threats, including plans to establish a new specialized Health Emergency Preparedness and Response Authority (HERA) and to expand the mandates of the existing EMA and ECDC. These form part of a broader plan for a European Health Union, envisioned to strengthen the EU’s role in promoting and protecting health, for instance through strengthened national health system integration, revised EU health legislation and collaborative actions to stockpile medical products or establish common reserves of health-care workers. However, the EU4Health programme also seeks to fill those health system gaps, which have surfaced and widened during the pandemic and translate

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1 Treaty on European Union [1992] OJ C 191/1, art 129 (1)
into priorities in the areas of digital transformation of health systems, improving the availability of medical products and strengthening health systems’ resilience and accessibility (Samarasekera, 2021). Aside from the ongoing EU COVID-19 response, flagship areas of investment for EU4Health include Europe’s Beating Cancer Plan and the Pharmaceutical Strategy for Europe.

It remains to be seen how the ambitious programme will be implemented in practice considering its limited financial capacity compared to national and other European instruments (i.e. the Cohesion Policy Funds), and whether current EU governance and management structures will be able to transform plans into action. In view of this, a new Health and Digital Executive Agency (HaDEA), in charge of managing EU4Health, Horizon Europe (Cluster 1: Health) and the Digital Europe Programme, and of creating financial synergies for the transformation of health systems, has been recently established (European Commission, 2021h), replacing the previous agency, CHAFEA.

Unlocking the potential of EU4Health
As well as there having been a considerable expansion of the Health Programme’s financial envelope, its governance structure has also undergone changes in preparation for the new EU4Health iteration. The Programme will be managed jointly by the Commission and HaDEA, with additional support from a new EU4Health Steering Group. Composed of both Member State and Commission representatives, the Steering Group will be consulted from the planning to the implementation and evaluation phases to pinpoint priorities within the AWP and to ensure improved consistency and complementarity between countries’ health policies. These adjustments may allow Member States to be more closely involved in shaping and aligning EU-wide priorities, but also in steering synergies between the numerous programmes managed by HaDEA.

All Member States have National Focal Points (NFP) appointed by their national health ministries to support the implementation of the Health Programme and the dissemination of results and related information at the national level.

Table 1: Selection of initiatives funded by the Health Programme (2014-2020)

<table>
<thead>
<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCIROCCO – maturity model for integrated care</td>
<td>To evaluate strengths and weaknesses of regions for integrated care as a basis for improvement and learning</td>
<td>EU-funded project</td>
<td>Maturity model and related good practices</td>
<td>Information</td>
<td>Plans</td>
<td><a href="http://www.scirocco-project.eu">www.scirocco-project.eu</a></td>
</tr>
<tr>
<td>EFFICHRONIC</td>
<td>To implement a chronic disease management tool and assess impact and cost-efficiency</td>
<td>EU-funded project</td>
<td>Chronic Disease Self-Management Programme</td>
<td>Information, Technical support</td>
<td>Plans, tests</td>
<td><a href="http://effichronic.eu">http://effichronic.eu</a></td>
</tr>
<tr>
<td>SEPEN</td>
<td>Support for the health workforce planning and forecasting expert network</td>
<td>EU-funded joint tender</td>
<td>Cross-country cooperation and assessment of Member States’ health workforce planning processes</td>
<td>Information, technical support</td>
<td>Plans, tests</td>
<td><a href="http://healthworkforce.eu">http://healthworkforce.eu</a></td>
</tr>
<tr>
<td>VIGOUR</td>
<td>Evidence-based guidance to scale up integrated care in Europe</td>
<td>EU-funded project</td>
<td>Support care authorities to transform health systems via delivery of an evidence-based integrated care support programme</td>
<td>Information</td>
<td>Plans</td>
<td><a href="https://vigour-integratedcare.eu">https://vigour-integratedcare.eu</a></td>
</tr>
<tr>
<td>SEFAC – social engagement framework for addressing the chronic disease challenge</td>
<td>Pilot activities in four European regions to strengthen the prevention and management of chronic conditions</td>
<td>EU-funded project</td>
<td>Piloting of information and communications technology (ICT) tools, community meetings, group activities to improve non-communicable diseases (NCDs) care and self-management</td>
<td>Information, technical support</td>
<td>Plans, tests</td>
<td><a href="https://sefacproject.eu">https://sefacproject.eu</a></td>
</tr>
</tbody>
</table>

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## European support for improving health and care systems

### Online resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td>EU Health Policy Platform</td>
<td>Online interactive tool to discuss any public health concerns, share best practices</td>
<td>EU-supported platform</td>
<td>Knowledge-sharing, thematic networks, stakeholder- and Member State-led networks</td>
<td>Information</td>
<td>Plans</td>
<td><a href="https://webgate.ec.europa.eu/hpf/">https://webgate.ec.europa.eu/hpf/</a></td>
</tr>
<tr>
<td>Online Resource Centre for integrated care</td>
<td>To share information about different aspects of integrated care</td>
<td>EU-supported database</td>
<td>Information related to integrated care</td>
<td>Information</td>
<td>Plans</td>
<td><a href="https://webgate.ec.europa.eu/hpf/">https://webgate.ec.europa.eu/hpf/</a> (restricted access)</td>
</tr>
<tr>
<td>Public health best practice portal</td>
<td>Good practices on health promotion, disease prevention and management of NCDs</td>
<td>EU-supported database</td>
<td>Information, resources related to health promotion</td>
<td>Information</td>
<td>Plans</td>
<td><a href="https://webgate.ec.europa.eu/dyna/bp-portal/">https://webgate.ec.europa.eu/dyna/bp-portal/</a></td>
</tr>
<tr>
<td>European Reference Networks</td>
<td>Virtual network to share expertise on the management of complex and rare conditions</td>
<td>EU-supported platform</td>
<td>Knowledge exchange and resource optimization</td>
<td>Information</td>
<td>Plans, implementation</td>
<td><a href="https://webgate.ec.europa.eu/ern/">https://webgate.ec.europa.eu/ern/</a></td>
</tr>
</tbody>
</table>

### Publications/Intelligence

<table>
<thead>
<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Core Health Indicators (ECHI)</td>
<td>Provide comparable cross-country health information</td>
<td>88 indicators grouped by policy area available on ECHI data tool for all Member States</td>
<td>Information</td>
<td>Information</td>
<td>Plans</td>
<td><a href="https://ec.europa.eu/health/indicators_data/indicators_en">https://ec.europa.eu/health/indicators_data/indicators_en</a></td>
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</tbody>
</table>

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### Joint Actions/Partnerships

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<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Partnership for Action Against Cancer</td>
<td>Collaboration and knowledge-sharing</td>
<td>Joint action</td>
<td>Joint response for the prevention and treatment of cancer, bringing together different stakeholders</td>
<td>Information</td>
<td>Plans</td>
<td><a href="http://www.epaac.eu">http://www.epaac.eu</a></td>
</tr>
<tr>
<td>JADECARE</td>
<td>Joint action on the implementation of digitally enabled integrated person-centred care</td>
<td>Joint action</td>
<td>Best practice transfer, twinning</td>
<td>Information</td>
<td>Plans</td>
<td><a href="https://jadecare.eu">https://jadecare.eu</a></td>
</tr>
<tr>
<td>CHRODIS-PLUS</td>
<td>Joint action for the implementation of good practices for chronic diseases</td>
<td>Joint action</td>
<td>Policy dialogues, implementation of pilot projects</td>
<td>Information, technical support</td>
<td>Plans, tests</td>
<td><a href="http://chrodis.eu">http://chrodis.eu</a></td>
</tr>
<tr>
<td>eHACTION</td>
<td>Joint action to support the eHealth Network</td>
<td>Joint action</td>
<td>Strategic guidance and tools to empower patients, overcome implementation challenges of eHealth tools</td>
<td>Information</td>
<td>Idea, plan</td>
<td><a href="http://ehaction.eu">http://ehaction.eu</a></td>
</tr>
<tr>
<td>EUneHTA</td>
<td>Collaboration between national health technology assessment (HTA) authorities and pharmaceutical developers</td>
<td>Joint action</td>
<td>Collaborative assessment of medicines’ cost-effectiveness for pricing/reimbursement</td>
<td>Information</td>
<td>Plans</td>
<td><a href="https://eunethta.eu">https://eunethta.eu</a></td>
</tr>
<tr>
<td>ADVANTAGE – Managing fraility</td>
<td>Joint action to develop models of care for frail populations</td>
<td>Joint action</td>
<td>Collecting evidence on concept of frailty at individual and population levels and developing a final Frailty Prevention Approach</td>
<td>Information</td>
<td>Idea, plan</td>
<td><a href="https://www.advantageja.eu">https://www.advantageja.eu</a></td>
</tr>
<tr>
<td>Name</td>
<td>Aims</td>
<td>Type</td>
<td>Support provided</td>
<td>Type of support</td>
<td>Stage of support</td>
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<td>Expert committees</td>
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<tr>
<td>Expert Panel on effective ways of investing in health</td>
<td>Expert advice related to effective, accessible and resilient health system</td>
<td>Expert committee</td>
<td>Information and opinions</td>
<td>Information</td>
<td>Idea, plan</td>
<td><a href="https://ec.europa.eu/health/exph/overview_en">https://ec.europa.eu/health/exph/overview_en</a></td>
</tr>
<tr>
<td>Steering Group on Health Promotion, Disease Prevention and Management of Non-Communicable Diseases</td>
<td>Advisory group on developing and implementing activities in health promotion, disease prevention and NCDs</td>
<td>Expert committee</td>
<td>Information, knowledge exchange, technical support</td>
<td>Information</td>
<td>Idea, plan</td>
<td><a href="https://ec.europa.eu/health/non_communicable_diseases/steering_group_promotion_prevention_en">https://ec.europa.eu/health/non_communicable_diseases/steering_group_promotion_prevention_en</a></td>
</tr>
</tbody>
</table>
The new EU4Health programme envisions a stronger role of the NFPs to guide applications for funding. For 2021, the AWP has a designated budget of 311 million euros (European Commission, 2021c) and prioritizes projects in crisis preparedness, disease prevention, health systems and digitalization, as well as cancer as a transversal topic (European Commission, 2021e). It is not yet known whether EU4Health will fund projects in a similar manner to past Health Programmes, focusing on knowledge-sharing and the development of guidelines and theoretical models. Given the increased financial scope, there may be space for innovation and financial models other than project grants, joint actions and operating grants.

Examples of initiatives funded under the Third Health Programme to support the practical aims of health systems

European Reference Networks (2017 – ongoing)
Providing access to high-quality care can be challenging, especially for rare and complex disorders, which affect over 30 million people in the EU. The European Reference Networks (ERNs) are one of the online resources funded under the Health Programme and consist of 24 virtual networks which connect health care providers across the EU, allowing them to exchange expertise and pool medical specialist knowledge on the management of complex and rare diseases. Through the sharing of resources and the possibility of convening advisory panels to review diagnosis and treatment plans, the ERNs support more than 30 million Europeans suffering from a wide range of complex and rare conditions.

Types of contribution: ideas/plans; information, collaboration.

SEPEN – Support for the health workforce planning and forecasting expert network (2017–2020)
Good-quality care crucially depends on the availability of trained health care workers. SEPEN, a follow-up project to the European Health Workforce Planning and Forecasting Joint Action, aimed to support cross-country cooperation and to increase Member States’ effectiveness in health workforce planning processes and policy. Its deliverables included a mapping exercise of all national workforce policies and tailor-made technical support to countries wanting to optimize their workforce planning.

Types of contribution: ideas/plans; information, technical support, collaboration.

JADECARE – Joint action on implementation of digitally enabled integrated person-centred care (2020 – 2023)
Ageing populations and multimorbidity place growing demands on European societies, calling for solutions to enhance the sustainability and accessibility of health systems. The JADECARE joint action involves partners from 17 countries, with the goal of transferring four demonstrated good practice models of integrated care across different cultural and local contexts. The joint action will support other health authorities in achieving the transition towards a more digital and person-centred care. The good practice models to be transferred include:

- The Basque health strategy on ageing and chronicity: Integrated care (Spain)
- The Catalan Centre for Open Innovation on ICT-supported integrated care services for chronic patients (Spain)
- The OptiMedis Model – integrated population-based care (Germany)
- The RSD digital roadmap towards an integrated health care sector (Denmark).

Types of contribution: plans/tests; information, technical support.

Research programmes

The EU’s research and technological development programmes have long been one of its largest areas of funding, with a focus on research projects and innovation development. Health has represented one of the largest single themes within that, with more than 400 research projects funded and an EU funding contribution of over 1.5 billion euros (European Commission, 2021j). However, this is mainly for academic research; it may provide relevant insights and models, but this is not funding to directly support the transformation of health systems. Moreover, a large portion of the funding provided on health through the research and technological development programmes has focused on biomedical and technological research, rather than on organizational and system questions more directly related to the challenge of transformation (Walshe et al., 2013).

This means that, while the EU funds a great deal of health-related research, this is mostly a contribution towards improving the scope and quality of health care, rather than the change and transformation of health systems as a whole. For example, typical health-related research projects might aim at developing diagnosis or treatment for a specific condition or better understanding related biological mechanisms or developing novel health-related technologies. These are important for improving medical care or micro-level clinical systems and may be highly useful for improving performance in specific clinical areas but are not aimed at addressing the challenges of strengthening health systems overall.

Even where there are relevant projects, another challenge for decision-makers and potential applicants is how to find them. With so many research projects funded – and projects relating to strengthening health systems relatively rare amongst them – it is far from straightforward identifying those few projects that may be relevant to solving a particular transformation challenge. The Commission does provide a database, CORDIS, of the projects and outputs from the EU’s research programmes, but this does not include designations of projects or search terms related to overall health systems strengthening, which would greatly facilitate the identification of relevant initiatives. A selection of relevant initiatives funded by the current and past two research programmes are presented in Table 2.

Horizon Europe may herald some shifts towards research that is more relevant for transformation, with the strategic
European support for improving health and care systems

plan for Horizon Europe including supporting the transformation of health care systems as one of its objectives. The implementation of Horizon Europe’s health strand is managed by the new executive agency HaDEA, which may create opportunities for synergies with other programmes in its portfolio, including the new Health programme (EU4Health) and Digital Europe (European Commission Directorate-General for Research and Innovation, 2021).

Examples of initiatives funded by Horizon 2020 to support health systems strengthening

The nature of research projects means that they may be a source of ideas and information in relation to health systems strengthening but are unlikely to directly support health system change. Some ways in which research projects may nevertheless help health systems strengthening include:

- Helping to improve efficiency through the integration of health services by drawing on the models of integrated care developed by the Sustainable Integrated care models for multimorbidity delivery, Financing and Performance (SELFIE) project and applying these to local care processes. Between 2015 and 2019, SELFIE developed evidence-based chronic care models to improve person-centred care for persons with multimorbidity. It also proposed appropriate financing schemes to support the implementation of these models.
- Addressing high costs of technologies through collaboration on HTA and bolstering national capacity through the HTx platform, which is in the process of developing methodologies for more person-centred access and cost-effective reimbursement of health technologies. The implementation of these methods will be piloted in collaboration with the European Network for Health Technology Assessment (EUnetHTA).
- Transferring and upscaling innovative solutions by applying the frameworks developed by TO-REACH. Funded under Horizon 2020 and concluded earlier this year, TO-REACH conducted a comprehensive analysis of successes and failures in implementing innovative solutions across different contexts and developed a framework to support researchers in developing suitable solutions and, at a broader scale, the integration and diffusion of innovations in health systems.\(^d\)

How can different initiatives funded by the new Horizon Europe research programme be used to support transformation?

The core funding from the research programmes supports research projects. This is normally provided through calls for proposals, which define specific topics where funding is available, for which consortiums of researchers can then apply. These are typically defined at least one or two years in advance, with input from the research ministries of Member States. As the research projects themselves also typically take several years, this means that, in practice, there can be several years between a new research topic being identified by a national government and the results of that research being available. However, some existing research calls or projects may align with local priorities for strengthening health systems. Such projects may also include elements of piloting new solutions and thus provide a contribution at the piloting stage of change. There are also programmes that fund skills and capacity development and earlier-stage science through the European Research Council and Marie Skłodowska-Curie programmes, as well as infrastructure for research. Finally, there is specific support for the less well-developed countries in the EU to support their participation and build their research and development capacity through the ‘Widening participation and spreading excellence’ programme.

One innovation for Horizon Europe is the creation of research ‘missions’, which are portfolios of actions that aim to bring together research projects and other initiatives around a single overall challenge; the relevant mission for health is on cancer. This follows a long history of EU work on cancer, which was the starting point for the EU’s role in health. A series of dedicated cancer programmes began in 1987 and were then integrated into the wider research and health programmes. The EU’s work on cancer was relaunched as a specific area in its own right with the European Partnership for Action Against Cancer in 2009 (European Commission, 2009), following Council conclusions adopted in 2008 under the Slovenian Presidency. Work on cancer has highlighted the potential added value of European cooperation in all areas of health, from comparative data driving improvements in health systems, to the development of clinical guidelines in specialist areas and policy collaborations on addressing key cancer threats. The establishment of these ‘missions’ represents an opportunity to reinvigorate a broad-based approach to tackling cancer using all the instruments at the EU’s disposal.

Partnerships are a basis for collaboration between the Commission and other actors, which can be either public or private sector actors, depending on the type of partnership. These may be particularly relevant in health, which is an area where Member States have the lead responsibility and so it may therefore be more appropriate for research to be funded through this kind of collaborative approach involving also research funders from Member States. There are some partnerships specifically related to health, such as the public–private Innovative Medicines Initiative (IMI; funded under Horizon 2020) (Innovative Medicines Initiative, 2021a) and the upcoming Innovative Health Initiative (proposed under Horizon Europe to build on the lessons learnt through the IMI (Innovative Medicines Initiative, 2021b), which brings together actors from the pharmaceutical, medical technologies and diagnostics industries to research and develop innovative medical solutions.

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\(^d\) https://to-reach.eu/2021/05/20/policy-briefs-toreach

Box 5: Horizon Europe candidate partnerships: European partnership on Transforming Health and Care Systems

There are multiple candidate partnerships within Horizon Europe’s cluster for Health. The most relevant for strengthening health systems in Member States are the European Partnerships for Personalised Medicine, Rare Diseases, Pandemic Preparedness, Transforming Health and Care Systems, and the Innovative Health...
Policy brief

Initiative. Of particular relevance, the European partnership on Transforming Health and Care Systems (THCS) co-funded by the EU, Member States and innovation funders, aims to boost the research, uptake and scale-up of innovative solutions to accelerate the transformation of national and regional health care systems. Specific objectives will be:

- to provide evidence for innovative solutions that support cost-effective and fiscally sustainable health care policies
- to build knowledge for transferability and up-scaling of innovative solutions across and within EU countries
- to develop and test mechanisms to support diffusion of innovative solutions
- to establish a research and innovation platform that brings together different actors and collects health system data to enable data-driven policy-making.

While research generally develops inventions – the first stage of knowledge development – there is increased attention in Horizon Europe on the next stage of developing inventions into innovations, which turn discovery research into an application that can be used in practice. This is tackled through a group of three structures: the European Innovation Council (funding for innovation development), the European Institute of Innovation and Technology (EIT, promoting collaboration across business, education and research) and European Innovation Ecosystems (supporting overall systems of innovation). The EIT, in particular, has had a long involvement in health systems, running numerous education programmes on innovating health care, supporting entrepreneurs in relevant start-up companies and creating innovative products ready for marketing and implementation.

Another tool used to help make the bridge from research to practical application is pre-commercial procurement of research and development (European Commission, 2007).

Table 2: Selected actions funded by the Research Programme (includes examples from the 2007–2013, 2014–2020 funding periods and Horizon Europe)

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<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
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Health research

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<th>Name</th>
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SELFIE  
Improving patient-centred care for patients with multimorbidity by proposing evidence-based, economically sustainable integrated chronic care models

Research funding  
Research funding  
Information, ideas  
Ideas, plans  
https://www.selfie2020.eu

MUNROS  
Analyse the contribution of new professional roles to redesign health service and service integration

Research funding  
Research funding  
Information, ideas  
Ideas, plans  
http://www.abdn.ac.uk/munros

PROMETHEUS  
Understanding of patterns of cross-border health professional mobility and responses at the organizational, national and international levels

Research funding  
Research funding  
Information, ideas  
Ideas, plans  
https://ehma.org/research-projects/past-projects/health-prometheus/

HTx  
This project aims to improve methods for HTA, with a focus on real-time decision-making, as well as promoting collaboration between regulators, HTA agencies and those developing clinical guidelines

Research funding  
Research funding  
Information, ideas  
Ideas, plans  
https://www.htx-h2020.eu

TO-REACH  
This coordination and support action aimed to lay the ground for a joint European research programme on health services and systems to help health systems improve through cross-border learning (2016–2021)

Coordination and support action  
Research funding  
Information, ideas  
Ideas, plans  
https://to-reach.eu

Continued on next page >>>

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## European support for improving health and care systems

### Research missions

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<tr>
<th>Name</th>
<th>Aims</th>
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<th>Support provided</th>
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<th>Stage of support</th>
<th>More information</th>
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<tbody>
<tr>
<td>Cancer</td>
<td>Portfolio of actions to save more than 3 million lives by 2030</td>
<td>Portfolio of research and other actions</td>
<td>Research funding</td>
<td>Information, ideas</td>
<td>Ideas, plans</td>
<td><a href="https://ec.europa.eu/info/research-and-innovation/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe/missions-horizon-europe/cancer_en">https://ec.europa.eu/info/research-and-innovation/funding/funding-opportunities/funding-programmes-and-open-calls/horizon-europe/missions-horizon-europe/cancer_en</a></td>
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### Pre-competitive procurement

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<th>Stage of support</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td>EURIPHI</td>
<td>A coordination and support action aimed to developing a new approach to cross-border procurement practices of health innovation around a value-based approach</td>
<td>Coordination and support action</td>
<td>Research funding</td>
<td>Information, ideas</td>
<td>Ideas, plans</td>
<td><a href="https://www.euriphi.eu">https://www.euriphi.eu</a></td>
</tr>
<tr>
<td>SAEPP</td>
<td>Development of needs and concept of an ICT-equipped ambulance, enabling a shift to more on-the-spot treatment and avoiding unnecessary hospital admissions</td>
<td>Pre-commercial procurement</td>
<td>Ideas, plans</td>
<td>Ideas, plans</td>
<td>Ideas, plans</td>
<td><a href="https://cordis.europa.eu/project/id/644329">https://cordis.europa.eu/project/id/644329</a></td>
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### Research infrastructure

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<th>Name</th>
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<th>Type of support</th>
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<tbody>
<tr>
<td>Call for research infrastructure for rapid research responses to COVID-19 and other infectious disease epidemics</td>
<td>To develop and expand research infrastructures to support research responding to infectious disease epidemics</td>
<td>Call for proposals for research infrastructure</td>
<td>Funding</td>
<td>Information</td>
<td>Ideas, plans</td>
<td><a href="https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-details/horizon-infra-2021-emergency-02">https://ec.europa.eu/info/funding-tenders/opportunities/portal/screen/opportunities/topic-details/horizon-infra-2021-emergency-02</a></td>
</tr>
<tr>
<td>SHARE – Survey of Health, Ageing and Retirement in Europe</td>
<td>Survey studying the effects of health, social, economic and environmental policies over the life-course of European citizens and beyond</td>
<td>Research infrastructure</td>
<td>Funding</td>
<td>Information</td>
<td>Ideas, plans</td>
<td><a href="http://www.share-project.org/home0.html">http://www.share-project.org/home0.html</a></td>
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This enables public sector bodies to create a clear pathway to purchasing to address a particular identified need, drawing on several different alternative possible solutions and helping these to be developed from research to practical application. As solutions are potentially identified and narrowed down to a viable product, the risks and benefits are shared with suppliers retaining intellectual property in the innovations that they have developed through this process, with purchasers retaining some usage and licensing rights (European Commission, 2020e). For instance, the Smart Ambulance European Procurers Platform (SAEPP) Consortium brings together specialized vehicle manufacturing experts to develop an innovative ambulance prototype, to enable frontline health workers to treat patients effectively on-scene and avoid unnecessary hospital admissions.

### Decentralised EU agencies

Several of the 40 EU agencies have mandates that directly relate to improving health care delivery at the national level. By pooling technical expertise on complex health challenges and addressing cross-border issues collaboratively, national resources can be spared and common standards set across different EU countries. Two agencies in particular, the European Centre for Disease Prevention and Control and the European Medicines Agency, are relevant to strengthening European health systems.

#### European Medicines Agency

The EMA is the EU’s regulatory agency for human and veterinary medicines, bringing together experts from EU national competent authorities under one roof across numerous scientific committees and regulatory networks. It
provides various forms of support to Member States and stakeholders from industry and research throughout the life cycle of medicines, from the development to the authorization and post-marketing stages (European Medicines Agency, 2021).

Although marketing authorizations for medicines are still under national responsibility for various medical products, centralized EU procedures for innovative medicines (e.g. vaccines, gene therapies, genetically engineered drugs) allow Member States to save resources and new treatments to be made available across all EU countries simultaneously. Similarly, joining forces to monitor the efficacy and safety of drugs (European Network of Centres for Pharmacoepidemiology and Pharmacovigilance) and assess the evidence on their benefit for patients to inform national pricing and reimbursement processes (for example, via participation in the Joint Action EUneqHTA) can avoid EU countries duplicating efforts. The EMA supervises supply chains and facilitates the joint procurement of safe medicinal products from outside the EU. By engaging with micro-, small and medium-sized enterprises (SMEs) and in public–private partnerships, such as the IMI, the EMA supports the development of innovative medicines and provides tailored advice to developers in the early stages of drug research (Innovation Task Force). The EMA steers pharmaceutical research towards areas of particular significance for EU countries by incentivizing businesses to invest in the development of neglected therapies (e.g. antibiotics, therapies for paediatric and rare diseases).

European Centre for Disease Prevention and Control

The ECDC provides specialist assistance in the fields of infectious disease and epidemic intelligence. Of particular relevance to national governments are the agency's surveillance activities, which consist of the continuous monitoring and risk assessment of potential Public Health threats and the rapid delivery of data, recommendations and scientific advice. In the event of a concrete threat, the agency can support EU-level missions by deploying experts on the ground and communicating up-to-date information to the public (European Centre for Disease Prevention and Control, 2021b). Risk communication is a crucial component of the ECDC's mandate and is closely coordinated with national competent bodies. This also includes the launch of EU-wide public information campaigns on relevant topics, e.g. antimicrobial resistance and potentiating Member States' health communication capacities through guidance, tools and training. The agency produces technical guidance, such as expert opinions and handbooks, and supports countries in emergency planning and strengthening preparedness capacity by performing simulation exercises. This goal is further pursued through joint training opportunities (ECDC Virtual Academy, FEM Wiki), including two-year training programmes for field epidemiologists and microbiologists (EPIET and EUPHEM). Starting this year, the ECDC will offer and implement stepwise targeted country support for issues of national relevance upon request (preparatory phase 2020–2022).

How EMA and ECDC activities can support health systems strengthening

The EU agencies’ work is based primarily on knowledge-sharing and collaboration. To a lesser extent, the agencies provide technical assistance to initiate plans and support the implementation of health system changes. By sharing up-to-date scientific evidence along every step of a drug’s life cycle and engaging in collaborative activities to optimize the use of national resources, the EMA contributes to the timely provision of safe and affordable medicines. The ECDC reinforces the preparedness and response capacity of countries by monitoring the risks of infectious diseases and providing tailored support in case of a health emergency. Specifically, the agencies can contribute to strengthening health systems by:

- facilitating the introduction of effective and innovative medicines at the lowest possible cost for health systems and patients, by coordination of HTA practices between producers, EU countries and the EMA

- strengthening the workforce at Member-State level by producing cohorts of field epidemiologists, microbiologists and other professional figures with high-quality training.

Table 3 highlights some examples of EMA and ECDC initiatives contributing to health systems strengthening, while Box 6 showcases two examples of the role of these agencies during the COVID-19 pandemic.

Box 6: Examples from COVID-19 response mechanisms

EMA – COVID-19 EMA pandemic task force

The COVID-19 pandemic task force was established to support Member States and the European Commission in accelerating access to therapies and vaccines for the treatment and prevention of COVID-19, including coordinating the regulatory steps required to develop, authorize and monitor the safety of new human medicines. Among its activities are the review of potential candidate medicines to identify promising treatments, the coordination of preliminary discussions with developers, and the facilitation of clinical trials conducted in the EU. To date, the task force's efforts have contributed to the swift development and introduction of multiple COVID-19 vaccines to European markets.

ECDC – Covid-19 Vaccine Tracker

ECDC runs the European Surveillance System (TESSy), a user-restricted platform on which national surveillance data is pooled to continuously monitor Public Health threats in Europe. Since the rollout of COVID-19 vaccines, ECDC has been collecting detailed vaccine uptake data from Member States via the TESSy platform at least twice a week. The latest data is made publicly available via the Vaccine Tracker tool and monitors how the vaccination campaign is progressing across different EU countries in real-time. This tool directly informs the European coordination of national vaccination campaigns, while also providing reliable and comparable information to a large audience of users, including researchers, members of the public and policy-makers.
### Table 3: Selection of EMA and ECDC initiatives relevant for health systems strengthening

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<tr>
<th>Name</th>
<th>Aims</th>
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<tbody>
<tr>
<td>European Network of Vaccine Research and Development</td>
<td>Accelerate EU vaccine development and implement a permanent research infrastructure for early vaccine development</td>
<td>Network of partners in European vaccine R&amp;D, coordinated by European Vaccine Initiative</td>
<td>Joint research, training and technical assistance for early vaccine development (including on clinical trials, animal models) to public and private research partners</td>
<td>Information, technical support</td>
<td>Plans</td>
<td><a href="https://www.transvac.org/transvac-ds">https://www.transvac.org/transvac-ds</a></td>
</tr>
<tr>
<td>European Network of Centres for Pharmacoepidemiology and Pharmacovigilance (ENCePP)</td>
<td>Facilitate the performance of post-authorization studies to monitor the benefits/risks of drugs</td>
<td>Network of public institutions and research organizations, works in close cooperation with the European Medicines Regulatory Network</td>
<td>Exchanging and developing best practices for the planning, design, conduct and reporting of post-authorization safety studies</td>
<td>Information, collaboration</td>
<td>Plans</td>
<td><a href="https://www.ema.europa.eu/en/partners-networks/networks/european-network-centres-pharmacoepidemiology-pharmacovigilance-encepp">https://www.ema.europa.eu/en/partners-networks/networks/european-network-centres-pharmacoepidemiology-pharmacovigilance-encepp</a></td>
</tr>
<tr>
<td>Innovation Task Force</td>
<td>Facilitate and support development of innovative medicines</td>
<td>Multidisciplinary group/dialogue platform</td>
<td>Early dialogue with applicants for development of innovative medicines, on regulatory and legal requirements</td>
<td>Information, technical support</td>
<td>Ideas, plans</td>
<td><a href="https://www.ema.europa.eu/en/human-regulatory/research-development/innovation-medicines">https://www.ema.europa.eu/en/human-regulatory/research-development/innovation-medicines</a></td>
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<th>Name</th>
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<tr>
<td>European Centre for Disease Prevention and Control</td>
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<tr>
<td>Targeted country support (preparatory phase 2020–2022)</td>
<td>Provide tailored support to meet needs/requests of Member States</td>
<td>Technical assistance to coordinating national competent authorities</td>
<td>Currently in preparatory phase, will enable Member States to request specific assistance based on priorities/gaps identified by ECDC analysis</td>
<td>Technical support</td>
<td>Plans</td>
<td><a href="https://www.ecdc.europa.eu/en/about-us/what-we-do/country-support">https://www.ecdc.europa.eu/en/about-us/what-we-do/country-support</a></td>
</tr>
<tr>
<td>Missions</td>
<td>Deploy experts on the ground to support Member State needs in case of an outbreak</td>
<td>Country visits</td>
<td>Expert advice and technical support to tackle an infectious disease challenge or outbreak</td>
<td>Technical support</td>
<td>Implementation</td>
<td><a href="https://www.ecdc.europa.eu/en/search?%3As=missions&amp;%3A0%3Doutput_types%3A11286">https://www.ecdc.europa.eu/en/search?%3As=missions&amp;%3A0%3Doutput_types%3A11286</a></td>
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<tr>
<td>Simulation exercises</td>
<td>Enhance Member State preparedness and response capacity</td>
<td>Training and tests</td>
<td>Plan, coordinate and carry out simulations to strengthen preparedness plans and capacity of Member States</td>
<td>Technical support</td>
<td>Implementation</td>
<td><a href="https://www.ecdc.europa.eu/en/search?%3As=simulation%20exercise&amp;f%5B0%5D=output_types%3A1319">https://www.ecdc.europa.eu/en/search?%3As=simulation%20exercise&amp;f%5B0%5D=output_types%3A1319</a></td>
</tr>
<tr>
<td>Online IPC tools, health emergency preparedness self-assessment tool, epitweetr</td>
<td>Provide EU-wide information on infectious disease topics and P&amp;R</td>
<td>Interactive online tools to visualize and manipulate data</td>
<td>Knowledge-sharing through interactive tools adapted to different types of user profiles</td>
<td>Information</td>
<td>Plans</td>
<td><a href="https://www.ecdc.europa.eu/en/data-tools">https://www.ecdc.europa.eu/en/data-tools</a></td>
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</table>
Funding for infrastructures

Funding for the costs of providing health care is the responsibility of the health systems of the Member States. However, the EU does provide funding to improve infrastructure and human capital through a variety of mechanisms, including both grants and low-cost loans. Although none of these are specifically dedicated to health (they are mostly aimed at reducing socioeconomic disparities within the EU overall), many can nevertheless provide financial support to strengthening health systems.

Cohesion Policy Funds

The Cohesion Policy Funds (previously known as European Structural and Investment Funds or ESIF) are the largest and historically most successful of the EU’s financial instruments, channelling more than half of the EU budget through individual funds, which are dedicated to specific sectors. The most relevant for health systems are:

- the European Regional Development Fund (ERDF), which aims to promote the balanced development of European regions
- the European Social Fund Plus (ESF+), which supports job creation, education and investment in human capital.

Although the individual funds address different policy areas, they share transversal goals anchored in an overarching EU Cohesion Policy with specific thematic objectives. For the 2021–2027 programming period, there are five key thematic areas of investment:

- a smarter Europe – through innovation, digitalization, economic transformation and support to SMEs
- a greener, carbon-free Europe – by implementing the Paris Agreement and investing in energy transition, renewables and the fight against climate change
- a more connected Europe – with strategic transport and digital networks
- a more social Europe – by delivering on the European Pillar of Social Rights and supporting quality employment, education, skills, social inclusion and equal access to health care
- a Europe closer to citizens – by supporting locally led development strategies and sustainable urban development across the EU.

By investing in innovation, regional infrastructures and local businesses, the funds aim to realize the full potential of European regions, create jobs and foster a more sustainable economy. Altogether, 454 billion euros have been allocated over the last funding period, 2014–2020. Integrated with national co-financing of 183 billion euros, the total investment amounted to 637 billion euros and, in some Member States, provided up to 70% of the public investment available for reforms (European Commission, 2021).

Health has not been one of the priorities for the funds, but they have nevertheless become the largest source of EU health infrastructure funding, particularly in poorer EU countries. In the 2007–2013 funding period, an estimated 1.5% of the funds was invested in health (Watson, 2009). From 2014 to 2020, health projects were eligible for financial support under several thematic priorities, including digitalization, SMEs, employment, social inclusion and institutional capacity (European Commission, 2021k). Despite this, due to the absence of health among the thematic priorities, skill and constant effort is required to reconcile the tensions between the aims of the funds and those of health systems themselves. To date, the European Commission has funded several support and capacity-building projects to boost the use of these funds for health, including EUREGIO III (2009–2011), Health Equity 2020 (2013–2015) and ESI Funds for health (2016–2018) (Neagu et al., 2017).

The ERDF and ESF (predecessor of ESF+) have been the primary sources of health infrastructure funding in the past, jointly generating health investments of more than 9 billion euros from 2014 to 2020 (ESI Funds for health, 2016). For this reason and due to the low relevance of the other funds for the health sector, only the ERDF and ESF+ are presented in detail in this brief. A selection of initiatives funded by the last ERDF and ESF (2014–2020) are presented in Table 4.

Box 7: Health investments in the 2014–2020 programming period

A total of 7404 health-related projects, with a focus on modernization and infrastructures, were funded across all national, regional and Interreg programmes in the 2014–2020 funding period. While some Member States rely heavily on national resources and fund health projects exclusively within larger projects (e.g. Belgium, Sweden, Denmark), others are heavily dependent on these funds to modernize underfunded health infrastructures (e.g. Poland, Bulgaria, Czechia). Priority areas for investment included:

- deinstitutionalization and community-based care (PHC, training caregivers and workforce outside hospitals, day care centres)
- active and healthy ageing (employment, training and educational programmes for senior citizens, community-based services, recreational activities)
- access to and quality of health care services (modernization of infrastructures and medical equipment, health administration, training of health care personnel)
- health promotion and disease prevention (health literacy, early screening and diagnostic capacity)
- education of health workforce (use of new medical technologies, training administrative staff, lifelong learning)
- eHealth (integration of information systems, telemedicine, mHealth, training)
- research and development (biotechnologies, nanomedicine)
- workplace health and safety (safety procedures, training programmes, preventive measures)
- preventing social exclusion of Roma communities (health education, family planning, food safety, hygiene)
- risk prevention and disaster preparedness (emergency departments and services).
European Regional Development Fund

The ERDF was established in 1975 with the goal of strengthening social cohesion and economic development by addressing regional imbalances, while paying particular attention to territorial idiosyncrasies. With the accession of new Member States, including the Eastern post-communist countries, the ERDF was integrated into the overarching multiannual EU Cohesion Policy, prompting strategic investment in several other policy areas and the creation of the newer funds.

In line with the 2021–2027 Cohesion Policy, the ERDF’s investments are focused on two of the five thematic priorities listed above: 1) a smarter Europe through innovation, digitalization, economic transformation and support to SMEs; and 2) a greener, carbon-free Europe investing in the energy transition, renewables and fight against climate change.

A fixed percentage of the allocated budgets must be invested in these priority areas, which varies depending on the region’s development status. Furthermore, specific assistance is provided for territorial cooperation, urban development and geographically disadvantaged regions, such as remote or poorly populated areas. Nevertheless, the ERDF also provides funding opportunities under several of the other thematic priorities.

Examples of ERDF initiatives to support health systems strengthening

In the 2014–2020 programming phase, the ERDF funded an estimated 43% of 7404 health-related projects funded by the European Structural and Investment Funds with a focus on eHealth, research and innovation, and health infrastructures (ESI Funds for health, 2019). ERDF projects can contribute to achieving health system objectives in different ways, including:

- Improving access to health services by expanding health infrastructures. For example, the project ‘Proximity mobile health care units’ (Portugal, 2016–2018) aimed to facilitate access to PHC services for isolated and ageing populations in rural Algarve by rolling out mobile health care units across the region.
  
  Operational programme: CRESC ALGARVE 2020

- Making health systems more sustainable by providing digital health tools and relieving some of the pressure caused by chronic disease care on health systems. The ‘DIAPRO MS-app’ project (Netherlands, 2015–2017) aimed to improve the early diagnosis and prognosis of multiple sclerosis. By integrating different big data sources on patients’ genetic and clinical information, the application acts as a clinical decision support tool for health care providers. It also allows patients to carry out specific tests to track and inform their health care providers on disease progression.
  
  Operational programme: OP East Netherlands ERDF 2014–2020

European Social Fund +

The ESF+ (previously known as the ESF) is the oldest of the Cohesion Policy Funds. Established in 1958, it has been primarily dedicated to creating fair, sustainable employment opportunities and to enhancing social inclusion in line with principles anchored in the European Pillar for Social Rights. Its thematic priorities for 2021–2027 include:

- investing in young people and youth employment measures
- supporting the most vulnerable population groups suffering from income reductions and job losses
- providing food and basic material assistance to deprived populations by integrating the Fund for the European Aid to the Most Deprived (FEAD) into the new ESF+
- investing in children and combatting child poverty
- supporting social innovation, entrepreneurship and cross-border labour mobility.

Despite a focus on employment policies, its integrated social approach also provides opportunities for investment in health, in particular social determinants and health inequalities. Especially in poorer EU countries, inequalities in accessibility and quality of health care still represent an important challenge to creating equitable societies.

Examples of ESF initiatives to support health systems strengthening

Over the 2014–2020 programming phase, the ESF (former ESFs) funded 4242 out of 7404 total health-related projects funded by the European Structural and Investment Funds (ESI Funds for health, 2019). It is particularly relevant for funding education and training programmes for health care workers, as well as promoting a more equitable access to health services and public administration reform within the health care sector. Past initiatives have addressed the challenges faced by health systems in a multitude of ways:

- Improving quality of health services by keeping the workforce up to date and training health workers to adopt a versatile skill mix and meet rising demands on health systems. The ‘Training Centre for Medical and Medico-Social Organisations’ (Belgium, 2015–2020) aimed to establish a training centre for workers in the medical and social care sector in the region of Wallonia.

  Operational programme: ESF Wallonia-Brussels 2020.eu

- Strengthening health system resilience by deinstitutionalizing mental health services. Within its national operational programme for employment, Czechia has dedicated funds towards strengthening services at the community level. Five ESF projects formed an integral part of the country’s mental health care reform and aimed at piloting five Mental Health Centres and creating networks of community-based services for ambulatory services and the successful reintegration into society.

  Operational programme: OP Employment
How can Member States access funding through the Cohesion Policy Funds?

The distribution of funds is dependent on partnership agreements between the Member States and the European Commission. When drawing up partnership agreements, countries must set out specific investment priorities based on their strategic objectives and territorial needs within one or more operational programmes. They may opt to distribute allocated funds through several regional operational programmes or a single country-wide national programme. Programmes may also involve cross-border regions (European Territorial Cooperation, also known as Interreg Programmes). The new Cohesion Fund framework encourages integration between ERDF and ESF interventions through multifund operational programmes. Every operational programme should be aligned with at least one of the thematic objectives as defined in the regulatory documents governing the funds (Common provisions regulation, ERDF/ESF regulations) and include indicators for the results-based monitoring of projects. Member States may use the European Semester cycle, another EU instrument introduced in this brief, for guidance on setting Cohesion Fund priorities.

National and regional managing authorities appointed by Member States are responsible for managing and monitoring the programmes, including overseeing the project selection process and informing potential beneficiaries of the funds on eligibility criteria, time frame, scope and logistics of projects to be funded under each of the operational programmes. Beneficiaries, which include a wide range of public and private organizations, may contact their competent managing authority for support in the application process. The European Commission also offers online guidance tools (European Commission, 2014a) and an EU Fund Checklist to identify the most suitable EU funding instruments for different types of projects and applicants, including contact details of the authorities in charge at national and regional levels (European Commission, 2021f). To support these national and regional authorities, the Commission offers training events and online materials for the implementation, management and control of the funds, including the prevention of fraud. Among these resources is a toolbox for the effective use of the funds for health investments (Council of the European Union, 2013). To date, National Ministries of Health have only been marginally involved in the planning, programming and monitoring processes of operational programmes. However, they can lend support to other Ministries as part of project monitoring committees and put forward health-related priorities within operational programmes.

A new Cohesion Policy for 2021–2027

The EU Cohesion Policy has undergone some changes in view of the new MFF. In response to COVID-19, the EU aims to mobilize resources more rapidly to meet future unexpected challenges. Member States will thus be able to transfer up to 20% of funding between different Cohesion Policy instruments if required, as well as to the InvestEU fund to use innovative financial instruments for investment. The new framework also envisions a strengthened link with the European Semester, as country-specific recommendations will be consulted throughout the design and monitoring phases of the Cohesion Policy programmes. Moreover, eight different funds will be grouped under one Cohesion Policy umbrella with a single regulatory framework to simplify their utilization and promote synergies between instruments. In addition to the existing funds, including the ERDF and ESF+, the Cohesion Policy now covers four new funds, which are of limited relevance to health systems.

However, a new fund established in response to the COVID-19 crisis as part of the NextGenerationEU Recovery package, named REACT-EU, will likely provide additional funding for health projects. At 50.6 billion euros, REACT-EU is a relatively large fund and a top-up to the 2021–2027 Cohesion funds distributed according to both ERDF and ESF+ priorities, which will aim to support the recovery and cohesion of European regions after the damages instigated by the recent health crisis.

With a programmed budget of approximately 416 billion euros (to be supplemented by national co-funding and REACT-EU), the Cohesion funds’ scope and collective priorities overlap with those of the past programming phase, although placing greater emphasis on the green and digital transitions. New Cohesion Policy legislation also reinforces the support available for health system preparedness, which may create opportunities for heightened investment in health care infrastructures. Funding for other health-related projects is likely to be made available in similar ways to previous programming phases. Preparations for the 2021–2027 operational programmes are currently underway.
Table 4: Selection of initiatives relevant to and financed by the European Structural Investment Funds (2014–2020, now Cohesion Policy Funds)

<table>
<thead>
<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiatives promoting health investments through ESIF</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESI Funds for health</td>
<td>Knowledge exchange and promote effective use of ESIF for health</td>
<td>Map the utilization of ESIF for health-related projects and build the capacity of regions and countries to use ESIF for health investments</td>
<td>Information Plan</td>
<td></td>
<td></td>
<td>Investing for a healthy and inclusive EU. Final Report, ESI Funds for Health (2018) <a href="https://www.interact-eu.net/download/file/fid/17500">https://www.interact-eu.net/download/file/fid/17500</a></td>
</tr>
<tr>
<td>EUREGIO III</td>
<td>Exchange of good practice for effective use of ESIF for health</td>
<td>Case studies</td>
<td>Support utilization of ESIF for health by providing good practice examples and case studies</td>
<td>Information Plan</td>
<td></td>
<td><a href="http://www.euregio3.eu/pages/about-project/">http://www.euregio3.eu/pages/about-project/</a></td>
</tr>
<tr>
<td>Health Equity 2020</td>
<td>Knowledge-sharing on how to reduce health inequalities</td>
<td>Action database</td>
<td>Identify effective ways of using ESIF to reduce health inequalities through extensive literature review</td>
<td>Information Plan</td>
<td></td>
<td><a href="https://hcn.eu/partner/health-equity-2020-project/">https://hcn.eu/partner/health-equity-2020-project/</a></td>
</tr>
</tbody>
</table>

**Examples from the ERDF**

| Denmark – National OP for Innovation and Sustainable Growth in Businesses, e.g. e-Patients | Innovation in SMEs | Digital platform for communication with patients | Project funding | Funding Implementation | Investing for a healthy and inclusive EU. Final Report, ESI Funds for Health (2018) https://www.interact-eu.net/download/file/fid/17500 |
| France – Regional OP Rhone-Alpes, e.g. Construction of the Petite de Terre hospital | Health infrastructures, sustainable public infrastructure | Construction of an energy-efficient local hospital | Project funding | Funding Implementation | https://www.interact-eu.net/download/file/fid/17500 |
| Hungary – National OP Territorial and Settlement Development, e.g. creation of a new basic medical care centre | Health infrastructures, regional and local development | Construction of a new medical centre for PHC provision | Project funding | Funding Implementation | https://www.interact-eu.net/download/file/fid/17500 |

Continued on next page >>>
Recovery and Resilience Facility

The RRF is the centrepiece of NextGenerationEU, the EU’s 750 billion euro Recovery Plan and primary response mechanism to the COVID-19 pandemic. With a budget of 672.5 billion euros in loans (360 billion euros) and grants (312.5 billion euros), the RRF entered into force in February 2021, supplying additional market financing to temporarily boost public investment in key strategic areas. Specifically, the RRF aims to modernize public administrations, digitalize processes and support the uptake of digital skills, as well as progress EU countries towards greener, more sustainable and digital economies. In this context, health forms one of six main pillars of the RRF under which reforms and investments are supported.

To this end, each Member State is required to propose a Recovery and Resilience Plan outlining the public investment projects and reforms it wishes to implement within the scope of the RRF to counteract the socioeconomic blows caused by the pandemic. The plans must also respond to the country-specific recommendations suggested in the European Semester and touch upon the four dimensions of the 2021 Annual Sustainable Growth Survey (see section on the European Semester), which are:

- environmental sustainability
- productivity
- fairness
- macroeconomic stability.

The Recovery and Resilience Plans are to be submitted alongside the National Reform Programmes as part of the European Semester 2021 and subsequently reviewed for approval by the European Commission (European Commission, 2021m). The Plans will be translated into legally binding acts, which, upon adoption by the Council, trigger the disbursement of the first RRF allotments. Further payments can be requested once the initial milestones set out in the Recovery Plans are reached.

Health is emerging as a recurring theme in which many countries have chosen to invest. There are several reasons for this. Health has gained political momentum as a result of the severe economic impact of the current Public Health crisis. It was also extensively featured in the past two cycles of European Semester country-specific recommendations, with all countries receiving suggestions for health system reform in 2020. Moreover, several of these recommendations converge with RRF priorities, providing opportunities to accelerate the digitalization, modernization and renovation of health facilities and administrative health care processes.

### Examples from the ESF

<table>
<thead>
<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ireland – National OP for Employability Inclusion and Learning, e.g. Garda Youth Diversion Projects</td>
<td>Social inclusion, education and employability</td>
<td>Training opportunities for youth with antisocial behaviour</td>
<td>Project funding</td>
<td>Funding</td>
<td>Implementation</td>
<td><a href="https://www.interact-eu.net/download/file/fid/17500">https://www.interact-eu.net/download/file/fid/17500</a></td>
</tr>
<tr>
<td>Italy – National OP on Youth Employment, e.g. Generational Clashes: when the encounter between young and old creates health</td>
<td>Social inclusion and integration of youth into the labour market</td>
<td>Youth projects to support elderly residents (deinstitutionalization, health literacy, support within assisted housing)</td>
<td>Project funding</td>
<td>Funding</td>
<td>Implementation</td>
<td><a href="https://www.interact-eu.net/download/file/fid/17500">https://www.interact-eu.net/download/file/fid/17500</a></td>
</tr>
<tr>
<td>Austria – National OP Employment, e.g. BeBiQ</td>
<td>Social inclusion and integration into the labour market</td>
<td>Employment opportunities for individuals with drug and alcohol addictions</td>
<td>Project funding</td>
<td>Funding</td>
<td>Implementation</td>
<td><a href="https://www.interact-eu.net/download/file/fid/17500">https://www.interact-eu.net/download/file/fid/17500</a></td>
</tr>
</tbody>
</table>
and initiatives funded by the EIB. (see Box 9). Table 5 displays a selection of the health projects in various Member States, it provides low-cost loans and other financial support to help achieve wider EU development and policy goals.

Unlike the Cohesion Policy funds, which aim to stimulate regional development with a focus on less developed parts of the EU, the EIB provides financing throughout the EU (and indeed beyond). As with the Cohesion funds though, health is not one of the EIB’s priorities, but the EIB nevertheless provides substantial infrastructure funding for health. Indeed, the EIB has financed more than 500 projects in health, with a total value of over 36 billion euros: 1) Proximity networks, facilities and telemedicine for territorial health care provision Intends to strengthen the services provided in the territory by creating new territorial structures and centres (e.g. community health centres and hospitals), developing telemedicine services and a more effective integration of social and health services. 2) Innovation, research and digitalization of the national health system Aims to modernize existing technological and digital infrastructures, complete the transition to electronic health records at the national level, and improve the capacity to deliver and monitor essential levels of care (livelli essenziali di assistenza, LEA) through more effective information systems. Source: European Commission, 2021m.

**Box 8: How Member States plan to leverage RRF for investment in health**

**Germany – Strengthening a pandemic-resilient health system**

In its Recovery and Resilience Plan, Germany prioritizes the technological transformation of its national health system, with a particular focus on improving the digitalization of hospitals. Funding will partly flow into a specific programme dedicated to the future of hospitals. Specific aims include the comprehensive modernization of the facilities and the creation of an interoperable digital infrastructure to connect health care providers. Another stream of funding is committed to strengthening the support for national vaccine research, development and production, specifically against COVID-19.

The national health system reform represents one of six components of the German Recovery Plan with a budget of approximately 3.2 billion euros.

**Italy – Health as one of six missions**

Italy’s Recovery and Resilience Plan is based on six primary missions, one of which is dedicated entirely to health. The mission is composed of two priority areas with a total allocated budget of 15.63 billion euros: 1) Proximity networks, facilities and telemedicine for territorial health care provision Intends to strengthen the services provided in the territory by creating new territorial structures and centres (e.g. community health centres and hospitals), developing telemedicine services and a more effective integration of social and health services. 2) Innovation, research and digitalization of the national health system Aims to modernize existing technological and digital infrastructures, complete the transition to electronic health records at the national level, and improve the capacity to deliver and monitor essential levels of care (livelli essenziali di assistenza, LEA) through more effective information systems.

**Financial support from the European Investment Bank**

The EIB is the EU’s development bank, and the largest multilateral bank in the world. Underwritten by the EU’s Member States, it provides low-cost loans and other financing to help achieve wider EU development and policy goals.

Unlike the Cohesion Policy funds, which aim to stimulate regional development with a focus on less developed parts of the EU, the EIB provides financing throughout the EU (and indeed beyond). As with the Cohesion funds though, health is not one of the EIB’s priorities, but the EIB nevertheless provides substantial infrastructure funding for health. Indeed, the EIB has financed more than 500 projects in health, with a total value of over 36 billion euros: 1) Proximity networks, facilities and telemedicine for territorial health care provision Intends to strengthen the services provided in the territory by creating new territorial structures and centres (e.g. community health centres and hospitals), developing telemedicine services and a more effective integration of social and health services. 2) Innovation, research and digitalization of the national health system Aims to modernize existing technological and digital infrastructures, complete the transition to electronic health records at the national level, and improve the capacity to deliver and monitor essential levels of care (livelli essenziali di assistenza, LEA) through more effective information systems.

**Box 9: European Fund for Structural Investments**

Established in 2015 and managed by the EIB in partnership with the European Commission and the European Investment Fund, the fund provided budget guarantees with a high risk-taking capacity to mobilize investments up to 500 billion euros and boost economic growth after the global economic crisis. The investment plan also envisioned the creation of the European Investment Advisory Hub, which served as a single-entry point for technical assistance and guidance on the use of different EU financial instruments, as well as project preparation and implementation. The fund’s lifespan ended in 2020. It is now being replaced by InvestEU, its successor programme for the period 2021–2027, which brings EU budget financing under one roof in the form of loans and guarantees.

The EIB also specializes in offering technical assistance to potential investors and beneficiaries, and hosts several dedicated advisory services, such as the European Investment Advisory Hub and the Joint Assistance to Support Projects in European Regions (JASPERS) Hub. With the arrival of the InvestEU Programme, which combines several of the funding instruments managed by the EIB, advisory services will also be integrated in a one-stop shop, the new InvestEU Advisory Hub.

The EIB invests in a number of collaborative initiatives addressing both regional and global challenges, including the Economic Resilience Initiative, which drives service and infrastructure investments in the Western Balkan regions and, most recently, a comprehensive strategy to fight the economic and health consequences of the COVID-19 pandemic.

**Box 10: The European Investment Bank’s response to COVID-19**

**European Guarantee Fund**

The 25 billion euro European Guarantee Fund (EGF) is the EIB’s support tool for businesses struggling as a result of the economic downturn caused by the pandemic. The guarantees provided by the fund enable financial intermediaries, such as promotional and local banks, to free up financing for companies wishing to apply for a loan. Also, public sector authorities and health organizations such as hospitals can request loans for individual projects under the EGF.

**InnovFin Infectious Diseases Finance Facility**

This funding instrument established in cooperation with the European Commission under Horizon 2020 enables the EIB to award substantial loans to companies developing new therapies, vaccines and diagnostic tools to fight infectious diseases. In response to the COVID-19 crisis, the EIB has allocated 75 million euros to Curevac and 100 million euros to BioNTech for the development of two vaccine candidates and to scale up the companies’ manufacturing capacity. BioNTech’s vaccine, Comirnaty, was approved in late 2020. To date, close to 550 million doses have been distributed to EU/European Economic Area (EEA) countries (European Centre for Disease Prevention and Control, 2021a).
<table>
<thead>
<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td>InvestEU Programme (fund, advisory hub)</td>
<td>Support the implementation and funding of projects with a focus on research and innovation (R&amp;I), sustainable infrastructures, SMEs and social investment</td>
<td>Funding, technical assistance</td>
<td>Project development support, funding and financial support to trigger further investment by EU budget guarantees</td>
<td>Technical assistance, funding</td>
<td>Plan, implementation</td>
<td><a href="https://europa.eu/investeu/about-investeu_en">https://europa.eu/investeu/about-investeu_en</a></td>
</tr>
<tr>
<td>European Investment Advisory Hub (succeeded by the new InvestEU Advisory Hub)</td>
<td>Advice and technical assistance for investment projects; health not a priority</td>
<td>Technical assistance</td>
<td>Project development support, financial advice and training on processes such as tendering</td>
<td>Technical assistance</td>
<td>Plan</td>
<td><a href="https://eiah.eib.org/index">https://eiah.eib.org/index</a></td>
</tr>
<tr>
<td>Joint Assistance to Support Projects in European Regions (JASPERS)</td>
<td>Advice and technical assistance to regions and local authorities for European-funded projects (from ESIF and the Connecting Europe Facility); health not a priority</td>
<td>Technical assistance</td>
<td>Advice on strategic planning, support in preparing proposals, review of proposals before submission, capacity building</td>
<td>Technical assistance</td>
<td>Idea, plan</td>
<td><a href="https://jaspers.eib.org/index.htm">https://jaspers.eib.org/index.htm</a></td>
</tr>
<tr>
<td>European Guarantee Fund</td>
<td>Support businesses hit hardest by COVID-19 to secure loans</td>
<td>Funding</td>
<td>Provides 25 billion euros in guarantees to free up funds for businesses struggling as a result of the pandemic</td>
<td>Funding</td>
<td>Implementation</td>
<td><a href="https://www.eib.org/en/products/egf/index.htm?q=&amp;sortColumn=projectsSignedDate&amp;sortDir=desc&amp;sortByColumn=projectsSignedDate&amp;itemPerPage=25&amp;page=1&amp;defaultLanguage=EN&amp;defaultCountry=All&amp;status=signed&amp;orstatuses=true&amp;abstractProject=false&amp;orAbstractProject=true&amp;orBeneficiaries=true&amp;orWebsite=true">https://www.eib.org/en/products/egf/index.htm?q=&amp;sortColumn=projectsSignedDate&amp;sortDir=desc&amp;sortByColumn=projectsSignedDate&amp;itemPerPage=25&amp;page=1&amp;defaultLanguage=EN&amp;defaultCountry=All&amp;status=signed&amp;orstatuses=true&amp;abstractProject=false&amp;orAbstractProject=true&amp;orBeneficiaries=true&amp;orWebsite=true</a></td>
</tr>
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</table>
**Examples of initiatives financed by the EIB to support health systems strengthening**

Over the past 30 years, the EIB has financed numerous public–private partnerships in the area of health care (European Investment Bank, 2021). Its primary aim is to expand facilities in underserved regions and to modernize existing infrastructures, including enhancing energy efficiency and equipping them with the newest medical technologies. The gradual transition from hospital-heavy projects towards more community-based solutions is likely to create future opportunities for large-scale investments in this area.

- **Primary Health Care investment in Ireland (2016):** For the first time, the EIB awarded a 70 million euro loan for a large-scale PHC infrastructure project within the scope of the Investment Plan for Europe. The construction of 14 Primary Care Centres was financed across several regions in Ireland in collaboration with commercial lenders Talanx Asset Management and Bank of Tokyo-Mitsubishi, who covered half of the investment costs.

- **Rehabilitation of Schleswig-Holstein University Hospital (2014):** The EIB provided 400 million euros for the renovation of Germany’s second largest hospital serving up to 3 million inhabitants. The large-scale project was carried out in cooperation with six commercial banks in the form of a real estate public–private partnership.

**InvestEU Programme**

The COVID-19 crisis has severely compromised investments and growth in the EU for the first time since the last global financial crisis. The successor to Juncker’s Investment Plan for Europe, InvestEU, combines 14 different EU financial instruments, including the European Fund for Strategic Investments, with the aim of boosting investment to at least 372 billion euros over the period 2021–2027. Using an EU budget guarantee of 26.2 billion euros, the InvestEU fund will back public and private investments in four key policy areas, also known as ‘windows’:

- **Sustainable infrastructure** – 9.9 billion euros.
- **Research, innovation and digitalization** – 6.6 billion euros.
- **SMEs** – 6.9 billion euros.
- **Social investment and skills** – 2.8 billion euros.

The fund is integrated in an overarching InvestEU Programme, which consists of two further building blocks: the InvestEU Advisory Hub, which will take over the European Investment Advisory Hub, and the InvestEU Portal for the advertisement of potential investment opportunities and networking between project promoters and investors.

The guarantee will be managed by selected implementing partners, the main one being the EIB, which is responsible for 75% of the EU guarantee. The EIB has previously managed the European Fund for Structural Investments (see Box 9 for further information) and will also continue to provide technical assistance to potential project promoters and investors through the InvestEU Advisory Hub. National promotional banks and other international financial institutions (e.g. the European Bank for Reconstruction and Development) can apply for appointment as implementing partners for different forms of financial solutions but will be expected to contribute some risk-bearing capacity to the guarantee.

With the launch of InvestEU later this year, a range of project promoters, including all size companies, public sector entities, non-profit organizations and public–private partnerships, will be able to access funding through the EIB and implementing partners active in their countries and regions. Member States will be able to profit from the EU guarantee and its high credit rating by channelling parts of their Cohesion Policy Funds and Recovery and Resilience Funds into designated InvestEU Member State compartments.

The policy window for ‘Social investment and skills’, which is new and has the lowest allocated budget guarantee, is the primary instrument for funding projects relating to health systems transformation. This window can facilitate investments in, for example, hospitals, primary care and community care facilities, eHealth, as well as in the implementation of innovative health products, services and care models. While the other policy windows do not directly focus on transforming health systems, they may create transversal opportunities through cross-cutting digitalization, infrastructure, innovation and research projects in other thematic areas. This is particularly true for the ‘Research, innovation and digitalization’ window.

**Transitioning to the Connecting Europe Facility 2021–2027 and Digital Europe Programme**

**The Legacy of the Connecting Europe Facility**

The Connecting Europe Facility (CEF) is the EU’s funding instrument for cross-border infrastructure policy. In the funding period 2014–2020, the facility complemented actions from the ESIF (now Cohesion Policy Funds) and the EIB with a total budget of 30.5 billion euros. Investments were wielded to promote growth, competitiveness and trans-European connectivity along three primary streams:

- **Energy** – supports smart distribution grids, renewables, cross-border energy infrastructures, including gas and electricity, as well as the integration of the internal energy market and enhancing the security of energy supplies across the EU.
- **Telecommunications** – invests in digitalization, cross-border connectivity and interoperability under two main pillars: Digital Service Infrastructures (CEF Digital); and Broadband and WiFi4EU (CEF Connectivity).
- **Transport** – aims to upgrade existing and build new transport infrastructure to enhance interoperability and bridge missing transport links; more than 80% of funds are dedicated to non-road transport modes to decarbonize the EU economy.

Over the 2014–2020 programming period, the largest portion of the CEF budget was assigned to the Transport sector (approximately 80%), followed by Energy (approximately 20%) and Telecommunications (less than 1%). Aside from project grants, which accounted for more than 90% of the programme budget, the CEF funded
initiatives via innovative financial instruments in collaboration with the EIB, including guarantees (CEF debt instrument) and project bonds. Investments also focused on creating synergies and boosting interoperability between the three sectors. Flagship initiatives included the WiFi4EU project, which aims to expand wireless internet networks to provide free public WiFi across all Member States (European Commission, 2019).

In a similar manner to the Health Programme, the European Commission appoints an executive agency in charge of managing the CEF investment tool by launching calls for projects, dispensing grants and implementing Programme Support Actions (PSAs), which envision targeted technical assistance to aid national authorities in reaching CEF objectives. Funding opportunities are mostly made available via calls for proposals (grants) and calls for tenders (procurement), with projects normally lasting several years to ensure their financial stability and sustainability.

Although health is not among the CEF's core objectives, the sector for Telecommunication investments creates some opportunities for health system modernization and digitalization under the pillar for Digital Service Infrastructures. Nevertheless, only a minor amount of the CEF budget is eligible for Telecommunications projects and even less for sector-specific eHealth projects.

CEF 2021–2027 and Digital Europe Programme

Previously under the mandate of the Innovations and Networks Executive Agency (INEA), the CEF will be managed jointly by the newly established European Climate, Infrastructure and Environment Executive Agency (CINEA) and HaDeA over the 2021–2027 programme phase. Starting from 1 April 2021, HaDeA is in charge of the CEF digital portfolio and legacy for health, with a total budget of 1.9 billion euros, which is slightly more substantial than in the last financing period, as well as the new complementary funding instrument, the Digital Europe Programme. With an overall budget of 7.5 billion euros, the latter will primarily drive investments in innovative sectors, including supercomputing, artificial intelligence, cybersecurity and advanced digital skill training, as well as the implementation of such technologies in public administrations (European Health and Digital Executive Agency, 2021). It is not yet clear to what extent the second generation CEF and new Digital Europe instruments will be eligible for eHealth projects. However, funding is likely to continue in some form considering the legacy of the past CEF and strong health mandate of HaDEA.

Examples of CEF initiatives to support health systems strengthening

The CEF Digital pillar supports Member States in exchanging data and boosting the interoperability of digital tools, ranging from the adoption of basic services termed building blocks (eSignatures, eID) to the creation of joint European Service platforms and investment in sector-specific infrastructures, including eHealth, at the levels of industry and public administration.

Member States can leverage CEF funds to expand eHealth digital service infrastructures (eHDSI) by:

- integrating various building blocks, such as eID (for the identification of users), eDelivery including ePrescription (for the transmission of documents and prescriptions) and eSignature (for the validation of electronic signatures) to enable the exchange of health records across national borders when patients seek medical attention outside their country
- setting up national eHealth Contact Points, which coordinate the cross-border exchange of medical records, patient summaries and ePrescriptions
- linking national services to trans-European Core Service Platforms dedicated to sharing knowledge and concentrating resources on specific health topics to improve patient care (e.g. European Reference Networks).

Technical assistance

A key challenge for health systems in drawing on learning and support from elsewhere is that every health system is a unique context, and thus every instance of information or support requires adaptation to that specific context. For the purposes of this brief, we describe technical assistance as providing active adaptation to the local context of the specific context and challenge concerned, including assistance in how to make best use of other European tools – and we describe EU tools providing this support below.

Technical Support Instrument

The EU’s proactive involvement in structural reforms at the Member State level originates from the task forces established during the 2008–09 global financial crisis and the Commission’s country-specific action relating to the ‘bailout programmes’. These initial support efforts were subsequently consolidated into a specialized Directorate-General for Structural Reform Support (DG REFORM), which now helps countries design and implement changes to their public services with the aim of ensuring sustainable growth and job creation.

The technical support provided is generally demand-driven and can take various forms, ranging from tailored advice based on diagnostic analyses to the sharing of best practices in Commission-coordinated events or missions on the ground to assess needs and develop customized solutions. For each specific case, DG REFORM selects suitable experts from a wide pool of specialists in national and international organizations, private bodies or directly from within the Commission. Experts involved in the TAIEX-TSI PEER 2 PEER project, which is managed jointly with the Directorate-General for Neighbourhood and Enlargement Negotiations (DG NEAR), may also be requested to provide technical assistance; there is more detail in Table 6 below.

The primary tool used to implement these different support mechanisms is the Technical Support Instrument (from 2021), which has recently taken over from the Structural Reform Support Programme, which operated between 2017 and 2020 and supported more than 1000 reform projects, of which 81 were in the health and long-term care domain.
European support for improving health and care systems (European Commission, 2021n). A selection of these projects is presented in Table 6. With a budget of 864 million euros for the period 2021–2027, the TSI supports reform in the areas of green and digital transitions, health, social and long-term care, education and training, governance and public administration, the financial sector and the labour market.

**How does the Technical Support Instrument work?**

Access to the TSI, which covers all stages in the process of reform (from design to implementation), is available upon request and does not require co-financing at the national level. Any country wishing to receive support through the TSI can submit an application to the Commission via its national competent authority in yearly intervals. Reform priorities are commonly based on the country-specific recommendations made in the European Semester. Upon receipt of a request, DG REFORM opens a dialogue with the national coordinating authority to assess its specific needs, which form of support will be most suitable and whether in-house experts or support from other institutions will be required.

To dampen the long-term economic and social consequences of COVID-19, Member States were eligible for TSI support in preparing and implementing their national Recovery and Resilience Plans under the RRF described above (European Commission, 2021q).

In the area of health, TSI reform projects implement a wide range of objectives in the areas of long-term care, integrated care, mental health, digitalization, financing and reimbursement of health care, health workforce, governance and monitoring mechanisms (European Commission, 2020b). In 2021, 15 Member States applied and received support for health care reform under the new TSI (see Box 11 for further details).

**Box 11: Approved technical support requests under the 2021 Technical Support Instrument in the area of health care**

Austria – Improving patient access to medicines through securing, strengthening and expanding the national production of medicines.

Cyprus – Technical support for strengthening the capacity of the Health Commissioner’s Office.

Croatia – Expanding and improving the utilization of telemedicine services.

Cyprus – Technical support for strengthening the capacity of the Health Commissioner’s Office.

Czechia & Estonia – Setting up a framework for Health System Performance Assessment.

Denmark – Methodology and tools for nursing allocation in Danish hospitals.

Greece – Implementation of the Public Health System Reform.

Hungary – Modernizing health care payments and clinical governance to incentivize integrated health care.

Ireland – Health workforce planning.

Latvia – Improving cancer care coordination and screening; health workforce strategy.

Lithuania – Long-term care services, with a focus on mental health; comprehensive review of policies to facilitate active ageing.

Poland – Spending reviews in health care and support for innovation in SMEs.

Slovenia – eHealth for a healthier society.

Slovakia – A comprehensive health system reform.

Spain – Adapting primary care services in Spain.

Source: European Commission, 2021b.

**Table 6: Structural reform instruments relevant for health and care systems**

<table>
<thead>
<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Public Administration toolbox</td>
<td>Support Member States in modernizing their public administration</td>
<td>Guidelines and best practices in the field of governance and public administration</td>
<td>Reference examples and guidelines</td>
<td>Information</td>
<td>Ideas, plans</td>
<td><a href="https://ec.europa.eu/social/main.jsp?catId=738&amp;langId=en&amp;pubId=8055&amp;type=2&amp;furtherPubs=no">https://ec.europa.eu/social/main.jsp?catId=738&amp;langId=en&amp;pubId=8055&amp;type=2&amp;furtherPubs=no</a></td>
</tr>
<tr>
<td>TAIEX-TSI PEER 2 PEER</td>
<td>Provide Member States with expertise for reform of public services</td>
<td>Exchange of technical expertise between network of national experts</td>
<td>Study visits, workshops, field missions</td>
<td>Information, technical assistance</td>
<td>Plans</td>
<td><a href="https://ec.europa.eu/neighborhood-enlargement/tenders/taixxen">https://ec.europa.eu/neighborhood-enlargement/tenders/taixxen</a></td>
</tr>
<tr>
<td>Technical Support Instrument (formerly Structural Reform Support Programme)</td>
<td>Provide tailored technical support to Member States to design and implement reforms in different policy areas, including health and social care</td>
<td>Technical assistance</td>
<td>Technical advice and support</td>
<td>Technical assistance</td>
<td>Ideas, plans, implementation</td>
<td><a href="https://ec.europa.eu/info/funding-tenders/funding-opportunities/funding-programs/overview-funding-programs/technical-support-instrument-tsi_en#aboutthesrsp">https://ec.europa.eu/info/funding-tenders/funding-opportunities/funding-programs/overview-funding-programs/technical-support-instrument-tsi_en#aboutthesrsp</a></td>
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Continued on next page >>>
The InvestEU Advisory Hub is one of three instruments which will be made available through the InvestEU Programme (described in more detail above). Advisory requests, which were previously handled by 13 separate advisory services, many of which were based at the EIB, such as the European Investment Advisory Hub or JASPERS, will be coupled under one InvestEU umbrella. Other existing programmes integrated by the new Hub include InnovFin Advisory for guidance on commercializing R&I projects and the EU Programme for Employment and Social Innovation (EaSI), which has become a financial strand of the ESF+ (see ‘Cohesion Policy Funds’ for further information) over the period 2021–2027 (European Commission, 2021a).

Managed by the European Commission, the Hub will serve as a one-stop shop for advisory support aligned with the InvestEU objectives and thematic priorities under each of the four policy windows (Sustainable infrastructure; Research, innovation and digitalization; SMEs; Social investment and skills), as well as horizontally, through a cross-sectoral advisory service. Seventy-five percent of the advisory portfolio will be assigned to the EIB. Additional advisory partners can apply and will be selected by the Commission from a range of specialized institutions, including banks, international financial institutions and external service providers such as consultancy companies.

The Hub will provide project promoters and financial intermediaries with technical assistance to identify, plan, develop and implement investment projects, including capacity building for preparing investment plans and accessing financing, and procurement work. Investment projects, which are beneficiaries of the Hub may not receive funding through the InvestEU Programme and it is beyond the Hub’s scope to provide assistance for the submission of financing applications under the InvestEU fund, which will be handled separately by the implementing partners, of which the main one is the European Investment Bank Group. Hence, projects financed or planning to apply for funding through other EU instruments like the Cohesion Policy Funds or the CEF can also apply for advisory support under InvestEU.

The InvestEU Advisory Hub support will be made available via a central access point on the European Commission’s website and open for applications from the third quarter of 2021. Health projects will likely be eligible for technical support, with those relating to health systems transformation supported under the window ‘Social investment and skills’ (European Commission, 2021b). The InvestEU Hub is likely to build on its predecessor advisory services, such as the European Investment Advisory Hub, which has primarily concentrated on the expansion and modernization of health infrastructures. However, a greater thematic focus on social infrastructures and social

<table>
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<tr>
<th>Name</th>
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<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supporting integrated service provision reform in Estonia</td>
<td>Develop aims and options for integrated care provision</td>
<td>Technical assistance</td>
<td>Technical advice over 18 months</td>
<td>Technical assistance</td>
<td>Ideas, plans</td>
<td><a href="https://integratedcarefoundation.org/blog/solutions-supporting-integrated-service-provision-reform-in-estonia">https://integratedcarefoundation.org/blog/solutions-supporting-integrated-service-provision-reform-in-estonia</a></td>
</tr>
<tr>
<td>Primary health care reform in Austria</td>
<td>Provide a start-up guide, consultancy and direct support for establishing new PHC units</td>
<td>Technical assistance</td>
<td>Technical advice</td>
<td>Technical assistance</td>
<td>Ideas, plans, implementation</td>
<td><a href="https://ec.europa.eu/info/sites/default/files/srss_primary_health_care.pdf">https://ec.europa.eu/info/sites/default/files/srss_primary_health_care.pdf</a></td>
</tr>
</tbody>
</table>
The determinants of health, including gender inequality and vulnerable populations, may pave the way for investments in other areas of health systems transformation, including the enhanced accessibility of services and targeted support for specific patient groups.

The legacy of the European Investment Advisory Hub

Born as a partnership between the European Commission and the European Investment Bank Group in 2015, the European Investment Advisory Hub has been in charge of providing technical project assistance as one of the pillars under Juncker’s Investment Plan for Europe (European Fund for Structural Investments) until 2020. The Hub’s services are now being integrated with other advisory services in the new InvestEU Advisory Hub. During its lifetime, the Hub has responded to more than 2000 advisory requests from both public and private entities, and aided the realization of more than 150 investment projects worth 35 billion euros in the areas of transport, R&I, energy and environment, ICT, SMEs, human capital, culture, social and health infrastructures.

The Hub responded to requests made by project promoters, which could be public authorities or private companies with services covering different stages of project development, including programming, identification, formulation and implementation phases, as well as horizontal support, such as capacity building and strategic investment planning. It formed partnerships with more than 40 national and regional institutions including promotional banks, which assisted project promoters at the local level and collaborated with the Hub to provide tailored advice. Among other things, the Hub granted dedicated funding and guidance for national institutions to expand the local capacity for offering advisory services. It has also piloted innovative financing models, such as social outcomes contracting, which envisions the evaluation of project results in terms of outcomes or social impact rather than outputs. Other notable horizontal initiatives include thematic platforms for the streamlined exchange of best practices and advisory support (e.g. URBIS, dedicated to urban investment projects and assisting urban authorities in their implementation). A summary of the services and relevant project examples provided by the predecessors of the InvestEU Advisory Hub, the European Investment Advisory Hub and JASPERS, can be found in Table 7.

<table>
<thead>
<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
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</thead>
<tbody>
<tr>
<td><strong>European Investment Advisory Hub</strong></td>
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<tr>
<td>Advisory Platform for Social Outcomes Contracting</td>
<td>Support Member States to develop and use social outcome-based approaches</td>
<td>Project advice, peer-to-peer exchange, guidance</td>
<td>Tailor-made advisory support to public authorities aiming to implement social outcomes contracts, including training, workshops and feasibility studies</td>
<td>Information, technical assistance</td>
<td>Ideas, plans</td>
<td><a href="https://eiah.eib.org/about/initiative-social-outcomes-contracting.htm">https://eiah.eib.org/about/initiative-social-outcomes-contracting.htm</a></td>
</tr>
<tr>
<td>Local delivery of investment advisory services</td>
<td>Support national promotional banks and institutions in building local advisory services</td>
<td>Capacity building</td>
<td>Financial support and guidance to expand local advisory capacity</td>
<td>Technical assistance</td>
<td>Plans</td>
<td><a href="https://eiah.eib.org/about/partners.htm">https://eiah.eib.org/about/partners.htm</a></td>
</tr>
<tr>
<td>Poland: Advanced medical training</td>
<td>Improve practical medical training by expansion of medical simulation facilities</td>
<td>Project planning and investment structuring</td>
<td>Develop a business plan that maximizes investment returns, including roadmap and organizational setup to measure implementation</td>
<td>Technical assistance</td>
<td>Plans, Implementation</td>
<td><a href="https://eiah.eib.org/stories/poland-advanced-medical-training">https://eiah.eib.org/stories/poland-advanced-medical-training</a></td>
</tr>
<tr>
<td>Romania: Tailored assistance package to improve health care facilities</td>
<td>Support Romanian authorities in development of three regional hospital projects</td>
<td>Integrated technical assistance</td>
<td>Support in applying for EU funding, procurement of design and development of the hospitals</td>
<td>Technical assistance</td>
<td>Plans, Implementation</td>
<td><a href="https://eiah.eib.org/stories/romania-healthcare">https://eiah.eib.org/stories/romania-healthcare</a></td>
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Case studies

In this section we outline four case studies to illustrate the application of EU instruments to strengthen European health and care systems. In particular, we explore how different types of support can be used and combined at the various stages of the process of change to improve different elements and the overall performance of health systems.

The Primary Health Care Reform in Austria

By 2030, two out of three PHC physicians in Austria are projected to reach retirement age (Austrian Federal Ministry for Labour, Social Affairs, Health and Consumer Protection, 2019). Meanwhile, demands on the primary care system are steadily growing due to an ageing population and the rising prevalence of chronic conditions. The Austrian health and care system covers 99.9% of the population through its Social Health Insurance (SHI) scheme (Austrian Federal Ministry for Labour, Social Affairs, Health and Consumer Protection, 2019). However, the lack of PHC infrastructure as well as the slow generational turnover of general practitioners (GPs) pose significant challenges to the sustainable provision of essential health services in Austria.

Austria displayed the second highest number of physicians per inhabitants in the EU in 2017. Yet, only approximately 15% worked as primary care physicians under contract with the Austrian SHI funds. In recent years, many non-contracted physicians have started to offer analogous ambulatory services, which are subject to private and frequently higher fees, but are also up to 80% reimbursable through the SHI funds (the difference being paid through voluntary health insurance or out-of-pocket (OOP) payments) (Bachner et al., 2018). This trend is accompanied by an overabundance of specialists whose services are accessible without the need to pass through primary care first. The lack of gatekeeping by GPs has contributed to a relatively high public expenditure on specialist and inpatient care (1300 euros per capita compared to an EU average of 835 euros in 2017), as well as a high number of avoidable hospitalizations resulting from admissions for chronic diseases amenable to primary care (OECD & European Observatory on Health Systems and Policies, 2019). Box 12 summarizes the most important gaps in the Austrian PHC system prior to the Primary Health Care reform.

Box 12: Main challenges in the Austrian Primary Health Care system

- Promoting a smooth generational shift and securing PHC provision in rural regions.
- Increasing the attractiveness of a career in primary care, especially for medical students and young doctors: after graduating medical school, about 75% of all young doctors fulfil the three-year GP training but only 25% end up working as self-employed PHC practitioners.
- Addressing the lack of GP gatekeeping and the increasing number of GPs without SHI contracts.
- Promoting collaboration within primary care through the scale-up of multidisciplinary teams and group surgeries, including professional roles other than GPs, such as nurses, practice assistants and social workers.

A first step towards addressing these challenges was a governance reform in 2013, when the three main decision-making parties in Austria – the central government, SHI funds and regional administrations (Länder) – entered a new target-based governance partnership. Since then, they have been jointly in charge of stipulating multi-annual treaties (target-based governance agreements), setting out objectives and reform plans for the health care system over several years. The first agreement signed in 2013 called for a new approach to PHC, laying the groundwork for the 2017 Primary Health Care Act (Primärversorgungsgesetz). A subsequent agreement in 2017 outlined concrete plans for the practical implementation of the care act and the establishment of new PHC units, based on multiprofessional teams and the provision of comprehensive health services (including psychosocial care) (Austrian Federal Ministry for Labour, Social Affairs, Health and Consumer Protection, 2019).
The Austrian government has reached out for EU support to tackle some of the elements of the reform and combined three EU instruments that provide support across different stages of the change process: 1) the Structural Reform Support Service (SRSS), used to set up a series of innovative support tools for health professionals wishing to establish new primary care units; 2) the financial and advisory services of the EIB, providing the investment to mobilize further funding for new primary care infrastructure; and 3) the RRF to further boost the large-scale implementation of new infrastructure and modernize existing facilities. Each of the three EU instruments is presented in further detail below.

**Start-up support from the Structural Reform Support Service**

Since 2018, the European Commission’s SRSS has been providing start-up support services for the establishment of new PHC units in Austria. The main aim is to encourage health professionals, especially junior doctors, to work in PHC by providing the tools and information needed to set up a practice. Within the scope of its support, the SRSS has developed a start-up guide, hands-on consultancy services (including legal support and help in developing a business plan), a dedicated website (www.pve.gv.at) and a dissemination strategy. The SRSS is also providing support on the ground, including training sessions for relevant stakeholders, such as regional administrators and SHI fund employees, to promote and advertise these support services at local level (European Commission, 2021i).

**Financial support from the European Investment Bank**

In cooperation with partner banks in Austria, the EIB has allocated 180 million euros in loans to support the establishment of 75 PHC units for a total of 360 million euros in bank financing (including support from Austrian partner banks) (European Investment Bank, 2020). The loans, combined with EIB financial advisory services, aim to provide young medical doctors with the financial backing to start their businesses and pursue a career in PHC. The new infrastructures will also support the migration of services away from hospitals to primary health centres, and reduce overall hospital and inpatient costs. Although the unforeseen impact of the COVID-19 pandemic has considerably slowed the process, 28 of the 75 envisaged PHC units had been successfully established by September 2021. Thanks to the upcoming financial support obtained through the RRF, Austria is planning to expand the number of new units from 75 to a total of 90 by 2026 (with the goal of establishing approximately 60 new units between 2021 and 2026).

**Outlook on the Recovery and Resilience Facility**

The Austrian government has dedicated 100 million euros of its Recovery and Resilience Fund towards the implementation of the PHC reform. Despite suffering setbacks during the COVID-19 pandemic, the lessons learnt have provided a valuable input to the upcoming reform plans, including plans to make PHC infrastructures more resilient to infectious threats. By 2026, the allocated funds will be employed to establish 60 new units and to finance up to 110 projects to renovate and enhance the digitalization and environmental sustainability of existing PHC structures (Austrian Federal Government, 2021). Furthermore, a collaborative platform to foster the information exchange between primary care providers and stakeholders from other relevant areas (including industry, research and policy) will be introduced. The platform will feature so-called Incubator and Accelerator functionalities to allow for mentoring, networking and advisory services to be accessed by a diverse community of PHC stakeholders. The Recovery and Resilience Funds will also reinforce the sustainability of the services already set up by the SRSS.

None of the EU instruments employed for the reform were originally geared for PHC projects. Especially EIB investment has focused on funding large projects dedicated to building hospitals in the past. The process of identifying, accessing and combining the various forms of support is complex for Member States and, in the Austrian context, required the proactive engagement of engaged and experienced stakeholders from the Austrian government as well as from within EU institutions. Nevertheless, the Austrian government has been able to mobilize more than 200 million euros to date through EU funding for its PHC reform.

**Europe and Cancer**

Europe’s work on cancer is its most long-standing area of action on health, and it illustrates the sheer breadth and variety of the EU’s instruments that can help to improve health. European action to address cancer emerged as a priority from the mid-1980s, following the explosion at the Chernobyl power station (Trubek, Nance & Hervey, 2009). In the first phase, action was focused around a series of ‘Europe Against Cancer’ funding programmes, which supported specific cooperation projects between countries, as well as offering support through other instruments, especially the research and technological development programmes. The second phase was the incorporation of cancer into horizontal health programmes as part of a wider shift from addressing particular conditions to focusing European action on addressing wider determinants of health, in line with the new health strategy resulting from the formal provision of powers to the EU to support action on public health in general through the Maastricht Treaty.

The Slovenian Presidency of the Council in 2008 led to a renewed focus of European action on cancer specifically. This third phase of work took a somewhat different approach, seeking to reconcile the tension between national responsibility and European action through a more collective and partnership-based approach involving national authorities and other stakeholders. Cancer remains a key priority of the EU, as shown by the Von Der Leyen Commission’s Europe’s Beating Cancer Plan (European Commission, 2021i).

The character of European action on cancer has always involved a wide range of support spread across diverse instruments and policy areas, as illustrated in Table 8. The EU is continuing to expand this range of actions through Europe’s Beating Cancer Plan, which lists 42 different actions across eight major areas.
This illustrates a key message of this policy brief, that of the wide range of EU tools that are potentially relevant to improving health and strengthening health systems. Even though in the case of cancer the EU's action was initially focused around specific programmes on cancer, right from the start other tools were also involved, such as the separate programmes for funding research, as well as legislative tools (in particular in relation to tobacco).

The example of cancer also illustrates that many of the EU's actions that can address a particular health issue are not specific to strengthening health systems. Of course, actions to address wider determinants of health (such as tobacco, alcohol or exposure to cancer-causing substances) or measures to regulate health-related goods and services also indirectly assist health systems. There has also been a slow trend towards the EU doing more in relation to the health systems dimension of tackling cancer, including financing for health systems infrastructure, centres of expertise and helping to improve quality of care for cancer. This includes actions envisaged under Europe's Beating Cancer Plan, such as:

- creating and networking national comprehensive cancer centres in all Member States, as well as new European reference networks for cancer
- strengthening cancer-related training for the health workforce
- establishing a cancer inequalities registry to map inequalities between Member States and regions
- specific support for improving paediatric cancer care in addition to broader work to improve the resilience and sustainability of European health systems, which will help to ensure the continued provision of cancer care as well as for other conditions.

**Europe and digital health**

ICT has transformed many sectors of society and the economy in recent decades, and have the potential to do the same for health. The EU can potentially play a key role in catalysing and facilitating the development of such new technologies that add great value to national efforts. This is illustrated by an example from another field, mobile phones, where European collaboration in developing a technology, establishing standards and leveraging a Europe-wide market was highly successful in adding value to national efforts (Pelkmans, 2011).

The EU has sought to add similar value for the use of ICT in the health sector over a period of decades and using a wide range of policy tools (see Table 9 for further details). A key focus from the start has been on funding research and development in the field, with funding from as early as 1988 (Olsson, Lymberis & Whitehouse, 2004). This research and development funding has not only been for the

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**Table 8: EU contributions to tackling cancer by area of action**

<table>
<thead>
<tr>
<th>EU CONTRIBUTIONS TO TACKLING CANCER</th>
<th>Prevention</th>
<th>Diagnosis and treatment</th>
<th>Monitoring and research</th>
<th>Policy and infrastructure</th>
</tr>
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<tbody>
<tr>
<td><strong>Primary prevention</strong></td>
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<tr>
<td>• European Code against Cancer; 12 evidence-based recommendations for people to minimize their cancer risk</td>
<td>• Regulation of medical products, devices and technologies, such as magnetic resonance imaging (MRI) and computed tomography (CT) scanners</td>
<td>• Europe-wide comparative data about cancer health services and outcomes, such as from Eurostat and via cancer-specific studies, such as EUROCARE and the European Network of Cancer Registries</td>
<td>• Overall policy statements by the Council of Ministers and the European Parliament on cancer</td>
<td></td>
</tr>
<tr>
<td>• Regulation of potential cancer risks in the environment (e.g. air, soil and water quality), food safety and labelling, health and safety at work; and of tobacco products, advertising and taxation, plus the creation of smoke-free environments</td>
<td>• Regulation of cross-border services, such as teleradiology</td>
<td>• Cross-border care provision (e.g. through ERNs for rare diseases)</td>
<td>• Financing of cooperation between Member States on cancer</td>
<td></td>
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<tr>
<td><strong>Secondary prevention</strong></td>
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<tr>
<td>• Council Recommendation on population-based cancer screening and support for its implementation</td>
<td>• Regulation and coordination of supply of radioisotopes</td>
<td>• Cross-border care financing</td>
<td>• European guidance on comprehensive cancer control strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• European guidelines (e.g. clinical guidelines on nutrition for cancer patients and on Comprehensive Cancer Control Networks)</td>
<td>• Information portal for rare cancers and other rare diseases: Orpha.Net</td>
<td>• Financial support for improving health infrastructure from grants and loans</td>
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<tr>
<td></td>
<td>• Anti-discrimination protection for cancer patients and survivors under European legislation on disability</td>
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</table>

*Source: Greer et al., 2019.*
development of technologies, but also for the wider technical, ethical, legal, organizational and systems issues that they raise, which has in turn fed into regulatory initiatives at the national and European levels. These were first brought together into an overall European strategy for eHealth in 2004 (European Commission, 2004). This set out a range of actions in order to address common challenges (e.g. through developing national roadmaps, common approaches to interoperability issues such as standards and pilot actions at the national level, e.g. on the use of electronic health cards and prescriptions; see Box 13); forums for collaborating and sharing best practices across the EU; and funding tools for research as well as grants and loans for infrastructure improvement.

Box 13: Electronic cross-border health services
Following the EU directive on patients’ rights in cross-border health care in 2011, which set up the legal framework for EU citizens to receive medical care anywhere within the EU, a number of initiatives to facilitate its gradual implementation subsequently started to emerge. The eHDSI, funded by the CEF, is one of those and provides a common ICT infrastructure for the cross-country exchange of interoperable and secure health data in two forms:

- **ePrescriptions**, which permit the direct transfer of digital prescriptions, allowing EU citizens to obtain medicines in pharmacies located in EU countries other than their own; and

- **patient summaries**, which are accessible by health care providers abroad and provide an overview of EU citizens’ medical history, including allergies, past and current conditions and therapies.

By 2025, 25 EU countries are projected to start providing access to and progressively linking these services across borders. To date, the infrastructure has been set up and is functioning for exchange between Finland, Estonia, Czechia, Portugal, Croatia, Luxembourg and Malta. Coincidentally, some countries are promoting the adoption of services in their specific regions: in 2018, the Swedish Presidency of the Nordic Council of Ministers mandated the Swedish eHealth Agency to assess the current regional conditions and develop a plan to expand activities on ePrescriptions and patient summaries within the Nordic region. Through dialogue with the other governments represented in the Nordic Council, the aim is to encourage countries other than Sweden and Finland, which have already made provisions for the eHDSI, to join the initiative (Swedish eHealth Agency, 2021).

The long-term goal at the EU level will be to expand the existing infrastructure to enable the transfer of complete electronic health records, including laboratory results, medical images and hospital records (European Commission, 2021d). The CEF and related digital health initiatives are described in further detail in the section on ‘Funding for infrastructure’.

Over time, the term used to describe ICT for health has evolved. From the initial term eHealth (the use of ICT for health), the scope expanded to pay more attention to the use of mobile devices, such as smartphones and tablets, and this has been termed mHealth. Referring to the data they create, share and use, the terminology has shifted again to the broader term digital health as an encompassing descriptor of the use of digital technologies to improve health (WHO, 2020). European action has reflected this shift over the years, with a greater focus on the full range of digital health technologies and their potential to strengthen health systems, as set out by the Commission in a further Communication on enabling the digital transformation of health and care (European Commission, 2018). Alongside long-standing priorities for eHealth, such as ensuring interoperability and supporting the development of digital infrastructure and skills, this strategy centred around three aims:

- ensuring citizens’ secure access to and sharing of health data through legal frameworks in European law, developing relevant formats and standards, and providing funding to support infrastructure and collaboration between Member States

- facilitating better data sharing for research, prevention and personalized care, through a combination of pilot

<table>
<thead>
<tr>
<th>Table 9: Overview of EU tools to promote eHealth</th>
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<tbody>
<tr>
<td><strong>OVERVIEW OF EU TOOLS TO PROMOTE EHEALTH</strong></td>
</tr>
<tr>
<td><strong>Policy and regulation</strong></td>
</tr>
<tr>
<td>• Recommending development of e-Health roadmaps by Member States and defining their content</td>
</tr>
<tr>
<td>• Framework for patient identifiers</td>
</tr>
<tr>
<td>• Defining interoperability standards</td>
</tr>
<tr>
<td>• Regulation of applicable law and requirements for cross-border provision of e-Health services, in particular electronic prescriptions</td>
</tr>
<tr>
<td>• Data protection regulations</td>
</tr>
</tbody>
</table>

European support for improving health and care systems
actions, technical standards, research funds and providing
a platform for collaboration between national authorities
and other stakeholders across Europe; this and the
previous objective will also be supported through the
development of a European Health Data Space

• developing digital tools for citizen empowerment and for
person-centred care, through supporting the exchange of
best practices, capacity building and technical assistance,
making use of innovative procurement and investment
tools, and promoting knowledge and skills development.

The work of the EU on digital health illustrates both the
potential added value of European action in support of
national health systems strengthening and the wide range of
tools the EU has in place to support digital health within
European health systems.

The primary health care reforms in Greece

Historically, Greece did not have a comprehensive PHC and
referral system, relying heavily on hospital and private care
to provide essential health services. Rural health centres
were first established in 1983 as part of the Greek National
Health System (Ethisiko Systima Vgeias, ESY) in an attempt
to improve primary care provision, while other contracted
outpatient service providers started emerging and operating
in parallel over the years (Myloneros & Sakellariou, 2021).

Health care was being delivered across a spectrum of
fragmented organizational structures and governed by an
overly centralized decision-making structure. The system was
plagued by inefficiencies related to the overuse of specialist
and private providers for services amenable to primary care,
poor coordination between primary care providers and
hospital doctors, and an inefficient administrative apparatus.
The coexistence of many different SHI funds providing
inequitable health coverage created high levels of unmet
care needs and exposed the Greek population to soaring
OOP payments over the years. The lack of a uniform health
information system, excessive pharmaceutical expenditure,
inadequate staffing and outdated facilities, represented
further inherent structural weaknesses of the Greek Health
System (Economou & Panteli, 2019).

This unstable equilibrium eventually collapsed once the
economic crisis hit in 2008. As an immediate result of the
crisis, 2.5 million people lost their SHI coverage. Emergency
initiatives such as citizen-run solidarity PHC clinics started to
crop up to provide basic and emergency care to people
without health insurance (Economou & Panteli, 2019). This
situation underscored the system’s vulnerability to economic
fluctuations and the urgent need for reforms to implement
an integrated PHC system with coverage for all.

The years following the global economic crisis were marked
by fiscal consolidation and cost-containment measures. From
2010, Greece started to implement the Economic
Adjustment Programme through three consecutive
Memoranda of Understanding consisting of financial
assistance from the EU and the International Monetary Fund,
and accompanying reform packages. The implementation of
the Economic Adjustment Programme lasted until 2018.

Multilateral support and first steps towards
comprehensive PHC reforms

In 2011, the European Commission established the Task
Force for Greece (TFGR), involving experts from different
institutions and professional backgrounds, to assist
the Greek government in delivering the Economic Adjustment
Programme. Based on the concept for the TFGR, the
Commission later established the DG REFORM, which has
been providing technical assistance across a wide range of
policy areas to EU Member States since 2015. Further actors
involved in advancing the reform process in Greece were the
WHO and the German Development Agency (GIZ), which
signed a letter of intent and a Memorandum of
Understanding with the Greek government for the
implementation of an initiative known as ‘Health in Action’
in 2013 (Jakab, 2014). This envisioned a roadmap and
reform package for the patient-centred delivery of care with a
strong PHC system at its core. In the letter of intent,
Greece specifically requested the involvement of WHO
beyond its usual normative and technical cooperation role to
provide support for the monitoring and implementation of the
reform package (specifically in the areas of Public Health,
PHC and the effective management of financial resources).

Aside from the technical assistance provided by the TFGR,
Greece received EU funding through the Structural and
Investment Funds (now Cohesion Policy Funds) to implement
planned reforms. Greece primarily drew on ESF funds, but
ERDF funds have also been used to finance infrastructure
projects, such as hospitals and PHC units, as well as
expensive equipment and health care interventions.
Operational challenges, such as the lack of health-specific
Operational Programmes in the 2007–2013 and 2014–2020
EU programming phases (refer to the ‘Funding for
infrastructure’ section on Cohesion Policy Funds for further
information on Operational Programmes), impeded
channelling funds towards health projects during an intense
reform phase for Greece. Nevertheless, 30% of the
Structural and Investment Funds dedicated to Greece for the
period 2014–2020 could be reserved and employed for PHC
projects.

First phase of reforms: Cost containment
and improvement of coordinating functions

Many reforms were implemented between 2010 and 2014,
prompted by the Economic Adjustment Programme. The
first set of interventions was marked by austerity measures,
resulting in the reduction of services provided, a rise in user
charges and reduced health coverage for the Greek
population. The establishment of the new National
Organisation for Healthcare provision (EOPYY) quickly
followed, bringing all SHI funds under one roof to function
as the sole purchaser and contractor in Greece. The EOPYY
was initially elected to manage primary care, contracting
with providers, coordinating care, as well as setting quality
and efficiency standards to alleviate the pressure on
hospitals. However, in 2014, this responsibility was
transfered onto the regional health authorities known as
YPE through Law 4238/2014, passed with the aim of
introducing better coordination mechanisms among
providers and of establishing a nationwide network of health centres. The law also introduced a referral system assigning a gatekeeping function to GPs.

**Second phase of reforms: towards integrated and community-based care**

The WHO subsequently supported the Greek Ministry of Health in developing the ‘100 Actions Plan’ conceived to help Greece move towards universal health coverage. This formed the core of the Greek National Strategy for Healthcare between 2014 and 2020, and triggered the second set of reforms, which took place between 2015 and 2018, with a focus on improving access to health services (WHO Regional Office for Europe, 2016). Specifically, WHO recommended the establishment of a comprehensive PHC network to ensure universal health coverage in Greece. A new reform concept for primary care anchored in Law 4486/2017 was consequently adopted in 2017 to secure the provision of essential health services. This law represents a turning point and the landmark of the second phase of reforms, which introduces new local multidisciplinary health units (Topikes Monades Ygias, TOMY). TOMY networks employ multidisciplinary teams which provide primary care services and can refer patients to joint secondary, tertiary and rehabilitation care centres when more specialized services are required. The first step towards implementing the reform consisted of introducing geographical sectors called PHC sectors, in which existing rural health centres, contracted family doctors and the new TOMY came together to form networks. Instead of becoming obsolete, existing health centres and ambulatory clinics transitioned to become referral centres providing emergency and specialist care at all hours, contributing to relieving hospitals from avoidable hospitalizations.

WHO had a continued presence in Greece in the form of a technical support unit (TSU) within the Ministry of Health, operating between 2013 and 2019 to support legislative procedures including ministerial decisions and circulars. This TSU was funded with the support of the European Structural and Investment funds until the permanent WHO Country Office was subsequently established in Greece. The Greek experience highlights the possibility of combining different types of support from supranational organizations to transform health systems overall and facilitate the implementation of reforms in specific sectors, such as primary care.

These case studies demonstrate the added value of EU tools to improve health systems and strengthen their ability to tackle challenges, such as workforce shortages, digitalization and fragmented governance structures. However, they also illustrate the sheer range and variety of available tools and the possibility of tailoring support to specific contexts and national challenges. These case studies are designed to assist Member States in identifying how the different EU instruments can be used and how they can be combined with each other, but also how they may be associated with different types of support from other organizations.

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**What is the evaluation of EU tools for improving health and care systems?**

In the preceding sections, this brief has described the EU tools that can help to improve European health and care systems. As this has set out, there is a wide range of tools with different characteristics. In this section, we provide an evaluation of these tools from the perspective of those seeking to strengthen European health systems.

**Many European tools, although mostly not dedicated to health**

There is a wide range of different European tools that can support health systems. However, health is not one of the principal objectives for most of these tools. Despite the relatively limited powers granted to the EU in the field of health, over time, health has become a strand within a wide range of these tools, reflecting the large role that health plays within European society, economy and public institutions. For example, although the Cohesion Policy Funds and EIB do provide investment to health and care infrastructure, health is not a primary objective of either of these instruments. Similarly, although the considerable funds available for research do include health as a specific objective, the projects funded tend to be principally biomedical, with the processes of health system organization and learning between health systems remaining relatively limited.

Support focused specifically on health forms a relatively small part of overall EU support, and is concentrated on information-sharing and models. These are useful for planning and developing proposals but require additional elements for localization and implementation within the specific contexts of individual health systems.

**Different tools address various stages of change**

There are European tools that support each stage of the process of bringing about change and improvement in health systems. However, the various instruments for European support have distinct core objectives and the support they provide is not evenly distributed along the process of change, with more support, for example, in generating ideas and high-level goals than in developing detailed options and plans for change. This also reflects the primary responsibility of Member States for the organization and delivery of health services and medical care.

Making best use of this range of instruments therefore requires combining various EU tools at distinct stages and with defined objectives. For example, a health system seeking to address cancer might begin by seeking to understand and compare the performance of different health systems in this area, which might be supported by research projects, comparative projects under the EU4Health programme, or comparisons through policy processes such as the OMC. An initiative to promote better health to reduce risks of cancer might then be funded through the ESF, while technical guidelines for improving cancer screening could be funded by the EU4Health programme. Digital infrastructure

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to support new cancer registries to provide better data to monitor performance in relation to cancer might be supported through the CEF. Infrastructure funding for a new cancer hospital facility could be provided by the ERDF or InvestEU or the EIB, with the ESF potentially providing support for training of staff. Specialist cancer care for rare conditions across borders might be supported through the ERNs funded by the EU4Health programme. This, however, is only an illustrative example. There is no overall framework or agreed strategy for how EU health systems can or should combine these different EU instruments to help strengthen health systems.

**Challenge of aligning objectives and combining tools**

This constellation of EU tools that can support health systems creates its own challenges for Member States. When seeking support from such a wide range of tools, most of which do not have improving health systems as a core objective, this requires additional skills and resources to relate the health systems, objectives with the objectives of the instrument in question. The need to combine different tools to address different parts of an overall initiative for health system improvement also requires expertise and careful planning in order to be aware of the different potential tools and the support they might offer, as well as to align domestic plans with the requirements and processes of the different tools involved. These additional steps of alignment and combination present considerable challenges for Member States in general, and health ministries in particular, who may not routinely work with these different EU tools – in part precisely because most health policy and funding is organized by the Member States themselves.

The EU does provide some support to address these challenges, which have been recognized particularly for the EU infrastructure investment funds, and there are technical support facilities that can help provide advice, as described above. The challenge of how to develop national strategies that can make best use of EU tools to achieve overall policy goals was highlighted during the difficult years after the 2008–09 global financial crisis, and the instruments that emerged then and have since been consolidated into the TSI programme of health system reform and infrastructure investment.

**Potential for collaboration with other sources of support**

European countries also have access to other sources of support and technical advice. In particular, the WHO provides guidance and advice at the global and European levels, as well as specific assistance at the national level including through country offices in some EU Member States. The World Bank has also provided technical and financial support to many EU Member States, in particular during the transition period following the end of the Soviet Union.

The potential to combine support from such different sources was illustrated in Greece following the 2008–09 global financial crisis, with financial support provided by the EU combined with technical assistance from the WHO helping the Greek authorities to carry out an extensive programme of health system reform and infrastructure investment.

**Box 14: WHO support for the EU in the WHO European region**

In 2020, the WHO Regional Office for Europe and the European Commission released a joint statement renewing their commitment to a strengthened cooperation over the coming years (European Commission, 2020c). The primary aim will be to reinforce geographically, political and technical synergies in line with objectives set out in the European Programme of Work and the new EU4Health Programme.

Beyond this, the WHO has long held country offices in several of the EU’s Member States and neighbouring countries, in which the EU funds health system reforms through its neighbourhood and development policies. Particularly in the Western Balkans and Eastern partner countries, WHO country offices offer support at local level to EU delegations and facilitate the implementation of health system reforms financed by the EU. In recent years, the cooperation through dedicated partnerships has further contributed towards achieving common objectives such as universal health coverage and reducing the risks of cross-border health threats. For instance, throughout the COVID-19 pandemic, the WHO and EU have joined forces to deploy COVID-19 medical supplies to several Eastern Partnership countries, including Armenia, Azerbaijan, Belarus, Georgia, Moldova and Ukraine. There is potential for further cooperation and there are many other ongoing initiatives, which, however, go beyond the scope of this policy brief mapping EU support for health systems within Member States.

**EU support respecting subsidiarity**

The principle that EU action in the field of health should respect the responsibilities of the Member States for the organization and delivery of health services and medical care has been accepted for as long as there have been specific European powers on health. Nevertheless, the EU has always played a supporting role on health and, in recent decades, the degree of support provided by the EU has been increasing, in particular for the Member States that have joined since 2004, for whom EU funding has become one of the principal sources of infrastructure investment.

Given the EU’s limited role in regard to health systems, it is unsurprising that the EU’s support focuses on the stages of change before and after implementation within health systems. However, a central challenge facing health systems is implementation and change, and there are EU tools that can and do help. Tools such as the TSI (formerly the Structural Reform Support Programme) and Joint Actions in the Health Programmes illustrate the potential for individual countries and the EU to work together, or multiple countries working together, to make best use of EU tools to strengthen health systems, including through developing specific national strategies for doing so.
Conclusions

European health systems face shared challenges of resilience, accessibility, quality and sustainability. The COVID-19 pandemic has reinforced the need to ensure resilience, and the renewed attention on health and health systems creates a window of opportunity for change, with greater potential for support from the EU than ever before.

National health systems face difficult and complex challenges, combining technical complexity, political sensitivity, many different stakeholders, and constant pressure on resources. The EU provides a wide range of tools, even if health is not a primary objective for some of them. These different tools provide different types of support which help in different ways. This implies that making best use of potential EU support for strengthening health systems means combining many different tools, which in itself requires knowledge and expertise.

This policy brief contributes to this aim by providing an overall mapping of the available tools and how they relate to the challenges faced by health policy-makers in Member States. It sets out the wide range of potential support instruments and illustrates how these might be combined in pursuit of a specific process of health system improvement.

This policy brief has been produced at the pivot point between two periods of funding: the 2014–2020 financial perspectives and the new 2021–2027 financial perspectives. Thus, most examples given are necessarily based on the previous programming period, combined with analysis of how similar and different the new programmes are for the upcoming period. Many programmes are similar (such as for research and structural reform); some are a little different (e.g. the Cohesion Policy funds); while others are quite different (e.g. the new specific programme on health, EU4Health).

The primary responsibility for health systems lies with the Member States and the complementary character of EU tools that can help reflects this. Nevertheless, the EU has provided extensive and increasing support to health systems strengthening, in particular for the Member States that have joined since 2004. As health systems across Europe deal with the consequences of the COVID-19 pandemic, there is scope for greater collaboration between individual countries and the EU to work together and make best use of EU tools to strengthen health systems.
**APPENDIX 1: Overall mapping of European tools**

The table below provides a more detailed overview of the different EU instruments available to support the improvement of health and care systems.

Table A1 – Overview of the different EU instruments available to improve health and care systems

<table>
<thead>
<tr>
<th>Name</th>
<th>Aims</th>
<th>Type</th>
<th>Policy area</th>
<th>Support provided</th>
<th>Type of support</th>
<th>Stage of sup-</th>
<th>More information</th>
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<tr>
<td>EU policy statements</td>
<td>Communicating joint initiatives and making policy recommendations</td>
<td>Policy recommendations, Communications on joint actions and priorities</td>
<td>All policy areas</td>
<td>Setting priorities and recommendations for policy</td>
<td>Policy</td>
<td>Ideas, plans</td>
<td><a href="https://ec.europa.eu/health/policies/overview_en">https://ec.europa.eu/health/policies/overview_en</a></td>
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<tr>
<td>Strategies/Plans (Pharmaceutical Strategy, Europe's Beating Cancer Plan)</td>
<td>Join different initiatives under a common framework</td>
<td>Framework for joint actions and initiatives</td>
<td>All policy areas</td>
<td>Common actions and priorities</td>
<td>Policy</td>
<td>Ideas, plans</td>
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<tr>
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<td>EU4Health</td>
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<td>Funding</td>
<td>Health</td>
<td>Ideas, models</td>
<td>Ideas</td>
<td>Ideas, plans</td>
<td><a href="https://ec.europa.eu/health/funding/eu4health_en">https://ec.europa.eu/health/funding/eu4health_en</a></td>
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<td>Horizon Europe</td>
<td>Research and development</td>
<td>Funding</td>
<td>Research</td>
<td>Information, ideas, scientific evidence</td>
<td>Ideas</td>
<td>Ideas, plans, tests</td>
<td><a href="https://ec.europa.eu/info/research-and-innovation/funding/funding-opportunities/funding-programmes-and-open-calls">https://ec.europa.eu/info/research-and-innovation/funding/funding-opportunities/funding-programmes-and-open-calls</a></td>
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### Funding

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<th>Name</th>
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<th>Support provided</th>
<th>Type of support</th>
<th>Stage of support</th>
<th>More information</th>
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<tr>
<td>Cohesion Policy Funds (formerly European Structural and Investment</td>
<td>Economic development support</td>
<td>Funding</td>
<td>Regional policy</td>
<td>Funding</td>
<td>Funding</td>
<td>Implementation</td>
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<td>Facility)</td>
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<tr>
<td>REACT-EU</td>
<td>Regional investment and recovery</td>
<td>Funding</td>
<td>Economics and finance</td>
<td>Funding</td>
<td>Funding</td>
<td>Implementation</td>
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<tr>
<td>InvestEU</td>
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<td>Public-private investment loans</td>
<td>Economics and finance</td>
<td>Financial instruments (grants, guarantees etc.)</td>
<td>Funding</td>
<td>Implementation</td>
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### Technical assistance

<table>
<thead>
<tr>
<th>Technical Support Instrument</th>
<th>Helping EU countries to design and implement reforms</th>
<th>Technical assistance</th>
<th>Structural reform</th>
<th>Technical advice and support (budget of €120m/year)</th>
<th>Technical assistance</th>
<th>Plans</th>
<th><a href="https://ec.europa.eu/info/overview-funding-programmes/technical-support-instrument_tsi_en">https://ec.europa.eu/info/overview-funding-programmes/technical-support-instrument_tsi_en</a></th>
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- Use systematic methods and make this transparent so that users can have confidence in the material
- Tackle the evidence is identified and synthesised to reflect the nature of the policy question and the evidence available
- Are underpinned by a formal and rigorous open peer review process to ensure the independence of the evidence presented.

Each brief has one a page key messages section, a two page executive summary giving a succinct overview of the findings, and a 20 page review setting out the evidence. The idea is to provide instant access to key information and additional detail for those involved in drafting, informing or advising on the policy issue.

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