



## Committee of the Regions

### CoR INTERREGIONAL GROUP ON HEALTH & WELLBEING

Topic: *ESIF for health investments*

Friday 8<sup>th</sup> April 08h00 – 09h00  
Room JDE 60, Committee of the Regions

#### Minutes

##### **Welcome and approval of agenda**

Interim Chair Mr Karsten Uno Petersen opened the meeting and informed participants that this would be his last meeting as Chair of the group, due to his new commitments as political coordinator of the NAT committee. He further informed that the election for a new Chair of the group will be finalised during the next meeting since, due to the current security situation in Brussels, all members were not available to attend.

Mr Petersen reminded all participants to sign the attendance sheet which was circulated in the room. The agenda was adopted without amendments. He moved on to welcome the first speaker, Ms Katarzyna Glowacka-Rochebonne from DG SANTE.

##### **Katarzyna Glowacka-Rochebonne, DG SANTE, Health Systems, Medical Products and Innovation (Performance of national health systems)**

*European Commission mapping of the ESIF support to health in Member States*

Ms Glowacka-Rochebonne gave a presentation on the mapping of the support from the European Structural and Investment Funds (ESIF) to health investments in Member States (MS). The mapping was undertaken in the framework of the EU-funded project “ESIF for health”<sup>1</sup>, which was presented to the interregional group by Mr Wolfgang Buecherl in July 2015. She further informed that leaflets about the mapping were distributed among the meeting participants.

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<sup>1</sup> ESIF for Health was a project financed by the EU Health Programme. The project deliverables are available on the project [website](#)

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The results from the mapping include an overall assessment from the past and current ESIF programming period and specific details of where investments went.

The objective underpinning ESIF is to contribute to smart, sustainable and inclusive growth. Many of the areas of investment cover health indirectly and are therefore difficult to measure. Consequently, they opted for identifying and measuring four areas, where health was explicitly mentioned, eg. “Health infrastructure” from the European Regional Development Fund (ERDF) and “Health and Social Services” and “Active and Healthy Ageing” from the European Social Fund (ESF). One country sheet per MS was produced, taking into account all investments that may be related to health. Ms Glowacka-Rochebonne stressed that even though only these categories were measured, other health investments could be hidden under other categories. Poland proved to be the country where most health investments were made through ESIF, which correlated with the amount of ESIF the country received.

The mapping report includes an overall assessment and summary of the mapping results; the main health-related areas for investment per MS and Operational Programme (OP); ESIF health-related specific objectives in all MS; source of funding (list of all OPs); financial allocations regarding four selected categories of intervention; and contact data for relevant national or regional authorities.

Ms Glowacka-Rochebonne moved on to give some examples of investments through ESIF covering the fields of health infrastructure, enhancing access for vulnerable and socially excluded groups, health promotion and disease prevention, deinstitutionalisation and eHealth.

Some general conclusions from the mapping include:

- Health was relevant to both the funds that were explored (ERDF and ESF), even though there are no specific OP addressing health

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- Health investments prevail in new MS (investments in health infrastructure etc.), while investments by older MS are more targeted towards R&D
- In total over 9 million EUR of ESIF were spend on health investments
- Figures for investment in other areas that include investment in health (health R&I, health SMEs, health workforce training, institutional capacity building for health authorities, etc.) cannot be given at this stage

DG SANTE is currently evaluating a new tender, the call for which was launched in December 2015, which will continue the exploration of this topic. The finalised mapping will serve as a starting point and further investments will be mapped by topic. Investments will be categorised in six thematic blocks to discern which MS invests in what. The updated mapping will also contain information on health investments through the Interreg programmes.

Lastly, Ms Glowacka-Rochevonne recommended the [website on cohesion data](#), developed by DG REGIO, which provides comprehensive information and explores ESIF data from different angles.

Mr Petersen moved on to welcome the next speaker, Mr Bruno de Oliveira Alves from DG CONNECT.

### **Bruno de Oliveira Alves, DG Connect, Digital Society, Trust and Security (Digital Social Platforms)**

*Synergies between ESIF and the European Innovation Partnership on Active and Healthy Ageing (EIP AHA)*

Bruno de Oliveira Alves started by giving a general overview of the European Innovation Partnership on Active and Healthy Ageing (EIP AHA). The call for applicants to become Reference Sites or to submit Commitments in the new cycle is open until 15 April.

The Commission promotes active and healthy ageing in several ways, following the underpinning idea that ageing represents a challenge, but also an opportunity for Europe. This is reflected in for instance

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the [Digital Single Market](#) initiative and the [Silver Economy strategy](#). The Commission engages in active and healthy ageing mainly in three different ways: policies; engagement with stakeholders, notably through the EIP AHA; and the allocation in Horizon 2020 to research projects related to “Health, Demographic change and Wellbeing”. While many of the goals are set to 2020, partial goals to be achieved during 2016-2018 have been set up in three main areas (Deployment of innovation, Investment, People). The EIP AHA is a key part in achieving these goals.

EIP AHA is a stakeholder driven initiative that was set up in 2012 as the first of the European Innovation Partnerships to be launched. The idea is to bring MS together, through cooperation between regional authorities, universities and the private sector, in developing new policies in the field of active and healthy ageing, working in cooperation with the European Commission (DG SANTE, DG CONNECT and DG RTD).

The EIP AHA comprises two main pillars, the work undertaken by the six *Action Groups* and the other being the *Reference Sites*, which are regional or local organisations that have made considerable investments in the field of active and healthy ageing.

In addition, the Commission has launched a “call for commitments”, inviting actors behind actions supporting the goals of the EIP AHA to apply, in order to get access to the EIP AHA network.

Novelties for this second round of Reference Sites applications include a number of new tools, including a repository of innovative practices. The European Commission (EC) will also contribute with financial resources to disseminate the results through communication campaigns, as well as to foster twinning of Reference Sites for those who want to develop particular areas, where Reference Sites of different stages of maturity will be matched together.

The next step of the EIP AHA is to focus on the [scaling-up strategy](#) and to bring the work to the next level, ensuring that the evidence base will be scaled up and shared across Europe.

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The new call for Reference Sites takes into account a changed environment and introduces new criteria. It is more ambitious than the previous call and gaining the status of Reference Site will be more demanding. Moreover, the Reference Sites and the Action Groups will be brought closer together. Becoming a Reference Site will no longer be an end in itself, but the selected Reference Sites will engage in a “path for development” over 12 months. The EC will support them in progressing in their strategies. Another difference is that Reference Sites must consist of a quadruple helix (regional authority, academic institution, industry and civil society). There is no funding directly linked to the Reference Sites, the advantages are rather to benefit from an international network to share good and bad experiences, get access to tools and activities and international recognition.

Lastly, Mr de Oliveira Alves touched upon the links to ESIF and how to leverage the opportunities that arise from these funds. He specifically pointed to the fact that regions who work closely with the national level are better able to align their strategies across levels of governance, improving their access to these funds. The EC has had some initial discussions with MS regarding improving the level of coordination to improve synergies between programmes and found a lot of interest in creating and improving these links. While this is beyond EC competencies, Mr de Oliveira Alves said that it needs to be an impetus at regional and national levels in the MS, and this work may be facilitated by the EC.

### Discussion

One participant asked how broadly the call was communicated and whether it reached academic centres. Mr de Oliveira Alves said that in terms of communication, the EC has strived towards going as broad as possible and were thankful for EUREGHA’s and other organisation’s support. He further informed that interest has been greater for this second round of applications compared to the first round.

### Election of new Chair of the group

All full and alternate CoR Members of the group were given the opportunity to candidate as Chair and three members have declared interest. Since many members were absent for the meeting, it was

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decided that there would be a vote over e-mail among the CoR Members of the group between the candidates and that the new Chair would take up office during the next meeting of the group.

The only candidate for the position as Chair who were present during the meeting was Ms Birigitta Sacredéus (Dalarnas läns landsting, SE). She was invited to give a brief presentation of herself and her region. Ms Sacredéus has been working with health issues for 25 years, whereof 20 years in the social committee at the local level. On the national level, she belongs to the International committee of the Swedish Association of Local Authorities and Regions (SALAR). This is her first period as CoR Member. The region of Dalarna is the same size as Belgium, but with only 280 000 inhabitants, posing specific challenges to the health system. 90% of the regional budget is devoted to health and medical care. Ms Sacredéus emphasized the importance of sharing experiences in tackling the challenges of scarcity of budget and resources in the provision of health.

### **Interpretation requests for next meeting**

No requests were voiced regarding interpretation requests for the next meeting. Given previous requests, the next meeting will have interpretation available in Polish, Spanish and English.

### **Close of meeting**

The next meeting will take place on 16 June, at 08h00 - 09h00. A draft agenda will follow.

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