



Universiteit Maastricht

EU Policies, EU Health Strategy, EU Structural Funds, “Regional Health”

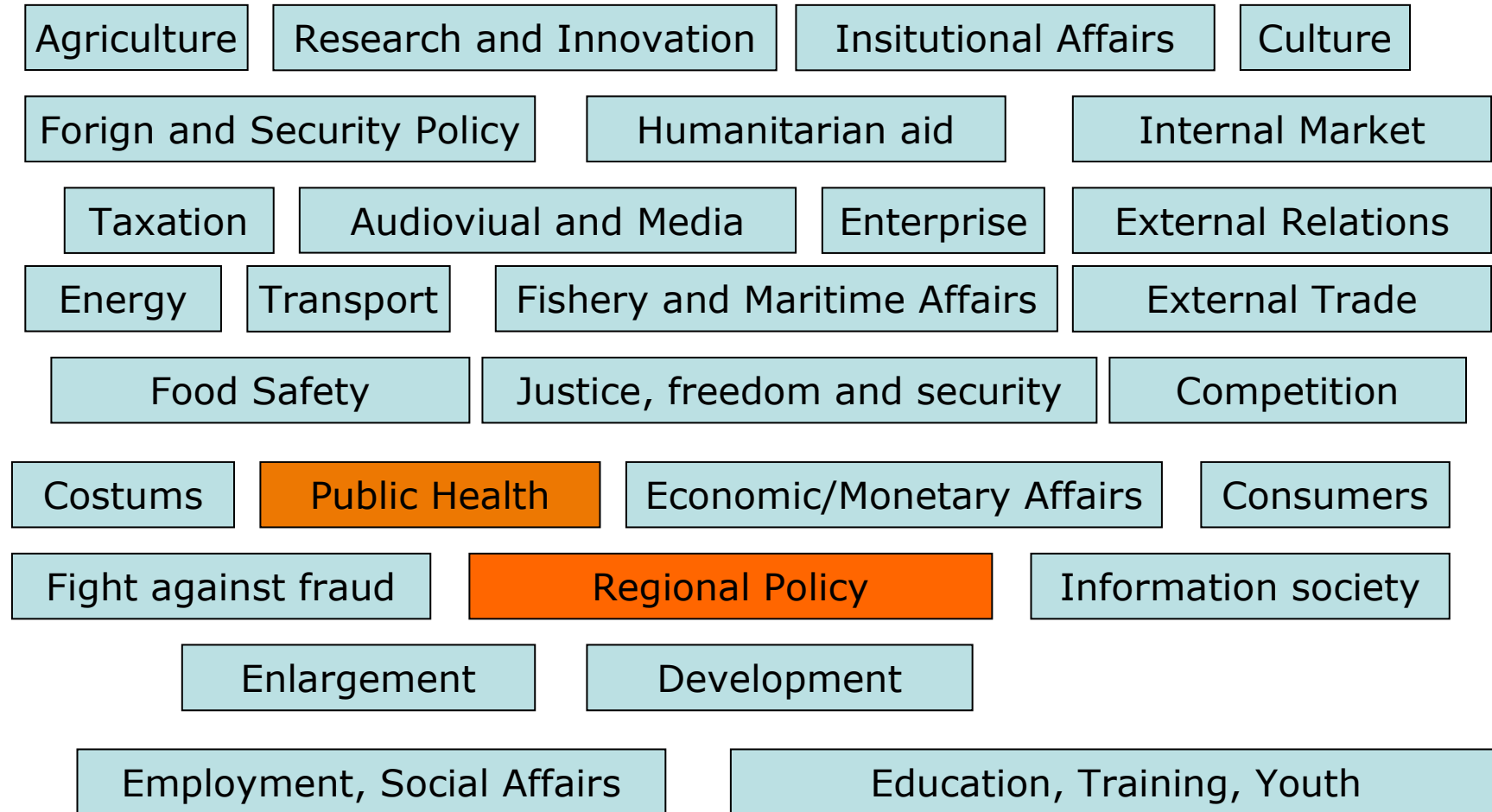
Kai Michelsen, Department of International Health



Treaty on EU / Functioning of EU

- Art. 4: **Shared competence** Union / Member States in common safety concerns in public health matters
- Art. 6: The Union shall have competence to **support, coordinate or supplement** the Member States to protect and improve health
- Art. 9: The Union shall take into account the protection of human health in defining and implementing **its policies and activities**

Health in All Policies?



EU Health Policy Making (2002)

- **Direct health policy making**

realising health objectives under article 152 (public health), regulations concerning the internal market (tobacco control legislation) or development aid and research policies (initiatives to tackle communicable diseases in the developing world).

- **Indirect health policy making**

other objective than health, but health considerations play an important role (trade and economic integration: common safety standards, EU pharmaceutical policy).

- **Unintentional health policy making**

affects on health in an unplanned manner (common agricultural policy with negative impacts on diets; European Court of Justice's cases on the free movement of patients)

(Duncan 2002)

Duncan, Ben (2002): Health policy in the European Union: how it's made and how to influence it. British Medical Journal, Vol. 324: 1028-1030

EU Health Policy Making (2001)

“The challenge that the EU faces is that its secondary legislation, such as directives and regulations, and the Court’s interpretation of them, must be based on what is in the Treaties. However, the social character of European health systems is not embedded in the Treaties.”

Mossialos, Elias/McKee, Martin/Palm, Willy/Karl, Beatrix/Marhold, Franz (2001): The influence of EU law on the social character of health care systems in the European Union. Executive Summary. Report submitted to the Belgian Presidency of the European Union. Final Version. Brussels 19 November 2001

Any changes? (1)

- “systematic encroachments on health policy by the EU, driven by the Court and justified by internal market rules and decisions”
 - Member States isolated health services and policy from the EU
 - unexpected consequences of legislative and judicial EU institutions in areas outside health: legal environment under which health systems contract employees, purchase goods, finance services, and organize themselves have changed
 - today: EU as one of the formative influences in health policy

Greer, Scott L. (2006): Uninvited Europeanization: neofunctionalism and the EU in health policy'. *Journal of European Public Policy*, Vol. 13 No. 1: 134-152

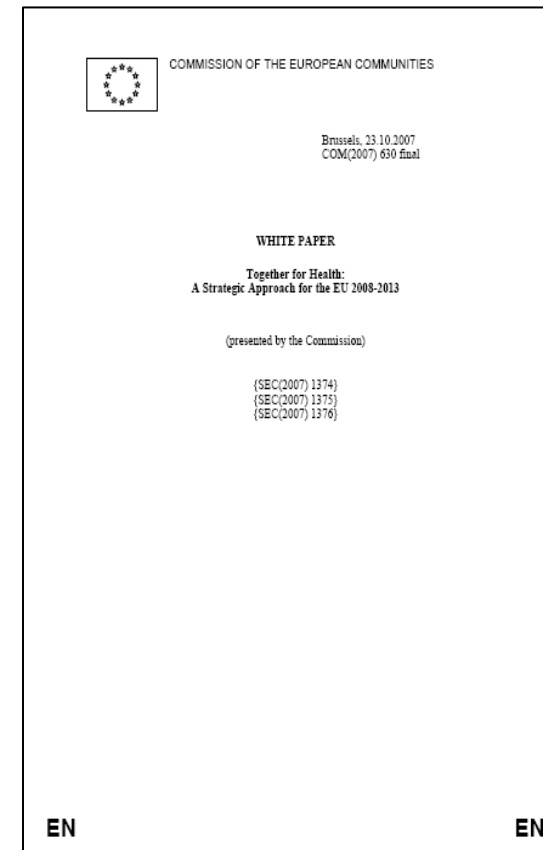
Any changes? (2)

- “Lamping [...] is certainly correct when he says that ‘health policy is a challenging example of how to make a formal non-topic one of the Union’s major future policy fields – despite the Treaty.’”
 - the EU can only undertake policy activities if they have a clear added value to the existing policies of the Member States
 - but: it is necessary to look beyond the notions of EU health competences as defined by the Treaty
 - the completion of the single market that allows for regulations that have an important impact on national healthcare systems.

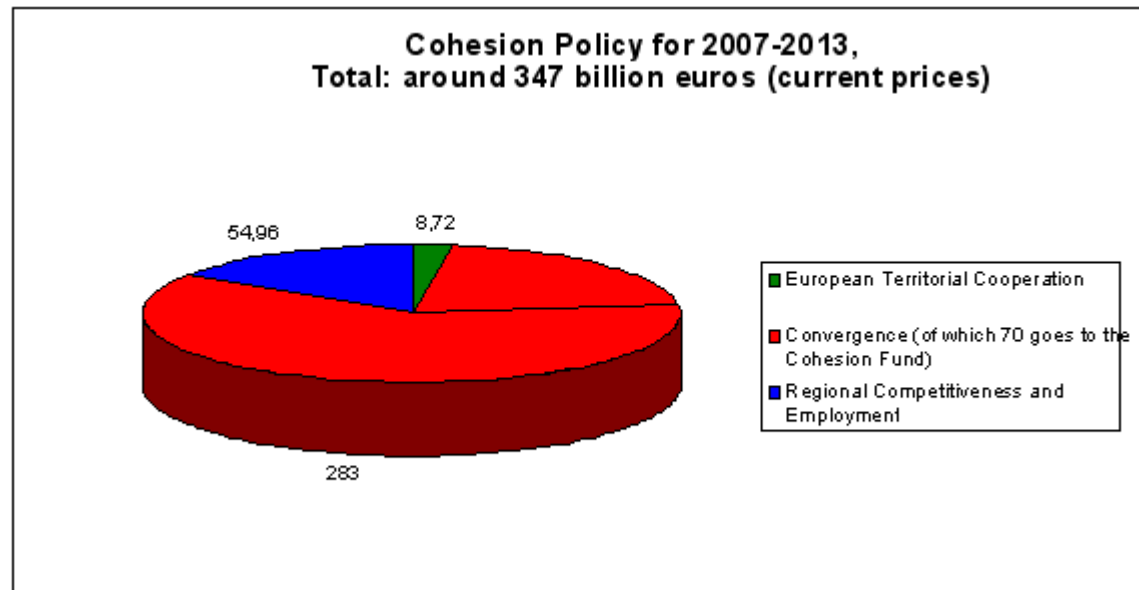
Boessen, Sandra (2008): The Politics of European Union Health Policy-Making. An actor-centred institutionalist analysis. Maastricht: Universitaire Pers Maastricht

“Together for Health: A Strategic Approach for the EU 2008-2013”

- Principles
 - shared health values
 - universality, access to good quality care, equity and solidarity
 - Citizen empowerment
 - Reducing inequities in health
 - Built on scientific evidence
 - “Health is wealth”
 - Health in all policies
 - Strengthening the EU voice in global health
- Strategic Objectives
 - fostering good health in an ageing europe
 - protecting citizens from health threats
 - supporting dynamic health systems and new technologies



EU Structural Funds (EU SF): The budget



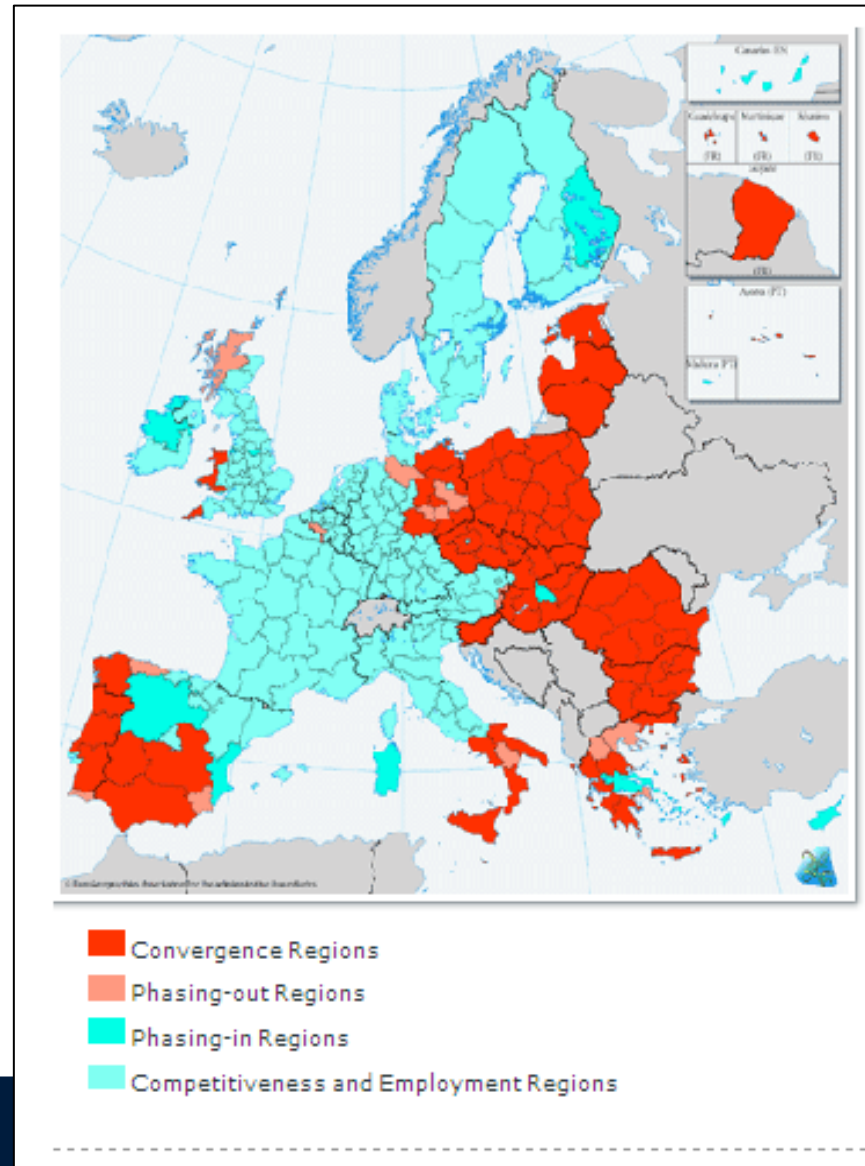
http://ec.europa.eu/regional_policy/policy/fonds/2007-2013-by-objective_large_en.gif

Regional Policy - Objectives

2007–13	
Objectives	Financial instruments
Convergence	ERDF ESF Cohesion Fund
Regional competitiveness and employment	ERDF ESF
European territorial cooperation	ERDF

EU Regional Policy (2007): Cohesion Policy 2007-2013. Commentaries and official texts. Guide. Luxembourg: Office for Official Publications of the European Communities

Objectives and Regions



Allocation EU SF (examples: EU SF 2007 > 1 % GDP)

	EU SF 2007-2013: Indicative Allocations, total (Euro, Current Prices)	EU SF: Allocations 2007 (Euro, Current Prices)	EU SF: Allocations 2007 in % of GDP	EU SF (2007-2013) - Health Infrastructur es	EU SF Allocation (2007-2013) - Allocation to health infrastructu res in % total
Bulgaria	6.853.000.000	514.438.665	1,77	70.164.000	1,02
Czech Republic	26.692.000.000	3.319.589.895	2,61	432.274.000	1,62
Estonia	3.456.000.000	376.530.807	2,51	145.717.000	4,22
Greece	20.420.000.000	3.085.468.135	1,35	413.200.000	2,02
Cyprus	640.000.000	167.460.708	1,05	n.a.	n.a.
Latvia	4.620.000.000	508.251.652	2,54	207.273.000	4,49
Lithuania	6.885.000.000	767.739.913	2,74	240.087.000	3,49
Hungary	25.307.000.000	3.035.954.279	3,01	1.336.482.000	5,28
Malta	855.000.000	114.465.489	2,29	28.900.000	3,38
Poland	67.284.000.000	8.129.584.274	2,63	947.555.000	1,41
Portugal	21.511.000.000	2.971.583.274	1,82	321.986.000	1,50
Romania	19.668.000.000	1.335.023.856	1,10	147.550.000	0,75
Slovenia	4.205.000.000	554.581.636	1,63	15.486.000	0,37
Slovakia	11.588.000.000	1.299.788.507	2,36	242.175.000	2,09

http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm

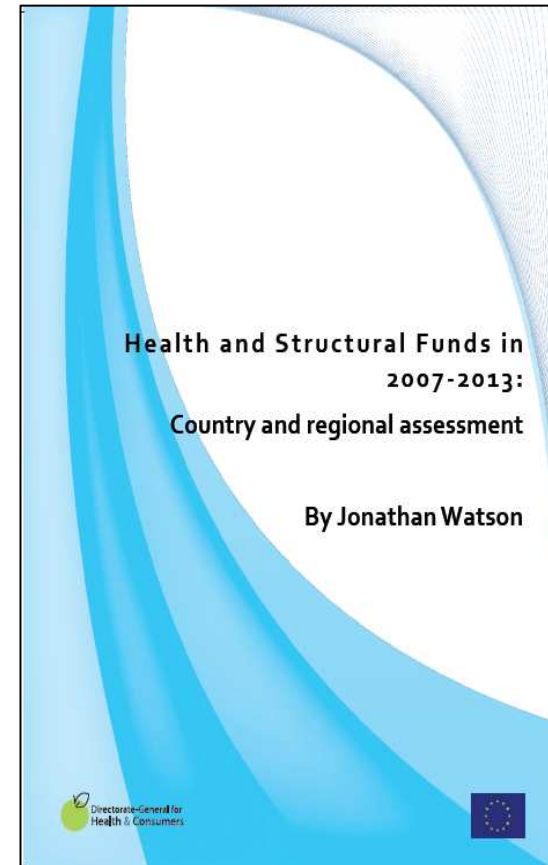
Potential Areas of EU Health Investment

- Healthy aging: health promotion, screening, tele-medicine, rehabilitation
- Healthy workforce: health promotion, disease prevention, safety at work ...
- Health infrastructure: construction, modernization, equipment ...
- Cross-border cooperation (services, information, knowledge, good practice)
- Health innovation and research
- Knowledge and information society: patient information, e-health, modernization...
- Human Capacity: training, education, management

European Commission, DG Sanco: Factsheet: Funding Health in your region. European Communities 2007

A Report on Health and Structural Funds

- EU principle of 'health in all policies' reaches a new dimension
- identifiable element of planned direct health sector investment (mainly in health infrastructure) at around EUR 5 billion (1.5 % of total Structural Funds; mainly ERDF)
- indirect health sector investment might initiate onward investment to support development and implementation
- non-health sector investment: added value in terms of health gain possible
- "attention should be given to extending the impact evaluation of non-health sector investments"



Country and Regional Assessments

Content:

- country assessment summary
- eligible regions under cohesion Policy Objectives
- health investments in the National Strategic Frameworks and Operational Programs
- non health sector investment with potential health gain

Health and Structural funds in 2007-2013: country and regional assessment					
COUNTRY ASSESSMENT FOR HEALTH & STRUCTURAL FUNDS GERMANY (DE)					
Table 1: Country assessment summary - Germany					
NSRF strategic objectives	Funding source	Direct health sector investment	Indirect health sector investment	Potential health gain Personal Economic Social Environmental	Lisbon Agenda (renewed 2005)
Promotion of innovation and expansion of the knowledge society; strengthening business competitiveness	ERDF	-	-	E, S,	To create a more attractive investment and working environment; To enhance growth through knowledge and innovation; To create more and better jobs.
Enhancing the appeal of Germany's various regions for investors and inhabitants through sustainable regional development	ERDF	X	-	S, E, Env	
Facing new labour market challenges - creating new and better jobs	ESF	-	X	S, E, P	
Developing regions in regard to equal opportunity and balance	ERDF	-	-	E, S, Env	

Table 2: Eligible regions under Cohesion Policy Objectives	
Cohesion Policy Objective	Regions
Convergence	Brandenburg-Nordost, Mecklenburg-Vorpommern, Chemnitz, Dresden, Dessau, Magdeburg, Thüringen.
Phasing out	Brandenburg-Südwest, Lüneburg, Leipzig, Halle.
Phasing in	N/A
Regional competitiveness and employment	Baden-Wuerttemberg, Barvaria, Berlin, Bremen, Hamburg, Hesse, Lower Saxony, Nord Rhein Westphalia, Rhineland-Palatinate, Saarland, Schleswig-Holstein.

http://ec.europa.eu/health/health_structural_funds/used_for_health/info_sheets/index_en.htm

Regional Policy - Inforegio

Regional Policy - Inforegio
European Commission > Regional Policy > Atlas

The Policy | The Means | In Your Country | Success Stories | Information Sources

Cohesion Policy 2007-2013

National level | Cross-border Co-operation | Transnational Co-operation

Your country/region
Beneficiaries of Cohesion Policy
Managing authorities
Regional Development programmes
European Territorial Co-operation
European Social Fund
Rural development

Eligible areas in the EU under the Convergence Objective and the European Competitiveness and Employment Objective

For information at national and regional level click on a country on the map:

Select a country: Europe OK

Useful Links: EU
Programme Summaries
Success Stories
Interregional Co-operation

Legend:
Convergence Regions
Phasing-out Regions
Phasing-in Regions
Competitiveness and Employment Regions

Regional Policy - Inforegio
European Commission > Regional Policy > Atlas > Deutschland > Nordrhein-Westfalen

The Policy | The Means | In Your Country | Success Stories | Information Sources

Structural and Cohesion funding 2007-13

Regional level | Cross-border co-operation | Transnational co-operation

Your country/region
Beneficiaries of Cohesion Policy
Managing authorities
Regional Development programmes
European Territorial Co-operation
European Social Fund
Rural development

Nordrhein-Westfalen: Eligible area under the Regional Competitiveness and Employment Objective

Select a country: Deutschland OK
Select a region: Nordrhein-Westfalen OK

Useful Links: Deutschland - Nordrhein-Westfalen
Programme Summaries
Success Stories
Managing authorities
National Strategic Reference Framework

Legend:
Competitiveness and Employment Regions

http://ec.europa.eu/regional_policy/atlas2007/index_en.htm

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Home

Health investments in Structural Funds 2000-2006: learning lessons to inform regions in the 2007-2013 period

Within the European Union in recent years there has been growing recognition of the importance of sustainable regional development and the contribution of health to achieving it. This means health development leading to growth in social and human capital and the multiplier effect this can have in contributing massively to economic growth. This is reflected in the EU's Cohesion Policy and in the 2007-2013 round, Structural Funds explicitly included health sector investment, with an early emphasis on health infrastructure.

In the newer Member States and Convergence regions across Europe, governments, politicians and policy makers see SF as an important funding source for supporting the modernisation of health services. However, effective health investment needs to be well planned.

- Have public authorities invested in option appraisal to clearly inform investment planning and decisions?
- Do public servants and hospital managers know how to use Structural Funds efficiently?
- Do they have enough data and evidence of the benefits of investments in health?
- What are the main difficulties in applying for funding and managing structural funds in the health sector?

In this context EUREGIO III (EIII) project has been developed.

News

Venice Stakeholder Event Report is published

Within the European Union in recent years there has been growing recognition of the importance of sustainable regional development and the contribution of health to achieving it. This means health development leading to growth in social and human capital and the multiplier effect this can have in contributing massively to ...

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calendar

13 Oct 2010
3rd Workshop in Italy on Optimising Health through Application of EU Structural Funds, 13-15 October 2010
24 Nov 2010
2nd Master Class in Bratislava, Slovakia on Innovative Utilization of Structural Funds, 24-26 November 2010

September

Mo	Tu	We	Th	Fr	Sa	Su
	1.	2.	3.	4.	5.	
6.	7.	8.	9.	10.	11.	12.
13.	14.	15.	16.	17.	18.	19.
20.	21.	22.	23.	24.	25.	26.
27.	28.	29.	30.			

healthclusternet

www.euregio3.eu



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Major challenges

- EU SF architecture (co-financing, time pressure, evaluation)
- Assessment of regional needs
- Identifying good practice
 - Transferability
 - Sustainability
- Offering the right support at the right time in the periods of EU SF policies
- Integrating professional perspectives, needs and interests of ...
 - Program management
 - Economists / labour market experts
 - Public health professionalsat the EU-, national- and regional level

Thank you.